

Annual Report

2024-25



The team enriching health
in millions of ways every day

NSW Ministry of Health

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The NSW Health 2024–25 Annual Report was produced internally within the NSW Ministry of Health by the Strategic Communications and Engagement Branch. The Report follows the NSW Treasury Annual Reporting Guidelines by preparing the report at the lowest possible cost.

Cover images: 1. Nurses Heini, Susan, Renee, Heidi, and Priya at the Wollongong Community Health Center. 2. Pharmacists Michael and Nina at Royal North Shore Hospital. 3. Security Officer Jason and Cleaner Trish at Casino and District Memorial Hospital. 4. Paramedic Lachlan comforting Millie, the big sister of a patient. 5. GP Obstetrician Amy with mum and bub, Jana and Margot, at Queanbeyan Hospital.

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October 2025

Acknowledgment of Country



NSW Health acknowledges Aboriginal people as the traditional custodians of the lands and waters of NSW and pays respect to Elders past, present and future. In this report, Aboriginal and Torres Strait Islander people are referred to as Aboriginal people in recognition that Aboriginal people are the original inhabitants of NSW.

Image: Gumbaynggirr Elder Uncle Martin with former Aboriginal Health Worker Mila at Macksville Hospital.

About this report

This annual report describes the performance and operation of NSW Health during 2024–25. It has been prepared according to Parliamentary reporting and legislative requirements and is arranged in seven sections.

Section 1: Overview

Introduces NSW Health values, organisational structure and functions, and the NSW Health Executive Team.

Section 2: Strategy

Describes the vision and strategic direction of NSW Health outlined by our core strategies, and how it is set, monitored and assessed across NSW Health and against our strategic objectives.

Section 3: Operations and performance

Summarises our performance as a health system, key products and services to meet the needs of the people of NSW, and how NSW Health approaches innovative technologies.

Section 4: Management and accountability

Reports on workforce, people management, consultants, governance, risk management, information protection, and public accountability.

Section 5: Sustainability

Contains the NSW Health climate-related financial disclosures and outlines NSW Health's progress in addressing environmental, social and governance risks, opportunities and performance.

Section 6: Financial performance

Details key financial management reporting and presents NSW Health's audited financial statements for 2024–25.

Section 7: NSW Health organisations

Presents key achievements with reports provided by statutory health corporations, specialty health networks, the Health Administration Corporation and local health districts.

Appendix

Provides additional information and data to supplement the report.

Letter to the Minister

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

Dear Minister

In compliance with the terms of *Government Sector Finance Act 2018*, the *Government Sector Finance Regulation 2024*, and the Treasurer's Directions, I submit the annual report and financial statements of NSW Health organisations for the financial year ended 30 June 2025, 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 2024–25. I am also sending a copy of the report to the Treasurer. NSW Health is self-assessed as a 'Group 1' agency and the report has been prepared in accordance with the relevant Treasury Policy and Guidelines.

Yours sincerely



Susan Pearce AM
Secretary, NSW Health

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Snapshot

The NSW public health system is the largest public health system in Australia, providing world-class healthcare to the more than 8 million people across NSW.



15 local health districts and 2 specialty networks



More than **3.1 million** emergency department presentations¹



344,192 surgeries performed in public hospitals



228 public hospitals



2 million inpatient episodes



Supported **19,400** people to access assistive technology²



Team of approximately **170,713** people (**145,705** full-time equivalent)



1.4 million NSW Ambulance responses to emergency incidents



25 Urgent Care Services providing alternative pathways to care

The NSW community

People aged **65 and over**



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



People **born overseas**



People who live in **regional NSW**



People aged **14 and under**



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



In NSW public hospitals in 2024–25



950,063 people were admitted



67,600 babies were born in a public hospital



27 million meals served to patients



236,554 people had planned surgery



168,356 children cared for by the Sydney Children's Hospitals Network



16 million clean bed sheets supplied to public hospitals



107,638 people had unplanned surgery



More than **14.8 million** non-admitted patient services events³



837,902 dental service appointments provided

525,000 callers to healthdirect in NSW

213,000 patient transports (non-emergency) completed

1.2 million calls for an ambulance

11,780 aeromedical responses

Source: ABS Population data 2021 (The NSW community). Some figures are approximate. **Note:** 1. Emergency department presentations include emergency and planned presentations to all emergency departments. 2. Access supported for people with chronic health conditions or disabilities. 3. Service events measured from aggregate of patient level and summary data submissions for each non admitted service/clinic. Pathology services are not included. Non-admitted services are provided to patients in outpatient clinics, community health centres, in patient homes or other locations in the community.

Secretary's year in review



Our public health system is recognised as being world class. This is due to our dedicated and highly skilled people and teams who provide high-quality, safe and compassionate care to the people of NSW every day, in every corner of the state.

I remain truly proud to lead an organisation filled with incredible people and with care and kindness at its heart.

Acknowledging the strength of NSW Health

Following almost 70 hearing days and extensive consultation with health policy experts, patients, consumers, and NSW Health staff, the *Special Commission of Inquiry into Healthcare Funding Report* was released in May 2025.

The Honourable Justice Beasley acknowledged the strength of the NSW Health system, its openness in its contribution to the Inquiry, and – most importantly – the health workforce, who, I agree with Justice Beasley, are our “greatest asset.”

Justice Beasley said: “...the NSW public health system is a very good one. It comprises doctors, nurses, other clinicians, and workers who are well trained, highly skilled, and dedicated. It is well managed.”

This is not to say that there are not areas for improvement. We work in a huge and complex public health system and there always has been and always will be room for improvement and innovation, as we strive continuously to enhance patient experiences and outcomes.

However, as we do this work, I think it is important to reflect on the fact that we are doing so from a position of strength, with one of the best healthcare systems in the world, staffed by the best workforce in the world.

Kindness lives here at NSW Health

Kindness is at the heart of outstanding healthcare and measurably improves patient outcomes. Every day across NSW Health, our remarkable people perform small acts of kindness that make a big difference to the people of NSW.

This year we relaunched Small Acts of Kindness, a series of real-life stories featuring NSW Health staff, volunteers, patients, and their families sharing small acts of kindness that made a big impact.

The videos also highlight how the kindness shown every day across NSW Health builds meaningful connections and has enduring impacts, long after the moment.

Visit the NSW Health YouTube channel to see more.



Walking the path together – ward clerk Cindy and patient Kate at Prince of Wales Hospital.

Accessible healthcare

Innovative models of care continue to be rolled out and enhanced so people can receive the best possible care, no matter when or where they need it.

Guided by our own experts, we partnered with patients, families, and carers to understand their diverse needs and expectations of care to design innovative services and resources to meet those needs.

In 2024–25, NSW Health, in partnership with healthdirect Australia, provided health information and advice to more than 525,000 NSW callers.

This 24/7 service supported nurse triages, connecting people with self-care advice or appropriate services such as Urgent Care Services or innovative NSW Health services like our virtual urgent care service for adults and children. Fewer than 25 per cent of callers to healthdirect in NSW were referred to emergency departments or NSW Ambulance, reflecting the positive impact of accessible, alternative care pathways.

Supporting alternative care pathways, NSW Health has now launched 25 Urgent Care Services across rural, regional and metropolitan NSW. These services help people with non-life-threatening healthcare needs to access care in settings outside of emergency departments.

This year, the Statewide Health Literacy Hub was launched to improve health literacy and the way we communicate with our patients and their families.

We also released the *Consultation Insights Report of the Shared Understanding Project*, which will inform our recommendations to ensure our community consultation and the services we provide evolve in a way that meets the needs of the communities we serve.

Building a future-ready health system

NSW Health is working towards a more financially and environmentally sustainable future to support our ongoing delivery of world-class healthcare for generations to come.

In line with our ambitions for a robust, low-carbon and climate resilient health system, we launched the *NSW Health Net Zero Roadmap 2025–2030* which outlines the strategic priorities to reduce our health system emissions by 2030.

Our teams continued to harness new technologies and research to enrich healthcare and solve complex challenges.

The *NSW Health Research and Innovation Strategy 2025–2030*, launched this year, shapes an ambitious forward-looking plan for research and innovation in NSW.

The vision sets our direction for the next 10 years and speaks to the unique role NSW Health can play in driving research and innovation for health impact.

Artificial intelligence (AI) plays a major role in this space, and the establishment of the NSW Health AI Taskforce is guiding how AI can be safely used to create efficiencies and deliver better care in equitable and sustainable ways.

Work continues on the Single Digital Patient Record (SDPR) – the largest technology transformation in an Australian health system to date.

Led by the Single Digital Patient Implementation Authority, the SDPR will connect care across NSW Health, making life easier for patients, carers, and health staff. It means better, safer, and more connected care for everyone in the public healthcare system.

Shaping our culture

We remain focused on supporting our workforce and creating the conditions that allow them to focus on doing what they do best – care for people.

Building a vibrant organisational culture at NSW Health involves taking a values-led approach in our actions and behaviours. We strive to create safe and respectful workspaces through our actions every day.

The *NSW Health Culture and Staff Experience Framework*, launched in September 2024, follows the development of the *NSW Health Workforce Plan 2022–2032*.

This Framework sets out the elements that contribute to culture and staff experience. It is designed to support and enhance the cultural aspects and endeavours of the many individual workplaces comprising NSW Health.

Investing in our regional workforce is an investment in the health and wellbeing of our regional, rural and remote communities.

Across the state, teams continue to be guided by the *NSW Regional Health Strategic Plan* in implementing practical solutions to address the health needs of these communities.

A significant milestone was the completion of the Key Health Worker Accommodation Program, providing staff with affordable accommodation closer to where they work. Across the Far West, Murrumbidgee and Southern NSW local health districts, 51 units have been delivered.

Despite ongoing global shortages, we continue to focus on ways to strengthen our regional, rural and remote workforce. The Rural Health Workforce Incentives Scheme and Rural and Regional Health Scholarship Program are some of the ways we're attracting skilled people, while training and development opportunities are being delivered to protect the sustainability of our regional workforce.

Constructive dialogue

NSW Health respects and supports the right of our staff to advocate for better conditions. At the same time, we also respect the role and responsibilities of Government.

I acknowledge this position can create tension during industrial disputes, particularly if people understandably perceive remuneration as the primary indicator of how valued our staff are.

However, I have been clear on two things – firstly, award modernisation is needed and, secondly, industrial action does not change in any way how deeply thankful I am for the outstanding commitment and tireless efforts of all our healthcare workers and staff in all roles.

NSW Health has continued to participate constructively in the Industrial Relations Commission process.

While this process continues, NSW Health will continue to focus on supporting our people to achieve the goal which unites us all every day – providing safe, high-quality care to the people of NSW.

A key focus in the year ahead will be continuing to strengthen clinical engagement and ensuring all our staff – no matter what their role – feel heard and valued.

We understand the importance of listening to and learning from our dedicated and highly skilled workforce to make continuous improvements to workplace culture and enhance our services. By its very nature, much of this feedback will relate to concerns or areas for improvement.

Staff who raise concerns or complaints will continue to be supported to pursue these matters through their manager or a more senior staff member through appropriate NSW Health policies.

There are lots of mechanisms in place for both formal and informal feedback, and I want everyone who works at NSW Health to know they can speak up about any concerns they have.

In fact, I strongly encourage you to do so. It is vital to ensuring we continue to provide a world-class health service to the people of NSW.

Preparedness and response

Our priority will always remain keeping people healthy and safe. When communities in the state faced natural disasters, we stood together as one NSW Health family to prepare for, respond to, and support recovery efforts.

The lengths that NSW Health staff go to during emergency events is remarkable, as is the planning, comradery, and strength that keep our system running and our communities safe, even when our staff are among those affected by these devastating events.

In August 2024, we relaunched the NSW HEALTHPLAN executed by the State Health Services Functional Area Coordinator. This vital plan outlines the strategic emergency management arrangements for providing health services and resources before, during and after emergencies in NSW.



NSW Ambulance HARA vehicle outside Murwillumbah District Hospital during Cyclone Alfred – March 2025.

Sharing power in system reform

NSW Health continues to collaborate, listen and co-design with and for Aboriginal people to improve experiences and outcomes of care.

We reached significant milestones this financial year, including the launch of the *NSW Health NSW Aboriginal Health Plan 2024–2034* and the *NSW Aboriginal Health Governance, Shared Decision Making and Accountability Framework*, which are our tools to help drive systemic change.

At the heart of this work is a commitment to putting Aboriginal voices at the centre of decision-making processes. This means actively partnering with Aboriginal people, organisations, and communities, and ensuring their agency in leading and making decisions that shape their health and wellbeing.

Our *NSW Aboriginal Health Survivor Action Plan and Partnership* is testament to this. As the only state health system in Australia to have a plan of this type, we have partnered with Stolen Generation Organisations (SGOs) to improve care coordination and navigation, trauma informed care, and cultural safety for survivors and their families when accessing health services. It also includes partnership mechanisms for SGOs to influence key policy-making processes with the Ministry.

In 2024–25, we also released the first *Reflect Reconciliation Action Plan* for the NSW Ministry of Health. This plan embodies the Ministry's ongoing commitment to truth-telling, relationship-building and healing outlined in the Apology to the Stolen Generations I made on behalf of NSW Health on National Sorry Day in 2022.

This important work is ongoing. We remain deeply committed to walking this collective truth telling journey, and to providing culturally safe and holistic care for all Aboriginal people in NSW.

Our commitment to the people of NSW

NSW Health prides itself on providing every person with safe, respectful, and inclusive care.

It is vital that the community knows they can trust us to care for them and their loved ones too, no matter what, especially during what is a turbulent and troubling time around the world.

Sadly during the past year, the trust NSW Health has worked hard to build with the communities we serve was damaged.

As I expressed at the time of that incident, and often since, we will always be here for people of all beliefs, cultures, and backgrounds.

Our workforce is as diverse as the communities it serves and every day our dedicated people in every corner of NSW provide kind and compassionate care to people of all backgrounds and cultures.

This is why we will continue to maintain the trust of our communities and why I can say with confidence that no matter who you are or where you are from, you will be treated with kindness, respect, and compassion by NSW Health.

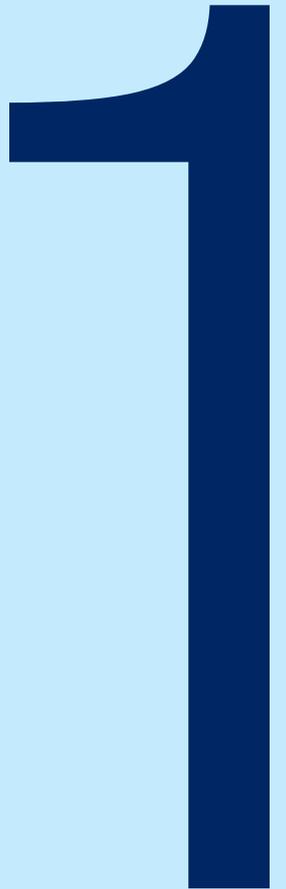
We are here for you.

Thank you

I am deeply appreciative and thankful for the ongoing commitment of our NSW Health workforce and the executive team I work with across NSW Health.

Their compassionate care keeps people healthy, our health system running, and is the driving force of all that we achieved this year.

Overview



About NSW Health

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

By global standards, the NSW Health System is high-performing and our population is considered amongst the healthiest in the world¹. NSW Health is a well-managed public health system that delivers the best possible care².

With more than 140,000 full-time equivalent staff, 228 hospitals across 15 local health districts and 2 specialist networks, and multiple statewide health services and agencies, there are millions of ways we are enriching the health of the NSW community every day.

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

¹ CSIRO Futures. Future of Health: Shifting Australia's focus from illness treatment to health and wellbeing management. CSIRO. 2018. ² State of NSW. Special Commission of Inquiry into Healthcare Funding. NSW Health. 2025.

Our vision

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

Our values

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

Our Health Portfolio Ministers



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



The Hon. Rose Jackson, MLC
Minister for Mental Health

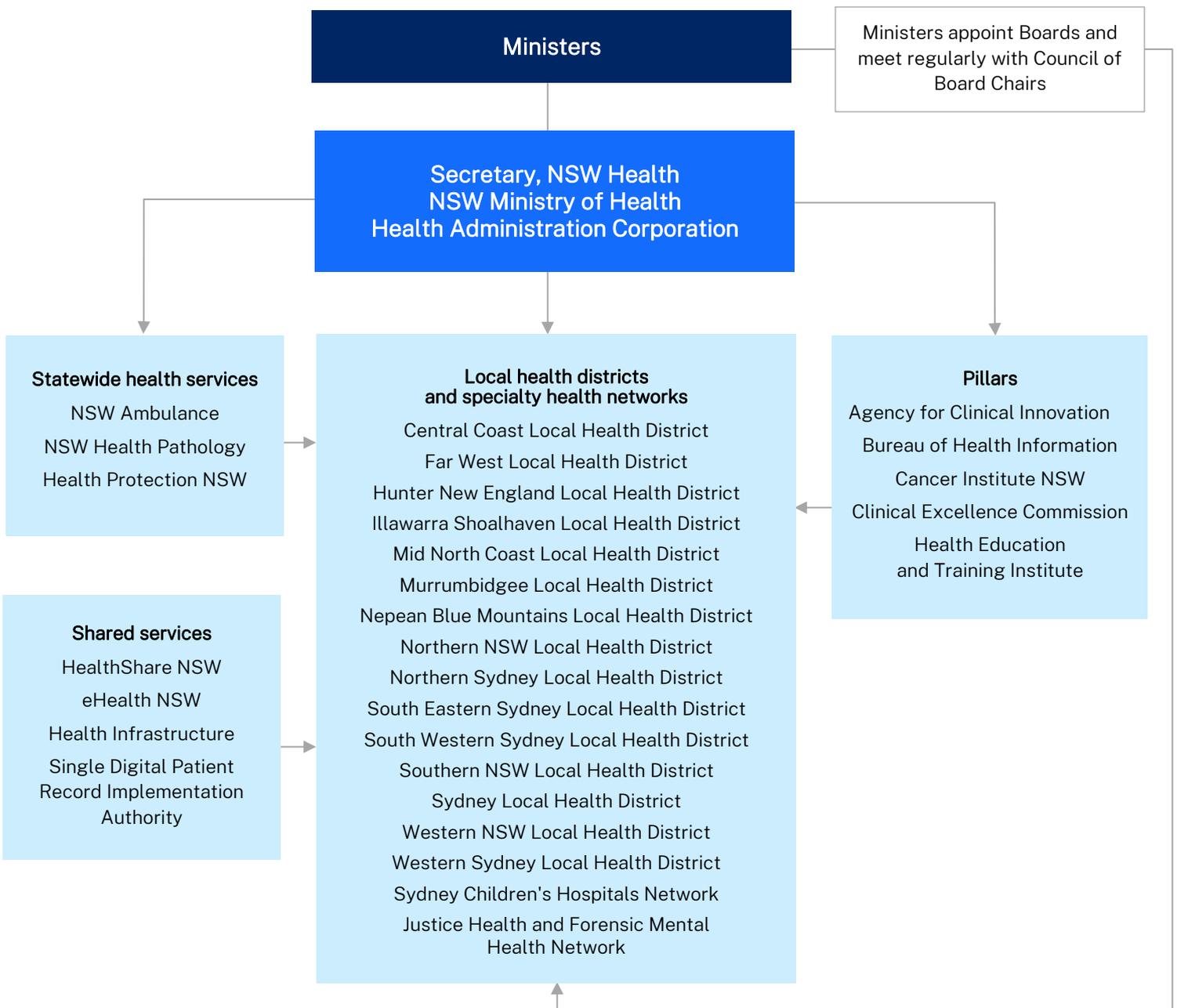


The Hon. David Harris, MP
Minister for Medical Research

Management and structure

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

Our organisational chart



NSW Ministry of Health

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

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

The NSW Ministry of Health also has the role of ‘system manager’ in relation to the NSW public health system. The networks, services and organisations of the NSW public health system are known as NSW Health.

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

Role and function of NSW Health organisations

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

The role and functions of each entity comprising the NSW Health System are set out below.

Health Administration Corporation

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

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

Health Infrastructure is responsible for the delivery of the NSW Government’s major works hospital building program.

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

Health Protection NSW is responsible for strategy and policy for the surveillance, prevention, control and response to infectious and environmental threats to the community’s health. It reports to the Chief Health Officer, and works closely with local health districts, other agencies involved in protecting people’s health, healthcare providers, and the community.

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

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

The Single Digital Patient Record Implementation Authority has been established to lead the implementation of the Single Digital Patient Record (SDPR). It is accountable for achieving efficiency and maximum value from the resources available and ultimately delivering SDPR while ensuring patients and people remain at the core of its delivery.

Local health districts

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

Statutory health corporations

The *Health Services Act* permits the establishment of three types of statutory health corporations:

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

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

Specialty health networks

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

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

The Sydney Children's Hospitals Network incorporates The Children's Hospital at Westmead; Sydney Children's Hospital, Randwick; Bear Cottage; the Newborn and paediatric Emergency Transport Service (NETS); the Pregnancy and newborn Services Network (PSN); and the Children's Court Clinic. The Network is the largest network of hospitals and services for children in Australia, committed to providing world-class paediatric healthcare in a family-focused, healing environment.

Board or chief executive-governed health corporations (Pillar organisations)

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

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

Cancer Institute NSW is a board-governed organisation and Australia's first statewide government cancer agency. Established under the *Cancer Institute (NSW) Act 2003* to lessen the impact of cancer across the state, its statutory objectives are to reduce the incidence of cancer in the community, increase survival from cancer, and improve the quality of life for people with cancer and their carers.

It is a source of expertise on cancer control for the government, health service providers, medical researchers, and the general community.

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

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

Affiliated health organisations

At 30 June 2025, there were 13 affiliated health organisations in NSW that control the recognised establishments or services listed in column 2 of Schedule 3 of the *Health Services Act 1997*. These organisations are managed by non-government religious and/or charitable groups. The establishments and services are recognised as an important part of the NSW public health system, providing a wide range of hospital and other health services.

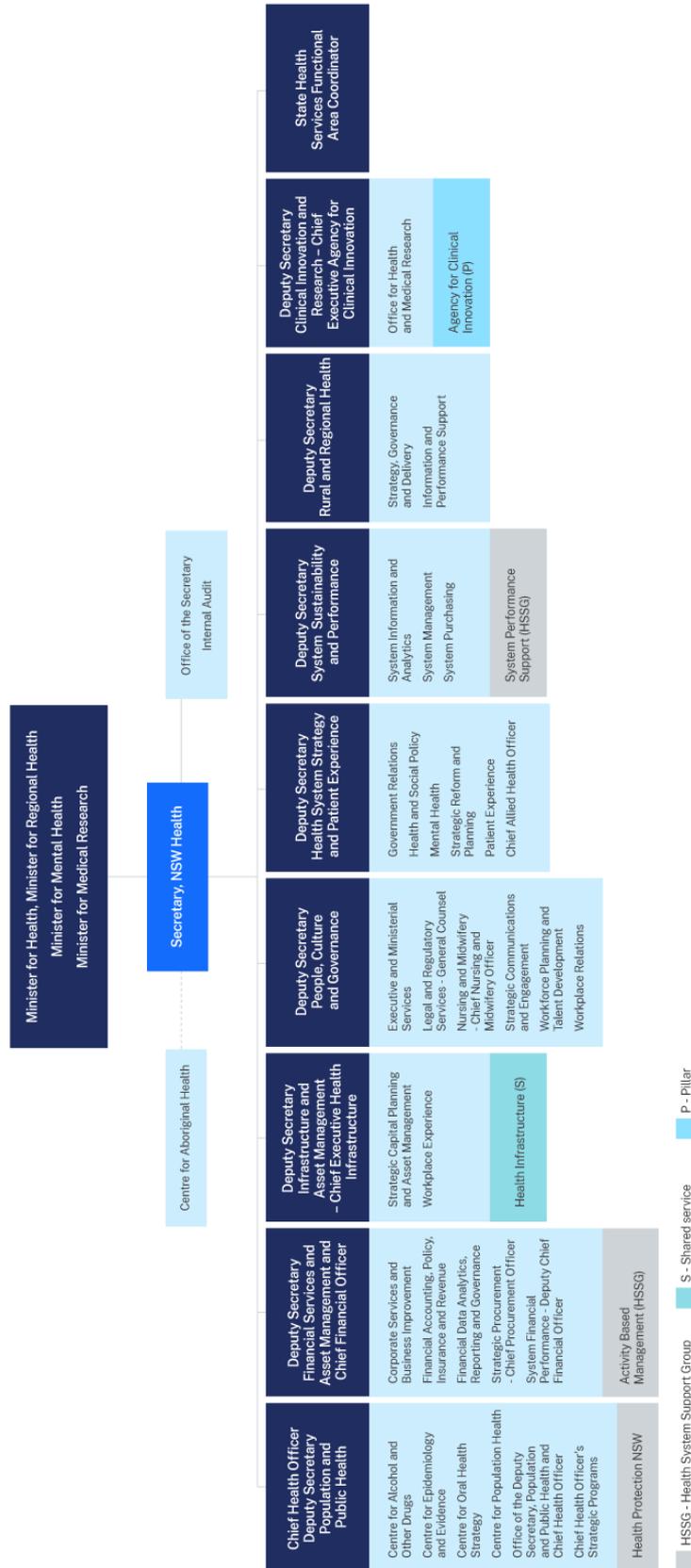
St Vincent's Health Network

Section 62B of the *Health Services Act* enables one or more affiliated health organisations to be declared a network for the purposes of national health funding. St Vincent's Hospital and the Sacred Heart Health Service at Darlinghurst have been declared a networked affiliated health organisation.

Organisational chart

NSW Ministry of Health organisation structure

An overview of the NSW Health organisational structure and functional responsibilities is in Section 1: Overview of this report. Organisation charts of local health districts, specialty health networks, statutory health corporations, and the Health Administration Corporation can be found in Section 7: NSW Health organisations of this report.



HSSG - Health System Support Group
 S - Shared service
 P - Pillar

NSW Health Executive Team

The NSW Health Secretary, NSW Ministry of Health deputy secretaries, and the chief executives of local health districts, specialty health networks, statutory health corporations, and organisations established as part of the Health Administration Corporation form the NSW Health Executive Team.

The roles and responsibilities of the NSW Health Secretary are set out in relevant legislation including the *Health Services Act*, the *Health Administration Act* and the *Government Sector Employment Act*. The roles and responsibilities of chief executives of local health districts and statutory health corporations are set out in the *Health Services Act*. Their biographies can be found in Section 7: NSW Health organisations of this report.

Local health districts and specialty health networks

Chief executives of local health districts and specialty health networks are employed as NSW Health Service senior executives (part of the NSW Health Service).

The chief executive manages and controls the affairs of the local health district or network. The chief executive can commit the district contractually and legally, exercises statutory employer functions for NSW Health senior executives working in the organisation, and is the employer delegate for all non-executive 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 their functions, subject to the direction and control of the organisation's board. The chief executive is also the employer delegate for staff working at the organisation.

Consolidated reporting

The NSW Health 2024–25 Annual Report consolidates reporting for all NSW Health entities. It presents annual reporting information for the NSW Ministry of Health (parent agency), Health Administration Corporation, local health districts, specialty health networks and pillar organisations (subsidiary agencies).

All entities combined form the NSW Health System.

The *Health Services Act 1997* allows the annual reporting information for all NSW Health entities to be consolidated within the annual report of the NSW Ministry of Health.

Throughout the report, information is presented both at a consolidated level and at an entity level. Where information is presented for the NSW Health System, it is a combination of the NSW Ministry of Health, Health Administration Corporation, local health districts and pillar organisations.

Ministry Executive Team

Secretary

Ms Susan Pearce AM

B App Sci (Nursing) Dip Law
Secretary, NSW Health



Susan Pearce started her career in the Far West Local Health District in 1991 as a registered nurse. She has extensive experience in senior leadership roles at a hospital, district, pillar, and Ministry level across a range of functions including workforce and operations. She was previously NSW Health's Chief Nursing and Midwifery Officer and Deputy Secretary for Patient Experience and System Performance for more than six years.

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

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

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

Rural and Regional Health

Mr Luke Sloane

Nursing, Dip Mgmt
Deputy Secretary Rural and
Regional Health and
State Health Services
Functional Area Co-ordinator
NSW Ministry of Health



Luke Sloane brings more than two decades of health experience to his role as Deputy Secretary, Rural and Regional Health, and State Health Services Functional Area Co-ordinator.

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

Luke has been the Deputy Secretary, Rural and Regional Health since July 2023. Prior to that he was the inaugural Coordinator General for Regional Health. As Deputy Secretary, Luke advocates for regional, rural and remote communities and has a key focus on community engagement, regional workforce, primary care reform, and access to care.

In January 2025, Luke was appointed as the State Health Services Functional Area Co-ordinator, the Ministry Executive responsible for prevention, preparation, response, and recovery actions as outlined in the NSW HEALTHPLAN, and a requirement of the State Emergency Management Plan.

Division overview

The Regional Health Division was established in April 2022 to support the NSW Government's commitment to improving health outcomes and access to health services for people living in regional, rural and remote NSW. In responding to the unique challenges of the regions, the division focuses on community engagement, regional workforce, primary care reform, and access to transport and accommodation. The regional health team works across regional NSW, building and maintaining relationships with key stakeholders, and communicating in a collaborative, respectful, and culturally appropriate way.

Population and Public Health

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



Dr Kerry Chant is a public health physician.

Kerry has extensive public health experience having held senior positions in NSW Health since 1991. Her previous appointments include Director of Health Protection NSW, Deputy Chief Health Officer, and Director of the South Western Sydney Local Health District Public Health Unit.

She has a particular interest in blood-borne virus infections, health equity, communicable diseases prevention and control, and Aboriginal health. Throughout her career, Kerry has provided leadership and advocacy on key public health issues including reducing obesity, aiming for the virtual elimination of HIV transmission in NSW, reducing tobacco and vaping harms, and supporting hepatitis C treatment and control.

Division overview

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

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

The division also covers a wide range of population and public health portfolios, including the following centres and branches: Centre for Alcohol and Other Drugs, Centre for Epidemiology and Evidence, Centre for Oral Health Strategy, Centre for Population Health, Health Protection NSW, the Chief Health Officer's Strategic Programs Branch, and the Office of the Deputy Secretary, Population and Public Health and Chief Health Officer.

People, Culture and Governance

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



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

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

Division overview

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

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

Financial and Corporate Services

Adjunct Professor Alfa D'Amato

CPA, MHSM, MPA, MPASR
Deputy Secretary Financial and Corporate Services and Chief Financial Officer
NSW Ministry of Health



Alfa D'Amato has been Deputy Secretary and Chief Financial Officer since 2021. Prior, Alfa held a range of leadership roles within NSW Health including Executive Director, System Financial Performance and Deputy Chief Financial Officer; and Director, Activity Based Funding.

Alfa has led a range of innovative and transformative initiatives across the health system. These include transitioning NSW Health's banking structure from locally held to centrally managed accounts – creating a more efficient and sustainable cash ecosystem.

Alfa also sponsored the Procurement Reform Program, which delivered improved procurement and supply chain services, enhanced contract compliance, and generated system-wide efficiencies. Additionally, Alfa played a key role in implementing the National Health Reform Agreement in NSW, delivering a nationally consistent activity-based funding model.

Alfa is Vice President of the Patient Classification Systems International, a member of CPA Australia, and an Adjunct Professor at the University of Technology Sydney Business School.

Division overview

The Financial and Corporate Services Division leads a range of functions, including financial performance, accounting, insurance, financial data analysis and reporting, activity-based management, strategic procurement, and corporate services.

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

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

System Sustainability and Performance

Adjunct Professor Matthew Daly

BBA
Deputy Secretary System Sustainability and Performance
NSW Ministry of Health



Matthew Daly is the Deputy Secretary, System Sustainability and Performance at the NSW Ministry of Health. For more than 30 years, Matthew has held operational, executive, and strategic health leadership positions in NSW and Tasmania public health systems at chief executive, senior executive, and head of agency levels in the delivery of acute, primary, and community health services. Working in collaboration with Commonwealth and State Government departments, he has been responsible for the implementation of programs to support access to care and improve health outcomes.

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

Division overview

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

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

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

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

Health System Strategy and Patient Experience

Ms Elizabeth Wood

MHSM
Deputy Secretary Health System Strategy and Patient Experience
NSW Ministry of Health



From February 2025

Elizabeth Wood brings extensive leadership experience across NSW Health having held senior roles including Executive Director, Operations at Northern Sydney Local Health District; Executive Director, System Purchasing; and Director, System Purchasing and Performance at the NSW Ministry of Health.

Prior to her current role, Elizabeth was a National Partner for Health, Aging, and Human Services at KPMG Australia, where she established operations advisory services for health, ageing, and human services organisations across Australia. She led strategic reform and innovation across public, private, and non-government health services. Elizabeth also delivered transformative initiatives within mental health, aged care, and disability services nationally.

Elizabeth was the Australian Partner representative as part of the KPMG Global Network supporting countries including the United Kingdom, New Zealand, and Canada in their pursuit of delivering excellence in health service delivery.

Previous Acting Deputy Secretary Mr Scott McLachlan

Biography on page 321

Previous Deputy Secretary Ms Deb Willcox AM

Biography on page 342

Division overview

The Health System Strategy and Patient Experience Division plays a pivotal role in shaping the future of healthcare in NSW. With executive leadership across government relations, health and social policy, mental health, strategic reform, allied health, and patient experience, the division focuses on statewide system transformation.

The division's work spans a broad and complex policy landscape – from violence, abuse and neglect prevention, to aged and community care, disability, maternal, youth, and paediatric health, refugee health, palliative care, and the National Disability Insurance Scheme. It also drives policy and planning to ensure services meet the needs of diverse and often vulnerable communities.

The division leads strategic engagement with the Commonwealth and other jurisdictions, manages mental health reform and investment, and focuses effort to enhance the patient experience at every level of the system. It provides expert guidance on allied health and champions innovation through system-wide reform initiatives.

Clinical Innovation and Research

Dr Jean-Frédéric Levesque MD PHD FRCP

Deputy Secretary Clinical Innovation and Research
NSW Ministry of Health
Chief Executive, Agency for Clinical Innovation



Dr Jean-Frédéric Levesque is an Adjunct Professor at the Centre for Primary Health Care and Equity at the University of New South Wales. He has authored more than 150 peer reviewed publications and his seminal research on healthcare access and inequity has been cited more than 2,000 times.

Jean-Frédéric has a medical degree, a Masters in Community Health, and a Doctorate in Public Health from the Université de Montréal, Canada. He brings extensive leadership in healthcare systems' analysis and improvement, combining experience in clinical practice in refugee health and tropical medicine with clinical governance and academic research.

Division overview

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

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

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

Infrastructure and Asset Management

Ms Emma Skulander

BSc (Hons I) Medical
Microbiology, ELMP, Grad AICD
Deputy Secretary
Infrastructure and Asset
Management
NSW Ministry of Health
Chief Executive, Health
Infrastructure



From December 2024 to March 2025 (Maternity leave)

Emma joined Health Infrastructure as Chief Operating Officer in 2021 to drive strategy and lead a diverse business services function before being appointed as Deputy Secretary, Infrastructure and Asset Management, and Chief Executive, Health Infrastructure in early 2025.

With a background in medical science, substantial project leadership experience in construction, as well as in senior executive roles, Emma excels in communication and problem-solving, balancing policy, risk, and compliance with efficient and commercially savvy outcomes.

Prior to joining NSW Health, Emma held various senior roles in the private sector and led project teams delivering major projects in health, research, and education infrastructure.

As a collaborative and positive leader, Emma combines her delivery and construction expertise with her strategic thinking and strong business and financial acumen. She builds strong relationships with government and private sector stakeholders to foster quality and sustainable outcomes.

Acting Deputy Secretary

Ms Amanda Bock

Biography on page 311

Previous Acting Deputy Secretary

Ms Leisa Rathborne

Biography on page 311

Division overview

The Infrastructure and Asset Management Division was established in December 2024 to lead the alignment of related functions managed within the NSW Ministry of Health and Health Infrastructure. It creates a streamlined approach to capital planning, infrastructure delivery, and strategic asset management across NSW. This includes leading the alignment of strategy and policy for facilities, asset management, property and capital planning and delivery. The division provides a single point of interface for stakeholders across NSW Health and government.

It comprises the Strategic Capital Planning and Asset Management Branch and the Property and Workplace Experience Branch.

Centre for Aboriginal Health

Geri Wilson-Matenga

MPA

Executive Director
Centre for Aboriginal Health
NSW Ministry of Health



Geri Wilson-Matenga joined NSW Health in the Primary Health Care Branch in 1989 and has worked in various roles including aged care and rehabilitation, health services implementation, service development, and population and public health.

Holding an Executive Masters in Public Administration from the University of Sydney, Geri commenced working in Aboriginal health in 1995 and has held the roles of Director and Executive Director of Aboriginal health since 2018.

Working in Aboriginal health for many years, Geri is most proud of the work the Centre has led in elevating Aboriginal health to create visibility across the health system by privileging Aboriginal voices in all governance mechanisms, including executive structures and establishment of tighter accountability mechanisms in the system performance framework. By positioning Aboriginal people at the forefront of decision making, these initiatives address health disparities and culturally responsive healthcare practices.

Branch overview

Reporting to the NSW Health Secretary, the Centre for Aboriginal Health leads strategic reform across the health system, grounded in Aboriginal health principles to transform health and wellbeing outcomes for Aboriginal people and communities in NSW.

This is being achieved by working collaboratively with its partners across the health system and the Aboriginal Health and Medical Research Council of NSW (AH&MRC). The strong partnership with the AH&MRC is reflected at the local level in partnerships between districts and Aboriginal Community Controlled Health Organisations.

The Centre for Aboriginal Health is committed to increasing cultural safety, eliminating racism, strengthening the Aboriginal voice in decision-making, and sharing power in system reform as the peak Aboriginal health governance structure within NSW Health.

Strategy



Our strategic direction

The strategic direction of NSW Health is set by our *Future Health* strategy, NSW Government priorities, and legislative mandates, all aimed at delivering the best health outcomes for the people of NSW.

NSW Health has five core strategies including the *Future Health* strategy, all guiding the health system's approach on a range of focus areas including regional health, workforce planning, research and innovation, and Aboriginal health. These are underpinned by several key enabling strategies and plans for specific health conditions or priority populations.

NSW Health strategic plans can be accessed on the NSW Health website at www.health.nsw.gov.au/priorities. Strategic plans for local health districts, specialty health networks, pillars, and health organisations can be found on local Health websites.

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

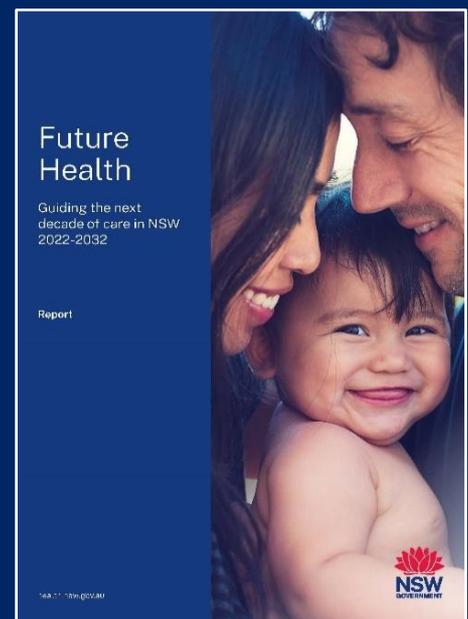
Future Health is NSW Health's strategic roadmap, guiding how our whole health system, including all local health districts, specialty health networks, services, and pillars, deliver services now and into the future.

It helps us navigate the challenges facing the health system and guides the prioritisation of effort and decision-making across NSW Health.

The framework is built around an overarching vision for the NSW Health system and outlines six strategic outcomes that define what needs to be achieved to realise this vision by 2032. Future Health is being delivered across three horizons – Horizon 1, which spanned the first three years, concluded in June 2025.

Implementation across Horizon 1 was guided by detailed roadmaps and action plans, with quarterly progress reporting conducted by the Enterprise Program Management Office in the NSW Ministry of Health. Centralised governance supported its delivery by enabling implementation, strategic oversight, and decision making.

The 2024-25 highlights and achievements for the NSW Health system are presented within Section 3: Operations and performance of this report.



Future Health strategic outcomes and key objectives



Patients and carers have positive experiences and outcomes that matter

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

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



Safe care is delivered across all settings

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

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



People are healthy and well

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

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



Our staff are engaged and well supported

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

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



Research and innovation, and digital advances inform service delivery

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

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



The health system is managed sustainably

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

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

NSW Health core strategies

NSW Health Workforce Plan 2022-2032

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

The *NSW Health Workforce Plan 2022-2032* provides a delivery framework to guide the implementation of the workforce-related strategies across the health system.

NSW Health Research and Innovation Strategy 2025-2030

A vibrant research and innovation ecosystem that improves the experience of delivering and receiving care; system efficiency and sustainability; and equity in access and health outcomes.

The *NSW Health Research and Innovation Strategy 2025-2030* sets the direction for the next 10 years and is the desired future state for the health research and innovation ecosystem in NSW, and will guide all research and innovation activities across NSW Health.

NSW Aboriginal Health Plan 2024-2034

Sharing power in system reform to achieve the highest levels of health and wellbeing for Aboriginal people.

The *NSW Aboriginal Health Plan 2024-2034* identifies five key areas for strategic focus and tactical action that build on existing work to address current challenges and progress towards achieving the plan's vision.

NSW Regional Health Strategic Plan 2022-2032

A sustainable, equitable and integrated health system delivering outcomes that matter most to patients and the community in regional, rural and remote NSW.

The *NSW Regional Health Strategic Plan 2022-2032* acts as a blueprint and outlines key priority areas for action including strengthening our regional health workforce, enabling better access to health services, fostering improved partnerships, and harnessing innovation to support a sustainable health system.

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

Annual progress snapshot reports on our implementation of the plan are published on the NSW Health website.

Resource allocation to implement strategic plans

Future Health is the peak strategy for NSW Health, with each *Future Health* Strategic Outcome led by an Executive Sponsor.

In 2024-25, there were at least 54 active strategies supporting the delivery of *Future Health* across the NSW Health system.

While there is centralised support to coordinate delivery of *Future Health*, strategy functions are embedded across NSW Health. There are local teams across each health entity that support strategy implementation.

Systems and processes to measure the target outcomes

NSW Health aims to help people stay healthy and to provide access to timely, high-quality, patient centred healthcare. Achieving these goals requires clear priorities, supportive leadership, and staff working together, underpinned by our CORE values.

Performance across the NSW Health system is assessed and monitored against a range of measures including the *NSW Health Performance Framework*, service agreements, and key corporate strategies such as *Future Health: Guiding the next decade of health care in NSW 2022–2032*.

Service agreements

The NSW Ministry of Health is the ‘system manager’ for the NSW public health system. Agreements are executed annually between the NSW Ministry of Health and each health entity. These agreements clearly set out the service delivery and performance expectations for funding and other support provided. Local health districts, specialty health networks and NSW Ambulance sign service agreements; pillar organisations sign performance agreements; and support services sign statements of service.

Individual service agreements, performance agreements or statements of service can be found on the websites for each health entity.

NSW Health Performance Framework

The *NSW Health Performance Framework* documents how the NSW Ministry of Health, as the ‘system manager’, monitors and assesses the performance of public sector health services to achieve expected service levels, financial performance, governance, and other requirements. All deputy secretaries and Ministry divisions work closely to ensure a coordinated approach is taken under the *NSW Health Performance Framework*.

The Framework clearly outlines the process of assessing the level of performance of each health service. It allows the NSW Ministry of Health to identify and acknowledge sustained high performance with the aim of sharing lessons across NSW Health.

Where underperformance is identified, the Framework sets out the process to escalate concerns and ensure support is available to remediate performance.

Where issues are identified, the NSW Ministry of Health will support health entities to remediate performance. Ministry branches, pillars, and support organisations that deliver policies or programs to achieve agreed key performance indicators, work collaboratively with organisations that have performed below targets for a sustained period in order to undertake performance recovery actions.

More information about the *NSW Health Performance Framework* is available on the NSW Health website.

Operations and performance

3

Our service offering

NSW Health delivers a broad range of healthcare services and programs that support the health and wellbeing of the people of NSW. These services are patient-centred, culturally safe, and digitally enabled.

Our service offering spans pre-hospital, acute, and sub-acute care environments, where patients receive specialised treatment, often for serious or urgent health conditions. These services include ambulance services, emergency departments, operating theatres, intensive care, maternity, mental health, cardiac, cancer, paediatric and neonatal, transplant services, rehabilitation, palliative care, geriatric services, pathology and diagnostics, and outpatient clinics.

These services are delivered safely across a range of settings – from traditional hospital-based locations to Hospital in the Home and virtual healthcare models that support the provision of care in the community through telehealth consultations, remote patient monitoring, digital health platforms, care in the community, and in forensic or custodial settings.

NSW Health also offers a range of community services such as chronic disease management, community nursing for wound care, medication management, post-hospital discharge support, mental health crisis teams, outreach and counselling, Aboriginal health services delivered in partnership with community-controlled organisations, and health promotion, education and prevention programs.

NSW Health also provides healthcare enabling services through our pillar organisations and statewide shared services.

Detailed information about the specific services provided by NSW Health can be found on local health entity websites. The roles and functions of NSW Health entities can be found in Section 1: Overview of this report.

Use of technology

Technology provides exciting opportunities in healthcare. From disease prevention to diagnosis and treatment, it plays an important role in providing outstanding healthcare. This aligns with NSW Health's vision for a sustainable health system that delivers outcomes that matter to patients and the community.

While new technologies have the potential to offer significant benefits to patients, clinicians, and the health system, they must be carefully evaluated before implementation. This approach is outlined in the *New Health Technologies and Specialised Services Guidelines*, which detail the approach to the identification, assessment, planning, and implementation of new health technologies in NSW. This is overseen by the New Technologies and Specialised Services Committee, which assesses technology against six factors: clinical need, equity of access, materiality, level of evidence, economic feasibility, and policy congruence.

Technology has also enabled the expansion of virtual care, sometimes referred to as telehealth services. Designed to be easily accessible and adaptable, virtual care offers the same safety and quality standard as face-to-face consultations. Benefits include improved convenience, ease of access – particularly for people in remote or regional areas, and enhanced professional collaboration among multidisciplinary clinicians.

Accelerating investment in systems, infrastructure, security, and intelligence remains a key organisational objective. This enables NSW Health to leverage emerging artificial intelligence (AI) and automation technologies. The NSW Health AI Taskforce helps inform and guide the use of AI in the public health system.

Several AI initiatives are already underway at NSW Health. Examples include improving wound care, simplifying complex data analysis, saving time through automation of repetitive processes, and reviewing large volumes of cardiology literature to aid in clinical decision-making. As we continue to harness the potential of AI, NSW Health also remains committed to managing associated risks while maximising the benefits for patients and the system.

NSW Health is also investing in the Single Digital Patient Record (SDPR), which is the largest technology transformation in an Australian health system to date. Led by the Single Digital Patient Implementation Authority, the ongoing implementation of the SDPR will help connect care across NSW Health, making healthcare simpler and more coordinated for patients, carers, and staff.

More information about our use of technology can be found in the performance summary within this section of the report.

NSW Health's approach to innovation and continuous improvement

NSW Health recognises that ongoing innovation, digital enablement, and continuous improvement are integral to delivering world-class healthcare, and underpin financial and environmentally sustainable service delivery.

Our commitment to innovation is outlined in the *Future Health* strategy, specifically Strategic Outcome 5: Research and innovation, and digital advances inform service delivery. The diversity of our activities span clinical innovation, research, education, digital transformation, and staff-led initiatives. Above all, our approach is grounded in our shared CORE values of Collaboration, Openness, Respect and Empowerment. This enables genuine, ongoing partnerships with all stakeholders, including staff, patients, and their families and carers, subject matter experts, industry partners, and the wider communities we serve.

Leading this work is the NSW Ministry of Health Clinical Innovation and Research Division, which brings together the Agency for Clinical Innovation (ACI) and the Office for Health and Medical Research. Acting as a central point for coordination and strategy setting, the Division drives focus on statewide research and innovation priorities.

In May 2025, NSW Health launched the *NSW Health Research and Innovation Strategy 2025-2030*. Led by the Clinical Innovation and Research Division, this vital Strategy provides clear direction for health research and innovation across NSW. The five-year Strategy aligns closely with the NSW Innovation Blueprint, and will enable greater collaboration between the NSW Government, health, academic, and industry sectors. It provides an essential roadmap to help NSW Health achieve a brighter future, with positive economic, social, and environmental impacts.

During the reporting period, other innovation and continuous improvement highlights across NSW Health included the expansion of the Sustainable Futures Innovation Fund. It supports staff-led innovation projects aimed at improving patient care, and reducing our environmental footprint; and an expansion of virtual and digitally enabled care.

Performance summary

NSW Health aims to help people stay healthy and to provide access to timely, high-quality, patient centred healthcare. Guiding how we achieve our goals is the *Future Health* strategy. Performance in relation to the strategy is presented below, highlighting the key achievements for each strategic objective in 2024-25.

Additional performance information can be found in the *NSW Budget 2025-26 Budget Paper No.02 – Performance and Wellbeing Statement* on the NSW Budget website. The Paper presents key information on the performance of government services and the wellbeing of people of NSW. The Paper measures reports on key health indicators that contribute to the government’s NSW Outcomes of supporting Healthy wellbeing:

- People receive timely, quality care in hospitals and the community
- People are supported to make the best decisions for their health
- People are enabled to lead active lifestyles.

Strategic outcome 1

Patients and carers have positive experiences and outcomes that matter

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

1.1 Partner with patients and communities to make decisions about their own care

Expanding the Collaborative Care program

Following the successful implementation of five pilot Collaborative Care projects across regional NSW in 2023, an additional five sites were chosen to expand the program.

Collaborative Care is a community centred approach to place-based planning which engages key community and local health stakeholders to develop tailored solutions to the unique healthcare challenges of a regional community. It focuses on providing access to primary care services, recruitment and retention of health practitioners and the sustainability of services.

Projects in the Far South Coast, Leeton, Liverpool Plains, Murwillumbah and Wee Waa have commenced. Each region has a local working group which will develop a targeted approach and specific priorities in partnership with the community. The program is run in partnership with the Rural Doctors Network.

Strengthening the collection, management and use of patient-reported information

Patient-reported information increasingly contributes to actionable insights that can improve patients' experiences and outcomes.

In 2024-25, the Rapid Patient Experience Survey Pilot was implemented in four regional local health districts. The pilot aims to build and trial a concept that can be used to capture meaningful and actionable local patient experience data to inform rapid-cycle quality and safety improvements.

To support NSW Health staff collecting, using and disclosing patient-reported information through surveys, the *Introductory guide to collecting self-reported information through surveys and self-reported information* fact sheets were published in December 2024.

Embedding Alcohol and Other Drugs outcome and experience measures

The Centre for Alcohol and Other Drugs continued to embed the collection and application of consumer outcome and experience measures. In 2024-25, training was delivered to 377 alcohol and other drug workers on the clinical use of outcomes tools, and a coordinated experience measurement approach was trialled with 19 organisations and 981 people in treatment.

Implementing the Blueprint to improve maternity care in NSW

The NSW Health Maternity Expert Advisory Group and the NSW Health Maternity Consumer Reference Group provided advice and made recommendations on the following implementation priorities to improve the experience and wellbeing of pregnant women and their families:

- Increasing access to maternity continuity of care models, including midwifery continuity of care
- Embedding trauma-informed care into all aspects of maternity care
- Improving the way information is provided to women
- Improving the consent process in maternity care
- Supporting women who experience pregnancy complications.

These initiatives align to *Connecting, listening and responding: A Blueprint for Action – Maternity Care in NSW* (the Blueprint) and the Inquiry into Birth Trauma. All commitments are on track to be delivered in 2025. The 2025-26 NSW Budget invests \$44.8 million in maternity care to build on the initial 5 accelerated initiatives and supports the further implementation of the Blueprint and the Birth Trauma Inquiry recommendations.

Strengthening local health committees

The NSW Ministry of Health Regional Health Division continued to support local health districts to strengthen local health committees and engagement networks through the implementation of the Five Guiding Principles from the Strengthening local health committees in regional NSW Report. In 2024-25, the Strengthening Local Health Committees Resource Hub was launched, and two Masterclasses were held, completing a four-part series. These activities provided targeted education and support, helping local health districts adapt the principles to local contexts, enhance community engagement, and ensure local voices remain central to health planning and decision-making.

LGBTIQ+ inclusive practice learning modules

NSW Ambulance in partnership with ACON developed online learning modules in LGBTIQ+ inclusive practice funded through the NSW LGBTIQ+ Health Funding Pool. The modules have a focus on mental health and suicide risk assessment.

More than 4,000 clinicians have completed all three modules since its release in late 2024. Post-course evaluation indicates strong results. Most participants felt their understanding and confidence in assessing the mental health needs of LGBTIQ+ communities increased following completion of the modules. Participants also indicated they feel confident to apply the learnings in their role.

Multicultural and refugee health

NSW Health has continued to ensure the health system is accessible and responsive to the needs of culturally and linguistically diverse people. In addition to ongoing initiatives including annually celebrated Refugee Week and Multicultural Health Weeks, in 2024-25, the Health and Social Policy Branch released the final report of the review of NSW Health Care Interpreter Services. The report found that while the services have an overall high-quality standard of delivery, there are opportunities for improvement. This includes updating the booking system efficiency, increasing availability of interpreting services and developing and supporting the workforce. The NSW Ministry of Health will work on implementing recommendations from the report to meet the growing demand for interpreting services.

NSW Ambulance Patient Charter

NSW Ambulance developed and adopted a Patient Charter in alignment with the Australian Commission on Safety and Quality in Healthcare Standard 2: Partnering with Consumers.

A patient charter outlines the rights and responsibilities of patients within healthcare settings. The Charter is designed for the unique out-of-hospital setting within which NSW Ambulance delivers care and recognises NSW Ambulance's commitment to upholding the rights of consumers. It also reflects a shared understanding of consumer rights between consumers, their loved ones, and clinicians.

Diverse participation at the NSW Drug Summit

NSW Health and other government agencies supported the delivery of the Drug Summit, held in 2024 with the aim of bringing people together to seek ideas to improve the health and wellbeing of communities impacted by drugs.

The Co-Chairs delivered the Drug Summit report to the NSW Government on 3 April 2025 with 56 recommendations for Government consideration.

Embedding voluntary assisted dying

Implemented on 28 November 2023, voluntary assisted dying continues to be accessible throughout NSW for eligible patients. The NSW Voluntary Assisted Dying Support Service, hosted by Northern Sydney Local Health District, is made up of three operational arms – the care navigator service, pharmacy service, and access service. Information on voluntary assisted dying activity in 2024-25 is reported in the NSW Voluntary Assisted Dying Board report, available on the NSW Health website.

1.2 Bring kindness and compassion into the delivery of personalised and culturally safe care

Community pharmacists help reduce stigma

In partnership with the Pharmaceutical Society of Australia, NSW Health launched the 'Enhancing care for people who use Alcohol and Other Drug use in Pharmacy' training module for community pharmacists. It highlights that by breaking down stigma and engaging with vulnerable people in a person-centred way, community pharmacists play a critical role in facilitating access to harm reduction and alcohol and other drug treatment programs such as Take Home Naloxone, Opioid Dependence Treatment and Needle and Syringe Programs.

Increasing accountability for improving Aboriginal peoples' experiences of care

The Bureau of Health Information (BHI) developed a new Aboriginal patient experience index measure for local health districts and delivered the first data set for the new key performance indicator target set by the NSW Ministry of Health. The measure helps monitor district performance and inform healthcare improvements for Aboriginal patients.

To gather more insights into Aboriginal peoples' experiences, BHI boosted the number of Aboriginal patients in the Adult Admitted Patient Survey. Aboriginal patient experience results were published in key adult admitted and emergency department survey reports.

Patient-reported measures enabling personalised cancer care

Cancer Institute NSW elevated the patient voice to personalise cancer care through its statewide patient-reported measures program. In 2024-25, patients provided insight into their outcomes and experiences, supporting timely discussions and the provision of tailored care at nearly 10,000 consultations across 13 local health districts. In total, patient voices have been captured through the program more than 31,000 times statewide. To ensure all patients receive equitable and culturally responsive care and support, there are 10 in-language surveys and 2 tailored, evidence-based tools available for Aboriginal and Torres Strait Islander people.

Introducing the 1000 Hearts Program

In August 2024, the 1000 Hearts Program sponsored by the NSW Ministry of Health was introduced in the Illawarra Shoalhaven and Central Coast local health districts. The pilot program was developed to support kindness, compassion, and human connection in healthcare. Hand-stitched pocket hearts are gifted, and staff, patients, carers, and families are invited to share moments of care, hope, and healing. Rooted in the simple yet powerful act of giving, the program supports culturally safe, personalised experiences that honour the individual person. The 1000 Hearts Program is a symbol of empathy in action and is a reminder that every act of kindness transforms healthcare experiences.

Creating supportive environments to provide care

The Centre for Alcohol and Other Drugs branch focused on ensuring safe, high-quality services are delivered across the state. In 2024-25, the Alcohol and Other Drugs Care Charter was launched, guiding staff to deliver care that is safe, accessible, equitable, and nonjudgemental to improve the experiences and outcomes of people who use substances.

Virtual support for regional and rural NSW

Virtual Care in Alcohol and Other Drugs (AOD): Treatment Practice Guide was released, supporting clinicians and treatment services to safely expand access to AOD treatment virtually, including in rural and regional areas of NSW.

Embedding Clinical Care Standards in practice

The Centre for Alcohol and Other Drugs delivered 33 workshops across 16 regions to embed the Alcohol and Other Drug Clinical Care Standards as the foundation of safe, high quality, effective and collaborative treatment and support. The workshops reached 873 alcohol and other drug workers across 64 services (16 local health districts, 38 non-government organisations, 10 Aboriginal-community controlled organisations).

1.3 Drive greater health literacy and access to information

Health information reaches the NSW public through digital channels

The people of NSW continued to rely on NSW Health owned communications channels as a trusted health information source. In 2024-25, reliable, engaging, and useful health information was shared, often tailored to the needs of various groups and communities. The NSW Health website had more than 27 million page views from 9.1 million users.

NSW Health's social media content was seen more than 150 million times (impressions) and there were more than 182,000 clicks through to the NSW Health website from NSW Health's social media accounts. The average engagement rate (percentage of people who see and interact with content on social channels) increased.

As well as promoting health information, NSW Health has continued to promote information and content in support of concurrent priorities such as career opportunities and workforce recruitment.

Healthcare Anywhere campaign

In 2024, NSW Health launched a multi-channel awareness campaign encouraging people to call healthdirect as the first step in seeking non-emergency healthcare in NSW. The Healthcare Anywhere campaign was based on consumer behavioural insights, combined with health system data, and was launched in July 2024 to help manage seasonal spikes in demand at NSW emergency departments.

The campaign ran across radio, social media, search, outdoor and cross government channels, including several new platforms such as digital screens in pharmacies and petrol stations. During the first burst of the campaign (14 July to 30 September 2024), calls to healthdirect increased by 27 per cent, compared to the same period in 2023. This is an indication that the campaign was successful in meeting its objective – to reset default behaviours when accessing care by promoting an alternative to emergency departments when a person is unwell or injured.

Shaping the future of accessible communications

NSW Health strives to ensure that staff communicate to the public in ways that are inclusive, accessible, and easy to understand. This helps improve health literacy and ensures more people can access the information they need.

As part of this commitment, NSW Health released the *Accessible Communications Policy*, along with an Easy Read version. The Accessibility Matters online resource hub was launched, and a Community of Practice was established to support collaboration.

Since November 2024, more than 1,000 staff attended virtual information sessions. These sessions covered plain English, Easy Read formats, captions, transcripts, Auslan, and cultural and language considerations to support clearer and more inclusive health messaging.

Launching the Statewide Health Literacy Hub

Launched in October 2024, the Statewide Health Literacy Hub is a system-wide initiative to improve health communication, safety, and equity.

The Hub builds and advances health literacy leadership and capability at both local and system levels. It offers best practice resources, targeted programs, and co-designed solutions that strengthen staff capability, translate research into action, and foster partnerships across services, communities, and sectors. In 2024-25, the team:

- launched the Foundational Health Literacy Training module, with more than 600 registrations in the first 4 months
- delivered the Health Literacy Seminar Series with more than 800 registrations per session
- fostered collaboration by establishing multiple Shared Knowledge Networks with more than 2,000 members
- supported more than 10 active health literacy research collaborations
- awarded three research grants to projects focused on vaping in Aboriginal youth, improving cardiac recovery comprehension, and engaging culturally and linguistically diverse communities through bilingual educators.

Improving cancer health literacy

The Cancer Institute NSW supports people diagnosed with cancer to access high-quality, evidence-based, and easy to understand cancer information to make informed decisions about their care. In 2024-25:

- more than 131,300 users accessed online patient information in 151,400 sessions
- more than 189,200 users accessed translated print, web, and audio-visual patient information in 46 community languages
- 17 new in-language resources on cancer prevention, screening, and support were developed in 28 languages, involving 124 consumers
- anti-vaping, anti-tobacco, breast, bowel and cervical screening, and skin cancer prevention campaign messages were translated in up to six languages, with six campaigns tailored to reach Aboriginal people across NSW
- approximately 60 per cent of the patients who completed a patient-reported measures survey elected to receive information tailored to their concerns immediately after completion.

Breaking down barriers to enable research within diverse communities

The Cancer Institute NSW, in partnership with Western Sydney University and in consultation with all local health districts, worked towards improving inclusivity of culturally and linguistically diverse communities in research. The initiative identified barriers and enablers for engaging culturally and linguistically diverse people, showcased best practices, built staff capability through the delivery of five training programs for clinical trials units' staff and healthcare interpreters across NSW, and included a comprehensive evaluation.

Ongoing support for people from refugee backgrounds

In 2024-25, the NSW Multicultural Health Communication Service translated resources from the *There is no place for Domestic and Family Violence in Australia* campaign in up to 32 languages as part of the Translated Health Resources for Refugee Communities Project.

Codesigned with the South Eastern Sydney Local Health District Domestic Violence Service, community organisations, and people with lived experience, the resources aim to assist people from refugee backgrounds to identify domestic family violence in their social contexts and link to care.

The multilingual resources were provided to NSW Health staff and community workers to share with the culturally and linguistically diverse networks and communities that they serve.

1.4 Partner with consumers in co-design and implementation of models of care

Establishing the NSW Health Consumer, Carer, and Community Advisory Council

The NSW Health Consumer, Carer, and Community Advisory Council was established, bringing together consumers, carers, community members, to provide independent advice and share diverse perspectives on strategic opportunities to strengthen how care is experienced and delivered. The Council is contributing to key NSW Health initiatives, such as the Single Digital Patient Record Implementation Authority's work on using Patient Reported Measures in MyChart.

The Council's input ensures patients, carers, and community members' expectations and preferences are being considered and they are enabled to take an active role in their care.

Establishing the Violence, Abuse and Neglect Lived Experience Register

The Agency for Clinical Innovation, with funding from the NSW Ministry of Health, established the Violence, Abuse and Neglect Lived Experience Partnership Project, and a dedicated Violence, Abuse and Neglect Survivor Partner position which was recruited to.

The Project and new partner position will implement a registry of consumers, including families and carers with lived experience of domestic and family violence, sexual assault, and child abuse and neglect, to advise on the development and implementation of NSW Health policies, programs and service design.

Implementing the statewide menu system

In partnership with the Agency for Clinical Innovation and local health districts, HealthShare NSW commenced implementing a statewide menu system across NSW Health facilities in September 2024. By April 2025, breakfast, lunch and dinner menus were implemented at 13 local health districts along with Orange Hospital, replacing 140 individual menus.

Menu development incorporated feedback from patient and consumer taste testing sessions as well as insights from patient selection data. The new menu system supports consistent patient experience across HealthShare NSW-managed facilities; easier processes for updating menu items; better quality and standardised meal offerings; greater functionality with the new Food and Nutrition IT System; and system affordability.

Strategic outcome 2

Safe care is delivered across all settings

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

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

Improving wait times in emergency departments

The Emergency Department (ED) Taskforce was established to improve ED wait times, access to care, and to explore innovative solutions to divert pressure from our hospitals.

During the 2024-25 financial year, the Taskforce:

- reviewed, endorsed, and continues to monitor the Emergency Care Assessment and Treatment (ECAT) program
- reviewed, endorsed, and continues to monitor the seven new performance measures of the Hospital Access Targets that went live on 1 July 2024
- reviewed, endorsed, and continues to monitor alternative referral pathways for NSW Ambulance
- provided implementation support and monitoring of the strategies associated with the \$480.7 million over 4 years ED relief package
- endorsed progression of Aboriginal Health strategies to improve outcomes for Aboriginal patients in the ED.

The Taskforce provides regular updates on the NSW Health website.

Introducing Hospital Access Targets

On 1 July 2024, NSW Health introduced updated Hospital Access Targets and Mental Health Key Performance Indicators to support more transparent, equitable, and clinically relevant performance measurement. Public reporting of key metrics commenced on 11 June 2025 via the BHI.

The revised targets apply to both general hospital and mental health services and reflect statewide efforts to improve access and accountability. NSW Health continues to work closely with the Australasian College for Emergency Medicine (ACEM) to ensure the indicators remain aligned with clinical best practice and evolving operational needs.

Expanding the Emergency Department Short Stay Unit

As part of the NSW Government's Emergency Department Relief Package, the expansion of Emergency Department Short Stay Units aims to improve patient flow and care outcomes by providing short-term treatment for patients who do not require full hospital admission. These units help reduce emergency department congestion, support timely care, and create capacity for more urgent cases.

The initiative is led by the NSW Ministry of Health in partnership with local health districts, specialty health networks, and other NSW Health entities to ensure consistent delivery and alignment with broader health system priorities.

Implementing the virtual Urgent Care Service for adults

A statewide urgent care service for people aged 16 and over with unplanned non-life-threatening conditions was launched in December 2024. It provides virtual assessment, treatment, and referral, helping patients access care from home and reducing pressure on emergency departments.

The service runs daily from 8:00am to 10:00pm, including public holidays, through two hubs. The Metro Hub runs from Sydney Local Health District and covers six metropolitan local health districts, two regional local health districts, and St Vincents Hospitals network. The Rural Hub runs from Western NSW Local Health District and covers seven regional local health districts.

As a key alternative care pathway accessed through the NSW Single Front Door/healthdirect, the service has received more than 4,500 referrals.

Providing specialist dementia behavioural advice

NSW Health has piloted the innovative statewide Extreme Behavioural and Psychological Symptoms of Dementia (BPSD) Consultation/Liaison Service, with the service now funded for a further three years. This service provides specialist clinical review, advice, and support to NSW Health hospital staff caring for a person experiencing extreme behaviours associated with dementia.

Evaluation shows the service has achieved positive outcomes for both older people experiencing extreme BPSD and the NSW Health staff caring for them. Service outcomes include reductions in average number of behaviour-related incidents, use of psychotropic medication, and use of individual patient specialising for people with extreme BPSD. Hospital staff highly valued the service and 100 per cent of referrers found the service useful and would refer again.

Implementing the Lumos program

Lumos delivers insights on patient journeys across care settings that drive system improvements. Data from general practice records of nearly 7 million patients from 850 participating practices are linked with comprehensive hospital records.

Lumos is embedded in collaborative projects across NSW Health, primary health networks and partners, and extensive analytics inform needs assessments and service commissioning. Work to embed Indigenous Data Sovereignty principles in Lumos has progressed, with an Aboriginal Lumos pilot project planned for Northern NSW Local Health District.

Nearly 1,500 reports were delivered to Lumos general practitioners in 2024-25, providing valuable insights on their patients' use of the broader health system, informing quality improvement.

New prioritisation policy streamlining oral health service delivery

After implementation of a new policy directive to streamline waiting list management and improve patient experience, 96.4 per cent of patients are being seen within the maximum recommended wait time. This is up two per cent after an expected drop following the implementation of the policy. The new policy has been well received by patients and staff. The Far West Local Health District has made considerable progress from 59 per cent at 30 June 2024 to 84.4 per cent at 30 June 2025.

During the 2024-25, NSW public dental clinics provided 837,902 appointments to 341,962 patients.

Integrated Domestic and Family Violence Crisis Response Pilot Project

The Integrated Domestic and Family Violence (DFV) Crisis Response Pilot Project, funded through the Family, Domestic and Sexual Violence National Partnership Agreement, was implemented to develop, trial, and evaluate a 24/7 integrated psychosocial, medical, and forensic DFV crisis response. Phase two included trialling a specialist DFV consultation service through NSW Health's Child Wellbeing Unit.

Pilot sites at Hunter New England, Illawarra Shoalhaven, Northern NSW, and Northern Sydney local health districts successfully developed and implemented local models of care that expand access to psychosocial, medical and forensic services for victim-survivors of DFV. Additional funding was secured to extend the pilot for two years and results will inform development of a statewide model of care and implementation plan.

NSW Health medical and forensic examiners supervision guidelines

Violence, abuse and neglect medical and forensic examiners provide medical care and forensic examinations for adults and children affected by sexual assault, domestic and family violence, and child abuse.

Clinical supervision provides professional support for clinician's ability to reflect their wellbeing and development in challenging environments. A fact sheet was created to support supervising clinicians and promote quality care. This has been strengthened by additional supervision training for doctors and nurses responding to cases of violence, abuse, and neglect. Four sessions with approximately 40 medical and forensic specialist staff attendees aimed at boosting supervision skills and knowledge to provide local leadership to the violence, abuse, and neglect medical and forensic workforce.

Implementing Paediatric Service Capability

Implementation of the *Paediatric Service Capability (Paediatric Medicine and Surgery for Children) Guideline* commenced across NSW. The Guideline describes the service capability standard for paediatric services.

The Guideline requires a comprehensive assessment of facilities that provide services to children and young people. All local health districts and networks report on paediatric service capability annually.

These assessments will assist local health districts and specialty health networks to plan, design, and deliver safe, high quality health services for children and young people across the state, and inform central planning relevant to health services for children, young people, and their families across NSW.

Improving access to specialist maternity care

The Pregnancy Connect initiative focuses on improving timely access to specialist maternity care and the safe transfer of women who need higher-level care, particularly in regional and rural NSW.

Pregnancy Connect has an ongoing yearly investment of \$6.19 million to fund a total of 13 full time equivalent (FTE) midwives and 8 FTE obstetricians. The funding supports fractional appointments to ensure equitable distribution of positions across every local health district.

NSW Health continues to implement the initiative with a focus on strengthening the tiered perinatal networks and connecting women to pregnancy care early and regularly.

Breaking down barriers to cervical screening

The Cancer Institute NSW promoted self-collected cervical screening to break down barriers and boost participation rates. NSW data shows that 40 per cent of all screening tests are now self-collected.

The Institute awarded 11 cervical screening community engagement grants to improve awareness and reach of cervical screening in Aboriginal, culturally and linguistically diverse and LGBTQ+ communities, and people with disability.

The Institute also developed resources to educate patients and workforce about cervical screening during pregnancy. These resources were translated into 20 languages.

A cervical screening flipchart for Aboriginal health workers was developed in partnership with Aboriginal stakeholders.

Improving equitable access to colonoscopy

The Cancer Institute NSW supported the statewide implementation of Direct Access Colonoscopy services – a model of care fast tracking people with a positive bowel screening test to public colonoscopy services. The services reduce barriers commonly faced by patients, such as extended wait times for clinic appointments and out-of-pocket costs for private specialist room appointments.

The Institute supported 11 grants to expand direct access colonoscopy coverage in NSW, make recommendations, and implement initiatives to improve access to colonoscopy for priority populations.

In recognition of the vital role of primary care, the Institute – in partnership with the Daffodil Centre – launched Refer4Scope, an online decision tool supporting general practitioners with guideline-appropriate colonoscopy assessment and referrals.

Education for oncology professionals

eviQ Education, part of the Cancer Institute NSW's eviQ program, provides healthcare professionals with online learning resources, supporting them to keep their professional skills up to date so that they can deliver safe, evidence-based cancer care. The website was viewed over 1.3 million times in 2024-2025.

To keep up with emerging evidence, the program enhanced eLearning on radiation oncology nursing; adult neutropenia, febrile and sepsis; and oral anticancer drugs in community pharmacy. Nine rapid learning modules were also published, covering oncological emergencies, smoking and vaping cessation, and patient education.

eviQ also established social media channels to deliver bite-sized clinical 'microlearning' opportunities to followers.

Cancer treatment protocols

eviQ, a program of the Cancer Institute NSW, provides free evidence-based, consensus-driven cancer treatment protocols to ensure everyone with cancer receives safe, quality care. In 2024-25, the program:

- had more than 12 million website views
- produced 41 new cancer treatment protocols and clinical resources
- reviewed 263 existing protocols, clinical resources and patient information resources.

In response to the rapidly changing clinical landscape, eviQ also published resources to support health professionals in the safe and effective delivery of an emerging type of immunotherapy: bispecific antibody therapy. These therapies can present unique challenges and eviQ's work aims to support the safe care for patients receiving them.

A whole of health response to winter demand

To manage seasonal pressures in 2024-25, the Whole of Health Program led a coordinated winter planning response across NSW Health. Local health districts and specialty health networks submitted 257 initiatives, nearly half of which focused on improving patient flow and accelerating aged care discharges to reduce the average length of stay for older persons and increase inpatient capacity.

The NSW Ministry of Health supported this work with capability-building activities, including an International Winter Forum attended by more than 160 clinical and operational staff, delivered in partnership with the Agency for Clinical Innovation. An evaluation of the program will be undertaken, with findings and examples of successful initiatives to be shared across the system to inform future planning.

Safety and Quality Indicators in specialty health networks and pillar agencies

The NSW Ministry of Health Patient Safety First Unit worked with specialty health networks and pillar agencies to develop fit-for-purpose safety and quality indicators:

- The Clinical Excellence Commission (CEC) developed performance deliverables for inclusion in their 2025-26 Service Level Agreement: Recognise, Engage, Act, Call, Help (REACH) annual forum; Hospital Acquired Complication forums and Australian Sentinel Events reporting.
- NSW Ambulance developed a suite of safety and quality key performance indicators which were included in their Service Agreement for 2025-26.
- Justice Health and Forensic Mental Health Network developed key performance indicators that are sensitive to the custodial setting, focussing on clinical care, including chronic disease screening which were included in their Service Agreement for 2025-26.

Actionable insights into patient safety and safety culture

The Bureau of Health Information (BHI) released a report providing actionable insights into patients' experiences of healthcare for measures related to patient safety and safety culture within health service organisations. Findings in *The Insights Series – Patients' experiences of safe care and readmission to hospital over time* are based on in-depth analyses of thousands of patients' feedback in the Adult Admitted Patient Survey from 2018 to 2023.

The report highlighted the clear link between patient feedback and safety and health outcomes. Given the positive association between admitted patients' experiences and risk of readmission, the report also delivered new insights into readmissions following hospitalisation for eight clinical conditions across NSW public hospitals between 2016 and 2022.

Understanding and addressing clinical safety issues

The Clinical Excellence Commission Safety Intelligence team partners with internal and external stakeholders to better understand clinical safety issues, to support safe and reliable care. The team supports the process of learning from serious incidents to anticipate risks, the actions taken to mitigate harm, and the use of data to identify changes and provide assurance. The Team's analytical method adopts a patient-centric approach and considers the patient journey, prompting curiosity and direction for action at a state and local level. A recent pilot of a Rapid Patient Experience Survey allowed facilities access to another important measure of quality of care, and has delivered promising preliminary results demonstrating the benefits of enabling facilities to rapidly access and act on patient feedback to improve care outcomes.

Knowledge sharing and capability development to improve patient flow

The Whole of Health Program supports local health districts and specialty health networks to improve patient flow and timely access to care across the NSW Health System. The Program focuses on knowledge sharing and capability development, enabling effective local initiatives to be scaled and adapted across the state.

The program provides annual budget supplementation to local health districts and specialty health networks to support dedicated program leads. These roles are responsible for implementing and sustaining local patient flow improvements while building long-term capability within their services. By strengthening leadership and promoting shared learning, the Program enhances system-wide responsiveness and supports better outcomes for patients.

Discharge Patient Flow Concierge initiative

The Discharge Patient Flow Concierge initiative has received \$49.9 million in recurrent funding and \$4 million in capital funding over four years to improve discharge planning and coordination. It supports patients, families, and hospital staff by streamlining discharge processes and reducing delays. The funding enables dedicated concierge roles within hospitals to support discharge planning, alongside the development of digital algorithms and other functions with the Patient Flow Portal, a statewide tool for managing patient flow and care coordination, to identify complex inpatients who may benefit from earlier intervention.

NSW Hospital Guardianship Program

The Whole of Health Program supports the NSW Hospital Guardianship Program, a joint initiative with the Department of Communities and Justice aimed at reducing unnecessary hospital stays for patients awaiting guardianship hearings. In June 2025, NSW Health updated the Guardianship Guideline to reflect current policy and legislative changes.

The revised guideline standardises the process for adult inpatients who require guardianship applications to the NSW Civil and Administrative Tribunal. It provides clear direction for NSW Health professionals involved in these applications, promoting consistent, timely, and legally compliant practices across all health facilities.

Reducing hospital acquired complications

The Sydney Children's Hospitals Network Hospital Acquired Complications Recovery Program has delivered significant improvements in patient safety, driving down hospital acquired complications (HAC) rates across all categories. A key achievement being a 10 per cent reduction in hospital-acquired delirium. Using a practical, data-driven approach, the Network redesigned how HACs are identified, reviewed, and managed. This was achieved by introducing a robust validation process, engaging clinicians in case reviews, and implementing changes in practice aligned to latest evidence, as well as regular rounding, support and just-in-time education.

A year of firsts

The Sydney Children's Hospitals Network continued to lead in paediatric breakthroughs by being the first health entity in Australia to introduce several groundbreaking initiatives. A patient at The Children's Hospital at Westmead became the first child in Australia to receive a diaphragm pacer, eliminating the need for round-the-clock ventilation and enabling independent breathing. The first health entity in Australia to introduce the use of a Tübingen Palatal Plate to treat children with severe forms of Pierre Robin syndrome. The Network also established the Ventricular Assist Device service, marking a significant milestone in paediatric cardiac care in NSW and allowing for a comprehensive NSW paediatric heart failure service.

Creating supportive environments to provide care

The Centre for Alcohol and Other Drugs branch focused on ensuring safe, high-quality services are delivered across the state.

In 2024-25, the Alcohol and Other Drugs Care Charter was launched, guiding staff to deliver care that is safe, accessible, equitable, and non-judgemental to improve the experiences and outcomes of people who use or have used alcohol and other drugs.

The *Virtual Care in Alcohol and Other Drugs: Treatment Practice Guide* was released, supporting clinicians and treatment services to safely expand access to treatment through virtual care, particularly in rural and regional areas of NSW.

The team also delivered 33 workshops across 16 regions to embed the Alcohol and Other Drug Clinical Care Standards as the foundation of safe, high quality, effective, and collaborative treatment and support. A total of 873 alcohol and other drug workers across 67 services (16 local health districts, 38 non-government organisations, 10 Aboriginal-community controlled organisations) attended a workshop.

Statutory Review of the Abortion Law Reform Act 2019

The *Abortion Law Reform Act 2019 (the Act)* ensures abortion is treated as a health issue. In accordance with section 17 of the Act, the NSW Ministry of Health conducted a review into the operation of the Act on behalf of the Minister for Health and tabled it in Parliament.

The review found the Act is operating well regarding improvements to legislative access and treating terminations of pregnancy as a health issue.

NSW Health is implementing the review's recommendations to address barriers to care. NSW Health has engaged with stakeholders and allocated two grants to support improved access to abortion care.

Updated Burns Injury Model of Care

The updated Burns Injury Model of Care was released in October 2024 and ensures equitable access to best-practice treatment for all people in NSW. This revised model integrates several health lenses to guide clinicians in delivering comprehensive, person-centred and culturally appropriate care. The updated Burns Injury Model of Care was presented to the NSW Burns State-wide Planning Directors and Managers Network in February 2025 and received excellent feedback.

Trialling body worn cameras for security staff

A 12-month trial of body worn cameras commenced in December 2024. Security staff at 15 hospitals across NSW Health will wear the cameras. There are up to 300 cameras in operation. The trial will determine how effective the presence of body worn cameras are in helping to deter and de-escalate the frequency and severity of incidents involving aggression and violence in hospitals, and provide valuable insights into how to improve safety for staff, patients, and visitors.

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

Easing pressure on emergency departments through Urgent Care Services

NSW Health has launched 25 Urgent Care Services across the state over the two years to 30 June 2025. During the 2023–24 and 2024–25 financial years, 11 of these services were introduced in regional and remote areas of NSW.

NSW Health has partnered with local health districts and Primary Health Networks to provide alternative pathways to care outside the hospital in an effort to ease pressure on emergency departments and ensure the people of NSW receive timely and appropriate healthcare.

Patients with urgent but not-life-threatening conditions can call healthdirect to be triaged by a registered nurse who assesses their condition and refers the caller to the most appropriate service depending on their clinical needs. This may include virtual consultations with NSW Health's statewide virtual urgent care services for adults and for children.

Developing the virtual care suitability toolkit

The virtual care suitability toolkit was developed to help healthcare providers and consumers to decide if virtual care is suitable for them. It promotes shared decision making with a focus on, person-centred care, choice, and flexibility in how care can be provided. The toolkit aims to encourage and guide discussions about the most appropriate care options.

The consumer guide outlines what virtual care is, its benefits, and includes a suitability checklist to help consumers decide if virtual care is right for them. It also provides specific information for consumer groups such as Aboriginal people, those who speak languages other than English, and people with disabilities.

The toolkit contains resources to support clinicians to decide whether it is clinically appropriate to use virtual care. An accompanying checklist is designed to stimulate thinking and empower clinicians to discuss the suitability of virtual care with the consumer.

Enabling virtual care through healthdirect Video Call

In December 2024, NSW Health launched the healthdirect Video Call platform to support virtual emergency care through statewide virtual urgent care services for adults and children. Purpose-built for healthcare, the platform improves video quality, clinician usability, and integration with digital tools, enabling faster and more effective virtual care across NSW.

Implementation to all local health districts and specialty health networks will continue into the 2025-26 financial year.

Providing health information and advice

The NSW Health Single Front Door initiative, delivered in partnership with healthdirect, enables people with urgent, unplanned health needs to access advice and navigate to clinically appropriate care locally or virtually, reducing avoidable emergency department presentations and enhancing experience and equity of access to care.

In 2024-25, healthdirect provided health information and advice to more than 525,000 NSW callers. The 24/7 helpline delivered more than 404,000 nurse triages, connecting people with self-care advice or clinically appropriate services, such as referral to a GP or Urgent Care Service provided through either face-to-face or virtual appointments. Fewer than 25 per cent of callers were referred to emergency departments or Triple Zero, reflecting the impact of accessible, alternative care pathways.

Developing referral pathways from NSW Ambulance to virtual services

In June 2025, NSW Ambulance implemented a new referral pathway from the Virtual Clinical Call Centre (VCCC) and Extended Care Paramedics (ECP) into the urgent care service for adults.

It allows VCCC and ECP clinicians to arrange video consultations, issue prescriptions, and refer patients for imaging and pathology during 8:00am to 10:00pm operating hours.

While a referral pathway for children to the Virtual Urgent Care Service for Children already existed, this initiative has now incorporated and established a complete pathway for both adults and children in NSW and aims to avoid transportation of patients to emergency departments where this is clinically appropriate for the patient.

Delivering valuable insight into patients' experiences of virtual care

The Bureau of Health Information (BHI) provided insights into patients' experiences of virtual care in NSW based on what was learned from five years of feedback in the statewide Virtual Care Survey. Analysis in *The Insights Series – Patients' experiences of virtual care with NSW public hospital outpatient clinics* examined feedback from more than 12,000 patients, including those who also received virtual care with general practitioners. Among its findings, the report shows that patients were much more likely to have high overall satisfaction with virtual care when they said health professionals worked well together and gave understandable explanations; and their care was well organised.

Establishing Virtual Psychiatry Hubs

As part of a statewide response to anticipated workforce disruptions, NSW Health launched two Virtual Psychiatry Hubs in February 2025 in Hunter New England and Western NSW local health districts. The hubs provide after-hours and surge psychiatric support, particularly to emergency departments, ensuring continuity of senior clinical expertise. While utilisation is optional and adaptable to local service priorities and capacity, the model has supported over 1,500 referrals with an average 30-minute turnaround and a 70 per cent discharge rate.

NSW Health Out of Hospital Care Program

The Out of Hospital Care Program is a key patient flow strategy that supports timely discharge from public hospitals and helps prevent avoidable admissions. The program provides targeted case management and home support packages, including: ComPacks (for patients over 18 requiring discharge support), Safe and Supported at Home (SASH) for people under 65 not eligible for the NDIS, and End of Life (EoL) packages for those with a life-limiting illness and a prognosis of three months or less. These services ensure eligible patients can safely receive care at home. This included: 12,903 ComPacks, 5,347 Safe and Supported at Home (SASH) packages, and 6,104 End of Life packages.

Strengthening Hospital in the Home services

NSW Health is implementing a system-wide reform to strengthen Hospital in the Home (HITH) services and expand virtual care delivery. This reform aims to improve patient outcomes, increase access and equity, decrease hospital length of stay or avoid hospitalisation altogether, and free up inpatient capacity across the health system.

In February 2025, the new *Hospital in the Home Policy Directive* was released, setting out updated core service elements for all HITH models and widening eligibility for HITH care by leveraging virtual care technology. HITH reform is being funded through State and Commonwealth initiatives to support implementation, with progress actively monitored. Additional statewide initiatives are underway to further embed virtual care in everyday service delivery.

The NSW Health Deployment Program

The NSW Health Deployment program provides nurses, midwives, and allied health staff opportunities to travel and work at hospitals and health services that have a short-term need for their skills and experience. Deployments are between 2 and 13 weeks. The unit has succeeded with its initial task to assist with the COVID-19 workforce recovery and now supports a pipeline of deployable health professionals.

By deploying the equivalent of 1,481 fulltime equivalent staff in priority roles such as nursing, midwifery, occupational therapy, speech pathology and physiotherapy, the program realised significant efficiencies and better outcomes for rural, regional, and priority populations. The program is set to expand significantly in the next two years.

Referral pathways

Referral pathways help patients calling Triple Zero (000) access the most appropriate care when their condition doesn't require an emergency department. In 2024-25, NSW Ambulance developed 20 referral pathways to refer patients to established local health district services, speciality health networks, Urgent Care Services, virtual services, and other specialised care providers. Each pathway is a formally endorsed collaboration between a non-emergency department service and NSW Ambulance. It represents a partnership in patient centred care.

A key highlight includes the consolidation of multiple pathways into a single point of access for North Sydney and South Western Sydney local health districts, supporting excellence in care for local communities.

2.3 Connect with partners to deliver integrated care services

NSW Problematic and Harmful Sexual Behaviours Interagency Standards and Training Committee

NSW Health led the establishment of the cross-agency NSW Problematic and Harmful Sexual Behaviours (PHSB) Interagency Standards and Training Committee. The Committee focuses on building capability and capacity across government and non-government workforces to prevent and respond to children and young people who have displayed PHSB.

In 2024-25, the NSW Health Education Centre Against Violence, in collaboration with the Committee, produced the *Together We Can Report: Strategic insights to guide shared workforce learning and capacity building for preventing and responding to PHSB*. The Report provides a series of recommendations to support a system-wide approach to interagency learning and workforce development strategies, for the Committee's consideration for prioritisation and implementation.

Improving access to cancer clinical trials for the LGBTQ+ community

The Cancer Institute NSW partnered with community organisation ACON to explore barriers and identify solutions to increase cancer clinical trial participation for the lesbian, gay, bisexual, transgender, and queer (LGBTQ+) community. The foundational research paper, published in February 2025, identified barriers to collecting, self-reporting, utilising, and publishing LGBTQ+ data, and the attitudes of clinical research staff towards the collection of data. The research also found that education and support for the workforce, as well as changes to data collection practices, will be effective strategies to increase inclusion in cancer clinical trials.

Statewide Specialist Trans and Gender Diverse Health Service

The Statewide Specialist Trans and Gender Diverse Health Service is now fully operational, providing medical, nursing, and allied health specialist care to trans and gender diverse young people across NSW. In 2024-25, the Sax Institute Evidence Check Update on *Effective interventions for children and young people with gender dysphoria* was published. Work continued with the Clinical Advisory Panel, Statewide Steering Group, and Consumer Advisory Panel to support holistic, evidence-based practice.

Innovative mental health response model

NSW Ambulance partnered with Western Sydney Local Health District to design and implement a model of care involving a mental health clinician co-responding to Triple Zero (000) calls with a NSW Ambulance paramedic.

This program provides out-of-hospital support for people experiencing mental distress, improving access to appropriate community care services. The program also aims to ease pressure on the system-wide demands in mental health care and highlights NSW Ambulance's commitment to responsive, person-centred care.

Statewide initiative for diabetes management

The implementation of an integrated and coordinated approach to diabetes management across NSW Health and primary health networks in NSW in 2024-25 included:

- developing practical resources to support local implementation of case conferencing clinics between specialists and GPs to support their patients, for timely and appropriate access to diabetes care while building capacity and capability in primary care
- showcasing diabetes service models on the ACI Innovation Exchange
- bringing together a clinical advisory group to support the development of statewide referral criteria for diabetes and endocrinology
- establishing a community of practice to improve approaches to diabetes management.

Building connection with community pharmacists

NSW Health partnered with the Pharmaceutical Society of Australia to deliver 10 full-day, face-to-face Aboriginal cultural safety workshops across NSW for community pharmacists participating in the Needle Syringe Program and Opioid Treatment Program.

These workshops were designed and delivered by Aboriginal subject matter experts with a focus on providing culturally safe care for Aboriginal patients and building connection with Aboriginal Community Controlled Health Organisations.

NewGen Matrix Project

NewGen Matrix aims to provide paramedics with the information they need to transport patients to the right location, for the right care. NewGen Matrix will ensure appropriate patient distribution across NSW, promoting a system-wide approach to patient flow that reduces pressure on the health system. To date, the project has:

- engaged more than 1,000 stakeholders, including patients, paramedics, hospital staff and ministry executives, to design core features and functionality of the NewGen Matrix
- developed a pre-hospital Patient Acuity Tool that is an evidence-informed instrument to guide and standardise the identification of patient acuity levels and ongoing care needs when determining transport destination
- defined a comprehensive benefits realisation strategy to ensure the NewGen Matrix drives seamless integration and lasting benefits across the NSW Health System
- developed a detailed quality assurance and governance strategy to refine the final NewGen Matrix product.

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

Primary School Mobile Dental Program

The Primary School Mobile Dental Program is now delivered by 11 local health districts, expanding from 5 in 2019. This includes eight rural, regional, and remote districts, which supports providing dental care to children disadvantaged by geographic distance from a fixed clinic.

In 2024-25, the program was offered to 75,083 students across 290 schools, of which 93 per cent were schools with a high rate of disadvantage. Of the 28,560 patients treated, 3,675 were Aboriginal and 2,512 spoke a language other than English.

The known dental decay disparity that exists for more disadvantaged schools has been narrowed since the program commenced in 2019.

Improving access to oral health care for refugee and asylum seekers

The Refugee and Asylum Seekers program is delivered by the Centre for Oral Health Strategy in collaboration with oral health services, Multicultural Health Communication Service, and NSW refugee health services in six local health districts.

This program enables local health districts to provide appropriate support to refugee and asylum seeker patients, considering local context, needs and capacity, resulting in better patient experience.

Family Start Package – essential services for children

To increase support to children with developmental vulnerabilities, recruitment of 32 additional paediatric allied health staff and development of local models of care commenced from September 2024 in all local health districts and the Sydney Children’s Hospital Network. Recruited professions include speech pathology, occupational therapy, physiotherapy, and social work to become part of multidisciplinary teams.

Streamlining care for children with behavioural issues and/or ADHD in regional NSW

The pilots in Hunter New England Local Health District and Western NSW Local Health District aimed at enhancing models of care for children with behavioural issues and/or ADHD ended on 30 June 2025.

The models of care have enabled co-management with general practitioners, supporting high-quality person-centred care through efficient referrals, a family-centred approach, and improved access in rural and regional areas.

Independent evaluation of these pilots will be published by the end of 2025.

Improving access to cervical cancer screening for priority populations

The Cancer Institute NSW works in partnership with local health districts across the state to support women’s health nurses, who drive access to free, life-saving cervical screening tests. Women’s health nurses bridge the gap for priority populations that are under-screened and never screened through an approach that builds trust, is safe, and culturally sensitive.

In 2024-25, Women’s health nurses performed more than 6,500 cervical screening tests, 4,200 of which were with women and people with a cervix from a priority population.

Improving cancer screening awareness in refugee communities

The Cancer Institute NSW’s Refugee Cancer Screening Project is focused on engaging and educating under-screened refugee communities from Sub-Saharan Africa and the Middle East. Following consultation with community leaders, the Institute led an African Health and Wellbeing Day, in collaboration with NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors and Western Sydney Local Health District.

The event emphasised cultural authenticity, fostering a supportive environment that encouraged engagement and trust in health services. More than 250 community members, including newly arrived refugees, received cancer education through talks by African health professionals and information stalls, as well as opportunities to book a breast screen and/or order bowel screening kits.

Cancer education in multicultural communities

The Cancer Institute NSW supported and delivered a range of culturally appropriate, in-language activities to educate multicultural communities on cancer prevention and early detection.

In the 2024-25 financial year:

- six new Multicultural Community Education grants awarded
- 15 programs funded by Multicultural Community Education grants reached completion. These programs delivered 204 community education sessions, reaching more than 3,600 people from more than 30 cultural groups.
- over 70 multicultural health workers attended training to build capacity to run cancer education sessions
- 23 community events and workshops were attended, hosted or supported by the Institute, enabling engagement with over 2,000 community members
- 20 partners were collaborated with to co-create resources
- 80 general practitioners attended 2 webinars on the provision of culturally responsive care.

Court diversion service expanded to regional communities to support defendants with mental illness

Justice Health and Forensic Mental Health Network continued to expand its court diversion service to regional communities across the state as part of a \$13.4 million investment by the NSW Government.

The Statewide Community and Court Liaison Service commenced at Orange, Bathurst, Blayney, and Oberon local courts, diverting eligible defendants living with mental illness away from the criminal justice system and connecting them with local mental health care and support services.

The service provides comprehensive assessments by mental health clinicians who make recommendations to the magistrate on appropriate treatment and rehabilitation services available in the community.

Community Emergency Response Team

The NSW Ambulance Community Emergency Response Teams (CERT) initiative extends essential health services to smaller communities. CERTs are comprised of NSW Ambulance clinical volunteers who are trained to initiate clinical care prior to the arrival of paramedics. New CERTs in the regional locations of Harrington and The Rock began induction training in June 2025.

Improving care for border regions through collaboration

In collaboration with the ACT, Queensland and Victoria, NSW Health has continued to seek improvements in the access to and delivery of quality and safe care for NSW border communities.

NSW Health collaborated with our bordering jurisdictions in various forums throughout 2024-25, including statewide health governance and border region operational committees to identify and address matters affecting NSW border residents.

NSW Health partners with the NSW Cross Border Commissioner to support the development and implementation of whole-of-government Memoranda of Understanding and will host a tri-state forum in Wentworth NSW in October 2025, bringing together South Australian, Victorian, and NSW stakeholders to discuss shared strategic priorities.

Building a shared understanding of healthcare delivery in NSW

The Shared Understanding Project aims to ensure that NSW Health and partner organisations are working effectively with communities in the planning and delivery of health services and models of care. This is essential to create a shared understanding and ensure future health services are informed, understood, trusted, and embraced.

Between July and December 2024, the NSW Ministry of Health engaged with more than 300 community members, consumers and carers, staff and partners, to understand current engagement processes around health service planning, design, and delivery.

The Consultation Insights Report has since been published, which will inform the development of recommendations and a workplan to address findings.

Regional Health Strategic Plan Progress Snapshot 2023-24

The *NSW Regional Health Strategic Plan Progress Snapshot 2023-24* provided an update on work undertaken to improve health outcomes and access to healthcare for people living in regional, rural and remote NSW.

The progress report highlighted a range of achievements in the second year of the *NSW Regional Health Strategic Plan*, including: a stronger regional health workforce with more people working in regional local health districts, more patients accessing the Isolated Patients Travel and Accommodation Assistance Scheme, and the establishment of three clinical trial support units in regional areas – improving access to the latest tests and treatments closer to home.

NSW Health Cross Border Community of Practice

The Cross Border Community of Practice (CoP) was established in 2024 to support key deliverables in the *NSW Regional Health Strategic Plan 2022-2032*.

The CoP aims to provide a statewide network for strategic support and collaboration regarding the provision of cross border care. In 2024-25, there were four meetings held, each focusing on a different cross border topic, including enabling seamless cross border care, record and data sharing, pathways to specialist services, and patient flow.

Response to the Rural Health Inquiry

NSW Health has been monitoring the progress of the implementation of all 44 recommendations of the Parliamentary Inquiry into Health Outcomes and Access to Health and Hospital Services in Rural, Regional and Remote New South Wales (Rural Health Inquiry). This includes completed actions and those that are in progress.

In September 2024, NSW Health published on its website a *Rural Health Inquiry Progress Report 2024* about the status of the implementation as at 30 June 2024. The Report also included also shares stories directly relating to Rural Health Inquiry recommendations – from the perspective of patients, staff, and the community.

As at 30 June 2025, 28 of the 44 recommendations were completed. There is ongoing work to implement the remaining 16 recommendations.

2.5 Align infrastructure and service planning around the future care needs

Establishing key health worker accommodation

NSW Health established the Key Health Worker Accommodation Program following its announcement as part of the 2024-25 NSW Budget. The funding is intended to support the attraction, retention, and integration of more than 500 health workers and their families in regional NSW by providing short and long term accommodation that is close to the health facilities where they work.

The Government will secure approximately 120 dwellings, which may include the building of new accommodation, refurbishment of existing accommodation, and purchase of suitable properties.

A total of 51 modern, fully-furnished preconstructed units were delivered across Far West, Murrumbidgee, and Southern NSW local health districts. Twenty-seven properties have been purchased, with final touches underway to welcome healthcare workers.

The \$45.3 million investment encompassed Broken Hill, Balranald, Leeton, Narrandera, Finley, West Wyalong, and Cooma, and the units are now operational.

NSW Health will work with local health districts, NSW Ambulance, Homes NSW, and the NSW Department of Primary Industries and Regional Development to understand Key Health Worker Accommodation requirements.

Capital Investment Planning process

In February 2024, the NSW Ministry of Health invited all NSW Health entities to submit Capital Investment Proposals (CIPs) as part of the annual Capital Investment Planning process. This process informs the annual development and submission of the NSW Health 10 Year Capital Investment Strategic Plan. There were 78 proposals received from 20 health entities. Written feedback on the proposals was provided to each health entity in December 2024.

Health entities will use 2025 as a ‘planning’ year and CIP submissions are not required in 2025. The Ministry will undertake a review of NSW Health’s major capital investment planning process with a view to identify opportunities to enhance submissions in future years.

Strategic outcome 3

People are healthy and well

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

3.1 Prevent, prepare for, respond to and recover from pandemic and other threats to population health

Keeping people safe in a state emergency

NSW Health prepares, prevents, responds to, and supports recovery from state emergencies and major incidents, ensuring our patients, communities, and workforce are always cared for.

The State Preparedness and Response Unit improved access to emergency management education and training for regional health staff and continued to build emergency management capability across the NSW Health System.

There were two events where the State Health Emergency Operations Centre (SHEOC) was activated. SHEOC works in collaboration with health entities to respond to emergencies. This includes local health districts, NSW Ambulance, HealthShare NSW, Health Infrastructure, the Justice Health and Forensic Mental Health Network, NSW Health Pathology, along with other agencies such as Primary Health Networks, Aboriginal Medical Service teams, and community health partners.

In March 2025, Ex-Tropical Cyclone Alfred impacted the Northern Rivers and Mid North Coast communities. The NSW Health Services Functional Area Supporting Plan (NSW HEALTHPLAN) transitioned to activation phase on 5 March 2025. The SHEOC was stood up by the State Health Services Functional Area Coordinator to operate daily.

NSW Health staff supported local and state level emergency operations centres, evacuation centres, and recovery centres. NSW Health partnered with Healthy North Coast Primary Health Network and St John Ambulance NSW. Clinicians were deployed from metropolitan local health districts to support affected regions. The SHEOC was stood down from 5:00pm on Tuesday 11 March 2025.

In May 2025, a slow-moving weather system caused flooding and significantly impacted the Hunter New England, Mid North Coast, and Central Coast local health districts.

The NSW HEALTHPLAN transitioned to activation phase and the SHEOC was stood up on 22 May 2025 to operate daily. Dedicated healthcare workers in the affected areas led these efforts, supported by the NSW Health System. All health services remained open and operational in the impacted areas.

Community recovery is ongoing. Health service support, including public health resources and mental health staff continue to assist affected communities process the consequences of the severe weather event and ex-Tropical Cyclone Alfred. The SHEOC was stood down on 25 May 2025.

NSW Health is the agency responsible for the Health Services Functional Area under the State Emergency Management Plan (EMPLAN) and works closely with partner agencies and emergency service organisations to prepare, prevent, respond to, and recover from emergencies and major incidents. NSW Health continues to be well-prepared to respond to and reduce the impact on people's health from many types of emergencies.

Preparing for public health emergencies

During 2024-25, Australia remained the only continent free from avian influenza H5 virus. Health Protection NSW collaborated with other agencies to prepare for avian influenza incursion in wildlife with consideration for human health risks. One state-based desktop exercise and three national-level exercises were held, testing NSW Health's capabilities and preparedness functions. These preparedness activities assisted with a response to avian influenza H7 virus detected on poultry farms on the outskirts of Sydney in mid-2024.

Several policies and guidelines were developed or updated to enhance broad system preparedness. These included public health guidelines for preparedness and response with Aboriginal communities, mass evacuation centres, and debriefs.

Coordinating mpox outbreak response

From June 2024 to January 2025, NSW experienced an outbreak of mpox clade IIb, primarily affecting gay, bisexual, and other men who have sex with men. Health Protection NSW worked with the Centre for Population Health, public health units and sexual health services, NSW Health Pathology, ACON, healthcare providers, and the community to successfully suppress the outbreak. This included:

- increasing access to and promotion of vaccination
- ensuring clinical awareness of mpox signs and symptoms
- increasing laboratory capabilities
- prompt case and contact management
- increasing awareness of mpox among affected communities
- updating guidelines and resources for clinicians and the public.

Effective use of pathology services

NSW Health Pathology's Public Health Pathology Service coordinates pathology testing and supports responses to public health outbreaks across NSW. The service provides evidence-based information and specialised pathology testing to inform NSW Health policies.

The service coordinated the NSW laboratory investigation of contaminated commercial antiseptic wipes used across Australia. Whole genome sequencing by NSW Health Pathology of NSW patient samples confirmed the causative products and enabled critical actions by the Therapeutic Goods Administration nationally.

It coordinated the testing of patient and environmental samples in four Sydney legionnaires disease outbreak investigations and supported Health Protection NSW's investigation to identify potential sources of the outbreaks. NSW Health Pathology also coordinated NSW testing of the new mpox virus, performing 5,566 tests with 746 mpox positive results, including the detection of Australia's first case of mpox virus clade Ib.

NSW Drug Checking trial at music festivals

The Centre for Alcohol and Other Drugs has begun a 12-month drug checking trial at music festivals. To June 2025, three festivals have hosted the service. This is the first public facing drug checking service in NSW. The government supported a trial following advice from the NSW Drug Summit Co-Chairs. The trial is supported by NSW Police Force and Liquor & Gaming NSW. It is operated as a partnership with NSW Health Pathology, NSW Users and AIDS Association, and the music festival industry.

Testing is conducted on site by the Forensic and Analytical Science Service. The results are then shared with service users along with harm reduction information by peer workers from NSW Users and AIDS Association. During the first 3 events, the service tested 247 drug samples and has been accessed by more than 350 people. The trial will continue into 2026.

3.2 Get the best start in life from conception through to age five

Launching the respiratory syncytial virus prevention program

The NSW respiratory syncytial virus (RSV) prevention program was launched in February 2025. RSV is a common cause of respiratory infection requiring hospitalisation mostly affecting young children.

The program aims to protect infants against RSV and reduce RSV-associated hospitalisations in the first five months of life. It offers RSV vaccination during pregnancy and an infant RSV immunisation product to babies who were not protected by maternal vaccination and those with medical risk factors for severe RSV disease. From 3 February 2025 to 30 June 2025 inclusive, 26,930 women aged 14 to 45 years received the RSV vaccine. From 1 March 2025 to 30 June 2025 inclusive, 5,407 babies born on or after 1 January 2025 received the RSV immunisation product.

Publishing the Induction of Labour Clinical Practice Guide

NSW Health is committed to ensuring women receive safe and respectful maternity care, including providing safe, evidence-based clinical practice for the induction of labour.

The *Induction of Labour: Methods and Approaches Clinical Practice Guide* was published in May 2025 and provides advice on methods and approaches to the induction of labour. It supports maternity services to provide safe and evidence-based clinical practice; to consider if a woman may need to be transferred to a higher level of care for induction of labour; and assists clinicians and women with informed decision-making. The clinical practice guide is included as part of the NSW Health policy directive: *Induction of Labour*.

Strengthening early identification and response to domestic violence

A range of initiatives are underway to enhance NSW Health's long-standing Domestic Violence Routine Screening (DVRS) Program.

In 2024-25, DVRS forms were updated to align with new policy and practice guidance. A review of DVRS practice was conducted within the four settings where DVRS is mandated (child and family health, maternity, drug and alcohol, and mental health services).

This review, funded through the Family, Domestic and Sexual Violence National Partnership Agreement, included the development of practice resources co-produced with victim-survivors of domestic and family violence to support the delivery of safe, effective, and trauma-informed routine screening.

The practice resources will be launched in September 2025.

Supporting parents to quit smoking

The Centre for Alcohol and Other Drugs expanded free access to Nicotine Replacement Therapy to people who use Substance Use in Pregnancy and Parenting Services, along with providing new clinical guidance to inform practice.

3.3 Make progress towards zero suicides recognising the devastating impact on society

Using data for suicide prevention and response

The NSW Ministry of Health System Information and Analytics branch uses data to monitor how patients use health services over time and identify comparison groups. The NSW Suicide Monitoring System (SuMS) provides regular reports and briefings to the NSW Ministry of Health, local health districts, and partner organisations.

This data helps to assess the impact of the Toward Zero Suicides Initiative on suicide prevention efforts, and guides further evaluation to design best practice care. Teams across NSW working within the initiative never lose sight of the fact that each piece of data represents a person with a story.

An integrated suicide and self-harm dashboard was launched in February 2025 for NSW Ministry of Health and local health districts. The dashboard brings together data on suspected suicide deaths, self-harm related emergency department presentations, and access points for suicide prevention and response. It supports progress towards zero suicides by providing service leaders and policy makers with a tool to understand trends and risk groups, and to plan prevention and response activities.

Providing information about how to access suicide prevention supports

NSW Health launched the new suicide prevention and response website to help people in distress and those supporting someone in distress to easily find and access the right information and supports. It includes evidence-based resources for communities and professionals and recent evaluation reports. The website supports a coordinated government effort to reduce suicide in NSW, increase suicide prevention capabilities, and meet the needs of people impacted by suicide.

This launch follows the introduction of the NSW Suicide Prevention Bill 2025 to Parliament, an election commitment aimed to establish a whole-of-government approach to suicide prevention that addresses drivers of distress and strengthens cross-agency action and accountability.

Together these initiatives demonstrate a coordinated effort to reduce suicides across the state.

Delivering and enabling suicide aftercare services

Aftercare services are free caring support services for people who recently attempted suicide or going through a suicidal crisis. The services are being delivered in 26 geographical regions across 19 sites in NSW. Expanded referral pathway trials are being implemented to improve access for priority populations, including Aboriginal communities, people with psychosocial disabilities, and older people. In May 2025, the Agency for Clinical Innovation hosted the Aftercare Forum, launching the NSW Aftercare Service Delivery Model. In June 2025, the NSW Aboriginal Suicide Prevention Forum was held in partnership with the Aboriginal Health and Medical Research Council.

Peer workforce plays a critical role in these services. A dedicated peer workforce framework has been developed through extensive engagement with stakeholders and will be published in 2025.

Providing suicide prevention training

Building on training development funded by the NSW Ministry of Health Mental Health Branch, the Health Education and Training Institute provided access to suicide prevention training to more than 9,000 NSW Health staff, supporting NSW's commitment to reducing deaths through suicide. Training was made available through a suite of eModules and workshops adapted for the differing needs of NSW Health's diverse workforce.

3.4 Support healthy ageing ensuring people can live more years in full health and independently at home

Reducing hospital length of stay for older patients

The Integrated Geriatric Emergency Medicine (iGEM) is an initiative based out of Blacktown Hospital, aimed at supporting safe and timely care for older patients. The initiative creates environments that support the unique needs of elderly patients, so they can sooner return to the comfort of their aged care facility under a shared care model.

Between 1 July 2024 to 30 June 2025, more than 1,100 patients accessed care through iGem, with 96.5 per cent of patients returning to their residential aged care facility within 24 hours. The iGEM model was made permanent after the success of the pilot program with view for expansion into other hospitals.

Providing high-quality care to older people in their own home

NSW and the Commonwealth signed a bilateral agreement under Strengthening Medicare to support older people access high-quality care in the community. The funding allows NSW Health to expand its aged care outreach services and strengthen pathways into Hospital in the Home for older people, enabling older people to access high-quality clinical care in their own home, whether that's residential aged care or the broader community.

The agreement aims to:

- reduce avoidable hospital presentations and unnecessarily long hospital stays
- support timely discharge back to the community
- improve transitions to appropriate care.

3.5 Close the gap by prioritising care and programs for Aboriginal people

Launching the NSW Aboriginal Health Plan 2024-2034

NSW Health launched the *NSW Aboriginal Health Plan 2024-2034* with the Minister for Health and the Aboriginal Health and Medical Research Council (AH&MRC) of NSW in August 2024.

The Plan marks a significant step towards reforming health systems to provide culturally safe, holistic, and high-quality care for all Aboriginal people in NSW by sharing power in system reform.

It provides a roadmap for the future and an ongoing commitment to growth, transformation, and continued partnership with the AH&MRC. It is a landmark document relevant to the Aboriginal people of NSW while also embedding the Closing the Gap priority reforms as enablers of change.

The Plan is a result of extensive consultation and partnership.

Launching the NSW Aboriginal Health Governance, Shared Decision Making and Accountability Framework

In September 2024, the *NSW Aboriginal Health Governance, Shared Decision Making and Accountability Framework* was launched. The Framework focuses on transforming NSW Health systems, structures, and processes to enable shared decision making with Aboriginal people.

It has four principles to guide and embed these concepts in NSW Health:

- Aboriginal people are embedded into decision-making processes and governance structures that impact Aboriginal people in NSW Health
- Aboriginal NSW Health staff are recognised in the NSW Health System and are supported and empowered to participate in shared decision making, governance, and structures

- NSW Health and the Aboriginal Community Controlled sector have strong partnership mechanisms
- the NSW Health System is held accountable for Aboriginal health outcomes.

The Framework outlines the gold standard for each principle and all NSW Health organisations are working to implement the gold standard.

Launching the Stolen Generations Survivors Action Plan

Co-designed with Survivors, their descendants, and Stolen Generations Organisations (SGOs), the *Stolen Generations Survivors Action Plan 2025-30: Towards Health and Healing* will guide and propel NSW Health's response to the urgent health, aged care, healing, and wellbeing needs of Survivors and their descendants.

The Plan is an extension of the apology that the NSW Health Secretary delivered in 2022, recognising NSW Health's role in the Stolen Generations.

Integral to the development of the Plan is a Survivor-led approach, ensuring that lived experiences shape its actions and priorities, reflecting NSW Health's commitment to centring Survivor voices in development, governance, and implementation.

Aboriginal Mental Health and Wellbeing Model of Care initiative

In its third year, the Aboriginal Mental Health and Wellbeing Model of Care initiative continues to support nine Aboriginal Community Controlled Health Organisations (ACCHOs) and two local health districts across NSW.

The work with participating ACCHOs and local health districts focused on shared employment models, workforce development, clinical service delivery, and care navigation. This phase prioritised implementation and preparation for final year evaluation in 2025-26, with a preference for an Aboriginal-led evaluator. The program supports culturally-safe care across rural, remote, and metropolitan communities.

Delivering an Aboriginal-led throughcare program

This place-based throughcare program offers incarcerated Aboriginal women support before, during, and after incarceration, facilitating effective reintegration and reducing recidivism.

Following the success of Waminda's Justice Our Way Program at Silverwater and Dillwynia Correctional Centres, funding was given to Durri Aboriginal Corporation Medical Service and Wellington Aboriginal Corporation Health Service. Funding will deliver Aboriginal-led throughcare to Aboriginal women on remand and incarcerated at Mid North Coast Correctional Centre and Wellington Correctional Centre (WCC), and to pilot a men's program at WCC. This program is being delivered collaboratively with the NSW Ministry of Health, Justice Health and Forensic Mental Health Network, and Corrections NSW. In 2024-25, the Waminda Program supported around 1,200 women through both in-reach and warm referrals to other services in the community.

Improving cancer outcomes for Aboriginal people

Cancer Institute NSW contributed towards closing the gap for Aboriginal people in 2024-25 by:

- capturing the lived experiences of Aboriginal people to help shape the *NSW Aboriginal Cancer Strategy*
- supporting the Aboriginal health workforce in educating and empowering clients to reduce their cancer risk through the Helping Mob Live Healthy and Prevent Cancer Toolkit
- engaging with community and promoting cancer screening prevention resources at Yabun, an Aboriginal and Torres Strait Islander cultural festival
- awarding two dedicated Aboriginal Cancer Research Grants to support Aboriginal-led research aimed at increasing access to cancer services and facilitating a health system that is responsive to the needs of Aboriginal people.

A yarning circle for the Aboriginal Allied Health Network

The Aboriginal Allied Health Network is a NSW Health statewide initiative established in 2019 that supports the cultural safety, cultural connections, and professional development of NSW Health Aboriginal allied health professionals. The program invests in the growth and support of the Aboriginal health workforce and works toward retention and progression of Aboriginal staff.

In 2024-25, the Online Yarning Circle was established to increase cultural connection between scheduled bi-annual face-to-face Aboriginal Allied Health Network forums. The aim is to promote cultural safety, build connection, share knowledge, and provide support from cultural leaders and senior members of the network. It brings together Aboriginal staff from across the 23 allied health professions with allied health assistants and graduates of the Djirruwang Program. Engagement with the network's new Online Yarning Circle has supported its membership growth from 84 network members in 2023 to 141 in 2025.

Yarning about alcohol use in pregnancy

The Centre for Alcohol and Other Drugs focused on empowering clinicians to talk to patients about alcohol use during pregnancy. A toolkit was developed for health workers to support having culturally sensitive and non-stigmatising conversations. Workshops were delivered to four Aboriginal medical services, and nearly 175 staff viewed a targeted webinar on alcohol use in pregnancy.

Embedding cultural healing practices in to models of care

The Sydney Children's Hospitals Network continued to improve care for Aboriginal communities and build a culturally intelligent workforce by restructuring the Aboriginal Health Directorate. The Network's Aboriginal Health team embedded cultural strength mapping and incorporated cultural healing practices into clinical care plans. The Network's commitment to prioritising Aboriginal healthcare was also demonstrated in updating its apology statement; partnering with Aboriginal artists to bring traditional ways of knowing into the design of infrastructure redevelopments; and building and strengthening partnerships across the state with primary health networks, local health districts, and community care providers like the KARI and Gujaga Foundation.

Strengthening cultural understanding with Aboriginal health practitioners

Paramedics in South West Sydney collaborated with the Tharawal Aboriginal Medical Service (AMS) to deliver two days of observation shifts for Aboriginal health practitioners.

This initiative fostered mutual understanding between services, deepening an understanding of the patient journey from the initial Triple Zero (000) call, to care in the AMS. The initiative also enriched the ability of paramedics to provide culturally safe care to Aboriginal peoples, reinforcing NSW Ambulance's commitment to making its services more accessible and responsive to the needs of Aboriginal patients and communities.

Isolated Patients Travel and Accommodation Assistance Scheme (IPTAAS)

A two-year pilot was established to reduce barriers for Aboriginal people using IPTAAS through Aboriginal Community Controlled Health Organisations (ACCHOs).

The IPTAAS and ACCHO Direct Funding Initiative will provide IPTAAS funding directly to ACCHOs to manage on behalf of their patients.

The initiative takes a flexible, co-design approach and is in the initial stages of development in partnership with a number of pilot sites and the Aboriginal Health and Medical Research Council.

Aboriginal-community controlled organisations leading care

Aboriginal people were named as a priority population for the newly commissioned public and non-government services under the NSW Government's Response to the Special Commission of Inquiry into the Drug 'ice'.

As part of the response, the Centre for Alcohol and Other Drugs commissioned new alcohol and other drug support hubs, six of which are either led by Aboriginal-community controlled organisations or delivered in partnership with a non-government organisation. A new day rehabilitation service for parents with young children is being delivered by and for Aboriginal communities on the Central Coast.

Two of the five post custodial support services for people who are at risk of harm from alcohol or other drug use are delivered by Aboriginal-led services. All of these are in regional and remote areas.

3.6 Support mental health and wellbeing for our whole community

Launching Nurturing Connections

A new program supporting healthy child-caregiver connections to help families thrive launched in September 2024.

The Nurturing Connections Program is the first public mental health program to address the needs of caregivers with significant mental health concerns and psychosocial risk, and their young children (aged zero to four years).

The therapeutic program aims to prevent mental health problems in very young children by focusing on the parent-child attachment relationship; delivering observation-based and cost-effective interventions which are embedded in existing systems; and nurturing and guiding the children's development at a critical age.

Since the program's launch, 202 consumers had received support as of May 2025.

New Mental Health Intensive Care Unit in Sydney's east

Justice Health and Forensic Mental Health Network opened the state's first Mental Health Intensive Care Unit, delivering specialist mental health treatment and rehabilitation services to acutely unwell and high-risk patients who have been involved with the criminal justice system.

The new Freshwater Unit, located within the high secure grounds of the Forensic Hospital at Malabar, is being delivered as part of the NSW Government's \$700 million State-wide Mental Health Infrastructure Program.

3.7 Partner to address the social determinants of ill health in our communities

Providing effective, tailored preventive health coaching for all

Health coaching provides knowledge, skills, and confidence to support people to self-manage their health. Get Healthy and Go4Fun are NSW Health's effective and free telephone or online coaching services. Participants can access culturally safe supports to help them achieve their healthy eating and active living goals.

In 2024-25:

- 16,000 adults were referred to Get Healthy, of which 70 per cent were pregnant women
- 1,700 primary school-aged children and their families enrolled in Go4Fun
- Get Healthy launched specialised healthy ageing support, including a focus on fall prevention, and is providing additional tailored advice for people living with diabetes.

Facilitating community-led healthcare

The Knockout Health Challenge is a 10-week, community-led, holistic health program for Aboriginal people. Co-designed with community, it delivers a culturally safe, sustainable way to improve physical, emotional, and social wellbeing. As part of the health challenge, group activities are held to meet local needs, such as cooking classes, walking groups, and education sessions.

Participants report stronger connections to community and culture, an increase in their physical activity, improved understanding of healthy eating, and reduced sugar and alcohol intake. In 2024, 36 teams and more than 900 participants aged between 0 and 91 participated. The 2025 activities will start in July 2025.

Implementing hepatitis C testing in drug and alcohol services

Drug and alcohol services are priority settings for hepatitis C testing and treatment, as they are commonly accessed by people who inject drugs, who are at greatest risk of infection. The *NSW Hepatitis C Testing and Care in Alcohol and Other Drug Services Guidance* document was released in February 2024 and implemented throughout 2024-25.

The Centre for Alcohol and Other Drugs and the Centre for Population Health are leading the implementation and collecting information to find ways to scale up hepatitis C testing in alcohol and other drug service settings. This work focuses on promoting opportunities identified through sector consultation, including strengthening workforce capacity through education and partnerships, establishing Dried Blood Spot testing as a minimum standard, and sharing best practice examples to promote system-wide improvement.

Promoting respectful relationships among young people

NSW Health has partnered with Full Stop Australia to develop the Anchored in Respect: Sex and Ethics for Young People Program, to promote respectful relationships among young people aged 13 to 17 years.

Almost 100 participants from NSW Health, Department of Education, Department of Communities and Justice, and non-government sector workforces completed the training program, learning the skills to deliver the program to young people.

Strengthening tobacco control in NSW

NSW Health continues to deliver a range of tobacco control initiatives across the state to prevent the uptake of smoking and vaping, and support cessation. This includes:

- updating the *Smoke-free Health Care Policy Directive* and *Managing Nicotine Dependence Guide* for NSW Health staff to support smoke-free environments across NSW Health facilities and embed cessation
- developing additional resources for young people, parents, and carers, providing information on nicotine addiction, quit vaping tips, and how vaping impacts stress and anxiety
- promoting smoke-free environment awareness via the No Smoking means No Vaping campaign. Resources continue to be disseminated through organic social media and stakeholder engagement, including Aboriginal specific collateral and posters translated in 10 community languages.

Enforcing tobacco retailing laws

NSW Health has continued to take a strong approach to enforce compliance with the *Public Health (Tobacco) Act 2008* and *Poisons and Therapeutic Goods Act 1966*.

In 2024-25, NSW Health inspectors conducted more than 1,750 retail inspections and seized:

- around 200,000 vapes, e-liquids, and pouches, worth an estimated street value of more than \$6.3 million
- more than 14 million cigarettes and around 2,800 kilograms of other illegal tobacco products, worth an estimated street value of more than \$15.5 million.

Tobacco and vaping reforms

The *Public Health (Tobacco) Amendment Bill 2024* amended NSW legislation to introduce specific supply and possession offences for vaping goods modelled on the Commonwealth Government's national vaping reforms. The Bill also removed provisions relating to e-cigarette retailing from the *Public Health (Tobacco) Act 2008*.

The *Public Health (Tobacco) Amendment Bill (No 2) 2024* introduced a licensing scheme for tobacco and non-tobacco smoking products (to commence from 1 July 2025) and increased penalties for a range of tobacco retailing offences.

The NSW Ministry of Health has engaged closely with the Australian Government and other states and territories to support the national tobacco and vaping reforms.

3.8 Invest in wellness, prevention and early detection

Releasing the Doxy-PEP shared decision-making tool

Oral antibiotics are an important measure to protect against syphilis and chlamydia.

In September 2024, the Centre for Population Health released the doxycycline post-exposure prophylaxis (Doxy-PEP) shared decision-making tool, informed by evidence outlined in the Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine Consensus Statement on Doxy-PEP.

Designed for use by patients while in discussion with their general practitioner, this tool facilitates informed decisions about taking Doxy-PEP within 72 hours of oral, anal, or vaginal sex to lower the risk of syphilis and chlamydia.

The tool provides guidance on which groups benefit most, identifies risks including antimicrobial resistance, safety considerations, and other sexually transmitted infection (STI) prevention strategies. Emerging evidence highlights the significant individual and population-level impact of Doxy-PEP in reducing the incidence of selected STIs.

Innovating ways to access HIV testing

MyTest provides an innovative way to access non-traditional methods of HIV testing for people who have never tested or infrequently test and are not engaged in primary care. Designed to address increasing rates of HIV in Greater Western Sydney, MyTest utilises vending machines in 10 community-accepted locations to provide HIV finger-prick self-testing kits and increase access to HIV testing services.

Implementation of MyTest has resulted in 2,820 individuals registering to access HIV self-testing with more than 2,640 HIV self-test kits dispensed. Among them, 44 per cent of users had never tested for HIV previously and 58 per cent of users are born overseas. Importantly, 62 per cent of users are accessing self-test kits from high-risk venues, including sex-on-premise venues.

Implementing STI Testing Locator

The Play Safe STI Testing Locator is a user-friendly, interactive tool on the Play Safe and International Student Health Hub website that helps users find convenient and relevant STI testing services. By answering five simple questions covering bulk billing preferences, accessibility needs, Aboriginal or Torres Strait Islander status, age, and postcode, users are matched with testing services that suit their needs.

This is the first tool of its kind to integrate general practitioners, sexual health clinics, and Aboriginal Medical Services into one service finder. The locator supports increased STI testing by raising awareness of the wide range of services available. More than 25,000 people have used the service since it launched in November 2024.

Launching the NSW Active Transport Health Model

The Centre for Population Health launched an evidence-based tool that quantifies the physical and mental health benefits of physical activity, including reduced anxiety and depression, as well as chronic diseases such as type 2 diabetes.

Contributing new evidence and using current NSW and Australian population data, the tool allows NSW Government agencies to embed health considerations in infrastructure planning. The model promotes healthier, more active communities, while contributing to broader government goals like sustainability, climate resilience, and improved urban liveability.

Investing in regional treatment and support, and diversion services

The Centre for Alcohol and Other Drugs expanded access to treatment services in regional and rural areas.

A new residential rehabilitation services for young people (aged 12 to 17 years) was established in Newcastle. Also established were 12 new day rehabilitation or counselling services in regional and rural areas, 9 of these services are targeted specifically to young people. There were also 12 new integrated alcohol and other drugs support hubs, of which 9 are in regional and rural areas.

In collaboration with the Department of Communities and Justice, the MERIT program expanded to include more regional and rural sites. There is now a total of 82 participating local courts in NSW with more people accessing alcohol and other drug treatment.

In collaboration with the Department of Communities and Justice, the Early Drug Diversion Initiative commenced on 1 March 2024. In 2024-25, 129 alcohol and drug health interventions were provided for adults who would otherwise been required to attend court without a specialist intervention.

Offering healthier food and drink in NSW health facilities

The annual statewide audit of the *Healthy Food and Drink in NSW Health Facilities for Staff and Visitors Framework* has demonstrated the leadership provided by NSW Health in offering more healthier options in health facilities for staff and visitors across the state. The framework forms part of NSW Health's commitment to wellbeing and the prevention of chronic disease. NSW was the first state to remove sugar-sweetened drinks from cafes, kiosks, and vending machines across the health system, and this year's results show success is continuing to build with more than 896 outlets supported to succeed and audited by staff across local health districts and specialty health networks.

Expanding respiratory illness campaign

NSW Health launched an evidence-based winter campaign to support the uptake of influenza vaccinations across the community. The campaign, implemented from April to May 2025, was developed using behavioural insights to address both the diverse attitudes and demographics of priority audiences. It targeted those cautious about vaccination ahead of winter, people aged 65 and older, and the general population, including those most at-risk of severe illness from influenza. The campaign, along with extensive consumer and healthcare professionals stakeholder engagement, provided clear, evidence-based information to support informed community decision-making for the people of NSW.

Addressing preventable cancer risk factors

In 2024-25, the Cancer Institute NSW delivered 15 public education campaigns to support people to reduce their cancer risk and participate in screening programs to detect cancers early. This included:

- three anti-tobacco campaigns predicted to have resulted in more than 23,700 additional people making a quit attempt
- an anti-vaping campaign motivated an estimated 24,000 young people to attempt to quit vaping
- a skin cancer prevention campaign that motivated 85 per cent of young people who saw it to improve their skin protection behaviours
- a BreastScreen NSW campaign projected to drive almost 10,000 additional screens.

Enhancing smoking and vaping cessation support

The Cancer Institute NSW recognises that quitting smoking or vaping isn't always easy, and in response, enhanced its support to help people reduce their cancer risk and live a longer, healthier life.

NSW Quitline supported more than 25,586 calls and the iCanQuit website was visited by around 175,000 people. Pave, a new application designed with and for young people to support them to quit vaping, was launched in February 2025 and has been downloaded by more than 5,000 users.

Smoking and vaping cessation advice is accessible for everyone in the community with Aboriginal and bilingual NSW Quitline counsellors. Access to interpreters is also available through the national Translating and Interpreter Service.

Strategic outcome 4

Our staff are engaged and well supported

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

4.1 Build positive work environments that bring out the best in everyone

Launching the NSW Health LGBTIQ+ Capability Framework

The Health Education and Training Institute launched the *NSW Health LGBTIQ+ Workforce Capability Framework (2025–2029)*. The Framework is an enabler of the *NSW Health LGBTIQ+ Health Strategy 2022–2027* that builds workforce knowledge, confidence, and behaviours required to meet the needs of LGBTIQ+ people in NSW. The Framework is being embedded into workforce development strategies and education programs across NSW Health.

Shaping staff culture and experience

The NSW Ministry of Health published the *Culture and Staff Experience Framework* in September 2024. The NSW Health CORE values of Collaboration, Openness, Respect and Empowerment were refreshed with contemporary definitions to reflect what's important to the people of NSW Health. The Framework also introduced nine culture levers which identify key areas where individual action can affect positive workplace culture.

The Framework is designed to complement the existing work of health entities by providing a common, whole-of-health approach to understanding workplace culture and what health staff can expect of each other. The Framework is facilitated by the new Culture and Staff Experience Hub, where staff can access resources to uplift and actively shape workplace culture in line with the CORE values.

NSW Health participated in the 2025 Sydney Gay and Lesbian Mardi Gras parade in March, demonstrating commitment to supporting diversity and inclusion for staff and the broader community.

Implementing NSW Ministry of Health Reconciliation Action Plan

The Regional Health Division is leading the implementation of the NSW Ministry of Health's first Reflect Reconciliation Action Plan (RAP), which was launched in November 2024.

The Reflect RAP enables us to sustainably and strategically take meaningful actions to advance reconciliation and build upon important work and partnerships already in place, and marks an important step in the journey to reconciliation and the celebration of Aboriginal and Torres Strait Islander culture and knowledge.

Safe staffing levels at NSW Health emergency departments

NSW Health continued to implement the NSW Government Safe Staffing Levels commitment to better support the experience of patients and staff. The initiative, overseen by the Safe Staffing Levels Taskforce, introduces minimum staffing levels and ratios on every shift across NSW emergency departments.

By the end of the 2024-25 financial year, 30 emergency departments across Sydney and regional NSW commenced safe staffing levels. The initiative continues to be rolled out in a phased approach across the state.

Celebrating kindness at NSW Health

The Strategic Communications and Engagement branch delivers internal communications to drive staff engagement across the NSW Health System.

Aligning with existing NSW Health retention, culture, and wellbeing initiatives, the Small Acts of Kindness campaign was re-launched in May 2025 to celebrate the powerful and lasting impact of kindness on staff, patients, families, and carers.

The campaign uses videos featuring real-life stories of kindness from diverse NSW Health staff to reinforce that kindness is not only a core organisational value, but also essential to delivering outstanding healthcare.

In the six weeks following its relaunch, the NSW Health Small Acts of Kindness social posts were viewed more than 1.6 million times.

4.2 Strengthen diversity in our workforce and decision-making

Diversifying health staff in infrastructure

Health Infrastructure continued to address skill shortages and increase diversity in the construction sector in line with the Infrastructure Skills Legacy Program. Female project officers were placed in eight projects across NSW, increasing women's involvement in trade. At Griffith Base Hospital, 18.1 per cent of trade roles were filled by women, surpassing the initial 2 per cent target.

In 2024-25, policy targets were exceeded with almost \$500 million in procurement costs supporting Aboriginal employment, businesses, training, and engagement under the Aboriginal Participation in Construction Policy. In 2024-25, several contracts significantly exceeded targets – Sydney Children's Hospital, Randwick achieved 10 per cent (\$34.9 million) and The Children's Hospital at Westmead achieved 9.3 per cent (\$29.9 million) against a 1.5 per cent target.

Strengthening our Aboriginal workforce

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

In 2024-25, NSW Health supported 122 Aboriginal nursing and midwifery cadets. In addition, 40 undergraduate scholarships and 29 postgraduate scholarships were awarded to support nursing and midwifery studies for Aboriginal people.

The NSW Health Aboriginal Allied Health Cadetship Program was delivered again in 2024-25 to increase the number of Aboriginal people working in allied health across NSW. This year, 28 allied health students participated, with 12 students graduating from the program at the end of 2024. A total of 10 cadetship graduates commenced employment with NSW Health.

A new framework providing structured guidance, support, and culturally safe career planning for the NSW Health Aboriginal allied health workforce was launched.

The *NSW Health Aboriginal Allied Health Cultural Mentoring Framework* was developed for the Aboriginal allied health workforce, including trainees, cadets, assistants, graduates, technicians, and professionals, covering 23 distinct allied health professions. The Framework aims to strengthen the Aboriginal allied health workforce, which is crucial to delivering culturally-safe care.

Integrating Aboriginal health practitioners in multidisciplinary care

NSW Health is integrating Aboriginal Health Practitioners into multidisciplinary teams and aims to grow this professional group as a priority to improve health outcomes for Aboriginal people of NSW.

The first pilot ran in 2024-25 enabled Aboriginal Health Practitioners to administer influenza vaccines. There were 15 practitioners engaged through the project and 4 have commenced as part of the multidisciplinary teams working with influenza immunisation in their NSW Health entity.

Finalising NSW Health Gender Equality Action Plan 2025-2028

In June 2025, NSW Health finalised its first three-year Gender Equality Action Plan. The Plan commits NSW Health to 17 actions across 4 priorities, covering workforce, capability, communication, and data, focusing on change at a system level. The Plan is for all genders, including women, men, non-binary people, and those that use other terms. It covers both the NSW Health workforce and the people we care for. The Plan was officially launched in July 2025.

4.3 Empower staff to work to their full potential around the future care needs

Tapping into the allied health workforce

The Allied Health team within the Workforce Planning and Talent Development branch explored the role of allied health professions in preventing hospital acquired functional decline (HAFD). The *Preventing Hospital Acquired Functional Decline – The Untapped Value of Allied Health Report* was delivered and published to the NSW Health website. The report found that the prevalence and impact of HAFD can be significantly reduced by integrating the appropriate allied health professions earlier in the inpatient journey, and made recommendations to support the current and emerging allied health and multidisciplinary models of care that can prevent and respond to HAFD.

4.4 Equip our people with the skills and capabilities to be an agile, responsive workforce

Building a future-ready workforce

Health Education and Training Institute continued to deliver education and training to staff to advance skills and capabilities, and continuous learning and development opportunities to sustain a world-class workforce. In 2024-25, a range of initiatives were delivered including:

- Emergency Nursing Education Pathway to support nurses from novice to expert practice
- End-of-Life and Palliative Care Education and Training Strategy to uplift end-of-life and palliative care capability among non-specialist clinicians – more than 200 Certificate in Palliative Care scholarships were awarded
- Evaluation and Research Webinar Series and Health Education in Practice Journal, strengthening research literacy and evaluation capability – 14 peer-reviewed papers published
- Learning Navigator for Public Health Professionals supporting a confident, capable, and future-ready workforce to meet emerging public health priorities
- Applied Mental Health Studies Higher Education Courses to help develop mental health expertise – 330 individuals enrolled in courses.

Tertiary Health Study Subsidy Program

The Tertiary Health Study Subsidy Program is a key workforce initiative that attracts staff and retains talent in the NSW public health system by building a student workforce pipeline. Financial subsidies are offered to students commencing tertiary health studies or commencing new graduate employment with NSW Health in identified workforce areas of need, with a commitment to work in the public health system for at least five years.

In the 2024 calendar year, the first year of the program:

- 1,976 students commencing their first year of study were awarded and paid a subsidy
- 2,000 students who graduated and commenced employment with NSW Health were awarded and paid a subsidy through NSW Health payroll.

In 2025, as of 30 June 2025:

- 1,748 students commencing their first year of study have been awarded and paid a subsidy
- 1,382 students who graduated and commenced employment with NSW Health have been awarded and paid a subsidy through NSW payroll
- The program continued to support the 1,976 students awarded a commencing study subsidy in 2024.

Supporting psychiatry trainee development

Health Education and Training Institute continued to support the development of psychiatry trainees through the delivery of two Royal Australian and New Zealand College of Psychiatrists accredited education courses: the Postgraduate Course in Psychiatry, and Advanced Training in Child and Adolescent Psychiatry. The Postgraduate Course in Psychiatry achieved a record number of 301 doctors enrolling. Health Education and Training Institute was also reaccredited to deliver a further five years of formal education courses and continues to deliver the Psychiatry for Junior Medical Officers, and Introduction to Leadership in Psychiatry courses.^{4.5} Attract and retain skilled people who put patients first

Expanding and strengthening the nursing and midwifery workforce

NSW Health continues to employ graduate nurses and midwives to ensure a sustainable workforce into the future. In the 2024 calendar year, 3,395 graduate nurses and midwives were employed across NSW Health, with 42 per cent of the cohort commencing in rural and regional locations.

Postgraduate scholarships supported the professional development of nurses and midwives. In 2024-25:

- more than 970 nurses and midwives took up individual scholarships offered by NSW Health
- more than 570 nurses and midwives took up an education scholarship offered by NSW Health
- more than 490 clinical placement grants of up to \$1,000 were awarded to nursing and midwifery students to support diverse clinical experiences across rural and metropolitan areas.

The NSW Health MidStart program supports registered nurses to train to be midwives. In 2024-25, there were 221 MidStart training positions recruited across NSW Health. In addition, 15 rural postgraduate midwifery student scholarships were provided to small rural maternity units.

Further supporting the nursing workforce pipeline, the *NSW Health Pathways into Nursing* was completed and published. The document is a comprehensive overview of the available entry pathways into nursing practice and employment in NSW Health.

The resource provides health leaders, managers, and educators with advice on career entry points and pathways for entry-level nursing roles, how to connect with the future workforce pipeline, and support existing employees who are undertaking additional study on a nursing pathway.

Since its publication in July 2024, there has been broad support from the system and work is underway to develop a complementary document for *NSW Health Pathways into Midwifery*.

Rural Health Workforce Incentive Scheme

The Rural Health Workforce Incentive Scheme enables participating NSW health organisations to offer incentives and benefits above award entitlements to attract, recruit, and retain health workers in hard-to-fill and critical positions in regional, rural and remote locations.

As of 30 June 2025, the scheme has delivered incentives worth \$79.4 million, supporting the recruitment of 3,781 positions across 2,571 full time equivalent staff, and retention of 11,100 workers across 8,346 full time equivalent staff.

The retention of staff in rural and remote areas was further supported by the Rural and Regional Health Career Scholarship Program. The Program offers scholarships to nursing, midwifery, medical and allied health clinicians to support early career support and career development. In 2024-25, \$483,000 has been awarded to scholarship recipients.

Implementing International Medical Graduates Clinical Readiness Program

Implementing International Medical Graduates Clinical Readiness Program (ICRP) is a 12-week structured program designed to introduce international medical graduates into the NSW Health System and to help them gain experience working in a clinical setting. Activities include participating in ward rounds, practice history taking and clinical examination, and perform simple procedures under supervision, improving their readiness and skills for entering the workforce.

ICRP was first implemented as a pilot program in 2023 and then successfully rolled out in 2024 and 2025. Funding for 2026 has been secured and applications will open in November 2025. There have been a total of 141 International Medical Graduates that have completed ICRP, with approximately 70 per cent receiving employment offers or entering employment as a medical officer.

Rural Generalist Single Employer Pathway

The Rural Generalist Single Employer Pathway is a four-year pilot program being delivered across eight local health districts in regional NSW.

The pathway offers rural generalist trainees secure employment through a length of training contract of up to four years. This enables trainees to work and train seamlessly across NSW Health facilities and private primary care practices, while retaining and continuing to accrue leave entitlements and are paid the same as their hospital trained counterparts.

The Pathway has supported a total of 50 rural generalist trainees in its first 2 years, with 29 trainees recruited for the current clinical year which began in February 2025.

Funding regional alcohol and other drug training for staff

The Centre for Alcohol and Other Drugs funded the Aboriginal Health and Medical Research Council to deliver an alcohol and other drugs skillset training in two regional communities in NSW. This resulted in 19 learners from Aboriginal Community Controlled Organisations achieving competencies in drug and alcohol service provision.

Celebrating and recognising our staff

Recognised the dedication of the NSW Health workforce in enriching health in millions of ways every day. Across the NSW public health system, award programs and initiatives recognise, uplift, and inspire staff and volunteers. This includes participating in NSW Government awards, like the NSW Premier's Awards, and running system-wide award programs such as the NSW Health Awards, Excellence in Allied Health Awards, and Excellence in Nursing and Midwifery Awards. In 2024-25, NSW Health had:

- 9 winners and 18 finalists in the Excellence in Nursing and Midwifery Awards
- 14 winners and 29 finalists in the NSW Health Awards
- 7 winners and 28 finalists in the Excellence in Allied Health Awards
- 2 winners, 2 honourable mentions, and 14 finalists in the Premier's Awards

4.6 Unlock the ingenuity of our staff to build work practices for the future

NSW Health System Advisory Council

The NSW Health System Advisory Council continues to provide expertise and advice to help inform and shape the delivery of frontline healthcare under the authority of the NSW Health Secretary.

The Council comprises of a multidisciplinary group of clinicians that reflects the breadth and diversity of healthcare professionals across NSW Health, as well as NSW Ministry of Health Executive and NSW Health system executive manager representation.

The Council provides independent and impartial strategic clinical advice on key priorities and functions of the NSW Health System, as well as guides the planning and implementation of measures to drive positive change. In 2024-25, the Council advised on various system priorities, including the *NSW Health Data and Analytics Strategy*, Unwarranted Clinical Variation, Strengthening Acute and Mental Health Interfaces and the Special Commission of Inquiry into Healthcare Funding.

Strengthening leadership and management capabilities

In 2024-25, the Health Education and Training Institute launched a range of programs and resources to strengthen the capabilities of current and future people leaders and managers across NSW Health.

Examples include:

- launching the new Leadership and Management Resource Hub and Leadership and Management Capability Development program
- 21 new masterclasses were run, and four online modules were introduced
- a suite of manager development programs were delivered.

Combined, these resources meet different needs of the people leaders and managers to enhance their capability to build a confident, capable, and future-ready workforce.

Introducing the iLEAD Program

Directors of nursing and midwifery have a pivotal role in the delivery of safe, high-quality, and compassionate care, and in elevating the nursing and midwifery profession.

The new iLEAD Program was developed to enhance the knowledge, skills, and capabilities of directors of nursing and midwifery within NSW Health, so they can in turn nurture and uplift the nursing and midwifery workforce.

In May 2025, 25 directors of nursing across NSW Health commenced the iLEAD Program.

Strategic outcome 5

Research and innovation, and digital advances inform service delivery

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

5.1 Advance and translate research and innovation with institutions, industry partners and patients

NSW Health Research and Innovation Strategy

In May 2025, the NSW Government launched the *NSW Health Research and Innovation Strategy 2025–2030*. Led by the NSW Ministry of Health’s Clinical Innovation and Research Division, the Strategy defines the vision and sets the strategic direction for advancing research and innovation to improve health outcomes across the state. The Strategy strengthens collaboration across government, health, academic, and industry sectors, and aligns with broader NSW Health and Government priorities. Developed with input from more than 400 stakeholders, it provides a roadmap for delivering economic, social, and environmental impact. Action planning is now underway to support implementation across the NSW Health System.

Medical Research Support Program

NSW Health continued to foster world-class health and medical research through the NSW Government’s Medical Research Support Program (MRSP). The MRSP helps to ensure the financial sustainability of the NSW health and medical research landscape by funding the indirect costs of research at medical research institutes, such as equipment and support staff. The outcomes of the program’s fourth round of applications were announced in December 2024 with 13 independent medical research institutes awarded funding. NSW Health’s funding of these research programs attracts top talent, and strengthens and supports productive and innovative medical research in the state.

Supporting research that transforms patient care

The Translational Research Grants Scheme supports high-impact research by NSW Health to translate evidence into policy and practice that leads to improved patient outcomes, health service delivery, and population health and wellbeing.

In 2024-25, \$5 million was awarded to 10 research projects focused on new models of care across NSW. These include telehealth support for drug and alcohol withdrawal, improved access to emergency care and enhanced diabetes care in rural NSW, better care for children with speech development issues, hospital-level care at home, and a self-management program for people with seizures.

Building cancer research capacity

The Cancer Institute NSW continues to make NSW a leading hub for cancer research and improve outcomes for people with cancer by building research capacity and ensuring research is connected into the health system.

In 2024-25, the Institute invested:

- \$6 million in cancer research Fellowships to develop the next generation of research leaders
- \$5 million in translational research program grants, supporting seven major translational research projects aiming to rapidly translate research findings into new treatments
- \$1.8 million in grants for research equipment to ensure cancer researchers in NSW have access to the latest technology.

Establishing a strong medical device community in NSW

The Medical Devices Fund is a competitive technology and commercialisation program funded by NSW Health and administered by the Office for Health and Medical Research.

In 2024-25, \$7.5 million was awarded to 3 local medical technology companies to develop ground-breaking medical devices including a lifetime-lasting heart valve replacement, bionic eyeglasses, and a 3D printer for on-the-spot skin regeneration.

The program facilitates the development of innovative medical devices and related technologies, and the opportunity that these devices will be brought into the health system.

The Rural Research Capacity Building Program

The Rural Research Capacity Building Program supports NSW Health rural staff to develop research experience whilst undertaking close-to-practice research that is endorsed by their health agency. Recent cohorts have produced 65 research projects, and 23 researchers published in peer-reviewed journals for the first time with many going on to multiple publications. In 2024-25, 9 candidates completed their research papers, and 12 peer-reviewed papers were published by program graduates and candidates. The Program has celebrated 25 years of educating and upskilling the rural workforce in health research, evaluation, and implementation.

Roadmap supporting the vaccine-translational pipeline

In July 2024, VaxNSW Connect was established as a statewide network facilitated by the Office for Health and Medical Research to accelerate the development and use of innovative and effective vaccines. The network increases statewide collaboration across the sector, enabling the development, scale, and rapid deployment of safe and effective vaccines across NSW.

Supporting translation of research into care through clinical trials

NSW Health is progressing a range of initiatives to support the translation of research and promote equity in access to clinical trials to improve health outcome and system efficiency.

The Rural, Regional and Remote Clinical Trial Enabling Program, led by the Office for Health and Medical Research, aims to improve access to clinical trials for populations in rural, regional, and remote areas. In 2024-25, the Program delivered and supported several activities to advance the capability of the rural, regional and remote clinical trial workforce including, infrastructure projects to strengthen the long-term sustainability of clinical trial support units across NSW, a community of practice to provide access to a dedicated support network, and the launch of the Good Clinical Practice education and training program using a train-the-trainer model.

In October 2024, 10 staff completed the training and have since delivered Good Clinical Practice education to 43 individuals. Good Clinical Practice is an internationally recognised standard for designing, conducting, recording, and reporting clinical trials involving human participants.

St Vincent's Health Network Sydney established a secondary clinical trial site at Griffith Base Hospital to increase access to clinical trials in regional NSW for patients with multiple myeloma. The site allows the delivery of novel treatment options for regional patients closer to home. The multidisciplinary collaboration between Griffith Base Hospital and the network has enabled the successful activation of the clinical trial site and enrolment of the first participant.

The Cancer Institute NSW supports the rapid transfer of research into clinical practice by advancing clinical trial capacity. Last year, 2,571 people in NSW were enrolled across 795 cancer clinical trials.

In 2024-25 the Institute provided \$5 million to clinical trials units across NSW to strengthen the Cancer Clinical Trial Units' trial capacity, support workforce development and promote innovation to boost trial participation and recruitment.

As part of this funding, 4 new Clinical Trials Fellowships were awarded and 224 members of the clinical trial workforce were supported to attend training and education events, with 20 per cent of these from regional and rural areas.

The allergy research program at St Vincent's Health Network Sydney is testing a pioneering treatment for adults with peanut allergy through a first-in-human, phase 1 clinical trial. The trial's novel treatment offers the potential of a proactive approach to rapidly preventing peanut allergies, potentially without food avoidance. A defining event in 2024-25 included the recruitment of the very first participant worldwide. St Vincent's Health Network continues to strive to improve outcomes for individuals with food allergies, reducing their risk of anaphylaxis and improving quality of life.

Viral Vector Manufacturing Facility

The NSW Government is building a viral vector manufacturing facility in Western Sydney, the first of its kind in Australia. The facility, located in the Westmead Health and Innovation District, will have the production capacity to meet the growing demand for viral vectors for use in gene therapy research and clinical trials in Australia and internationally. In July 2024, the CEO was appointed, as was the Chair of the Board, and three additional Non-Executive Directors. Construction of the facility progressed during 2024-25, with completion expected in the next financial year.

Managing intellectual property and commercialisation

The Office for Health and Medical Research supports NSW Health entities to manage intellectual property and commercialisation. In line with the updated NSW Health Intellectual Property Policy Directive, a central support service was established to provide advice and guidance including, a SharePoint hub with resources to help staff understand and apply the policy, a new community of practice, and a supplier panel offering specialised intellectual property and commercialisation services. NSW Health recognises the importance of ensuring intellectual property is used in a way that supports the public health system.

Promoting NSW Health as a leader in health and medical research

In June, the 2025 NSW Health and Medical Research Prospectus was launched at BIO International, the world's largest annual life sciences convention. Designed for an international audience, the Prospectus showcases the state's strengths in health and medical research and highlights opportunities for investment and collaboration.

Using this global platform, NSW Health demonstrated its commitment to advancing discovery, accelerating translation, and fostering collaboration across the state's dynamic health and medical research ecosystem.

5.2 Ensure health data and information is high-quality, integrated, accessible and utilised

Developing the first whole-of-NSW Health Data and Analytics Strategy

The Enterprise Data Governance Enablement Team is leading the development of the first enterprise-wide *NSW Health Data and Analytics Strategy*. This Strategy aims to define a unified vision and direction for how data and analytics are used, managed and shared across NSW Health, ultimately to improve the health and wellbeing of people across NSW. Work is ongoing to develop the strategy and roadmap in collaboration with individuals and teams across NSW Health, and with input from consumers, carers, and communities.

Statistics and insights on the health of the NSW population

The Centre for Epidemiology and Evidence supports HealthStats NSW, a public open data platform providing statistics and insights on the health of the people of NSW. Users can explore a range of health topics, including for population sub-groups and locations, to inform and enhance local health monitoring, planning, and policy activities. In 2024-25, HealthStats NSW attracted approximately 5,100 users from across Australia per month, an increase from 2023-24 (about 2,200 users per month).

HealthStats NSW also hosts the NSW Population Health Survey results. The results are used to monitor key health risk factors and health behaviours in the community. In 2024, 13,649 people participated in the survey.

Improving access to healthcare performance data

BHI continued to make important data readily available and accessible to inform healthcare services and practices. In 2024-25, BHI released its annual survey results up to five months sooner than previous years. The more timely data enhances its value for stakeholders.

BHI also improved accessibility to healthcare performance data with the new BHI Internal Reports Hub. The Hub provides a single, secure location for NSW Health staff to easily access the information.

In 2024-25, BHI delivered a program of awareness and capability-building across NSW Health to support effective and meaningful use of patient experience data. The team also enabled new and actionable insights into patients' experiences with NSW public hospitals by enabling secure data access for researchers to perform custom analyses. Three research articles were published using this data, establishing direct links between patients' experiences and self-reported outcomes, including delayed discharge and readmission to hospital.

Statewide rollout of Incoming Patient Allocations module

The System Performance Support Branch's Operational Data Store Team completed the statewide rollout of the Incoming Patient Allocations Module within the Patient Flow Portal.

This module supports hospitals to manage incoming patients from emergency departments, inter-facility transfers, planned admissions, and outpatient clinics. By integrating real-time data from multiple systems, it provides full visibility of incoming patients and available capacity across NSW Health facilities.

The module replaces manual processes such as paper forms, faxes, and phone calls, streamlining hospital operations and improving coordination. It includes a real-time view of bed availability and discharge planning, helping clinicians and managers make timely, informed decisions to optimise patient flow and improve system efficiency.

Improving statewide pathology ordering

NSW Health Pathology's Pathology Stewardship Program helped improve statewide pathology ordering, providing data to local health district clinicians for benchmarking across sites and convening a clinician taskforce to showcase and enhance pathology stewardship.

The program helped reduce inappropriate blood gas tests in some emergency departments by 12 per cent and replaced 25 per cent of screening SARS-CoV-2 PCR testing with rapid antigen testing. Stricter adherence to guidelines reduced demand for blood culture testing by 20 per cent during and beyond a worldwide shortage of blood culture bottles. It also supported safe reduced use of O negative blood at Murrumbidgee Local Health District.

The NSW Health Pathology team met with most local health districts and other partners to understand their needs and created a statewide register of stewardship programs to make learnings available across NSW.

Enabling data linkages

In 2024-25, the Centre for Health Record Linkage (CHeReL) linked and released more than 5.3 billion records from health and human services data collections. Data released by the CHeReL this financial year enabled a wide range of projects aligned with NSW Health and broader NSW Government strategic priorities.

Data linked by the CHeReL also supported the *NSW Immunisation Strategy* and the delivery of the *NSW Immunisation Action Plan*.

Using a virtual registry to support decision making

The Register of Outcomes Value and Experience (ROVE) is a de-identified virtual data asset which links service and system-level patient experience, outcomes, activity, and clinical data. ROVE is a cohort specific dataset that does not represent all of NSW data but rather data for specific cohorts such as patients participating in new models of care or initiatives. It is used to monitor and evaluate the impact of key initiatives and is accessible to analysts across NSW Health.

In 2024-25, the cohort data for virtual care services, the Telestroke dataset from Prince of Wales Hospital, BHI virtual care surveys, and severe and complex menopause services have been added to the data asset. Linking survey data and external datasets like Telestroke to the core patient NSW Health datasets such as emergency department and admitted patient data allows analysts to view a patients journey throughout the health system.

The ROVEAPP gives users access to dashboards that contain aggregated data and charts that have been sourced from ROVE. In 2024-25, the app received technical improvements to improve effectiveness and efficiency and the app now includes dashboards for virtual care and severe and complex menopause services.

Enduring Cancer Data Linkage program

The Enduring Cancer Data Linkage (CanDLe) program enables approved researchers to access linked data sets that can be used for ethically approved research. In 2024-25, three additional NSW data assets were available for researchers: Patient Reported Measures, Outpatient Systemic Therapies Oncology Dataset, and the Non-admitted Patient Data Collection. CanDLe now links 20 NSW and ACT data collections, and has led to 6 peer reviewed publications with a further 6 publications under review. CanDLe researchers have presented their work nationally and internationally at eight conferences.

5.3 Enable targeted evidence-based healthcare through precision medicine

Realising the vision for NSW Health Genomics

The *NSW Health Genomics Strategy* continues to support implementation activities to ensure the people of NSW will benefit from advances in genomic and precision medicine. In 2024-25, activities included:

- piloting a digital consent platform to provide a streamlined genomic consent workflow
- publication of information to support informed consent
- delivering 20 scholarships for NSW Health non-genetics healthcare professionals to complete the UNSW *Integrating Genomics into Health Care Delivery* short course
- development of an integrated genomics infrastructure model for clinical genomics.

The Centre for Genetics Website

The Centre for Genetics Education (CGE) website is widely recognised as a trusted source for genetics and genomics education and training resources. It plays a vital role in supporting NSW Health clinicians to deliver genomic healthcare by providing a range of resources and tools to help clinicians build their knowledge and confidence in applying genomics and embedding genomics into everyday practice. Since June 2024, the CGE homepage has received more than 102,000 visits.

5.4 Accelerate digital investments in systems, infrastructure, security and intelligence

NSW Health Artificial Intelligence Taskforce

Artificial Intelligence (AI) has the potential to transform health service delivery. In February 2024, NSW Health established a Taskforce comprised of senior leaders and subject matter experts to inform and guide the use of AI in NSW Health.

Several AI initiatives are already in place across the state transforming healthcare, including improving wound care, simplifying complex data analysis, automating repetitive processes, and reviewing volumes of cardiology literature to aid in clinical decision-making.

The Taskforce is translating the whole of Government approach into the healthcare context through the development of a strategic and operational framework. The framework, due for release late in 2025, will balance the opportunities presented by AI with consideration and management of potential risks around safety, ethics, privacy, security, and regulation.

How MedSync connects clinicians statewide

MedSync continued to connect clinicians and securely share clinical information. A partnership between eHealth NSW and Microsoft, MedSync exemplifies accelerated digital investment by transforming existing Microsoft 365 infrastructure into a comprehensive, integrated platform to support convenient and efficient collaboration between clinicians all throughout NSW.

MedSync is available to 110,000 clinicians and more than 800,000 clinical images and videos have been updated to the Enterprise Imaging Repository, reducing upload times to less than one minute. The platform also supports and facilitates real-time collaboration with external providers.

Role-based messaging, its latest feature, allows clinicians to connect by role instead of name, eliminating the need for paging and allowing clinicians to connect to rostered specialists immediately. This reduces administration time for clinicians, allowing more time for patient care.

Intensive Care Data Asset

The Intensive Care Data Asset (ICDA) provides streamlined access to intensive care units to advance intensive care research and innovation. The prototype of the ICDA was delivered in 2024-25. It included the development of governance with a safe, secure, and streamlined access framework, live data pipelines automating the transformation of local intensive care unit data into a standardised analysis-ready format, and onboarding of data from electronic records for intensive care systems from four local health districts. It holds data on more than 70,000 patients and 95,000 intensive care unit admissions, with more than 1.4 billion clinical records.

The ICDA is hosted in the NSW Health Enterprise Data Lake and is updated weekly. It enables advanced analytics to support clinical innovation, evidence-based insights, and better patient outcomes across the intensive care landscape in NSW. The ICDA prototype will be extended in 2025-26 as more intensive care units are onboarded.

Strategic outcome 6

The health system is managed sustainably

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

6.1 Drive value based healthcare that prioritises outcomes and collaboration

Supplier relationship management

NSW Health continued to support increased opportunities for local suppliers for the NSW Government. Accordingly, NSW Health has updated the NSW Health Procurement (Goods and Services) Policy Directive to support access opportunities for local suppliers, aligning with Government priorities and requirements and continue to support increased opportunities for NSW and Australian businesses that supply the NSW Government.

NSW Medicines Formulary

The NSW Medicines Formulary and associated governance supports optimum clinical governance and better value health care. The integrated statewide approach for evaluating and approving the use of medicines has reduced unnecessary clinical variation, improved safety, and enables a systematic approach to the procurement of those medicines. This has resulted in the following achievements:

- Delivery and implementation of an Individual Patient Use module between December 2024 and July 2025
- Improved alignment between the Formulary and pharmaceutical procurement contracts
- Improved price parity and stabilisation of inpatient medicine expenditure across NSW Health services
- A sustained decrease in use of non-Formulary medicines.

Identification and preparation to expand the Formulary is underway to include outpatient medicines, supporting continued safety, equity, and value in the system.

Ministry Strategic Investment Committee

The NSW Ministry of Health's Strategic Investment Committee was established to support the annual State Budget process. The Committee reviews new policy proposals to ensure alignment with NSW Health strategic objectives, government priorities, and compliance with NSW Treasury requirements. This Committee considers value-based care among other factors to ensure that health outcomes and patient experience are central to investment decisions.

Implementing the Violence, Abuse and Neglect Redesign Program

The Violence, Abuse and Neglect (VAN) Redesign Program is an ambitious program of reform to improve public health responses to violence, abuse and neglect. In 2024-25, clinical advisors for VAN Integration and Aboriginal Wellbeing, Trauma and Healing were established in the NSW Ministry of Health to provide clinical and system redesign leadership and establish Centres of Excellence in VAN Integration.

An Aboriginal Programs and Policy Team was established to improve cultural safety of VAN services and programs and provide career pathways for Aboriginal staff. The Education Centre Against Violence

(ECAV) reviewed course offerings to build workforce capability and confidence. ECAV convened the Adult Survivor Community of Practice and working groups to support the VAN Redesign Program.

Applying a whole-of-lifecycle approach to planning and design of new infrastructure

Health Infrastructure released the Lifecycle Cost Analysis Tool. Decisions made during planning, design, and construction directly affect long-term operations and maintenance of infrastructure projects. Piloted on a project in Tamworth in 2023 and now used across 12 capital projects in early design across Health Infrastructure, the tool strengthens data-driven decision making by embedding lifecycle principles early in project development.

In collaboration with HealthShare NSW and eHealth NSW, Health Infrastructure advanced evidence-based lifecycle cost planning tools and refined procurement strategies to deliver sustainable, system-wide benefits. While further work continues, the progress to date is shaping future-focused, innovative healthcare infrastructure across NSW.

Design standardisation

The Health Infrastructure Finishes Catalogue was developed as part of the Design Standardisation Program through extensive engagement with local health district representatives, industry partners, and operational facilities to provide project teams with evidence-based guidance for selecting and integrating consistent, high-quality interior and exterior finishes. By improving consistency in design, it supports sustainability, durability, and better whole-of-asset outcomes across healthcare projects. It forms part of Health Infrastructure's broader program to standardise aspects of health facility design and construction across its capital works portfolio.

Rolling out the Patient Transport Service Reservations Model and real-time dashboard

HealthShare NSW successfully implemented the statewide rollout of the Patient Transport Service Reservations Model, providing confirmation of arrival times. The rollout was further supported by implementation of a real-time dashboard that highlights any delays in real time, enabling timely escalation to improve patient flow and outcomes.

Using a 'reservations' approach to allocating trips, the model offers greater certainty around transport times and reduces the need for rework and reprioritisation of bookings. Since implementation, the model has delivered significant improvements, including:

- timeliness within the new 30-minute key performance indicator increased from 42 per cent to 74 per cent
- 86.3 per cent of bookings were met within 4 hours of the requested time
- major delays decreased from 32 per cent to 1.6 per cent
- excess time on scene reduced by 18.8 per cent
- patient experience improved from 89.6 per cent to 90.7 per cent.

Successful DeliverEASE statewide rollout

DeliverEASE is an award-winning, custom designed framework led by HealthShare NSW that transformed the NSW Health medical consumable supply chain by optimising processes from the point of receipt of goods at the hospital dock to ward storerooms. The framework introduced new tools and processes to improve inventory management and stock availability, delivering financial savings and more time back to clinicians for patient care.

The improved inventory visibility and management controls has resulted in an increased availability of stock and cost savings.

During 2024-25, DeliverEASE was formally wrapped up across the state, having successfully embedded the frameworks, principles, processes and practices across a total of 57 sites and 1,297 clinical areas, resulting in cost savings of approximately \$30.8 million.

A successful example of DeliverEASE was the phased implementation across 48 clinical areas within St Vincent's Hospitals Network. Active frontline engagement ensured the model was tailored and

sustainable. The project led to reduced top-up orders, better inventory alignment, and contributed to \$1.08 million in procurement savings. Staff praised the seamless implementation and strong support throughout the transition.

Transitioning non-clinical support services

HealthShare NSW transitioned additional non-clinical support services from three local health districts in 2024-25. The organisation leveraged its experience from previous food and linen service transitions to optimise its standardised service model. Services from Nepean Blue Mountains, Western Sydney and South Western Sydney local health districts were successfully transitioned, including their cleaning, loading dock, and waste management operations. HealthShare NSW is working with district partners to standardise, digitise, and improve services while transitioning remaining non-clinical support functions.

Reporting for Better Cancer Outcomes

The Cancer Institute NSW connected data with clinical expertise to improve patient outcomes and reduce disparities across the state through the Reporting for Better Cancer Outcomes (RBCO) program. Since 2017, the RBCO program has engaged more than 500 stakeholders to develop 212 system indicators to understand how care is delivered across the state. In 2024-25, 48 stakeholders were consulted across 10 projects and data was harnessed and analysed across 194 system indicators to generate insights. This information is provided back to the services to understand variations in cancer control, address any unwanted variation, improve the patient experience, and reduce inequities for priority populations.

Efficiency Improvement Plans

Efficiency Improvement Plans (EIPs) are required to be submitted as part of the Conditions of Subsidy, which outlines the requirements and guidelines for financial management and compliance for NSW Health entities. The Efficiency Improvement and Support Team coordinate the submissions of EIPs, audit the quality of the plans, and provide advice to districts and networks where required. In the 2024-25 financial year, a total of \$492 million was achieved through various EIPs that targeted costs including employee related expenses, goods and services, revenue, and productivity efficiencies.

Whole of Health Nurse Agency Panel

The Whole of Health Nurse Agency Panel Initiative is a cost-saving initiative relating to the NSW Health contingent labour workforce.

The initiative was implemented in September 2024. It aims to improve governance and ensure that health organisations have access to suitable nursing agencies with a fixed fee arrangement that considers the effects of location on supply and demand. The panel is the first statewide nursing and midwifery agency panel for NSW Health and delivers a consistent approach in engaging agency nurses and midwives.

Under the panel arrangement, health organisations have access to 69 approved nursing agencies, all with standardised commission only fees that is scalable according to the location of the health organisation. NSW Health organisations can only procure agency nurses from 1 of the 69 identified agencies.

The contract outlines a performance management framework for agencies through key performance indicators (KPIs). The KPIs set out the minimum levels of performance and associated service that nursing agencies must comply with.

Since implementation, 70 per cent of the agencies on the panel have supplied nurses to NSW Health under the agreement. The Whole of Health Nursing Agency Panel contract has delivered savings of \$19.33 million since its implementation in September 2024.

Evaluating Leading Better Value Care initiatives

In 2024-25, the NSW Ministry of Health evaluated the Tranche 1 Leading Better Value Care (LBVC) initiatives: renal supportive care, high risk foot service, osteoporosis refracture prevention, hip fracture and the osteoarthritis chronic care program.

All LBVC evaluations demonstrated value for money, positive clinician and patient engagement, and enhanced clinical outcomes. Given the positive impact across all measurable dimensions of value based healthcare, the recommendations were that these models of care become business-as-usual.

Other recommendations were that:

- virtual care modes of service delivery be more broadly incorporated into service delivery models to enhance access to specialist services for patients in regional and rural areas
- any strategy for routine collection of Patient-Reported Outcome Measures be based on a quality-of-life tool that reflects Australian society to facilitate inclusion of patient outcomes in economic evaluation of initiatives
- the Clinician Experience Measure Survey be implemented at scale to inform other large-scale reforms.

6.2 Commit to an environmentally sustainable footprint for future healthcare

Investing in solar panel system

HealthShare NSW launched an innovative project to install solar panel systems across five of its production facilities. The first solar installation was completed at Tamworth Linen Services, following a roof structure replacement. The Tamworth solar panel system includes approximately 462 individual solar panels with a capacity of about 203.3 kilowatts (kW). It is expected to produce 288,000 kilowatt-hours (kWh) per year, which will reduce the site's non-renewable energy consumption by 55 percent. This means more than half of the electricity used at Tamworth will come from the solar system, leading to decreased electricity bills and a lower carbon emissions footprint for HealthShare NSW.

Giving patients a voice on sustainable healthcare

BHI reported new insights into patients' expectations and views of NSW Health's efforts to deliver services in more environmentally sustainable ways. Analyses were based on patients' feedback to a sustainability module introduced into the Adult Admitted Patient Survey to inform and support *NSW Health Net Zero Roadmap 2025-2030*, and were published in *Healthcare in Focus*. The results showed more than 8 in 10 patients were willing to personally take action to support NSW Health's efforts, including by receiving treatment in the community rather than in hospital; taking more environmentally friendly prescription medications; and returning unused medicines for appropriate disposal.

Net Zero Roadmap 2025-2030

The *NSW Health Net Zero Roadmap 2025-2030* was released in May 2025 and outlines how NSW Health will reduce its environmental impact while continuing to deliver safe, high-quality care to the people of NSW. The Roadmap was developed through extensive consultation involving more than 2,200 stakeholders including staff, partners, and community members. It is informed by the NSW Government's *Climate Change (Net Zero Future) Act (2023)* and the Net Zero Government Operations Policy.

The Roadmap is the first of its kind for NSW Health, identifying four guiding principles, six strategic priorities, and 18 emissions sources which account for 80 percent of NSW Health's estimated carbon footprint.

Sustainable Futures Innovation Fund

NSW Health staff have innovative and impactful ideas that can improve the sustainability of our health system. The Sustainable Innovation Fund supports our staff to accelerate their ideas. Established in 2023, a second round for the Sustainable Futures Innovation Fund was provided in 2024-25.

Staff applied for between \$20,000 and \$25,000 (per project) in funding for innovative projects in energy, assets, supply chain emissions, and decarbonising medical and surgical clinical pathways. In 2024-25, 11 projects were funded, and 9 local sustainability initiatives have been chosen for implementation in 2025-26.

Net Zero Hubs

The Net Zero Hubs (2024-2027) program led by the NSW Ministry of Health is an Australian-first program establishing multidisciplinary teams to lead decarbonisation activities across our carbon hotspot areas, including theatres, intensive care units, emergency departments, renal, endoscopy, paediatrics and infection prevention services.

In November 2024, 20 clinical leads were selected to participate in the 3-year program. Hub members are appointed on a fractional basis and are responsible for becoming exemplars and guiding decarbonisation activities in their service or specialty.

Building our climate resilience

The Sydney Children's Hospitals Network made significant strides in our commitment to transitioning to a low-carbon, low-waste, climate-resilient health service. Alongside launching the *Net Zero Pathway 2024-27* in November 2024, the Network secured NSW Ministry of Health funding for a Paediatric Net Zero Hub to lead statewide decarbonisation in paediatrics. This includes reducing emissions from nitrous oxide and metered dose inhalers, and enhancing virtual care to allow care closer to home.

The new Dragonfly car park at The Children's Hospital at Westmead provisions 200 electric vehicle charging stations, supporting fleet and staff transition to electric vehicles powered by renewable energy.

The Network's food waste initiative has diverted 47 tonnes of food waste from landfill, converting it into soil improver or renewable fuel.

Remotely Piloted Aeromedical Clinical System

The Remotely Piloted Aeromedical Capability System (RPACS) represents an innovation led by NSW Ambulance to enhance aeromedical responses. Operated by experienced critical care or special operations paramedics, RPACS leverages drone technology to enhance situational awareness and streamline rescue operations. It identifies patient location, clinical condition, hazards and access routes.

By enabling information to be live-streamed in real-time to mission oversight teams and ground crews, RPACS significantly improves operational efficiency. The pilot revealed that RPACS reduced aircraft flight hours, lowering fuel consumption and emissions. It also minimises aviation risk, enhancing safety for both patients and crews, and improves service delivery during climate driven disasters.

6.3 Adapt performance measurement and funding models to targeted outcomes

Clarity of responsibilities

The NSW Ministry of Health has implemented an enhanced Contract Handover Process for use between HealthShare NSW and local health districts, providing further clarity regarding process and roles and responsibilities for Health entities, driving efficiency and assuring business continuity.

NSW Health Procurement Academy

The NSW Health Procurement Academy has been delivered to all NSW Health entities. The Academy aims to build capability through providing a clear and consistent understanding of the lifecycle of procurement activities, enabling staff to have a clear direction on delivering enhanced procurement outcomes for NSW Health. The Academy will continue to be offered through the Health Education and Training Institute to support ongoing procurement capability development. Opportunities for targeted content continue to be identified to provide customised courses based on stakeholder roles and requirements.

Multi-year service agreements

The NSW Ministry of Health System Purchasing branch, in collaboration with the Financial and Corporate Services Division, developed and implemented multi-year service agreements, supported by an annual funding and performance supplement, for all local health districts, St. Vincent's Health Network, and Sydney Children's Hospitals Networks. This approach aims to more closely link funding to outcomes, and provide health entities with more certainty for long-term investment in local health priorities.

New multi-year agreements incorporate existing annual key performance indicators for hospital access, mental health, experience, finance, safety and quality, and introduce a second stream of indicators with targets across four years. These multi-year targets measure community and population health, workforce and research.

6.4 Align our governance and leaders to support the system and deliver the outcomes of Future Health

Securing long term health reform via the National Health Reform Agreement negotiations

NSW Health continues to engage with the Commonwealth and other states and territories through the Health Ministers' Meetings and Health Chief Executives' Forum to deliver on priorities including system-wide reform, improving health system performance, and alleviating pressures on the health workforce.

Ministers and Health Chief Executives continued discussions on the next Addendum to the National Health Reform Agreement, implementation of recommendations from the independent review of health practitioner regulatory settings, and the National Regulation and Accreditation Scheme (NRAS) Complexity Review.

Key priorities also included mental health, dental reform, and national public health responses, and First Nations healthcare, including in prisons.

A one-year interim health agreement, which extends the current Addendum to the National Health Reform Agreement 2020-2025 by one additional year, from 1 July 2025 to 30 June 2026 and secured an additional \$407 million in funding for NSW Health, was signed in February 2025. Negotiations on a long-term health reform agreement continue to progress through 2025.

Intergovernmental Agreement with Queensland Health

NSW Health successfully negotiated an Intergovernmental Agreement with Queensland Health, enabling NSW to be reimbursed for health services provided to Queensland residents in NSW under the National Health Reform Agreement and vice versa.

The Agreement also establishes new governance structures, which aim to enable NSW and Queensland to work effectively together to manage and improve cross-border challenges such as patient transfers, medicines access, joint service planning, and improved data and information sharing.

The Cross Border Planning Committee includes senior executive, government relations, finance, and local health district and service representation to support cross-border healthcare.

Standardised recommendation for admission forms

A statewide standardised Recommendation for Admission form for adult and paediatric patients was developed by the Surgical Services team following extensive consultation with local health districts, specialty health networks and the State Forms Committee. This is now informing development and implementation of the Single Digital Patient Record. The new forms are based on existing versions used within districts and networks and the requirements of the NSW Health Elective Surgery Access Policy. Key inclusions in the new forms are the indication for surgery and fields to assist clinicians whose patients require changes to their clinical urgency category. These changes ensure equitable access to surgical care for patients and more standardised data collection to aid in service development.

Statewide referral criteria

The Ministry of Health and Agency for Clinical Innovation in collaboration with clinicians and referrers across NSW implemented Statewide Referral Criteria (SRC) for ophthalmology, gastroenterology, orthopaedic, and ear, nose and throat conditions. SRC facilitate safe, timely, and effective referral and prioritisation of patients requiring access to NSW Health specialist outpatient services.

HealthRoster Improvement Project

Led and implemented by the NSW Ministry of Health Efficiency Improvement and Support Team, the HealthRoster Improvement Project aimed to improve user knowledge of the HealthRoster system, rostering governance and controls. In the 2024-25 financial year, more than 3,200 staff across nursing, medical, allied health and corporate from all local health districts and specialty health networks were trained through the Program.

Improving access to care for patients arriving by Ambulance

St Vincent's Hospitals Network implemented a network-wide improvement program that significantly enhanced patient outcomes and experiences.

By breaking down silos through a shared problem-solving model and unified framework and leveraging clinician-designed dashboards for real-time decision making, teams fostered collaboration and responsiveness. The transfer of care 'TOC Ready = Flow Ready' approach aligned teams around delivering safe, efficient care. Executive-led coaching, distributed leadership, and a consistent cadence helped embed a culture of continuous improvement, uniting all teams under common goals.

Asset Management Capability Funding Program

NSW Health implemented the Asset Management Capability Funding Program in 2024-25. The Program is designed to strengthen planning, resources, and delivery of services through funded asset management specific resources within local health districts and speciality health networks. These resources minimise gaps in asset management related expertise and capacity, and is based on annual asset management maturity assessments aligned to NSW Health's strategic priorities to enable better health outcomes to patients and the community.

Economic or other factors affecting achievement of operational objectives

In 2024-25, NSW Health operated in a fiscal environment that continues to normalise following the COVID-19 pandemic.

Inflationary pressures remained, particularly on goods and services. There was also a continued focus on the delivery of savings as part of the NSW Treasury Comprehensive Expenditure Review initiative.

Workforce challenges remained ongoing in relation to staffing in regional and rural areas, along with industrial relations negotiations and disruptions seen in parts of the workforce.

Through these challenges, NSW Health showed its resilience. Local health districts, speciality networks, and NSW Ambulance had an improved performance to budget, continued reduction in annual leave balances, and improved own source revenue generation.

Public Health Act Section 103A

- Condition: Human Immunodeficiency Virus (HIV) infection (Category 5)
- Number of Section 62 public health orders: 0

Infrastructure program

This section lists Health Infrastructure capital works in progress or completed (to 30 June 2025), including the cost of those works to date and the estimated dates of completion.

Note: The cost to date is project expenditure until the end of the 2024-25 financial year. Dates listed are physical completion dates. Health Infrastructure's website contains up-to-date project completion dates. To be confirmed (TBC) completion dates will be advised once a construction contract is awarded.

Project description	Location	Cost to date expenditure to 30 June 2025 (\$)	Construction completion date (actual or estimated or to be confirmed)	Status
Albury Wodonga Regional Hospital	Albury Wodonga Health	21,576,000 β	2028	Planning
Cessnock Hospital Redevelopment	Hunter New England Local Health District	13,880,000	2027	Construction
Glen Innes Hospital Upgrade	Hunter New England Local Health District	10,536,000	2026	Planning
Manning Hospital Redevelopment Stage 2 ^{##}	Hunter New England Local Health District	16,565,000	2027	Enabling works
Moree Hospital Redevelopment	Hunter New England Local Health District	15,214,000	2027	Construction
Muswellbrook Hospital Redevelopment Stage 3	Hunter New England Local	13,741,000	2027	Construction

Project description	Location	Cost to date expenditure to 30 June 2025 (\$)	Construction completion date (actual or estimated or to be confirmed)	Status
	Health District			
Milton-Ulladulla Hospital Upgrades	Illawarra Shoalhaven Local Health District	949,000	2026	Construction
Finley Hospital Upgrade	Murrumbidgee Local Health District	3,628,000	2027	Construction
Temora Hospital Redevelopment	Murrumbidgee Local Health District	5,847,000	2028	Planning
Grafton Base Hospital Redevelopment	Northern NSW Local Health District	15,726,000	2028	Planning
Canterbury Hospital Redevelopment	Sydney Local Health District	5,965,000	2029	Planning
Batemans Bay Community Health	Southern NSW Local Health District	2,923,000	2026	Construction
Bankstown Hospital (New)	South Western Sydney Local Health District	19,857,000	2031	Planning
Fairfield Hospital Redevelopment	South Western Sydney Local Health District	3,844,000	2029	Planning
Bathurst Hospital Redevelopment	Western NSW Local Health District	12,624,000	2027	Planning
Blacktown and Mount Druitt Hospitals – Additional Beds	Western Sydney Local Health District	2,893,000	2027	Planning
Rouse Hill Hospital	Western Sydney Local Health District	76,037,000	2029	Planning
Wyong Hospital Redevelopment Stage 1	Central Coast Local Health District	194,426,000	2026	Construction
Wyong Cancer Day Unit	Central Coast Local Health District	3,652,000	2026	Construction

Project description	Location	Cost to date expenditure to 30 June 2025 (\$)	Construction completion date (actual or estimated or to be confirmed)	Status
Wentworth Health Service Redevelopment	Far West NSW Local Health District	24,681,000	2025	Construction
Broken Hill Hospital Emergency Department	Far West NSW Local Health District	7,805,000	2025	Construction
John Hunter Health and Innovation Precinct (includes car park)	Hunter New England Local Health District	565,295,000	2026	Construction
Gunnedah Hospital Redevelopment	Hunter New England Local Health District	41,567,000	2025	Construction
New Shellharbour Hospital and Integrated Services (includes car park)	Illawarra Shoalhaven Local Health District	222,714,000	2027	Construction
Shoalhaven Hospital Redevelopment	Illawarra Shoalhaven Local Health District	276,258,000	2026	Construction
Griffith Hospital Redevelopment	Murrumbidgee Local Health District	201,164,000	2025	Construction
Nepean Hospital Redevelopment Stages 1 and 2	Nepean Blue Mountains Local Health District	834,725,000	2026	Construction
Ryde Hospital Redevelopment	Northern Sydney Local Health District	122,906,000	2028	Construction
Tweed Hospital and Integrated Ambulatory Services Redevelopment	Northern NSW Local Health District	712,825,000	2023	Completed
Royal Prince Alfred Hospital Redevelopment	Sydney Local Health District	316,398,000	2028/29	Construction
Sydney Children's Hospital, Randwick - Stage 1 Children's Comprehensive	South Eastern Sydney, Sydney Children's Hospital	526,594,000	2025	Completed

Project description	Location	Cost to date expenditure to 30 June 2025 (\$)	Construction completion date (actual or estimated or to be confirmed)	Status
Cancer Centre	Network			
The Children's Hospital at Westmead Redevelopment Stage 2	Western Sydney, Sydney Children's Hospital Network	497,779,000	2025	Construction Main works
Randwick Campus Reconfiguration and Expansion Stage 1	South Eastern Sydney Local Health District	820,952,000	2025 (remaining fit-out)	Construction
St George Hospital - Ambulatory Care, Day Surgery, Sub-Acute Inpatient Building	South Eastern Sydney Local Health District	269,092,000	2027	Construction
Cooma Hospital Redevelopment***	Southern NSW Local Health District	23,227,000	2024	Completed
Eurobodalla Regional Hospital Development	Southern NSW Local Health District	135,022,000	2027	Construction
Goulburn Hospital Redevelopment	Southern NSW Local Health District	158,000,000	2024	Construction
Bowral and District Hospital Redevelopment Stage 2	South Western Sydney Local Health District	43,947,000	2026	Construction
Liverpool Health and Academic Precinct	South Western Sydney Local Health District	471,609,000	2027	Construction
Cowra Hospital Redevelopment	Western NSW Local Health District	78,738,000	2025	Construction
Viral Vector Manufacturing Facility	Western Sydney Local Health District	48,091,000	2025	Construction
Westmead Redevelopment Stages 1A and 1B	Western Sydney Local Health District	828,534,000	2025	Completed

Project description	Location	Cost to date expenditure to 30 June 2025 (\$)	Construction completion date (actual or estimated or to be confirmed)	Status
Port Macquarie Hospital Helipad Relocation and Car Park	Mid North Coast Local Health District	33,061,000	2025	Completed
Concord Hospital Car Park	Sydney Local Health District	31,181,000	2024	Completed
Key Health Worker Accommodation – Far Western Region	Far West NSW Local Health District	14,561,000	2025	Completed
Key Health Worker Accommodation – Murrumbidgee Region	Murrumbidgee Local Health District	11,285,000	2025	Completed
Key Health Worker Accommodation – Southern NSW Region	Southern NSW Local Health District	7,988,000	2025	Completed
Maitland Integrated Community and Community Mental Health Service	Hunter New England Local Health District	1,310,000	2027	Tender
Integrated Mental Health Complex at Westmead	Western Sydney Local Health District	138,680,000	2027	Construction
HealthOne Strategy (Rebuild NSW Fund)	South Western Sydney Local Health District	86,644,000	2025	Construction
Broken Hill – Acute Mental Health Inpatient Unit Upgrade	Far West NSW Local Health District	*	2025	Construction
Tamworth Mental Health Unit (Banksia), Tamworth Hospital	Hunter New England Local Health District	*	2025	Construction
John Hunter Hospital - Nexus Child and Adolescent Mental Health Unit	Hunter New England Local Health District	*	2026	Construction
Nepean Hospital - Child and Adolescent Mental Health	Nepean Blue Mountains Local	*	2025	Construction

Project description	Location	Cost to date expenditure to 30 June 2025 (\$)	Construction completion date (actual or estimated or to be confirmed)	Status
Service	Health District			
Concord Forensic Mental Health Unit	Sydney Local Health District	*	2025	Construction
Blacktown Forensic Mental Health (Bunya Unit Relocation)	Western Sydney Local Health District	*	2025	Completed
Blayney Multipurpose Service	Western NSW Local Health District	**	2026	Construction
Jindabyne Ambulance Station	Southern NSW	†	TBC	Planning
North Sydney Ambulance Station	Northern Sydney	^	TBC	Planning
Berowra Ambulance Station	Northern Sydney	^	TBC	Planning
South Windsor Ambulance Station	Nepean Blue Mountains	^	2027	Planning
Oran Park Ambulance Station	South Western Sydney	^	2027	Planning
Kingscliff Ambulance Station	Northern NSW	†	2024	Completed
NSW Ambulance Relocation – Fit-out	Sydney Olympic Park	41,330,000 β	2024	Completed
NSW Ambulance Virtual Clinical Care Centre	Sydney Olympic Park	10,000,000	2024	Completed
Wyong Palliative Care Unit	Central Coast Local Health District	^^	2026	Construction
Nepean Palliative Care Unit	Nepean Blue Mountains Local Health District	^^	2027	Planning

Project description	Location	Cost to date expenditure to 30 June 2025 (\$)	Construction completion date (actual or estimated or to be confirmed)	Status
Orange Palliative Care Unit	Western NSW Local Health District	^^	2026	Construction
Tamworth Palliative Care Unit	Hunter New England Local Health District	^^	2026	Planning
Westmead Palliative Care Unit	Western Sydney Local Health District	^^	2026	Construction
Ambulance Infrastructure Program	N/A	92,072,000	TBC	Planning
Extended Hours Childcare Centres	N/A	2,000,000	TBC	Planning
Statewide Mental Health Infrastructure Program	N/A	318,952,000	Various	Various

*Delivered as part of the Statewide Mental Health Infrastructure Program. **Delivered as part of the Multipurpose Services (MPS) Strategy. ***Final works are being delivered by the local health district, which includes a refurbishment and expansion of existing medical imaging unit. ^Delivered as part of the NSW Ambulance Infrastructure Program. †Delivered as part of the Rural Ambulance Infrastructure Reconfiguration program. #Delivered as part of the HealthOne Program. ##In the NSW State Budget 2024-25 (June 2024), the Lower Mid North Coast Health Service project merged the Manning Hospital Redevelopment Stage 2 project and the Forster Tuncurry public hospital project. ^^Delivered as part of the World Class End of Life Care Program. ****Delivered as part of the Sydney Ambulance Metropolitan Infrastructure Strategy. β Reported spend only relates to the Health Infrastructure managed component of this project.

Major problems and issues which arose from major capital works in progress

In 2024-25, inflation and cost escalation challenged project budgets across the construction industry including the health capital works program. This was an industry-wide challenge, navigated by collaboration across government and industry. Projects in the procurement phase were impacted and managed by prioritising areas of clinical need in facility designs, and future-proofing the design where possible to ensure further works can be undertaken in the future.

Major works in progress, cost to date, dates of completion, significant cost overruns or delays/amendments

The global increase of building costs faced by the construction industry placed pressure on projects across the state. However, these were appropriately managed to mitigate significant cost overruns, delays, or amendments evident in the reporting period.

In 2024-25, scheduled power outages that were required for construction activities were cancelled as a result of protected industrial action undertaken by the Electrical Trades Union. The majority of projects were able to mitigate the impacts, and the cost is being assessed. This protected industrial action has now ceased.

Land disposal

The properties that were surplus to NSW Health and were sold in 2024-25 incurred gross proceeds of approximately \$3.97 million.

The proceeds in 2024-25 were impacted by the NSW Government continued directive to pause all government disposal of property and the Property and Land Audit. Both the temporary pause on all government disposals was lifted and the *M2024-08 New Government Property Framework* was released in the last quarter of 2024.

All sales were undertaken in accordance with government policy. Documents relating to these sales can be obtained under the *Government Information (Public Access) Act 2009*.

Total Property Sales this in 2024-25

Property	Status of 30 June 2025	Revenue	Purchaser
Camden, 72 Menangle Road, 84 Menangle Road, and 86 Menangle Road (Former Camden Hospital Nurses' Quarters)	Settled	\$3,640,000	Homes NSW for social and affordable housing
Cobar, Woodiwiss Avenue (Unimproved land)	Settled	\$370,000	Cobar Shire Council for Housing
Gross revenue		\$3,970,000	

Events arising after the end of the annual reporting period

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

Implementation of price determination

The NSW Ministry of Health set the NSW State Price using the latest available cost data. This year, most new initiatives were reflected in the Budget Schedule of the Service Agreement to advance certainty, timing, and management of funding for patient care.

The NSW State Price for 2025-26 was \$6,081 per national weighted activity unit 2025. Local health districts and specialty health networks were funded for their growth activity at this price, with the exception of some specific contractual funding arrangements.

The NSW State Price is not directly comparable year on year due to changes in national weighted activity unit versions and local health district and specialty health network costing results.

Management and accountability

4

Our workforce

Numbers and remuneration of senior executives

The tables below detail the headcount of public service senior executives and health service senior executives employed, and those temporarily assigned, seconded, or acting in a senior executive role at the end of the reporting year.

NSW Health has seen an 11.6 per cent reduction in senior executive headcount compared to 2024 data - 59.5 per cent of the senior executive workforce are female leaders.

NSW Ministry of Health				
Band	2024		2025	
	Female	Male	Female	Male
Band 4	1	0	1	0
Band 3	3	6	5	6
Band 2	15	11	11	14
Band 1	62	28	59	23
Totals	81	45	76	43
	126		119	

Statutory health corporations				
Band	2024		2025	
	Female	Male	Female	Male
Band 4	0	0	0	0
Band 3	1	1	1	1
Band 2	3	1	3	1
Band 1	8	2	5	0
Totals	12	4	9	2
	16		11	

Local health districts and Specialty Health Networks				
Band	2024		2025	
	Female	Male	Female	Male
Band 4	0	0	0	0
Band 3	9	7	10	6
Band 2	17	5	16	6
Band 1	56	45	49	40
Totals	82	57	75	52
	139		127	

Health Administration Corporation					
Band	2024			2025	
	Female	Male	Other	Female	Male
Band 4	0	0	0	0	0
Band 3	4	1	0	3	3
Band 2	4	12	0	4	7
Band 1	24	34	1	23	22
Totals	32	47	1	30	32
	80			62	

The average remuneration by Band for public service and health service senior executives is detailed below.

NSW Ministry of Health			
Band	Range	Average Remuneration	
		2024	2025
	\$		
Band 4	509,251 - 588,250	626,300	626,300
Band 3	361,301 - 509,250	471,567	465,099
Band 2	287,201 - 361,300	324,216	322,422
Band 1	201,350 - 287,200	235,996	238,755

Local Health Districts and Specialty Health Networks			
Band	Range	Average Remuneration	
		2024	2025
	\$		
Band 4	509,251 - 588,250	0	0
Band 3	361,301 - 509,250	420,338	433,329
Band 2	287,201 - 361,300	316,434	319,712
Band 1	201,350 - 287,200	248,511	249,622

Statutory Health Corporations			
Band	Range	Average Remuneration	
		2024	2025
	\$		
Band 4	509,251 - 588,250	0	0
Band 3	361,301 - 509,250	403,833	419,080
Band 2	287,201 - 361,300	345,164	353,355
Band 1	201,350 - 287,200	239,718	249,025

Health Administration Corporation			
Band	Range	Average Remuneration	
		2024	2025
	\$		
Band 4	509,251 - 588,250	0	0
Band 3	361,301 - 509,250	455,210	462,708
Band 2	287,201 - 361,300	346,554	323,768
Band 1	201,350 - 287,200	259,068	256,242

Of NSW Health's employee related expenditure in 2025, 0.5 per cent was related to public service and health service senior executives.

The previous year's report included only the average remuneration for the NSW Ministry of Health's portion of senior executives expenditure (16 per cent).

Our people

Number of full time equivalent staff employed in the NSW public health system

Treasury group	June 2025
Medical	16,389
Nursing	57,753
Allied health	13,821
Other professions and paraprofessionals	3,330
Scientific and technical clinical support	6,644
Oral health practitioners and therapists	1,328
Ambulance officers	6,763
Sub-total clinical staff	106,027
Corporate services	6,873
Clinical support	22,239
Hotel services	9,360
Maintenance and trades	855
Other	350
Other staff	39,677
Total	145,705

Source: Corporate Analytics Notes: **1.** Full time equivalent (FTE) calculated as the last fortnight in June, paid productive, non-productive and overtime hours. **2.** Includes FTE salaried staff employed with local health districts, specialty networks and the Health Administered Corporation. Staff not remunerated through NSW Health payroll are excluded. This differs to previous reports which reported some Health Administered Corporations in a supplementary table and therefore previous reports can not be compared. NSW Health has made this change to provide improved transparency and visibility of the whole organisation and align the terminology within our reports to their typical and plain English interpretations. **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 Health Annual Report. **4.** Rounding of staff numbers to the nearest whole number in this table may cause minor differences in totals. **5.** Since June 2023, Allied Health Assistants who were previously reported under the Treasury Group 'scientific and technical clinical support staff' have been re-aligned to report under 'allied health'. **6.** Health Professionals Council Authority and Mental Health Review Tribunal are included under 'corporate services' but do not have a breakdown in the appendices. **7.** Some staff attached to 'other staff' treasury group re-aligned to report under 'corporate services'.

A breakdown of the number of full time equivalent staff by NSW Health entity is in Appendix 2 of this report.

Historical figures for the NSW public health system

Number of full time equivalent staff employed in the NSW public health system

Treasury group	June 2022	June 2023	June 2024
Medical	15,110	15,578	15,824
Nursing	53,141	54,540	56,549
Allied health	12,406	12,910	13,372
Other professions and paraprofessionals	3,206	3,287	3,328
Scientific and technical clinical support	6,276	6,361	6,591
Oral health practitioners and therapists	1,250	1,295	1,378
Ambulance officers	5,642	6,134	6,390
Sub-total clinical staff	97,031	100,106	103,432
Corporate services	6,733	6,849	6,889
Clinical support	20,493	21,224	22,061
Hotel services	8,822	9,039	9,202
Maintenance and trades	873	844	854
Other	313	332	324
Other staff	37,234	38,288	39,329
Total	134,265	138,394	142,761

Source: Corporate Analytics **Notes:** **1.** Full time equivalent (FTE) calculated as the last fortnight in June, paid productive, non-productive, and overtime hours. **2.** Includes FTE salaried staff employed with local health districts, specialty networks, the Health Administered Corporation, NSW Ministry of Health, Health Professionals Council Authority, and Mental Health Review Tribunal. Staff not remunerated through NSW Health payroll such as visiting medical officers and contractors are not included. This differs to previous reports which reported some Health Administered Corporations in a supplementary table and therefore previous reports can not be compared. NSW Health has made this change to provide improved transparency and visibility of the whole organisation and align the terminology within our reports to their typical and plain English interpretations. **3.** Staff employed by Third Schedule affiliated health organisations, non-government organisations and other service providers funded by NSW Health but not on NSW Health payroll are not reported in the NSW Health annual report. **4.** Rounding of staff numbers to the nearest whole number in this table may cause minor differences in totals. **5.** Since June 2023, allied health assistants who were previously reported under the Treasury Group 'scientific and technical clinical support staff' have been re-aligned to report under 'allied health'. **6.** Health Professionals Council Authority and Mental Health Review Tribunal are included under 'corporate services' but do not have a breakdown in the appendices. **7.** Some staff attached to 'other staff' treasury group re-aligned to report under 'corporate services'.

A breakdown of historical figures of full time equivalent staff by NSW Health entity is in Appendix 2 of this report.

Registered practitioners

Registered practitioners by profession with principal place of practice in NSW, as at 30 June 2025.

Profession	NSW
Aboriginal and Torres Strait Islander health practitioner	279
Chinese medicine practitioner	1,878
Chiropractor	2,223
Dental practitioner	8,242
Medical practitioner	42,885
Medical radiation practitioner	6,746
Midwife	2,164
Nurse	124,313
Nurse and midwife ¹	6,674
Occupational therapist	9,204
Optometrist	2,287
Osteopath	704
Paramedic	6,754
Pharmacist	11,489
Physiotherapist	13,449
Podiatrist ²	1,746
Psychologist	15,922
Total 2024-25	256,959
Total 2023-24	249,653

Notes: 1. Registrants who hold dual registration as both a nurse and a midwife. 2. Throughout this report, the term 'podiatrist' refers to both podiatrists and podiatric surgeons unless otherwise specified

Number of staff in headcount employed in the NSW public health system

Treasury group	June 2024	June 2025
Medical	17,140	17,665
Nursing	68,124	69,641
Allied health	16,678	17,232
Other professions and paraprofessionals and support staff	4,553	4,611
Scientific and technical clinical support staff	7,642	7,720
Oral health practitioners and support workers	1,648	1,655
Ambulance staff	6,378	6,855
Clinical staff total	122,163	125,379
Corporate services and hospital support	32,579	32,723
Hotel services	10,851	11,089
Maintenance and trades	833	830
Other staff	1,322	1,459
Clinical support total	45,585	46,101
Total by treasury group	167,748	171,480
NSW Health distinct total*	166,963	170,713

Source: Corporate Analytics **Notes:** 1. Headcount calculated as at the last fortnight in June 2025, all active staff with a payment. 2. All non-salaried staff such as visiting medical officers and other contracted staff are excluded. 3. *NSW Health distinct total is de-duplicated headcount number for NSW Health and cannot be compared to treasury group totals. 4. There are duplication of individuals between treasury groups as some staff have multiple assignments. 5. State headcount numbers cannot be compared with the individual local health district totals due to staff with multiple assignments.

A breakdown of the number of staff in headcount employed in the NSW public health system by NSW Health entity is in Appendix 2 of this report.

Industrial relations

The NSW Ministry of Health remains committed to working collaboratively towards award reform with unions.

During the 2024-25 financial year:

- a 3.5 per cent one-year increase, effective from 1 July 2024, applied to Health Services Union covered awards, and one-year awards were made
- interim pay increases of 3 per cent, effective from 1 July 2024, were applied to other workforce groups including: NSW Health nurses and midwives, skilled trades staff, Ambulance administrative and clerical staff, and early childhood teachers
- for early childhood teachers, a new three-year award was made by the Industrial Relations Commission (IRC), effective from 1 July 2024, being the Teachers' (NSW Health Early Childhood Education and Care Centres) Salaries and Miscellaneous Conditions Award 2024.

The pay and conditions for nurses and midwives will be arbitrated and determined by the IRC in late 2025.

The pay and conditions of employed medical officers (staff specialists, medical officers and career medical officers) are similarly undergoing a process of conciliation and arbitration before the IRC.

During the reporting period, mutual gains bargaining was conducted for all medical awards (specialist and non-specialist) and will now progress to arbitration.

- NSW Health applied a 10 per cent abnormal duties allowance to Staff Specialist Psychiatrists from 3 February 2025.

The wages and conditions of all Staff Specialists will be further determined by the IRC with hearings commencing in November 2025.

- The Australian Medical Associations progressed the Determinations for Visiting Medical Officers to arbitration before the IRC. The matter was listed for conciliation in August 2025, with arbitration listed for 7 April 2026 to 12 May 2026 and 1 June 2026 to 19 June 2026.

Workforce key policies

NSW Health continued to review and enhance its workforce related policies, guidelines, and information bulletins to ensure they are contemporary and meet the needs of NSW Health agencies.

Key Workplace Relations policies released in 2024-25

- *Managing Misconduct, Serious Performance and Child Related Concerns* was published in May 2025 to update, combine and reduce duplication between three (now rescinded) policies that deal with conduct of staff. The rescinded policies are: *Managing Misconduct*; *Managing Complaints and Concerns About Clinicians*; and *Managing Child Related Allegations, Charges and Convictions Against NSW Health Staff*.
- *Prevention and Management of Unacceptable Workplace Behaviours* was published in May 2025 and has been expanded to include prevention and management of instances of prohibited conduct (sexual harassment and related unlawful conduct) under the *Sex-Discrimination Act* and the employer positive duty obligations to manage workplace risks with respect to such conduct.
- *Flexible Work* was published in February 2025 which replaced the previous 2023 guideline. This policy outlines flexible work arrangements for NSW Health staff and incorporated the NSW Premier's Department workplace presence circular requirements.
- *Leave Matters for the NSW Health Service* was published in December 2024 and provided updated parental leave provisions for NSW Health staff relating to ongoing placements of a child or young person subject to a legal order.

- *Work Health and Safety - Better Practice Procedures* was published in June 2025. This Policy Directive supports NSW Health Organisations to implement an effective work health and safety management system that is consistent with NSW Work Health and Safety (WHS) legislation; and provides information to clarify the duties and responsibilities of officers and managers/supervisors in contributing to a safe and healthy work environment.
- *Work Health and Safety - Other Workers Engagement* was published in September 2024. This Guideline provides direction to NSW entities to meet their duty of care under the *Work Health and Safety Act 2011* and *Work Health and Safety Regulation 2017*, ensuring, so far as reasonably practicable, a safer and healthy work environment for all workers and other persons when other workers are engaged to carry out work as directed by the NSW Health organisation.
- The *Official Travel policy* was published in October 2024 providing revised approval requirements for overseas official travel and consistency with the *NSW Government Travel and Transport Policy*, including changing overseas travel allowances to Australian Taxation Office rates and encouraging the payment of actual travel expenses.

Key Workplace Relations' information bulletins released in 2024-25

Variation to the Public Health System Nurses' and Midwives' (State) Award

Published 6 November 2024

Advises variations to the Public Health System Nurses' and Midwives' (State) Award 2023 effective from 1 July 2023 following the new award made by the NSW Industrial Relations Commission (IRC).

The new award included changes to several conditions including:

- nurse managers and midwife managers may be paid on call allowances
- employees working overtime may choose to be paid an overtime meal allowance
- access to early release or paid overtime when working through breaks during night duty
- family and domestic violence leave updated to reflect the model clause prepared by Public Sector Industrial Relations of The Premier's Department.

Rates of Pay and allowances for Teachers in NSW Health Early Childhood Education and Care Centres

Published 13 June 2025

Advises of a new award which was made in the NSW Industrial Relations Commission on 30 May 2025 – the Teachers (NSW Health Early Childhood Education and Care Centres) Salaries and Miscellaneous Conditions Award 2024.

The new award took effect from 1 July 2024 and remains in force for three years.

Visiting Medical Officers Welcome and Information Pack

Published 18 December 2024

The Visiting Medical Officers (VMOs) welcome and information pack for new VMOs was updated to align with other related policy directives, guidelines, and information bulletins.

Updates also included recommending that VMOs seek professional advice regarding applicable insurances for independent contractors.

Responding to bullying and complaints

NSW Health entities continued to implement localised strategies to reduce the incidence of bullying and unacceptable workplace behaviours, and enhance positive and productive workplace culture, including:

- Anti-bullying management advisors – responsible for collaborating and sharing knowledge on best practice initiatives, using an information pool to improve communication, guide future processes, and coach managers on effective bullying management strategies
- The confidential Anti-Bullying Advice Line – responsible for provision of guidance and information to employees about the complaint resolution process
- Bullying data collection – entities report individual complaint data to the NSW Ministry of Health, where complaints are initially assessed as potential bullying complaints
- Addressing Grievances and Concerns Managers' and Staff Portal – web portals to support managers and staff across NSW Health to address grievances and concerns at work, including bullying
- Bullying Risk Assessment Tool – launched to assist health organisations assess the potential of bullying in the workplace, and risk mitigation strategies with an aim to prevent or minimise the risk of psychological injury
- Launch of the revised NSW Health Prevention and Management of Unacceptable Workplace Behaviours Policy Directive – enables prevention, assessment and management of all unacceptable workplace behaviours such as bullying, harassment, sexual harassment, and other related discriminatory conduct under the Sex Discrimination Act.

There were 129 reported bullying complaints between 1 July 2024 to 30 June 2025, down from 178 complaints in 2023-24. The NSW Ministry of Health has also commenced review and consultation process on NSW Health Resolving Workplace Grievances Policy Directive.

Feedback and complaints

The NSW Health incident management system (ims+) records consumer feedback which includes complaints, compliments, and suggestions/observations received.

In 2024-25, there were 16,345 complaints recorded, an increase from 15,918 in the previous year*. The top five issues related to clinical care, treatment and safety; communication; management of facilities; patient rights; and timing and access.

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

Complaints received by health services identify the consumer's or carer's concerns regarding the delivery of care. More than one option can be selected.

People Matter Employee Survey

Our workplaces strive to make continuous improvement to workplace culture. Each year, NSW Health makes it a priority to track employee engagement and workplace culture. This is done through the NSW People Matter Employee Survey (PMES), the NSW public sector's annual employee opinion survey. The survey asks employees about their experience and perceptions of a range of workplace issues and practices, including management and leadership; service delivery; employee engagement; diversity and inclusion; public sector values; and unacceptable conduct. In 2024, more than 83,892 staff completed the survey with a participation rate of 48 per cent. Employee engagement was 60 per cent – a decrease of 3 per cent from 2023. NSW Health has continued to undertake cultural improvement initiatives supported through annual funding to support action plans in response to the PMES. Locally developed learning programs and statewide programs through the Health Education and Training Institute support capability development of NSW Health staff.

Boards and committees

Details of NSW Health's board and committees including meetings, structure, its members and their current terms of appointment.

Board of the Cancer Institute			
			5 meetings in 2024-25
Structure	Members	Appointment start date	Appointment end date
Chair	Associate Professor Christine Giles	September 2023	June 2026
Member	Professor Christine Clarke	September 2022	August 2026
Member	Professor Leslie White	September 2022	August 2026
Member	Professor Tracey O'Brien AM	July 2022	Ex Officio
Member	Dr Costa Boyages	August 2023	June 2026
Member	Lillian Leigh	August 2023	July 2026
Member	The Honourable Jillian Skinner	August 2023	June 2026
Member	Associate Professor Peter Malouf	March 2024	December 2026
Member	Michael Still	April 2024	May 2025
Bureau of Health Information Board			
			5 meetings in 2024-25
Structure	Members	Appointment start date	Appointment end date
Chair	Professor Carol Pollock	May 2024	April 2026
Member	Robert Lagaida	March 2023	April 2026
Member	Dr Selina Redman	September 2024	September 2027
Member	Professor Sallie-Anne Pearson	September 2024	September 2026
Member	Katherine Boiciuc	September 2024	September 2027

Member	Dr Karen Luxford	September 2024	September 2025
Member	Brendon Cutmore	September 2024	September 2027
Central Coast Local Health District Board			11 meetings in 2024-25
Structure	Members	Appointment start date	Appointment end date
Chair	Sarah Winter	July 2025	December 2027
Member	Robert King	January 2023	December 2025
Member	Dr William Munro	January 2023	December 2025
Member	Philip Crenigan	January 2025	December 2027
Member	Timothy Ebbeck	January 2025	December 2027
Member	Elizabeth Ward	January 2025	December 2027
Member	Professor Jennelle Kyd	January 2025	December 2027
Member	Matthew Sonter	January 2025	December 2027
Clinical Excellence Commission Board			6 meetings in 2024-25
Structure	Members	Appointment start date	Appointment end date
Chair	Professor Donald Wilson	April 2024	March 2026
Member	Professor Jacqueline Close	April 2024	March 2026
Member	Laila Hallam	April 2024	March 2026
Member	Dr Michelle Mulligan	August 2024	July 2028
Member	Luke Sloane	July 2023	June 2027
Member	Vickie Parry	August 2023	July 2027
Member	Associate Professor Michael Nicholl	August 2022	Ex Officio

Member	Scott Griffiths	August 2022	July 2026
Member	Dr Bruce Hodge	July 2022	June 2026
Member	Melissa O'Brien	July 2022	June 2026

Far West Local Health District Board	11 meetings in 2024-25
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Structure	Members	Appointment start date	Appointment end date
Chair	Sally Pearce	January 2025	December 2027
Member	Mariette Curcuruto-Dunlevy	January 2025	October 2026
Member	Wincen Cuy	January 2025	December 2025
Member	Pamela Tucker	January 2025	December 2027
Member	Justin Files	January 2025	December 2027
Member	Stephen Hegedus	January 2025	December 2027
Member	Associate Professor Lilon Bandler	November 2022	October 2025

Fluoridation of Public Water Supplies Advisory Committee	0 meetings in 2024-25*
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Structure	Members	Appointment start date	Appointment end date
Chair	Dr Heather Cameron	May 2025	April 2028
Member	Aidan Tan	November 2023	October 2026
Member	Murray Thompson	November 2023	October 2026
Member	Dr Christine Cowie	November 2023	October 2026
Member	Councillor Robert Bell	March 2025	February 2028
Member	Dr Sophie Halpin	March 2025	February 2028

Hunter New England Local Health District Board

10 meetings in 2024-25

Structure	Members	Appointment start date	Appointment end date
Chair	Dr Kirsten Molloy	January 2025	December 2027
Member	Meagan Hudson	January 2023	December 2025
member	Anita Kauffmann	January 2023	December 2025
Member	Professor Penelope Paliadelis	January 2023	December 2025
Member	Dr Stephen Pryde	January 2023	December 2025
Member	Alice Wilks	January 2023	December 2025
Member	Kevin Dupe	January 2025	December 2027
Member	Elizabeth Nicol	January 2025	December 2027
Member	Robert Hawes	January 2025	December 2027

Illawarra Shoalhaven Local Health District Board

8 meetings in 2024-25

Structure	Members	Appointment start date	Appointment end date
Chair	Christopher Bertinshaw	January 2025	December 2027
Member	Alan Hudson	January 2023	December 2025
Member	Marilyn Smith	January 2023	December 2025
Member	Jonathan Boswell	January 2025	December 2026
Member	The Honourable David Campbell	January 2025	December 2027
Member	Suzanne Clapham	January 2025	December 2027
Member	Nikola Mitrevski	January 2025	December 2026
Member	Dr Richard Morris	January 2025	December 2027

Member	Jenifer Collins	January 2025	December 2026
Member	Dr Costa Boyages	January 2025	December 2027
Member	Peter McDonald	February 2025	December 2025
Justice Health and Forensic Mental Health Network Board			6 meetings in 2024-25
Structure	Members	Appointment start date	Appointment end date
Chair	Professor Denis King	July 2024	June 2026
Member	Benjamin Gales	July 2024	June 2028
Member	Roger Downs	January 2025	December 2027
Member	Dr Robyn Shields	January 2025	December 2027
Member	Paul Knight	January 2022	December 2027
Member	Marisa Mastroianni	January 2025	December 2027
Member	The Honourable Jillian Skinner	January 2025	December 2027
Member	Dr Annette Bemand	February 2023	December 2025
Member	David McGrath	February 2023	December 2025
Member	Dr Kath McFarlane	January 2023	December 2025
Medical Committee (Poisons)			5 meetings in 2024-25
Structure	Members	Appointment start date	Appointment end date
Member	Dr Bridin Murnion	September 2011	The <i>Poisons and Therapeutic Goods Act 1966 Act</i> places no prescribed time period on appointments with past appointments considered ongoing until resignation by a member

The *Poisons and Therapeutic Goods Act 1966 Act* places no prescribed time period on appointments with past appointments considered ongoing until resignation by a member

Member Dr Anthony Sams

April 2022

Member Dr Tim Ho

November 2023

October 2026

Medical Services Committee

12 meetings in 2024-25

Structure	Members	Appointment start date	Appointment end date
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Chair	Dr Antony Sara	March 2025	October 2028
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Member	Dr Aimee Wiseman	July 2024	June 2028
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Member	Dr Eve Tsironis	October 2023	August 2027
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Member	Dr Michelle Atkinson	August 2023	June 2027
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Member	Dr Alison Semmonds	August 2023	June 2027
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Member	Dr Khin Thu	March 2025	October 2028
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Member	Dr Danette Wright	July 2025	July 2029
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Member	Dr Bruce Graham	February 2022	November 2025
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Member	Dr Ali Gursel	October 2021	September 2025
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Mental Health Community Advisory Council

4 meetings in 2024-25

Structure	Members	Appointment start date	Appointment end date
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Chair	Mark Orr AM	December 2022	July 2026
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Deputy Chair	Heidi Keevers	December 2022	November 2025
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Member	Dr Evelyne Tadros	November 2024	November 2025
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Member	Kathi Boorman	December 2022	November 2025
Member	Benjamin Brien	December 2022	November 2025
Member	Keith Bryant	December 2022	February 2025
Member	William Campos	December 2022	November 2025
Member	Maria Cassaniti	December 2022	November 2025
Member	Anna Dasler	December 2022	November 2025
Member	Melodie Grafton	December 2022	November 2025
Member	Associate Professor Roger Gurr	December 2022	November 2025
Member	Dr Faye McMillan	December 2022	November 2025
Member	Dr Catherine Sanderson	December 2022	November 2025
Member	Asha Zappa	December 2022	November 2025

Mid North Coast Local Health District Board

11 meetings in 2024-25

Structure	Members	Appointment start date	Appointment end date
Chair	Peter Treseder	January 2025	December 2025
Member	Tracy Singleton	January 2025	December 2025
Member	Michael Coulter	January 2025	December 2027
Member	Jennifer Zirkler	January 2025	December 2027
Member	The Honourable Luke Hartsuyker	January 2025	December 2027
Member	Gary Humphreys	January 2025	December 2027
Member	Shehnarz Salindera	January 2023	December 2025
Member	Susan McGinn	January 2023	December 2025

Murrumbidgee Local Health District Board

11 meetings in 2024-25

Structure	Members	Appointment start date	Appointment end date
Chair	Adrian Lindner	January 2025	December 2026
Member	George John	July 2025	December 2027
Member	Mary Atkinson	January 2025	December 2027
Member	Cheryl Penrith	January 2025	December 2027
Member	Elke Cleverdon	January 2023	December 2025
Member	Elizabeth Dixon	January 2023	December 2025
Member	Anthony Kolbe	January 2023	December 2025
Member	Dr Inthikab Alam Mohamed Yoosuff	January 2023	December 2025

Nepean Blue Mountains Local Health District Board

11 meetings in 2024-25

Structure	Members	Appointment start date	Appointment end date
Chair	The Honourable Peter Collins, AM KC	January 2025	December 2026
Member	Associate Professor Ian Seppelt	January 2023	December 2025
Member	Richard Fox	January 2025	December 2027
Member	Professor Stephen Fuller	January 2025	February 2026
Member	Del Gaudry	January 2025	December 2027
Member	Dr Nhi Nguyen	January 2025	December 2027
Member	Pamela Rutledge	January 2025	December 2027
Member	Sharon Williams	January 2025	December 2027

Northern NSW Local Health District Board

10 meetings in 2024-25

Structure	Members	Appointment start date	Appointment end date
Chair	Dr Peter Carter	January 2023	December 2025
Member	Carolyn Byrne	October 2022	October 2025
Member	Michael Carter	October 2022	October 2025
Member	Dr John Griffin	October 2022	October 2025
Member	Professor Susan Nancarrow	October 2022	October 2025
Member	Dr Catherine Adams	January 2023	December 2025
Member	Dr Alasdair Arthur	January 2023	December 2025
Member	Naree Hancock	January 2023	February 2025
Member	Dr Andrew White	January 2023	December 2025
Member	Scott Monaghan	January 2025	December 2027

Northern Sydney Local Health District Board

11 meetings in 2024-25

Structure	Members	Appointment start date	Appointment end date
Chair	Trevor Danos AM	January 2025	August 2026
Deputy Chair	Professor Emerita Mary Chiarella AM	January 2025	December 2026
Member	The Honourable Patricia Forsythe AM	January 2023	December 2025
Member	Adam Johnston AM	January 2023	December 2025
Member	Karen Filocamo	January 2023	December 2025
Member	Dr Donna Lynch	January 2023	December 2025
Member	Kimberley Reynolds	January 2023	December 2025

Member	Dr Stephanie Teoh	January 2023	December 2025
Member	Nadia Levin	January 2025	July 2027
Member	Christopher Greatrex	January 2025	July 2027
Member	Dr Michelle Mulligan OAM	January 2025	July 2027
Member	Brad Goodwin	January 2025	December 2026

Regional Health Ministerial Advisory Panel

4 meetings in 2024-25

Structure	Members	Appointment start date	Appointment end date
Chair	Dr Richard Colbran PhD	August 2025	July 2026
Member	Dr Patricia Saccasan Whelan FACEM	February 2025	July 2026
Member	Kalina Koloff	March 2024	Ex Officio
Member	Tracey McCosker	April 2025	Ex Officio
Member	Anna Barwick	September 2023	July 2026
Member	Karen Booth	September 2023	July 2026
Member	Christine Corby AM	September 2023	July 2026
Member	Councillor Rick Firman OAM	September 2023	July 2026
Member	Kelly Foran	September 2023	July 2026
Member	Louise Fox	September 2023	July 2026
Member	Laura Hand-Ross	September 2023	July 2026
Member	Dr Richard Colbran	August 2024	July 2026
Member	Scott Monaghan AM	July 2024	July 2026
Member	Brad Astill	February 2025	Ex Officio

Member	Phil Minns	August 2022	Ex Officio
Member	Susan Pearce AM	August 2022	Ex Officio
Member	Luke Sloane	August 2022	Ex Officio

South Eastern Sydney Local Health District Board	10 meetings in 2024-25
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Structure	Members	Appointment start date	Appointment end date
Acting Chair	Dr Gregory Levenston	November 2017	December 2025
Member	Arthur Diakos	January 2022	December 2026
Member	Helene Orr	January 2017	December 2026
Member	Dr John Estell	January 2022	December 2026
Member	Liam Harte	January 2017	December 2026
Member	Dr Jan Dudley	January 2022	December 2026
Member	Professor Allan Spigelman	January 2017	December 2026
Member	Anna Guillan	January 2023	December 2025
Member	Elli Baker	January 2018	December 2025

South Western Sydney Local Health District Board	9 meetings in 2024-25
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Structure	Members	Appointment start date	Appointment end date
Chair	Biljana Sankovic	July 2025	December 2027
Member	Professor Satyadeepak Bhonagiri	January 2023	December 2025
Member	Associate Professor Vincent Roche	January 2023	December 2025
Member	John Roach	January 2025	December 2027
Member	Shamil Samji	January 2025	December 2027

Member	Professor Jill White	July 2025	December 2027
Member	Annette Lamb	June 2025	December 2027
Member	Annamaria Wood	June 2025	December 2027

Southern NSW Local Health District Board	12 meetings in 2024-25
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Structure	Members	Appointment start date	Appointment end date
Chair	Elizabeth Hoskins	January 2025	December 2026
Member	Madeline Davis	January 2023	December 2025
Member	Jennifer Gordon	January 2023	December 2025
Member	Dr Megan Keane	January 2023	December 2025
Member	Margaret Lyons	January 2023	December 2025
Member	Dr Vennassa Wong	January 2023	December 2025
Member	Terrance Clout	January 2025	December 2027
Member	Dr Kenneth Crofts	January 2025	December 2026

Sydney Local Health District Board	14 meetings in 2024-25
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Structure	Members	Appointment start date	Appointment end date
Chair	Adjunct Professor Karen Crawshaw	July 2024	June 2028
Member	Richard Acheson	January 2023	December 2025
Member	The Honourable Carmel Tebbutt	July 2024	June 2028
Member	Ronwyn North	January 2025	December 2026
Member	Dr John Sammut	January 2025	December 2027
Member	Kim Belliar	January 2025	December 2027

Member	Raymond Dib	January 2025	December 2027
Member	Robert Furolo	January 2025	December 2027
Member	Professor Mary Haines	January 2025	December 2026
The Sydney Children's Hospitals Network (Randwick and Westmead) Board			11 meetings in 2024-25

Structure	Members	Appointment start date	Appointment end date
Chair	Elizabeth Crouch	March 2025	December 2027
Member	Professor Elizabeth Denney-Wilson	January 2023	December 2025
Member	Jane Freudenstein	January 2023	December 2025
Member	Ian McGill	January 2023	December 2025
Member	Dr Nikola Morton	January 2025	December 2027
Member	Bruce MacDiarmid	January 2025	December 2026
Member	Langus Phillips	January 2025	December 2027
Member	Conjoint Associate Professor Walter Kmet	January 2025	December 2027
Member	Stephen Nugent	January 2025	December 2027
Member	John Wigglesworth	January 2025	December 2027

Western NSW Local Health District Board			11 meetings in 2024-25
Structure	Members	Appointment start date	Appointment end date
Chair	Matthew Irvine	January 2025	December 2027
Member	Sally Davis	July 2025	December 2027
Member	Annette Crothers	January 2025	December 2027

Member	Dr Colin McClintock	January 2025	December 2026
Member	Louise Johnson	January 2025	December 2027
Member	Jessica Wilkinson	January 2025	December 2027
Member	Peter Jones	January 2025	December 2027

Western Sydney Local Health District Board

12 meetings in 2024-25

Structure	Members	Appointment start date	Appointment end date
Chair	Loretta Di Mento	August 2023	December 2025
Deputy Chair	Susan Coleman	January 2023	December 2025
Member	Dr Keith Hartman	January 2023	December 2025
Member	Melissa Monteiro	January 2023	December 2025
Member	Adjunct Professor Michael Reid	January 2023	December 2025
Member	Dr Chandrika Subramaniyan	January 2023	December 2025
Member	Stewart Thompson	January 2023	December 2025
Member	Dr Karin Lines	January 2023	December 2025
Member	Dr Walid Jammal	February 2025	December 2026
Member	Professor Donald Nutbeam	January 2025	December 2026
Member	Professor Clara Chow	January 2025	December 2026
Member	Professor John Gilroy	January 2025	December 2026

*Due to staffing, this committee did not meet in the 2024-25 financial year but reconvened in July 2025.

Consultants

NSW Health and its controlled entities define consultants as a person or organisation engaged to provide recommendations or professional advice to assist decision-making by management.

The work undertaken by a consultant:

- is advisory in nature;
- reflects the independent view or findings of the consultant; and
- performance of the work is not, or mostly not, under the client's direct supervision and direction.

NSW Ministry of Health

Expensed consultancy at or above \$50,000 per engagement		Amount \$
Nous Group	Independent review of Integrated Domestic and Family Violence Crisis Response pilot	149,923
First Nations Co.	Independent review of NSW Suicide Prevention legislation	149,225
Avertis Consulting	Review of the operation of the NSW Assisted Reproductive Technology (ART) Act	127,400
David McGrath Consulting	Independent review of NSW Mental Health Commission	125,000
ARTD Consultants	Comprehensive evaluation of the Intellectual Disability Health Service	124,761
Taylor Fry	Review of the Mental Health emergency care services in emergency departments	123,310
Deloitte Australia	Independent review of the Strategic Procurement operating model	119,681
HealthConsult	Comprehensive review of stroke services	90,860
Acil Allen Consulting	Independent review, advice and regulatory analysis for the Better Regulation Statement to support the Tobacco Licensing Scheme	86,830
Total spend at or above \$50,000		1,096,990
Expensed consultancy under \$50,000 per engagement		
The Ministry of Health had 15 expensed consultancy engagements under \$50,000. Total spend		254,732
Total consultancy spend expensed		1,351,721
Capitalised consultancy engagements (PP&E and Intangibles)		
The Ministry of Health had no capitalised consultancy engagements during 2024-2025		-
Grand total consultancy		1,351,721

Far West Local Health District

Expensed consultancy at or above \$50,000 per engagement		
Far West Local Health District had no expensed consultancy engagements at or above \$50,000		-
Expensed consultancy under \$50,000 per engagement		
Far West Local Health District had 02 expensed consultancy engagements under \$50,000. Total spend		16,375
Total consultancy spend expensed		16,375
Capitalised consultancy engagements (PP&E and Intangibles)		
Far West Local Health District had no capitalised consultancy engagements during 2024-2025		-
Grand total consultancy		16,375

Hunter New England Local Health District

Expensed consultancy at or above \$50,000 per engagement	
Hunter New England Local Health District had no expensed consultancy engagements at or above \$50,000	-
Expensed consultancy under \$50,000 per engagement	
Hunter New England Local Health District had 08 expensed consultancy engagements under \$50,000.	
Total spend	154,834
Total consultancy spend expensed	154,834
Capitalised consultancy (PP&E and Intangibles) at or above \$50,000 per engagement	
AFI Fire & Safety	Review and advise on the fire services upgrade design
	94,000
Total spend at or above \$50,000	94,000
Capitalised consultancy (PP&E and Intangibles) under \$50,000 per engagement	
Hunter New England Local Health District had no other capitalised consultancy engagements	-
Total consultancy spend capitalised	94,000
Grand total consultancy	248,834

Illawarra Shoalhaven Local Health District

Expensed consultancy at or above \$50,000 per engagement	
Illawarra Shoalhaven Local Health District had no expensed consultancy engagements at or above \$50,000	-
Expensed consultancy under \$50,000 per engagement	
Illawarra Shoalhaven Local Health District had 02 expensed consultancy engagements under \$50,000.	
Total spend	42,932
Total consultancy spend expensed	42,932
Capitalised consultancy (PP&E and Intangibles) at or above \$50,000 per engagement	
Illawarra Shoalhaven Local Health District had no capitalised consultancy engagements at or above \$50,000	-
Capitalised consultancy (PP&E and Intangibles) under \$50,000 per engagement	
Illawarra Shoalhaven Local Health District had 07 capitalised consultancy engagements under \$50,000.	
Total spend	71,058
Total consultancy spend capitalised	71,058
Grand total consultancy	113,989

Mid North Coast Local Health District

Expensed consultancy at or above \$50,000 per engagement	
Mid North Coast Local Health District had no expensed consultancy engagements at or above \$50,000	-
Expensed consultancy under \$50,000 per engagement	
Mid North Coast Local Health District had 05 expensed consultancy engagements under \$50,000.	
Total spend	36,853
Total consultancy spend expensed	36,853
Capitalised consultancy (PP&E and Intangibles) at or above \$50,000 per engagement	
Mid North Coast Local Health District had no capitalised consultancy engagements at or above \$50,000	-
Capitalised consultancy (PP&E and Intangibles) under \$50,000 per engagement	
Mid North Coast Local Health District had 04 capitalised consultancy engagements under \$50,000.	
Total spend	80,988
Total consultancy spend capitalised	80,988
Grand total consultancy	117,841

Murrumbidgee Local Health District

Expensed consultancy at or above \$50,000 per engagement		
Mayfield Advisory	Patient flow transport review	61,148
Total spend at or above \$50,000		61,148
Expensed consultancy under \$50,000 per engagement		
Murrumbidgee Local Health District had 01 expensed consultancy engagements under \$50,000.		44,200
Total spend		44,200
Total consultancy spend expensed		105,348
Capitalised consultancy engagements (PP&E and Intangibles)		
Murrumbidgee Local Health District had no capitalised consultancy engagements during 2024-2025		-
Grand total consultancy		105,348

Nepean Blue Mountains Local Health District

Expensed consultancy at or above \$50,000 per engagement		Amount \$
Paxon Group	Advisory services for the transition of the Hawkesbury District Health Service	278,339
Total spend at or above \$50,000		278,339
Expensed consultancy under \$50,000 per engagement		
Nepean Blue Mountains Local Health District had 01 expensed consultancy engagements under \$50,000.		2,405
Total spend		2,405
Total consultancy spend expensed		280,744
Capitalised consultancy engagements (PP&E and Intangibles)		
Nepean Blue Mountains Local Health District had no capitalised consultancy engagements during 2024-2025		-
Grand total consultancy		280,744

Northern Sydney Local Health District

Expensed consultancy at or above \$50,000 per engagement		
Northern Sydney Local Health District had no expensed consultancy engagements at or above \$50,000		-
Expensed consultancy under \$50,000 per engagement		
Northern Sydney Local Health District had 04 expensed consultancy engagements under \$50,000.		51,909
Total spend		51,909
Total consultancy spend expensed		51,909
Capitalised consultancy engagements (PP&E and Intangibles)		
Northern Sydney Local Health District had no capitalised consultancy engagements during 2024-2025		-
Grand total consultancy		51,909

Southern NSW Local Health District

Expensed consultancy at or above \$50,000 per engagement		Amount \$
Southern NSW Local Health District had no expensed consultancy engagements at or above \$50,000		-
Expensed consultancy under \$50,000 per engagement		
Southern NSW Local Health District had 02 expensed consultancy engagements under \$50,000.		
	Total spend	7,910
	Total consultancy spend expensed	7,910
Capitalised consultancy engagements (PP&E and Intangibles)		
Southern NSW Local Health District had no capitalised consultancy engagements during 2024-2025		-
	Grand total consultancy	7,910

Sydney Local Health District

Expensed consultancy at or above \$50,000 per engagement		Amount \$
Sydney Local Health District had no expensed consultancy engagements at or above \$50,000		-
Expensed consultancy under \$50,000 per engagement		
Sydney Local Health District had 02 expensed consultancy engagements under \$50,000.		
	Total spend	54,400
	Total consultancy spend expensed	54,400
Capitalised consultancy engagements (PP&E and Intangibles)		
Sydney Local Health District had no capitalised consultancy engagements during 2024-2025		-
	Grand total consultancy	54,400

Western NSW Local Health District

Expensed consultancy at or above \$50,000 per engagement		Amount \$
Paxon Group	Conduct a benchmarking exercise on facilities maintenance	615,962
	Total spend at or above \$50,000	615,962
Expensed consultancy under \$50,000 per engagement		
Western NSW Local Health District had no other consultancy engagements.		
	Total spend	-
	Total consultancy spend expensed	615,962
Capitalised consultancy engagements (PP&E and Intangibles)		
Western NSW Local Health District had no capitalised consultancy engagements during 2024-2025		-
	Grand total consultancy	615,962

Justice Health and Forensic Mental Health

Expensed consultancy at or above \$50,000 per engagement		Amount \$
Tektology	Independent review of JHFMHN medication management practices	164,388
	Total spend at or above \$50,000	164,388
Expensed consultancy under \$50,000 per engagement		
Justice Health and Forensic Mental Health had 04 expensed consultancy engagements under \$50,000.		
	Total spend	126,700
	Total consultancy spend expensed	291,088
Capitalised consultancy engagements (PP&E and Intangibles)		
Justice Health and Forensic Mental Health had no capitalised consultancy engagements during 2024-2025		-
	Grand total consultancy	291,088

Sydney Children's Hospitals Network

Expensed consultancy at or above \$50,000 per engagement	Amount \$
Sydney Children's Hospitals Network had no expensed consultancy engagements at or above \$50,000	-
Expensed consultancy under \$50,000 per engagement	
Sydney Children's Hospitals Network had 03 expensed consultancy engagements under \$50,000.	49,638
Total spend	49,638
Total consultancy spend expensed	49,638
Capitalised consultancy engagements (PP&E and Intangibles)	
Sydney Children's Hospitals Network had no capitalised consultancy engagements during 2024-2025	-
Grand total consultancy	49,638

Health Administration Corporation

Expensed consultancy at or above \$50,000 per engagement	Amount \$
Taylor Fry	93,350
Review of methodology and variations of NSW State Price	93,350
The George Institute for Global Health	66,890
Independent review of the Discharge Patient Flow concierge algorithm	66,890
Total spend at or above \$50,000	160,240
Expensed consultancy under \$50,000 per engagement	
The Health Administration Corporation had 12 expensed consultancy engagements under \$50,000.	127,496
Total spend	127,496
Total consultancy spend expensed	287,736
Capitalised consultancy engagements (PP&E and Intangibles)	
The Health Administration Corporation had no capitalised consultancy engagements during 2024-2025	-
Grand total consultancy	447,976

Health Entities with no expensed or capitalised consultancy engagements during 2024-2025

Central Coast Local Health District
 Northern NSW Local Health District
 South Eastern Sydney Local Health District
 South Western Sydney Local Health District
 Western Sydney Local Health District
 Agency for Clinical Innovation
 Bureau of Health Information
 Cancer Institute NSW
 Clinical Excellence Commission
 Health Education and Training Institute

NSW Consolidated total consultancy spend **3,753,734**

includes capitalised consultancy spending

International travel

The schedule of overseas visits is for NSW Health entity employees. The reported instances of travel are funded by the entity within the 2024–25 financial year.

NSW Ministry of Health

Role / Department	Number of staff	Country	Reason for travel
Director, Commercialisation and Strategic Partnerships	1	United States of America	Biotechnology Innovation Organisation International Convention 2025
Chief Executive and Deputy Secretary	1	Canada	MedTech Conference and meetings

Local Health Districts

Central Coast Local Health District

Role / Department	Number of staff	Country	Reason for travel
Junior Medical Officer Advanced Trainee	1	United Kingdom	European Society of Cardiology Congress
Junior Medical Officer Advanced Trainee	1	United States of America	EuroPCR Cardiology Conference
Junior Medical Officer Advanced Trainee	1	United States of America	Digestive Disease Week 2025
Nursing staff	2	Japan	APAC Investigator Meeting for SUCCESSOR-2 study
Nurse	1	Brazil	International Myeloma Society Annual Meeting and the 8th Nursing and Allied Health Symposium

Far West Local Health District

Role / Department	Number of staff	Country	Reason for travel
Human Resources Officer	1	New Zealand	Australia and New Zealand School of Government

Hunter New England Local Health District

Role / Department	Number of staff	Country	Reason for travel
Dietician	5	New Zealand	Australian and New Zealand Academy for Eating Disorders Conference
Case Manager	1		
Nurse	1	Portugal	International Society of Paediatric and Adolescent Diabetes (IPSAD) Science School for Health Professionals and the IPSAD Annual Conference
Nurse	1	United States of America	American Association for the Study of Liver Diseases' the Liver Meeting

Illawarra Shoalhaven Local Health District

Role / Department	Number of staff	Country	Reason for travel
Radiation Therapist	2	Austria	European Society for Radiotherapy and Oncology 2025
Stroke Clinical Nurse Consultant, Rural Stroke Coordinator	1	Czechia	7th International Conference on Stroke and Cerebrovascular Disease
Staff Specialist	1	Argentina	World Congress of Nephology
Director Emergency Research	1	Finland Sweden	2nd International Conference of Clinical Nursing Research
Clinical Nurse Consultant	1	Scotland	World Congress of Enterostomal Therapy Nurses

Mid North Coast Local Health District

Role / Department	Number of staff	Country	Reason for travel
Radiation Therapist	1	United States of America	American Society for Radiation Oncology Conference
Registered Nurse Oncology	1	United States of America	Oncology Nursing Society Cancer Conference

Radiation Oncology Advanced Trainee	1	United States of America	Hippocratic Society Conference
Chief Radiation Therapist	1	France	International conference on the use of Computers in Radiation
Nursing staff	2	Japan	BMS Mezigdomide SUCCESSOR-1 and SUCCESSOR-2 APAC Investigator meeting
Clinical Nurse Consultant/Care Coordinator	1	United States of America	International Lung Cancer Congress
Radiation Oncology Advanced Trainee	1	Estonia	ESTRO Basic Clinical Radiobiology Course
Clinical Trial Coordinator	1	Korea	SGNDV-001 - APAC Investigator meeting

Murrumbidgee Local Health District

Nil overseas visits in 2024–25

Nepean Blue Mountains Local Health District

Role / Department	Number of staff	Country	Reason for travel
Nursing staff	4	New Zealand	ANZICS/ACCCN Intensive Care Annual Scientific Meeting

Northern NSW Local Health District

Role / Department	Number of staff	Country	Reason for travel
Senior Medical Officer	1	New Zealand	Medicine with Altitude Conference
Junior Medical Officer	1	Portugal	European Society of Anaesthesiology and Intensive Care AISBL Conference

Northern Sydney Local Health District

Role / Department	Number of staff	Country	Reason for travel
Database Manager	1	Malaysia	International Surgical Week Conference
Radiation Oncologist	2	Austria	ESTRO 2025
PHD Student	1	United Kingdom	European Society of Cardiology Congress
Executive Director Nursing and Midwifery Directorate	1	Finland	International Council of Nurses Conference
Nursing staff	2	Finland	European Stroke Conference

Research Fellow	1	United States of America	Gerontological Society of America
PHD Student	1	Singapore	Advance Treatment and Technology Diabetes Asia
Executive Director Strategy, Office of the Chief Executive	1	Switzerland	International Hospital Federation World Hospital Congress and Young Executive Leaders Graduation
PHD Student	1	Japan	World Physiotherapy Congress
Clinical Trials Program Lead	1	United Kingdom	MRC Trials Unit and Bristol Trials Centre International Clinical Trials Methodology Conference
PHD student	1	United Kingdom	European Society of Cardiology Congress and Oxford Laboratory internship visit
Radiation Oncologist	1	United States of America	Radiation Oncology Conference
Osteoporosis Refracture Prevention Coordinator	1	New Zealand	Rehabilitation Medicine Society of Australia and New Zealand

South Eastern Sydney Local Health District

Role / Department	Number of staff	Country	Reason for travel
Radiation Therapist	1	Austria	ESTRO 2025

South Western Sydney Local Health District

Role / Department	Number of staff	Country	Reason for travel
Senior Medical Physics Specialist	1	Austria	ESTRO 2025
Honorary Medical Officer	1	Austria	Scientific Programme European Heart Rhythm Association (EHRA) 2025, European Heart Rhythm Society
Nursing staff	2	Germany	European Crohn's and Colitis Organisation 2025
Clinical Trial Coordinator	1	United States of America	AZALEA Investigator Meeting
Clinical Trial Manager	1	Thailand	CSL 300_2301 POSIBIL 6 ESKD APAC Investigator
Clinical Specialist Physiotherapy	1	Japan	World Physiotherapy Congress 2025
Physiotherapist	1	Japan	World Confederation of Physical Therapist World Congress
Senior Career Medical Officer	1	Canada	International Conference on Emergency Medicine 2025

Southern NSW Local Health District

Nil overseas visits in 2024–25

Sydney Local Health District

Role / Department	Number of staff	Country	Reason for travel
Dentist	1	Japan	World Dental Traumatology Congress
Clinical Nurse Consultant	1	Netherlands	Global Inhaled Imatinib Pulmonary Arterial Hypertension Clinical Trial Study Investigator Meeting
Dental staff	4	Japan	World Congress on Dental Traumatology 2024
Clinical Academic	1	United Kingdom	International Symposium on Biomedical Imaging and BRA Congress
Research Manager	1	Singapore	TOPAZ Investigator Meeting
Nurse Manager	1	China	International Forum on Quality and Safety in Healthcare
Clinical Academic	1	Uganda	East, Central and Southern Africa College of Physicians Annual Scientific Conference 2024
Clinical Academic	1	New Zealand	Androgen actions in health and disease Symposium
Physiotherapist	4	Austria	European Respiratory Conference
Senior Scientist	1	Singapore	SingaScope 2024 Course on Facility Management
Research Fellow	1	New Zealand	Australian and New Zealand Burn Association Annual Scientific Meeting
Dental Specialist	1	Portugal	3rd Global International Association of Paediatric Dentistry Summit
Nursing staff	2	Singapore	Investigator Meeting for the 1462-0004 and 1490-0004 Clinical Trials
Registered Nurse	1	South Korea	Clinical Trial Investigator Meeting
Registered Nurse	1	Thailand	Clinical Investigator Meeting
Registrar	1	United States of America	American Society of Hematology

Registered Nurse	1	South Korea	B-United Investigator Meeting and Upcoming B Clinical Trial
Dentist	1	Indonesia	Conference and Workshop on Bone Window Technique and Endodontic Microsurgery
Nurse Practitioner	1	Malaysia	20th Congress of Asia Pacific Federation of Coloproctology
Clinical Nurse Specialist	1	Singapore	Investigator Meeting for a new clinical trial RIN-PF-305
Clinical Nurse Specialist	1	Singapore	United Therapeutics RIN-PF-3035 Investigator Meeting
Registered Nurse	1	Malaysia	Investigator Meeting for trial MK3543-006
Registrar	1	United States of America	Thoracic Imaging 2025
Registered Nurse	1	China	Mandatory Training for Clinical Trial
Clinical Nurse Specialist	1	China	Pfizer PAH C5001001 APAC Investigator Meeting
Project Administrator	1	Thailand	Investigator Meeting
Pharmacist	1	Canada	International Symposium on Oncology Pharmacy Practice and CAPhO's Conference
Registered Nurse	1	United States of America	Sickle Cell Disease Training Session
Clinical Nurse Consultant	1	New Zealand	ANZICS/ACCCN 2025 Intensive Care ASM Conference
Registered Nurse	1	Taiwan	RAY121 Study Asia Pacific Investigator Meeting
Project Administrator	1		
Clinical Nurse Consultant	1	Malaysia	Asia Pacific Hospice Palliative Care Conference
Dental Specialist	1	Spain	Pascal Magne Biennial Europe 2025, the EuroPerio 11 and the ITI Annual Global Conference
Honorary Medical Officer	1	United States of America	145th American Surgical Association Annual Meeting
Research Fellow	1	Belgium	Physiology Course
Dental Officer	2	Austria	European Federation of Periodontology, World Congress
Pharmacist	1	New Zealand	Toxicology and Poisons Network Australasia Scientific Meeting 2025 Conference

Dental Officer	3	Austria	European Federation of Periodontology, World Congress
Dental Specialist	2	United States of America	Global Transformation in Oral Medicine
Senior Hospital Scientist	1	United Kingdom	Research Foundation Meeting, Peripheral Nerve Society (PNS) Annual Meeting and PNS Board and CMTR Board Meeting
Registrar	1	United States of America	Dementia Update
Physiotherapist	1	Japan	World Physiotherapy Congress 2025
Honorary Medical Officer	1	Singapore	International Liver Transplant Society (ILTS) Annual Congress 2025
Senior Hospital Scientist	1	United States of America	Meet with Prof Lisette Collaboration in Cancer Therapy Research, and attended conference on Epithelial Differentiation and Keratinization
Dental Officer	7	Poland	100th European Orthodontic Society Congress
Clinical Nurse Consultant	1	Italy	48th European Cystic Fibrosis Conference
Speech Pathologist	1	Sweden	Nordic Aphasia Conference and collaboration of Aphasia Trialist Annual General Meeting
Post Graduate Fellow	1	Switzerland	18th International Conference for Malignant Lymphoma (ICML)
Clinical Nurse Consultant	1	Greece	European Dialysis Transplant Nurses Association
Data Manager	1	United States of America	Corporate Symposia and the American Diabetes Association Annual Scientific Conference
Dental Officer	1	New Zealand	New Zealand Oral Health Association (NZOHA) Conference 2025
Nurse Practitioner	1	United States of America	Corporate Symposia and the American Diabetes Association Annual Scientific Conference

Western NSW Local Health District

Role / Department	Number of staff	Country	Reason for travel
Clinical Nurse Consultant	1	Italy	International Society of Blood Transfusion Conference
Social Worker	1	New Zealand	Patient repatriation
Nurse Unit Manager	1		
Clinical Nurse Consultant	1	Indonesia	2nd Universitas Pattimura International Conference in Health and Medicine

Western Sydney Local Health District

Role / Department	Number of staff	Country	Reason for travel
Paediatric Staff Specialist Dentistry	2	Thailand	Paediatric Dentistry Association of Asia Meeting
Dental Specialist	1	United Kingdom	International Academy of Oral Oncology Conference
Staff Specialist	1	Austria	Annual Global Conference
Radiation therapy staff	2	Japan	12th International Training Course on Carbon-Ion Radiotherapy
Dental Staff Specialist	1	Japan	World Dental Congress on Dental Traumatology
Clinical Nurse Consultant	1	Spain	International Conference Communication in Healthcare
Radiation Therapist	1	New Zealand	New Zealand Institute of Medical Radiation Imaging Technologists and Radiation Therapist Conference
Clinical Nurse Consultant	1	United States of America	International Parkinson's Disease and Movement Disorder Conference meeting

Specialty health networks

Justice Health and Forensic Mental Health Network

Nil overseas visits in 2024–25

St Vincent's Hospital Network

Role / Department	Number of staff	Country	Reason for travel
Antimicrobial Stewardship Pharmacist	1	Canada	International Association of Therapeutic Drug Monitoring and Clinical Toxicology
Program Head, Clinical Neurosciences and Degenerative Medicine Research Program	2	United States of America	Scientific collaboration meeting
Senior Pharmacist Heart and Lung Transplant	1	Puerto Rico	International Society of Heart and Lung transplantation leadership meeting
Senior Pharmacist	1	United Kingdom	British Oncology Pharmacy Association 27th Annual Conference
Senior Dietitian	1	Singapore	Asia-Pacific Blood and Marrow Transplantation Conference
Bone Marrow Transplant Coordinator	1		
Clinical Nurse Consultant Bone Marrow Transplant	1	Sri Lanka	Attending lecture and workshop on bone marrow transplantation
Research Program Head, Applied Medical Research	1	India	European Molecular Biology Organisation workshop on Neuropeptides and behavioural flexibility
Senior Post Doctoral Research Scientist, Applied Medical Research	1		
Clinical Research Project Manager	2	United Kingdom	Attendance at an Investigator Meeting as the Study Coordinator
Senior Hospital Scientist	1	Japan	Nanopore sequence analysis training at Nagoya Medical Center
Research Assistant	1		
Bone Marrow Transplant Quality Coordinator	1	Italy	European Blood and Marrow Transplant Annual conference for 2025
Senior Hospital Scientist	1	United States of America	Conference on Retroviruses and Opportunistic Infections
Senior Research Fellow Allied Health	1	Finland	European Stroke Organisation 2025 Conference
Antimicrobial Stewardship Pharmacist	1	Malaysia	Asia-Pacific Therapeutic Drug Monitoring Conference 2025

Registered Nurse, Bone Marrow Transplant	1	Italy	51st Annual Meeting of the European Society for Blood and Marrow Transplantation (EBMT)
Health Services Manager, Applied Medical Research	1	China	Cell Symposia: Neurometabolism in health and disease 2025
Research Office Manager	1	United Kingdom	Research and Development Forum Annual Conference
Nursing staff	3	United States of America	Attending International Society for Heart and Lung Transplantation conference
Heart Lung Stream Manager	1		
Clinical Research Project Manager	1	United States of America	Clinical trial MK-8591B-060 Study Initiation Investigator Meeting
Senior Pharmacist Heart and Lung Transplant	2	United States of America	International Society for Heart and Lung Transplantation conference
Nursing staff	2	United States of America	Dana Farber Clinical Exchange program
Senior Post Doctoral Research Scientist	1	United States of America	Gordon Research Conference
Clinical Trial Coordinator	1	United Kingdom	International Anal Neoplasia Society 9th Scientific Meeting
Senior Post Doctoral Research Scientist	1	Singapore Hong Kong	Singapore Inflammation Symposium and ISSCR Stem Cell Conference
Postdoctoral Researcher	1	United States of America	Attending Advanced Techniques in Molecular Neuroscience course
Senior Hospital Scientist	1	Thailand	ASHM point-of-care conference
Senior Supervising Scientist	1	Fiji	Delivering Training in HIV Laboratory Science

Sydney Children's Hospitals Network

Role / Department	Number of staff	Country	Reason for travel
Honorary Medical Officer	1	United States of America	American Association of Asthma Allergy and Immunology
Clinical Nurse Consultant	1	South Africa	International Paediatric Nephrology Association (IPNA) 2025 - 20th Congress of the International Paediatric Nephrology Association
Clinical Nurse Consultant	1	United Kingdom, Spain, Germany, Finland	International Council of Nurses, European Society for Paediatric and Neonatal Intensive Care and European Academy of Childhood Disability

Health Services Manager	1	United States of America	Tandem Transplantation and Cellular Therapies Conference
Nursing staff	2	New Zealand	Delivering Family and Infant Neurodevelopmental Education level 1 training
Nurse Educator	1	France	35th Australasian Newborn Individualised Developmental Care and Assessment Program Trainers Meeting
Clinical Nurse Consultant	1	Germany	European Crohn's and Colitis Organisation Conference
Clinical Nurse Consultant	1	Portugal	International Society for Paediatric and Adolescent Diabetes (ISPAD) Conference
Nurse Practitioner	1	New Zealand	Australian and New Zealand Academy of Eating Disorders Conference
Clinical Senior Psychologist	1	New Zealand	Australian and New Zealand Intensive Care Society/Australian College of Critical Care Nurses Annual Scientific Meeting on Intensive Care
Clinical Nurse Consultant	2	Malaysia	Facilitating Medical Retrieval training in Malaysia
Principal Scientific Officer	1	Czechia	Society for the Study of Inborn Errors of Metabolism Academy
Occupational Therapist	1	Germany	International Alliance of Academies of Childhood Disability/European Academy of Childhood Disability
Health Services Manager	1	United States of America	Fetal Alcohol Spectrum Disorders United International Conference
Senior Hospital Scientist	1	New Zealand	International Society for Cellular Therapy Australia and New Zealand
Staff Specialist	3	Philippines	NCIRS NITAG/WHO/ATAGI contractual travel
Senior Manager Global Health	1		
Senior Research Officer, Global Health	1	Vietnam	
Global Health Technical Officer	1	Vietnam	
Global Health Technical Officer	1	Timor Leste	
Health Services Manager	1	United States of America	
Visting dignitary NCIRS	1	Nepal	

Senior Occupational Therapist	1	Germany	4th Triennial International Alliance of Academies of Childhood Disability and European Academy of Childhood-onset Disability Conference
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Pillars

Agency for Clinical Innovation

Nil overseas visits in 2024-25

Bureau of Health Information

Nil overseas visits in 2024-25

Cancer Institute NSW

Role / Department	Number of staff	Country	Reason for travel
Chief Cancer Officer	1	United States of America	2025 American Society of Clinical Oncology Annual Meeting

Clinical Excellence Commission

Role / Department	Number of staff	Country	Reason for travel
Senior Staff Specialist	1	Germany	RExPO'24 - The Euro-Global Platform for Mechanism-Based Drug Re-purposing
Chief Executive	1	Turkey	The International Society for Quality in Health Care (ISQua) Conference in Istanbul

Health Education and Training Institute

Nil overseas visits in 2024-25

Health Administration Corporation

Nil overseas visits in 2024-25

Health Infrastructure

Nil overseas visits in 2024-25

HealthShare NSW

Nil overseas visits in 2024-25

NSW Ambulance

Nil overseas visits in 2024-25

NSW Health Pathology

Role / Department	Number of staff	Country	Reason for travel
Senior Hospital Scientist	1	Austria	Congress of the European Society of Clinical Microbiology and Infectious Diseases
Project Support Officer	1		
Senior Hospital Scientist	1	Italy	International Congress of Cytology
Medical Laboratory Technician	1	United States of America	National Society of Histotechnology 2024
Medical Parasitologist	1	Malaysia	International Conference on Tropical Medicine and Malaria
Hospital Scientist	1	China	Annual Congress of International Drug Discovery Science and Technology
Scientist Research Fellow	1	United Kingdom	Isoforms Workshop in Cancer and Ageing
Scientific Officer	1	Canada	International Society for Biological and Environmental Repositories Annual Meeting
Principal Scientific Officer	1	Greece	FAAM-EUROBAT 2024 in Food Allergy
Associate Professor, Medical Genomics	1	United States of America	American Society of Clinical Oncology Annual Meeting
Principal Scientific Officer	1	Thailand	International Society for Human and Animal Mycology
Scientist Research, Development and Innovation	1	Spain	Congress of the International Society for Forensic Genetics
Head of Embryology	1	Singapore	Aspire Singapore
Scientific Officer	1	Ireland	European Academy of Forensic Science Conference
Principal Scientific Officer	1	United States of America	American Society for Microbiology Microbe Conference
Trainee Immunology	1	Scotland	European Academy of Allergy and Clinical Immunology Congress

Note: Roles and departments may encompass more than one role type.

Requirements arising from employment arrangements

Personnel Service Arrangements

Health entity	Special purpose service entity
NSW Ministry of Health	Health Professional Councils Authority Office ¹
Health Administration Corporation (HAC)	The Ambulance Service of NSW Special Purpose Service Entity NSW Health Pathology Special Purpose Service Entity Infrastructure Employment Division Public Health System Support Employment Division
Agency for Clinical Innovation	Agency for Clinical Innovation Special Purpose Service Entity
Bureau of Health Information	Bureau of Health Information Special Purpose Service Entity
Cancer Institute NSW	Cancer Institute NSW Special Purpose Service Entity
Clinical Excellence Commission	Clinical Excellence Commission Special Purpose Service Entity
Health Education and Training Institute	Health Education and Training Institute Special Purpose Service Entity
Justice Health and Forensic Mental Health Network	Justice Health and Forensic Mental Health Network Special Purpose Service Entity
The Sydney Children's Hospitals Network (Randwick and Westmead)	The Sydney Children's Hospitals Network (Randwick and Westmead) (incorporating The Royal Alexandra Hospital for Children) Special Purpose Service Entity
Central Coast Local Health District	Central Coast Local Health District Special Purpose Service Entity
Far West Local Health District	Far West Local Health District Special Purpose Service Entity
Hunter New England Local Health District	Hunter New England Local Health District Special Purpose Service Entity
Illawarra Shoalhaven Local Health District	Illawarra Shoalhaven Local Health District Special Purpose Service Entity
Mid North Coast Local Health District	Mid North Coast Local Health District Special Purpose Service Entity
Murrumbidgee Local Health District	Murrumbidgee Local Health District Special Purpose Service Entity

¹ The Health Professionals Council Authority Office provides personnel services to the 15 Health Professional Councils. Further disclosures regarding these employees are made in the Annual Report to the Health Professional Councils of NSW Annual Report. All other NSW Ministry of Health staff are employed directly by the Ministry.

Nepean Blue Mountains Local Health District	Nepean Blue Mountains Local Health District Special Purpose Service Entity
Northern NSW Local Health District	Northern NSW Local Health District Special Purpose Service Entity
Northern Sydney Local Health District	Northern Sydney Local Health District Special Purpose Service Entity
South Eastern Sydney Local Health District	South Eastern Sydney Local Health District Special Purpose Service Entity
South Western Sydney Local Health District	South Western Sydney Local Health District Special Purpose Service Entity
Southern NSW Local Health District	Southern NSW Local Health District Special Purpose Service Entity
Sydney Local Health District	Sydney Local Health District Special Purpose Service Entity
Western NSW Local Health District	Western NSW Local Health District Special Purpose Service Entity
Western Sydney Local Health District	Western Sydney Local Health District Special Purpose Service Entity

Governance

NSW Health comprises the NSW Ministry of Health (a public service department under the *Government Sector Employment Act 2013*) and the various NSW Health entities making up the NSW public health system, including local health districts, specialty health networks, statutory health corporations, and the Health Administration Corporation. Details of the NSW Health organisational structure can be found in Section 1: Overview of this report. The NSW Ministry of Health is the has the role of ‘system manager’ for NSW Health.

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

Clinical governance

To protect patients from harm and ensure high-quality care, all public health services in NSW are required to comply with the requirements of the Australian Health Service Safety and Quality Accreditation Scheme (the Scheme). Compliance with the Scheme requires accreditation by assessment against the National Safety and Quality Health Service Standards (the Standards).

From 1 July 2023, assessments to the Standards transitioned to a mandatory short notice assessments program. The introduction of short notice assessments ensures the assessment outcomes reflect day-to-day practice, identifies gaps, and supports organisations to improve safety and quality systems and process.

Legal Changes

Acts administered

- Abortion Law Reform Act 2019 No 11
- Anatomy Act 1977 No 126
- Assisted Reproductive Technology Act 2007 No 69
- Cancer Institute (NSW) Act 2003 No 14
- Centenary Institute of Cancer Medicine and Cell Biology Act 1985 No 192
- Drug and Alcohol Treatment Act 2007 No 7
- Drug Misuse and Trafficking Act 1985 No 226, Part 2A, jointly with the Minister for Police
- Fluoridation of Public Water Supplies Act 1957 No 58
- Garvan Institute of Medical Research Act 1984 No 106
- Health Administration Act 1982 No 135
- Health Care Complaints Act 1993 No 105
- Health Care Liability Act 2001 No 42
- Health Practitioner Regulation (Adoption of National Law) Act 2009 No 86 and the Health Practitioner Regulation National Law (NSW) (except parts, the Attorney General)
- Health Professionals (Special Events Exemption) Act 1997 No 90
- Health Records and Information Privacy Act 2002 No 71
- Health Services Act 1997 No 154
- Human Cloning for Reproduction and Other Prohibited Practices Act 2003 No 20
- Human Tissue Act 1983 No 164
- Lunacy and Inebriates (Commonwealth Agreement Ratification) Act 1937 No 37
- Lunacy (Norfolk Island) Agreement Ratification Act 1943 No 32
- Medicines, Poisons and Therapeutic Goods No 73
- Mental Health Act 2007 No 8
- Mental Health and Cognitive Impairment Forensic Provisions Act 2020 No 12, Parts 5 and 7, and Part 9 jointly with the Attorney General, remainder, the Attorney General
- Mental Health Commission Act 2012 No 13
- Poisons and Therapeutic Goods Act 1966 No 31
- Private Health Facilities Act 2007 No 9
- Public Health Act 2010 No 127
- Public Health (Tobacco) Act 2008 No 94
- Research Involving Human Embryos (New South Wales) Act 2003 No 21
- Royal Society for the Welfare of Mothers and Babies' Incorporation Act 1919 No 52, jointly with the Minister for Women
- Saint Vincent's Hospital Act 1912 No 5
- Smoke-free Environment Act 2000 No 69
- Voluntary Assisted Dying Act 2022 No 17

Changes in Acts

- Health Legislation Amendment (Miscellaneous) Act 2025
- Health Services Amendment (PPP Prohibition) Act 2025
- Mental Health Legislation Amendment Act 2024
- Public Health (Tobacco) Amendment Act 2024
- Public Health (Tobacco) Amendment Act (No 2) 2024
- Abortion Law Reform Amendment (Health Care Access) Act 2025
- Health Services Amendment (Northern Beaches Hospital Deed Termination) Act 2025

Changes in subordinate legislation

- Assisted Reproductive Technology Regulation 2024
- Health Practitioner Regulation (Adoption of National Law) Regulation 2025
- Health Records and Information Privacy Amendment (Single Digital Patient Record) Regulation 2025
- Health Services Amendment (Visiting Medical Officers) Regulation 2024
- Private Health Facilities Regulation 2024
- Private Health Facilities Amendment (Psychedelic-assisted Therapy) Regulation 2024
- Public Health Amendment Regulation 2025
- Public Health (Tobacco) Amendment (Tobacco Licensing Scheme) Regulation 2025

Public Health Act Section 130A

Condition: Human Immunodeficiency Virus (HIV) infection (Category 5)

Number of s62 public health orders: 0

Information and risk management

Risk management and insurance activities

Audit and risk management

The NSW Health audit and risk management framework operates within a whole-of-government suite of legislative, policy, procedural, reporting and review mechanisms. This framework requires public health organisations to maintain internal audit and risk management functions consistent with best practice in the NSW public sector, in order to support the responsible use of government resources and the efficiency and effectiveness of health services delivery in NSW.

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. The audit and risk committees are responsible for overseeing and monitoring governance, risk and control issues affecting the operations of their public health organisations.

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

icare NSW, in administering the TMF, implemented the Agency Performance Adjustment (APA), replacing the workers compensation hindsight adjustments. The APA is an opportunity for Health entities to influence impacts by proactively managing workers compensation performance. An unfavourable result of \$51.4 million was declared in 2024-25.

2024-25	Contributions paid to icare (\$000)	Funding from NSW Treasury (\$000)	Variance (\$000)
Workers Compensation	413,964	399,326	-14,638
Motor Vehicle	14,756	14,034	-722
Property	33,543	33,543	-
Liability	411,417	410,587	-830
Miscellaneous	1,026	1,026	-
Total TMF	874,706	858,516	-16,190
VMO	74,970	74,970	-
Sub Total	949,676	933,486	-16,190

Internal audit and risk management policy attestation (TPP20-08)



Internal Audit and Risk Management Attestation Statement for the 2024-2025 Financial Year for the NSW Ministry of Health

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

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

Membership

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

- Ms Jan McClelland, Independent Chair (23 April 2024- to 22 April 2028)
- Mr Greg Rochford, Independent Member (23 June 2021 to 22 June 2025)
- Ms Rhonda Wheatley, Independent Member (9 December 2021 to 9 December 2025)
- Mr Peter Mayers, Independent Member (28 July 2025 to 27 July 2028)

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

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

Departures from Local Policy

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

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

Departure from Policy/Procedure	Reason for departure and description of practicable alternative measures implemented / being implemented
<p>Local Procedure: PD2022_022 2.6 Internal Audit quality assurance and improvement program</p> <p>An external assessment of the internal audit function is to be conducted at least once every five years by a qualified, independent assessor selected in consultation with the Audit and Risk Committee.</p>	<p>Three NSW Health entities did not complete an independent quality assurance review of the Internal Audit function within the five-year period.</p> <ol style="list-style-type: none"> 1. The last external assessment was completed in 2020 with no non-compliance to standard identified. Delays due to staffing changes and the introduction of the new Internal Audit Standards. The external assessment is scheduled to be completed in 2025-26 financial year. 2. Delay due to the implementation of shared services. The external assessment has commenced and expected completion prior to year end. 3. The external assessment was due in early 2025. Delay due to a review of the new Internal Audit Standards. The external review is scheduled for completion in 2025-26 financial year.

Local Procedure:

PD2022_022

3.1.1 Appointment of a Chair

The Chair of the Audit and Risk Committee is to be appointed for a single term only, of at least three years and not greater than five years.

The total period of membership on the Committee must not exceed eight years.

3.1.2 Appointment of Members

Initial term of members of the Audit and Risk Committee must be at least three years and must not exceed five years. Members may have their term extended, or be reappointed for a second term, but the total period of membership on the Committee must not exceed eight years (inclusive of any term as Chair of the Committee).

Three NSW Health entities sought to extend the term of a Chair/member which would exceed the eight-year total membership.

1. The extension allowed the transfer of knowledge to a new member of the Committee who would succeed as Chair. This departure was resolved 1 Jan 2025 with the appointment of a new Chair.
2. The extension of 9 months allowed the Chair to meet the minimum term requirement of 3 years as a Chair and allowed for continuity of leadership.
3. The entity is undergoing a number of changes internally with the dissolution of their Board and the extension enabled continuous operation while new processes are finalised and established.

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



Susan Pearce AM
Secretary, NSW Health

Date: 24/10/25



Louise Derley
Chief Audit Executive, Ministry of Health

7 October 2025

NSW Ombudsman

The NSW Ombudsman convenes and supports the Child Death Review Team (CDRT). The CDRT's purpose is to prevent or reduce the likelihood of deaths of children in NSW through the exercise of its functions under Part 5A of the *Community Services (Complaints, Reviews and Monitoring) Act 1993*. NSW Health is represented on the CDRT by Dr Helen Goodwin, Chief Paediatrician NSW Ministry of Health.

NSW Child Death Review Team Annual Report 2023-24 was tabled in Parliament on 31 October 2024. The report contains new recommendations following investigations and reviews into child deaths but also reports on earlier recommendations that have not been fully implemented. NSW Health provides regular updates on the status of implementation of CDRT recommendations to the NSW Ombudsman's Office.

Auditor-General of NSW

The NSW Audit Office fulfils its external independent oversight functions undertaking performance audits, financial audits and compliance audits each year of NSW Health. In addition to the three types of audits, the Auditor-General also tables special reports on internal controls.

In 2024-25 the Auditor-General tabled two audits on NSW Health:

- Health 2025 Financial Statement (financial audit)
- Northern Beaches Hospital NSW (performance audit) 17 April 2025

NSW Health accepted the recommendations made in the performance audit report on the Northern Beaches Hospital NSW.

Public Accounts Committee of Parliament

The Public Accounts Committee reviews the Auditor-General's reports to ensure that agencies respond appropriately to the Auditor-General's recommendations. The Public Accounts Committee did not review any performance audit reports relating to NSW Health during 2024-25.

Privacy and Personal Information Protection Act 1998

NSW Health is committed to protecting personal and health information in line with the *Privacy and Personal Information Protection Act 1998* (PIIP Act) and the *Health Records and Information Privacy Act 2002* (HRIP Act). The Privacy Management Plan and the NSW Health Privacy Manual for Health Information set out policies, procedures, and legislative requirements for handling such information.

In 2024-25, key privacy initiatives included:

- mandatory staff training via Health Education and Training Institute's *Privacy – It's Yours to Keep* eLearning module, and an optional module on handling personal and health information
- improved intranet privacy resources, including guidance on internal reviews and the NSW Mandatory Data Breach Notification Scheme
- proactive and reactive privacy audits of key systems
- privacy impact assessments for core systems and new programs
- publication of the NSW Health Data Breach Response Plan and the 4th edition of the Privacy Manual for Health Information
- ongoing development for Privacy Contact Officers through the Privacy Contact Officer's Community of Practice
- participation in the Information and Privacy Commission's Privacy Awareness Week campaign.

Internal Reviews

Under the PPIP Act, privacy complaints are managed through the internal review process. In 2024–25, NSW Health received 43 internal review applications:

- 18 found to involve breaches of privacy principles
- 24 found no breach
- 1 pending decision
- 8 escalated to NSW Civil and Administrative Tribunal (1 breach confirmed, 3 no breach, 4 pending).

Public accountability

Government Information (Public Access) Act 2009 (GIPA Act)

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

During 2024-25, the NSW Ministry of Health received 145 formal access applications under the *Government Information (Public Access) Act 2009* (the GIPA Act) including 6 applications and 7 appeals carried over from the 2023-24 reporting year. Of the 145 applications received, 18 applications were transferred to other agencies for completion.

During this reporting year, 16 applications were initially assessed as invalid, for not complying with the formal requirements of section 41 of the GIPA Act, with 9 applications subsequently becoming valid requests. A total of 113 formal applications were decided within the reporting period. There were a further 7 applications received that were undecided as of 30 June 2025.

There were 70 informal GIPA requests, 42 external third-party consultation requests, as well as 9 disclosure log requests received and finalised within 2024-25.

In 2024-25, seven internal reviews were conducted, with 6 external reviews completed by the Information Commissioner and the NSW Civil and Administrative Tribunal in this same period. Of the 13 appeals finalised during this reporting year, the original decision was upheld in 7. There were three further applications under review, as of 30 June 2025, that have yet to be decided.

Of the 113 formal access applications decided in 2024-25, the NSW Ministry of Health made 5 decisions to refuse access to information referred to in Schedule 1 of the GIPA Act, where there was a conclusive presumption of overriding public interest against disclosure.

Thirty-five decisions were made to release information in full, with 9 decisions made to refuse access to part of the information requested. A further 7 applications resulted in a full refusal of access to some, or all, the information requested. There were a further 38 decisions made that the information requested was not held by the NSW Ministry of Health, and 3 decisions were made that the information is already available to the applicant. In addition, 20 decisions were made to refuse to deal with the application in full or in part, and 10 applications were withdrawn by the applicant.

Statistical information regarding formal access applications received during 2024-25 is provided in the following tables. Please note that the following figures are for the NSW Ministry of Health only, and that each NSW Health entity publishes their GIPA Annual report on their websites each year.

The Information and Privacy Commission NSW (IPC) monitors the compliance of NSW public sector agencies with the GIPA Act. They periodically publish compliance reports evaluating agencies' compliance with the GIPA Act which include the statistical information of GIPA applications for all of NSW. Their consolidated report is called the Report on the Operation of the Government Information (Public Access) Act 2009. These reports can be found on their website:

<https://www.ipc.nsw.gov.au/information-access/gipa-compliance-reports>.

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

	Access granted in full	Access granted in part	Access refused in full	Information not held	Information already available	Refuse to deal with application	Refuse to confirm/deny whether information is held	Application withdrawn
Media	12	3	3	1	1	4	0	2
Members of Parliament	0	1	0	0	0	3	0	2
Private sector business	0	1	0	2	0	2	0	0
Not for profit organisations or community groups	7	1	1	0	1	3	0	0
Members of the public (application by legal representative)	7	2	0	15	0	2	0	1
Members of the public (other)	9	1	3	20	1	3	0	5
Total	35	9	7	38	3	17	0	10

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

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

	Access granted in full	Access granted in part	Access refused in full	Information not held	Information already available	Refuse to deal with application	Refuse to confirm/deny whether information is held	Application withdrawn
Personal information applications*	6	0	0	24	0	1	0	2
Access applications (other than personal information applications)	19	6	4	8	2	15	0	6
Access applications that are partly personal information applications and partly other	10	3	3	6	1	1	0	2
Total	35	9	7	38	3	17	0	10

*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)	16
Application is for excluded information of the agency (Section 43 of the Act)	0
Application contravenes restraint order (Section 110 of the Act)	0
Total number of invalid applications received	16
Invalid applications that subsequently became valid applications	9

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

	Number of times consideration used*
Overriding secrecy laws	1
Cabinet information	2
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

*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	5
Law enforcement and security	0
Individual rights, judicial processes and natural justice	10
Business interests of agencies and other persons	3
Environment, culture, economy and general matters	0
Secrecy provisions	0
Exempt documents under interstate Freedom of Information legislation	1

Table F: Timeliness

	Number of applications
Decided within the statutory timeframe (20 days plus any extensions)	108
Decided after 35 days (by agreement with applicant)	5
Not decided within time (deemed refusal)	0
Total	113

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

	Decision varied	Decision upheld	Total
Internal review	3	3	6
Review by Information Commissioner*	2	2	4
Internal review following recommendation under Section 93 of Act	1	0	1
Review by NSW Civil and Administrative Tribunal	0	2	2
Total	6	7	13

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

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

	Number of applications for review
Applications by access applicants	13
Applications by persons to whom information the subject of access application relates (see Section 54 of the Act)	0

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

	Number of applications transferred
Agency-initiated transfers	18
Applicant-initiated transfers	0

Sustainability

5

NSW Health Climate-Related Financial Disclosures

Health and our climate

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

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

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

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

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

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

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

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

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

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

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

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

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

Governance

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

Steering Committee

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

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

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

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

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

Executive oversight

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

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

Management

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

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

Looking ahead

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

Strategy

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

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

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

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

Time horizons

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

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

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

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

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

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

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

Materiality

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

Material climate risks and opportunities were identified via two steps:

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

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

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

Business model

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

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

Approach to disclosure of material risks and opportunities

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

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

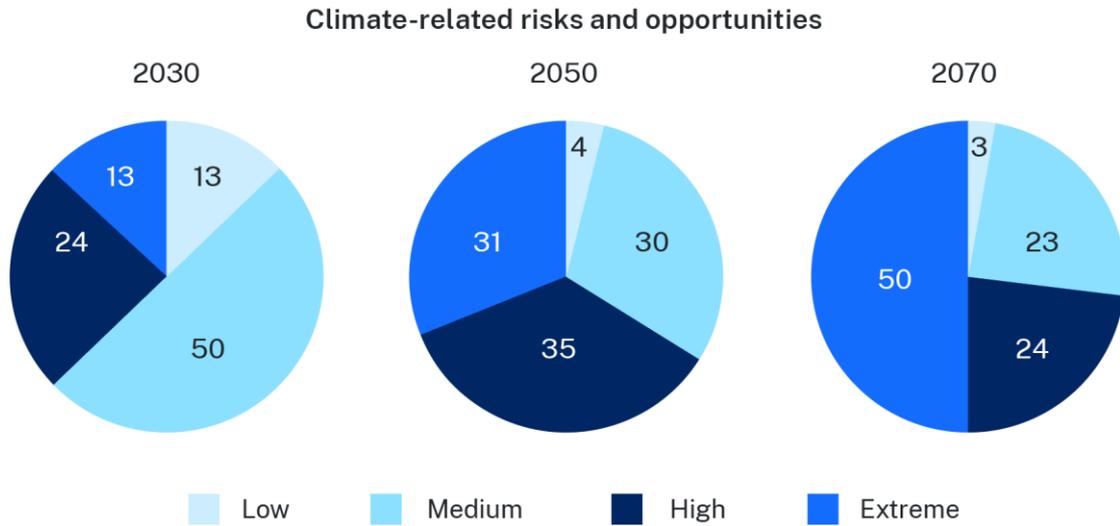
The four risk themes described below have been identified, grouped and assessed at an entity level in line with current governance within NSW Health. This approach will continue evolving as climate risk management practices mature and more quantitative information becomes available.

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

Climate-related physical risks

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

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



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

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

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

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

Theme 1: Risk to population health

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

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

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

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

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

Financial impact

Current financial impacts associated with climate risks are in the annual financial statements.

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

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

Theme 2: Risks to assets and infrastructure

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

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

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

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

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

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

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

Financial impact

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

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

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

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

Theme 3: Risks to staff

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

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

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

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

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

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

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

Financial impact

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

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

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

Theme 4: Risks to service delivery and administration

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

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

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

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

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

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

Financial impact

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

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

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

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

Climate-related opportunities

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

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

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

Strategy and decision-making

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

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

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

Net Zero Roadmap 2025-2030

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

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

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

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

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

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

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

Risk management

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

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

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

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

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

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

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

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

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

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

Recommended activities to identify and assess climate risks included:

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

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

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

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

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

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

Considerations and inputs for assessing climate risks

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

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

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

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

Risk management framework, implementation, and monitoring

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

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

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

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

Metrics and targets

NSW Health Climate-Related Financial Disclosures

Emissions boundary

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

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

Emission calculation methodologies/guidance and emission factors

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

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

Emissions reporting

Scope 1 emissions

Stationary energy combustion	
Emissions category	Reporting period emissions (tCO ₂ -e)
Natural gas	77,151
Diesel Oil	Not reported in current year
Liquified Petroleum Gas (LPG)	14,561
Vehicle fuels (including mobile plant and equipment)	
Emissions category	Reporting period emissions (tCO ₂ -e)
Diesel Oil	25,518
Petrol	10,705
Aviation Fuel	23,677
LPG	0
Other emission sources (where deemed relevant and material)	
Emissions category	Reporting period emissions (tCO ₂ -e)
Nitrous Oxide	19,087
Refrigerants (stationery and vehicles)	Not reported in current year
Wastewater treatment (fugitive emissions)	Not reported in current year
Land use, land use change and forestry (LULUCF)	Not reported in current year
Total Scope 1 Emissions	170,699 tCO₂e

Scope 2 emissions (location based)

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

Scope 1, Scope 2 emissions

Absolute gross	706,009 tCO₂e
Carbon offsets (if applicable)	<i>Not applicable</i>
Net total GHG emissions (Scope 1, Scope 2 less offsets)	706,009 tCO₂e

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

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

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

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

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

Measurement approach

Scope 1 emissions - Stationary energy combustion

Natural gas

Measurement approach: metered data provided by the utility.

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

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

LPG

Measurement approach: data provided by the utility.

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

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

Nitrous oxide

Measurement approach: metered data provided by the utility.

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

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

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

Diesel Oil and petrol

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

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

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

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

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

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

Aviation Fuel

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

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

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

Scope 2 emissions (location based)

Purchased electricity

Measurement approach - metered data provided by the utility.

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

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

Greenhouse gas emission targets and metrics

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

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

About the metric - Nitrous oxide emissions per patient service event

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

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

Validation: Not currently validated externally

Calculation methodology:

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

Metric targets – setting, reviewing and monitoring progress

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

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

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

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

Objective type: Mitigation target

Type of target: Intensity target (Quantitative)

GHGs covered by the target: N₂O

Emission scope: Scope 1

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

Modern Slavery Act 2018 reporting

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

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

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

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

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

Work health and safety

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

Other workers engagement

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

Better practice procedures

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

Prosecutions under the Work Health and Safety Act 2011

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

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

Workers compensation

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

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

NSW Health workers compensation claims

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

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

Reportable workers compensation claims by category

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

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

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

Workforce diversity

Trends in the representation of workforce diversity groups

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

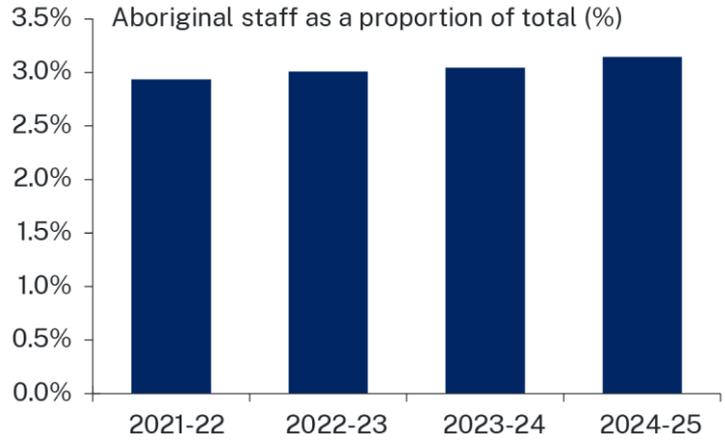
Notes: 1. The benchmark of 50 per cent for representation of women across the sector is intended to reflect the gender composition of the NSW community. 2. The *NSW Public Sector Aboriginal Employment Strategy 2019–2025* takes a career pathway approach in that it sets an ambitious target of three per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

Trends in the distribution index for workforce diversity groups

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

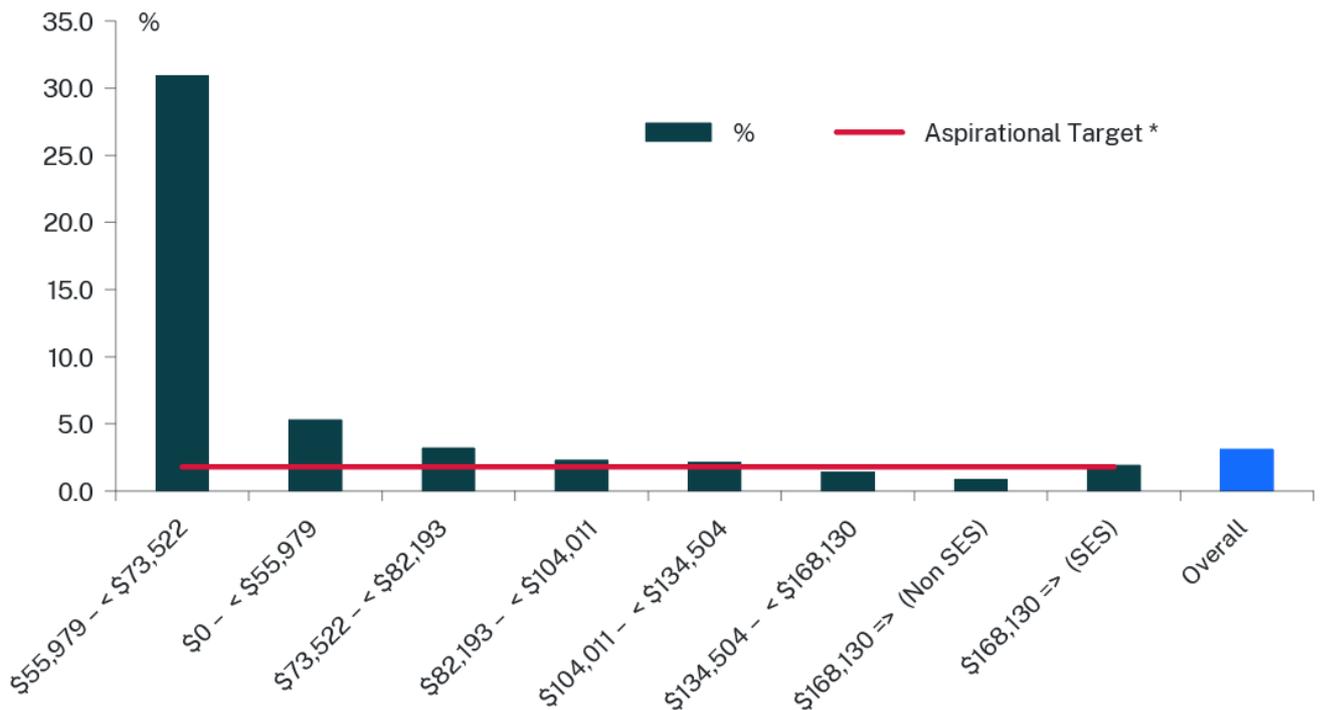
Notes: 1. A distribution index score of 100 indicates that the distribution of members of the workforce diversity group across salary bands is equivalent to that of the rest of the workforce. A score less than 100 means that members of the workforce diversity group tend to be more concentrated at lower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

Aboriginal staff as a proportion of workforce



Source: Premier’s Workforce Profile

Aboriginal staff by salary band



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

Key workforce diversity strategies

Disability Inclusion Action Plan

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

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

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

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

NSW Health LGBTIQ+ Health Strategy 2022–2027

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

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

NSW Carers (Recognition) Act 2011

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

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

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

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

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

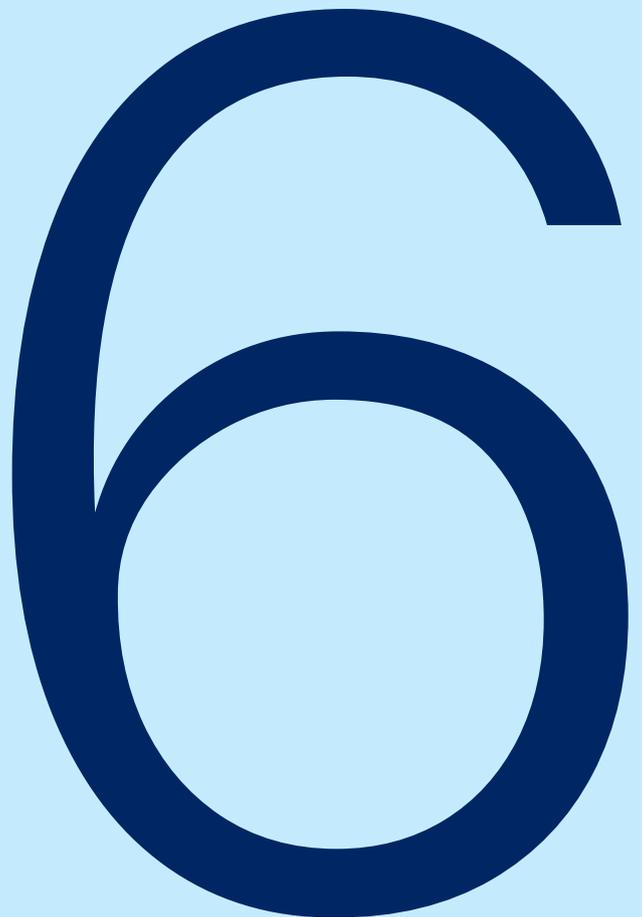
Children’s Guardian Act 2019 No 25

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

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

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

Financial performance



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Deputy Secretary, Financial and Corporate Services and Chief Financial Officer's report

Expenses

NSW Health is a provider of patient-centred healthcare services. Approximately \$21.2 billion (65 per cent) of costs incurred during 2024-25 were labour related, including the costs of employee salaries and contracted visiting medical officers. Other operating and financing costs include approximately \$2.2 billion in pharmaceutical, medical, and surgical supplies; and \$770 million in maintenance related expenses.

Grants and subsidies to third parties for the provision of public health related services totalled approximately \$1.9 billion in 2024-25, including payments of \$912 million in operating grants being paid to affiliated health organisations.

Revenue

Key revenue items include a range of fees for medical services rendered, consisting of the Department of Veterans' Affairs, private health funds for privately insured patients, workers compensation and non-patient fees (\$1.4 billion); the sales and recoveries of pharmaceutical supplies, mainly the recoup of costs from the Commonwealth through Medicare for highly specialist drugs (\$389 million); and compensable payments received from motor vehicle insurers for the costs of people hospitalised or receiving treatment as a result of a motor vehicle accident (\$223 million).

Commonwealth Payments as part of the National Health Reform Agreement are receipted under grants and contributions (\$8.9 billion).

NSW Health's full year capital expenditure for 2024-25 (excluding capital expensing) was \$2.6 billion for works in progress and completed works. The total spent on capital in 2024-25 represents 7.7 per cent of the total Property, Plant, Equipment and Intangibles asset base.

Net assets

NSW Health's net assets at 30 June 2025 are \$31.2 billion. This is made up of total assets of \$39.5 billion, netted off by total liabilities of \$8.3 billion. The net assets are represented by accumulated funds of \$17.7 billion and an asset revaluation reserve of \$13.4 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 NSW Health 2024-25 Annual Report. The NSW Ministry of Health and all its controlled entities received an unqualified audit opinion.

Adjunct Professor Alfa D'Amato

Deputy Secretary, Financial and Corporate Services
and Chief Financial Officer
NSW Health

Financial management

Asset management

As from 1 July 2024, NSW Health has been supporting the development of asset management capability and capacity by providing funding directly to local health districts and specialty health networks for resources to promote uplift in asset management maturity.

NSW Health implemented the Asset Management Capability Funding Program which is designed to strengthen planning and delivery of services, through funded asset management-specific resources. These resources will minimise gaps in asset management related expertise and capacity, and is based on local needs, identified through the annual asset management maturity assessment process. This Program is aligned to NSW Health's strategic asset management priorities to enable better health outcomes for patients and the community.

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.

Aboriginal Health

Grant recipient	Amount (\$)	Description
Aboriginal Health and Medical Research Council NSW (AH&MRC)	2,957,400	Supports the peak body for Aboriginal Community Controlled Health Services in NSW and its core activities including building the capacity of member services in priority areas such as governance, financial management and business processes, and workforce development. Funding supports the AH&MRC to contribute to NSW Health policy and program development processes aimed at improving the health outcomes of Aboriginal people across NSW, and to be a formal partner with NSW Health on Aboriginal health issues
Aboriginal Medical Service Co-Operative Ltd	799,000	Provision of population health and chronic care primary health services; provision of drug and alcohol services for the Aboriginal community in the Sydney region
Albury Wodonga Aboriginal Health Service	262,300	Provision of population health and chronic care primary health services to the Aboriginal community in the Albury Wodonga area
Armajun Health Service Aboriginal Corporation	348,500	Provision of population health and chronic care services to the Aboriginal community in the Armidale, Glen Innes, Inverell, Tenterfield, and Tingha regions
Awabakal Ltd	900,100	Provision of population health, chronic care, and drug and alcohol primary care services; provision of ear health and family health services for the Aboriginal community in the Newcastle region
Biripi Aboriginal Corporation Medical Centre	510,000	Provision of population health, chronic care and drug and alcohol primary health services, and provision of family health services for the Aboriginal community in the Taree area
Bourke Aboriginal Corporation Health Service	442,700	Provision of population health, chronic care, and drug and alcohol primary health services, and provision of family health services for the Aboriginal community in Bourke and surrounding areas
Bulgarr Ngaru Medical Aboriginal Corporation	741,900	Provision of population health and chronic care primary health services, and provision of family health services in the Richmond and Clarence valley regions
Bullinah Aboriginal Health Service Ltd	280,400	Provision of population health and chronic care primary health services to the Aboriginal community in the Ballina region
CatholicCare Wilcannia-Forbes Ltd	232,400	Provision of family health services in Narromine and Bourke
Condobolin Aboriginal Health Service Inc	452,400	Provision of population health and chronic care primary health services to the Aboriginal community in the Condobolin area
Coomealla Health Aboriginal Corporation	220,900	Provision of population health and chronic care primary health services to the Aboriginal community in the Dareton and Wentworth area
Coonamble Aboriginal Health Service	754,600	Provision of population health and chronic care primary health services, and provision of family health services in the Coonamble, Dubbo, and Gilgandra regions
Cummeragunja Health and Development Aboriginal Corporation	223,500	Provision of population health and chronic care primary health services for Aboriginal community in the Cummeragunja, Moama, and surrounding areas
Dubbo Neighbourhood Centre Inc	120,500	Provision of family health services for communities in the Dubbo area
Durri Aboriginal Corporation Medical Service	738,100	Provision of population health, chronic care, and drug and alcohol primary health services for the Aboriginal communities in the Kempsey, Nambucca Valley area

Grant recipient	Amount (\$)	Description
Eleanor Duncan Aboriginal Services Ltd	506,900	Provision of population health, chronic care and ear health primary health services and provision of family health services for the Aboriginal communities in the Central Coast area
Galambila Aboriginal Health Service Inc	386,700	Provision of population and chronic care primary health services for Aboriginal communities in the Coffs Harbour area
Griffith Aboriginal Medical Service Inc	280,400	Provision of population health and chronic care primary health services to the Aboriginal community in the Griffith and Hay region
Illaroo Co-operative Aboriginal Corporation	77,900	Personal care worker for the Rose Mumbler Retirement Village
Illawarra Aboriginal Medical Service	424,800	Provision of population health, chronic care, and drug and alcohol primary health services for the Aboriginal community in the Illawarra area
Intereach Ltd	141,300	Provision of family health services in the Deniliquin area
Katungul Aboriginal Corporation Community and Medical Services	412,400	Provision of population health, chronic care and ear health primary health services for Aboriginal communities of the Far South Coast region and Bega
Maari Ma Health Aboriginal Corporation	487,300	Provision of population health and chronic care primary health services and family health services in Broken Hill and across Far West NSW
Ngaimpe Aboriginal Corporation	257,800	Residential drug and alcohol treatment and referral program providing statewide services, located in the Central Coast area
Orana Haven Aboriginal Corporation	214,000	Residential drug and alcohol treatment and referral program providing statewide services located near Brewarrina
Orange Aboriginal Medical Service	348,500	Provision of population health and chronic care primary health services for Aboriginal communities in the Orange area
Pius X Aboriginal Corporation	223,100	Provision of population health and chronic care primary health services to the Aboriginal community in the Moree area
Riverina Medical and Dental Aboriginal Corporation	649,800	Provision of population health, chronic care, drug and alcohol and ear health primary health services and provision of family health services for the Aboriginal community in the Riverina region
South Coast Medical Service Aboriginal Corporation	325,500	Provision of population health, chronic care and drug and alcohol primary health services for the Aboriginal community in the Nowra area
South Coast Women's Health and Welfare Aboriginal Corporation	616,000	Provision of population health and chronic care primary health services and provision of family health services to Aboriginal women and their families in the South Coast region
Tamworth Aboriginal Medical Service Inc	317,900	Provision of population health and chronic care primary health services to the Aboriginal community in the Tamworth area
Tharawal Aboriginal Corporation	445,700	Provision of population health, chronic care and drug and alcohol primary health services for the Aboriginal community in the Campbelltown area
The Oolong Aboriginal Corporation	288,200	Residential drug and alcohol treatment and referral program providing statewide services located in the Nowra area
Tobwabba Aboriginal Medical Service	325,600	Provision of population health and chronic care primary health services and provision of family health services for the Aboriginal community in Forster and surrounding areas

Grant recipient	Amount (\$)	Description
Ungooroo Aboriginal Corporation	280,400	Provision of population health and chronic care primary health services to the Aboriginal community in the Singleton and Muswellbrook areas
Walgett Aboriginal Medical Service	543,600	Provision of population health, chronic care, and drug and alcohol primary health services and provision of family health services for the Aboriginal community in the Walgett, Brewarrina and surrounding areas
Weigelli Centre Aboriginal Corporation	107,600	Residential drug and alcohol treatment and referral program providing statewide services located in the Cowra area
Wellington Aboriginal Corporation Health Service	1,498,900	Provision of population health, chronic care and drug and alcohol primary health services and provision of family health services for the Aboriginal communities around Wellington and Greater Western Sydney
Werin Aboriginal Corporation	280,400	Provision of population health and chronic care primary health services to the Aboriginal community in the Port Macquarie area
Yoorana Gunya Family Healing Centre Aboriginal Corporation	520,700	Provision of population health and chronic care primary health services and provision of family health services for the Aboriginal community in Forbes and surrounding areas
Total	19,946,100	

Drug and alcohol

Grant recipient	Amount (\$)	Description
Aboriginal Health and Medical Research Council NSW	218,900	Develop capacity of NSW Aboriginal Community Controlled Health Organisations to identify and respond to alcohol and other drug related harm
Aboriginal Medical Service Co-Operative Ltd	379,100	Delivery of alcohol and other drug treatment and support services for Aboriginal people in Redfern
Odyssey House NSW	933,800	Delivery of alcohol and other drug prevention, community development, treatment and research services for people and communities with cultural and linguistic diversity, primarily in Western and South Western Sydney
Network of Alcohol and other Drugs Agencies Inc	1,905,800	Represent and develop capacity of NSW non-government organisations delivering alcohol and other drug prevention, harm minimisation, and treatment services
The Oolong Aboriginal Corporation	417,700	Alcohol and other drug residential rehabilitation in Nowra primarily for Aboriginal men, with priority access for Magistrates Early Referral into Treatment program participants
Uniting NSW.ACT	5,033,100	Medically supervised injecting-centre
Total	8,888,400	

Health promotion

Grant recipient	Amount (\$)	Description
Family Drug Support	450,600	Provides a 24-hour 7 days telephone service, information, support and referral to families affected by alcohol and other drug issues
Life Education NSW Ltd	2,631,500	Delivers alcohol and other drugs and healthy lifestyle related education to primary school children in NSW
Asthma Australia Ltd	631,700	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
Kidsafe NSW Inc	305,900	Kidsafe NSW undertakes public awareness campaigns and provides information, training and advice on child injury prevention to key stakeholders and the community
Total	4,019,700	

Oral health

Grant recipient	Amount (\$)	Description
Aboriginal Medical Service Co-Operative Ltd	460,900	Aboriginal Oral Health Services
Albury Wodonga Aboriginal Health Service	656,400	Aboriginal Oral Health Services
Armajun Health Service Aboriginal Corporation	625,800	Aboriginal Oral Health Services
Awabakal Ltd	414,400	Aboriginal Oral Health Services
Biripi Aboriginal Corporation Medical Centre	234,600	Aboriginal Oral Health Services
Bourke Aboriginal Corporation Health Service	451,800	Aboriginal Oral Health Services
Condobolin Aboriginal Health Service	272,000	Aboriginal Oral Health Services
Coonamble Aboriginal Health Service	172,000	Aboriginal Oral Health Services
Durri Aboriginal Corporation Medical Service	568,200	Aboriginal Oral Health Services
Eleanor Duncan Aboriginal Services Ltd	449,100	Aboriginal Oral Health Services
Griffith Aboriginal Medical Service Inc	172,000	Aboriginal Oral Health Services
Illawarra Aboriginal Medical Service	529,700	Aboriginal Oral Health Services

Grant recipient	Amount (\$)	Description
Katungul Aboriginal Corporation Community and Medical Services	427,200	Aboriginal Oral Health Services
Maari Ma Health Aboriginal Corporation	465,000	Aboriginal Oral Health Services
Orange Aboriginal Medical Service	569,000	Aboriginal Oral Health Services
Pius X Aboriginal Corporation	234,000	Aboriginal Oral Health Services
Riverina Medical and Dental Aboriginal Corporation	618,600	Aboriginal Oral Health Services
South Coast Medical Service Aboriginal Corporation	355,600	Aboriginal Oral Health Services
Tamworth Aboriginal Medical Service Inc	164,500	Aboriginal Oral Health Services
Tharawal Aboriginal Corporation	469,800	Aboriginal Oral Health Services
Tobwabba Aboriginal Medical Service	451,800	Aboriginal Oral Health Services
University of Sydney	315,100	Aboriginal Oral Health Services
Walgett Aboriginal Medical Service	232,100	Aboriginal Oral Health Services
Total	9,309,600	

HIV, blood-borne viruses and sexually transmitted infections (STI)

Grant recipient	Amount (\$)	Description
Aboriginal Health and Medical Research Council NSW	151,300	Delivery of education and training in Primary Health Care (Sexual Health) and specialised short courses and skill set training covering HIV, hepatitis C and B, and STIs 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	13,905,000	A statewide community-based organisation providing HIV and STI prevention, education, and support services to gay and other men who have sex with men. Services and programs include: HIV and STI prevention, health promotion, education and community engagement programs for gay and other men who have sex with men to increase access to HIV and STI testing, treatment and prevention

Australasian Society For HIV, Viral Hepatitis and Sexual Health Medicine	726,300	Provides general practitioner (GP) engagement and delivery of training for authorisation as required for prescribing of drugs used in the treatment of HIV and hepatitis B; training that supports GPs involved with patients who have HIV and STI; sexual health and viral hepatitis training for nurses; HIV, STI and viral hepatitis training content and materials for GPs and other health care providers
Bobby Goldsmith Foundation	2,209,400	Provision of client-centred services across NSW for HIV positive people with complex care needs to support client stability, and address barriers to retention in care and target service gaps in partnership with specialist HIV community services
Diabetes NSW	3,111,000	Provision of syringes and pen needles at no cost to NSW registrants of the National Diabetic Services Scheme
Hepatitis NSW Inc	2,395,600	A statewide community-based organisation that provides information, support, referral, testing, education and advocacy services for people in NSW affected by hepatitis C and hepatitis B
NSW Users and AIDS Association Inc	1,858,200	Statewide community-based organisation that provides HIV and hepatitis C prevention education, harm reduction, access to testing, advocacy, resources, referral and support services for people who inject drugs
Positive Life NSW Inc	1,194,800	Statewide community-based health promotion and education, advocacy, and implementation of policy and programs for people living with HIV
Sex Workers Outreach Project Inc	1,647,500	Statewide peer-based health education and outreach services to sex industry workers to prevent the transmission of HIV, viral hepatitis and STI
Total	27,199,100	

External Health Services

Grant recipient	Amount (\$)	Description
Royal Flying Doctor Service Of Australia (South Eastern Section)	2,530,810	Provision of Rural Aerial Health Service
Total	2,530,810	

Rural Doctors Services

Grant recipient	Amount (\$)	Description
NSW Rural Doctors Network	1,993,100	Core funding supports a range of programs aimed at ensuring sufficient numbers of suitably trained and experienced medical 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	1,993,100	

Mental Health

Grant recipient	Amount (\$)	Description
Aboriginal Health and Medical Research Council NSW	233,500	Mental Health statewide coordination to support and develop the capacity of Aboriginal Community Controlled Health Organisation to deliver mental health and wellbeing services and provide strategic advice to NSW Health on key issues affecting mental health and wellbeing service delivery in the Aboriginal Community Controlled sector
Aboriginal Medical Service Co-operative Limited	386,600	Increased access to culturally safe, holistic and flexible mental health and wellbeing services led by Aboriginal Community Controlled Health Organisations that are responsive to the needs to the local community
Albury Wodonga Aboriginal Health Service incorporated	117,900	Increased access to culturally safe, holistic and flexible mental health and wellbeing services led by Aboriginal Community Controlled Health Organisations that are responsive to the needs to the local community
Awabakal Ltd	132,400	Increased access to culturally safe, holistic and flexible mental health and wellbeing services led by Aboriginal Community Controlled Health Organisations that are responsive to the needs to the local community
BEING - Mental Health Consumers Incorporated	76,500	The peak body for mental health consumers in NSW, BEING represent the interest of mental health consumers in NSW and advocate on behalf of consumers for changes in policy, legislation and service provision. BEING also deliver projects that support the expansion and growth of the lived experience workforce
Black Dog Institute	1,896,200	Education and training programs for health professionals, schools and school communities. The Black Dog Institute Clinic is a psychiatric assessment clinic receiving referrals from GPs and Psychiatrists who are seeking diagnosis and treatment planning for patients who have already unsuccessfully undertaken pharmacological and psychological interventions for their mood disorder

Grant recipient	Amount (\$)	Description
Bulgarr Ngaru Medical Aboriginal Corporation	135,400	Increased access to culturally safe, holistic and flexible mental health and wellbeing services led by Aboriginal Community Controlled Health Organisations that are responsive to the needs to the local community
CatholicCare Wilcannia-Forbes Limited	1,021,300	NSW Family and Carer Mental Health Program - supports families and carers of people with a mental illness through individual support, support groups, advocacy and training and education
Coomealla Health Aboriginal Corporation	132,400	Increased access to culturally safe, holistic and flexible mental health and wellbeing services led by Aboriginal Community Controlled Health Organisations that are responsive to the needs to the local community.
Cummeragunja Housing and Development Aboriginal Corporation	132,400	Increased access to culturally safe, holistic and flexible mental health and wellbeing services led by Aboriginal Community Controlled Health Organisations that are responsive to the needs to the local community
Galambila Aboriginal Corporation	117,900	Increased access to culturally safe, holistic and flexible mental health and wellbeing services led by Aboriginal Community Controlled Health Organisations that are responsive to the needs to the local community
Katungul Aboriginal Corporation Regional Health and Community Services	124,700	Increased access to culturally safe, holistic and flexible mental health and wellbeing services led by Aboriginal Community Controlled Health Organisations that are responsive to the needs to the local community
Lifeline Australia	4,003,300	Support for Lifeline Centres in NSW to provide the Lifeline crisis support telephone service
Mental Health Association NSW Ltd	122,900	Wayahead is the peak body for mental health promotion in NSW. Wayahead promotes mental health and wellbeing, supports the people of NSW to access mental health services and delivers mental health projects across NSW
Mental Health Carers Arafmi NSW Inc	43,900	Mental Health Carers NSW (MHCN) is the peak body for mental health carers in NSW. MHCN represent the interest of mental health carers in NSW and information they gather from carers is used to advocate for changes in policy, legislation and service provision to better recognise and support carers
Mental Health Co-ordinating Council Limited	746,000	NSW mental health peak organisation funded to support the mental health community managed organisation sector to provide quality services
Mission Australia	1,012,100	NSW Family and Carer Mental Health Program - supports families and carers of people with a mental illness through individual support, support groups, advocacy and training and education
Riverina Medical and Dental Aboriginal Corporation	117,900	Increased access to culturally safe, holistic and flexible mental health and wellbeing services led by Aboriginal Community Controlled Health Organisations that are responsive to the needs to the local community
Schizophrenia Fellowship Of New South Wales Ltd	3,176,400	NSW Family and Carer Mental Health Program - supports families and carers of people with a mental illness through individual support, support groups, advocacy and training and education
Schizophrenia Fellowship Of New South Wales Ltd	571,800	One Door Mental Health Core Grant to provide support, referral, advocacy and information to people experiencing mental health issues

Grant recipient	Amount (\$)	Description
South Coast Medical Service Aboriginal Corporation	254,000	Increased access to culturally safe, holistic and flexible mental health and wellbeing services led by Aboriginal Community Controlled Health Organisations that are responsive to the needs to the local community
South Coast Women's Health and Welfare Aboriginal Corporation	128,200	Increased access to culturally safe, holistic and flexible mental health and wellbeing services led by Aboriginal Community Controlled Health Organisations that are responsive to the needs to the local community
Stride Mental Health Limited	999,500	NSW Family and Carer Mental Health Program - supports families and carers of people with a mental illness through individual support, support groups, advocacy and training and education
Tharawal Aboriginal Corporation	117,900	Increased access to culturally safe, holistic and flexible mental health and wellbeing services led by Aboriginal Community Controlled Health Organisations that are responsive to the needs to the local community
Peer Support Australia	172,550	School based, peer-led mentoring program supporting the mental, social and emotional wellbeing of children and young people
The Peer Support Foundation Ltd	86,275	School based, peer-led mentoring program supporting the mental, social and emotional wellbeing of children and young people
Life Education NSW Limited	86,275	School based, peer-led mentoring program supporting the mental, social and emotional wellbeing of children and young people
The Trustees Of The Society Of St Vincent De Paul (NSW)	264,900	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 mental health staffing
Uniting NSW.ACT	2,028,500	NSW Family and Carer Mental Health Program - supports families and carers of people with a mental illness through individual support, support groups, advocacy and training and education
Walgett Aboriginal Medical Service Ltd	235,300	Increased access to culturally safe, holistic and flexible mental health and wellbeing services led by Aboriginal Community Controlled Health Organisations that are responsive to the needs to the local community
Weigelli Centre Aboriginal Corporation inc	117,900	Increased access to culturally safe, holistic and flexible mental health and wellbeing services led by Aboriginal Community Controlled Health Organisations that are responsive to the needs to the local community
Wellington Aboriginal Corporation Health Service	247,100	Increased access to culturally safe, holistic and flexible mental health and wellbeing services led by Aboriginal Community Controlled Health Organisations that are responsive to the needs to the local community
Yerin Aboriginal Health Services Limited	117,900	Increased access to culturally safe, holistic and flexible mental health and wellbeing services led by Aboriginal Community Controlled Health Organisations that are responsive to the needs to the local community
Total	19,157,800	

Community services - NSW children, youth and families

Grant recipient	Amount (\$)	Description
Australian Breastfeeding Association (NSW Branch)	197,900	The Australian Breastfeeding Association (ABA) promotes, protects and supports breastfeeding by advocating for the importance of human milk. The ABA provides peer support to women and families and supports health professionals with resources, workshops and seminars
Australian Red Cross Society	428,900	Residential program that builds the capacity of young pregnant women, over 20 weeks gestation, with complex needs, and newly parenting young men and women aged 12 to 25 to live and parent independently and respond appropriately to the needs of their children
CatholicCare Sydney Trust	109,900	This organisation promotes natural family planning within the community and providing community-based information sessions for individuals and families about natural fertility methods
Red Nose Saving Little Lives	217,100	Red Nose provides bereavement support to NSW families who experience the death of their baby or child during pregnancy, birth and infancy, including miscarriage, ectopic pregnancy, termination of pregnancy, stillbirth, neonatal and infant death and sudden death of a child
Royal Far West Children's Health Scheme	4,788,200	The Paediatric Developmental Program at Royal Far West provides specialist comprehensive multidisciplinary assessment, diagnosis, planning, review and treatment for rural and remote children up to age 12 with complex developmental and behavioural issues. The Program includes support for parents and carers. The service targets the needs of families residing north of Taree, west of Lithgow and south of Nowra, who cannot access the services they need locally
Youth Action	158,000	Youth Action is the peak body for young people and youth services in NSW. Youth Action has received funding to develop and implement the NSW Youth Health Literacy Project. This aims to improve the health outcomes of young people aged 12 to 24 years old through promoting their health literacy and access to healthcare
Youthsafe	235,900	Youthsafe partners with key stakeholders to prevent unintentional injury of young people aged 12 to 26 years. The focus is on injuries from use of roads, participation in workplaces and sport, and socialising with friends
Total	6,135,900	

Aged Care, disability and community care

Grant recipient	Amount (\$)	Description
CF Together	352,700	CF Together, previously known as Cystic Fibrosis Community Care, provides counselling, support and assistance to people with Cystic Fibrosis and their families. It also delivers community outreach and works to improve equitable delivery of services and multidisciplinary engagement
Palliative Care NSW Inc	116,900	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

Grant recipient	Amount (\$)	Description
Parkinsons NSW	34,200	Parkinson's NSW supports people living with Parkinson's Disease, their families and carers. It provides essential services through the Parkinson's NSW Infoline, counselling services, network of Support groups, Parkinson's Nurse specialists in regional NSW, and education and information programs
Total	503,800	

Community Services

Grant recipient	Amount (\$)	Description
Albury Wodonga Aboriginal Health Service	304,200	This organisation provides child and family health services including the provision of child health and development checks
Association for the Wellbeing of Children in Healthcare	249,100	AWCH co-ordinates and supports the AWCH Ward Grandparent Program in NSW public hospitals and advocates for the needs of children and young people through, education, policy development, awareness raising and partnerships
Centre for Disability Studies Ltd	264,800	CDS provides a Complex Care Service for adults with intellectual disability and complex health needs, working with the person's General Practitioner to ensure high quality health care. CDS provides comprehensive multidisciplinary health assessments, health care plans, advice and referrals
NSW Council of Social Service	338,600	NCOSS provides capacity building activities that increase sustainability in health-related activities that promote the development of health policies, strategies, service design and delivery to better address the health needs of disadvantaged people
Health Consumers NSW	498,800	HCNSW provides a voice for patients, their family members and carers, patient leaders and health consumer representatives in NSW, as well as health consumer organisations representing specific disease and population groups. Key activities include support for consumer representative networks, and training and education for consumers and NSW Health staff
The United Hospital Auxiliaries of NSW Inc	256,300	Funding supports delivery of head-office 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	288,200	Women's Health NSW is the peak body for non-government, community-based, women's health centres in NSW. It is responsible for promoting a coordinated approach to policy and planning, service delivery, staff development, training, education and consultation between members, NSW Health and other government and non-government agencies
Total	2,200,000	

Community Services - Transport

Grant recipient	Amount (\$)	Description
Access Sydney Comm Transport	53,100	Community transport services
Active Care Network	214,200	Community transport services
Activus Transport	28,900	Community transport services
Bankstown Canterbury Community Transport	27,300	Community transport services
Cabonne Shire Council	21,800	Community transport services
Community Transport Central Coast Ltd	57,200	Community transport services
Connect You Too Ltd	88,800	Community transport services
Hart Services	53,400	Community transport services
Holdsworth Community Ltd	34,800	Community transport services
Hornsby Ku-Ring-Gai Community Aged/Disabled Transport Service	24,700	Community transport services
Inverell Hacc Services Inc	22,500	Community transport services
Linked Community Services	34,800	Community transport services
Linked Community Services (Care 'N' Go)	34,600	Community transport services
Live Better Services	55,300	Community transport services
Mid Western Regional Council	33,200	Community transport services
Neighbourhood Central	48,800	Community transport services
Ourcare Services	26,500	Community transport services
Stryder	49,300	Community transport services
The Community Transport Company Ltd	48,600	Community transport services
Transcare Hunter	11,200	Community transport services
Warrumbungle Shire Council	11,100	Community transport services
Wee Waa and District Hacc Assoc Inc	39,300	Community transport services
Total	1,019,400	

Aboriginal Maternal and Infant Health

Grant recipient	Amount (\$)	Description
Durri Aboriginal Corp Medical Service	268,400	Employment of a community midwife and Aboriginal Health Workers to provide Aboriginal Maternal and Infant Health Service to improve the health outcomes of Aboriginal mothers, and mothers with Aboriginal partners, and their babies
Maari Ma Health Aboriginal Corporation	402,100	Employment of a community midwife and Aboriginal Health Workers to provide Aboriginal Maternal and Infant Health Service (AMIHS) to improve the health outcomes of Aboriginal mothers, and mothers with Aboriginal partners, and their babies
Walgett Aboriginal Medical Service	268,400	Employment of a community midwife and Aboriginal Health Workers to provide Aboriginal Maternal and Infant Health Service to improve the health outcomes of Aboriginal mothers, and mothers with Aboriginal partners, and their babies

Total **938,900**

Other funding grants in 2024-25

Grant recipient	Amount (\$)	Description
2Connect Youth & Community Inc	148,964	Alcohol and other drugs youth treatment services
Aboriginal Community Housing Ltd	155,625	Alcohol and Other Drug Hub Grant funding
Aboriginal Corporation for Drug and Alcohol Network NSW	170,000	To support Aboriginal engagement in the ICE response
Aboriginal Drug and Alcohol Residential Rehabilitation Network Ltd	182,064	Aboriginal Drug and Alcohol Residential Rehabilitation Organisation and Service Development
Aboriginal Health and Medical Research Council NSW	257,832	Suicide Prevention Project Officer
Aboriginal Medical Service Co-Operative Ltd	200,000	Awarding of Aboriginal Model of Care Program grants
Aboriginal Medical Service Co-Operative Ltd	40,000	Funding for Dental Services and Equipment Upgrades in Aboriginal Community Controlled Health Organisations
ACON Health Ltd	29,000	Drug and Alcohol Harm Reduction Campaign
ACON Health Ltd	200,000	End of Life and Palliative Care Grants Program.
ACON Health Ltd	105,000	Establishment of ACON – Kaleido Health Service Grant
ACON Health Ltd	1,812,614	Suicide prevention services for People of Diverse Sexualities and Genders
Anglican Community Services	1,187,652	Mental Health Community Living Supports for Refugees
Aria Research Pty Ltd	670,000	Medical Devices Fund
Armajun Health Service Aboriginal Corporation	277,323	Building on Aboriginal Communities' Resilience initiative
Armajun Health Service Aboriginal Corporation	60,000	Funding for Dental Services and Equipment Upgrades in Aboriginal Community Controlled Health Organisations
Armidale Centacare New England North West Ltd	319,727	Alcohol and Other Drugs Youth Treatment Services
Association of Children's Welfare Agencies Inc	18,300	Centre for Community Welfare Training – Workforce Development Training grant
Association of Drug Referral Centres Ltd	220,148	Alcohol and Other Drugs Youth Treatment Services.
Australian Professional Association for Trans Health (AusPATH)	25,000	One-off contribution to support AusPATH's development of a new information platform in support of trans and gender diverse health
Australian Commission on Safety and Quality in Health Care	2,979,813	Contribution for Australian Commission on Safety And Quality In Health Care
Australian Community Support Organisation Ltd	666,500	Alcohol and Other Drugs funding
Australian Crime Commission	50,000	Enhance wastewater monitoring in regional NSW
Australian Digital Health Agency	10,132,950	NSW contribution to Australian Digital Health Agency
Australian Health Practitioner Regulation Agency	420,000	Registration pathway for specialist international medical graduates under the National Registration and Accreditation

Grant recipient	Amount (\$)	Description
Australian Medical Council	1,717,161	Australian Medical Council National ePortfolio
Australian Mens Shed Association	47,500	Men's Mental health and Suicide Prevention Program
Australian Pain Management Association Ltd	100,000	Contribution to support services for individuals living with chronic pain in NSW
Australian Red Cross Society	659,807	Mental Health Community Living Supports for refugees
Australian Theatre for Young People	75,000	Mental Health Arts and Cultural Funding Program as part of the 2025 Sydney Festival
Awards Australia Pty Ltd	15,000	Contribution towards Health Award
Babana Aboriginal Men's Group Inc	50,000	Men's Mental health and Suicide Prevention Program
BEING- Mental Health Consumers Inc	878,207	BEING core funding grant
BEING- Mental Health Consumers Inc	150,000	Funding for Research into Consumer Engagement Grant
Bellambi Neighbourhood Centre Inc	85,000	Contribution to Bellambi Neighbourhood Centre Inc
Beyond Blue Ltd	1,386,614	Beyond Blue Core Funding
Black Dog Institute	310,000	Workforce Capacity and Recovery
Bobby Goldsmith Foundation	1,000	Contribution to Bobby Goldsmith for expansion of support in Western Sydney additional Case Worker
Bourke Aboriginal Corporation Health Service	200,000	Aboriginal Mental Health and Wellbeing Model of Care Program
Bubble Enterprises Ltd	100,000	Contribution to Love Your Sister's fundraising activities to support cancer research in NSW
Bulgarr Ngaru Medical Aboriginal Corporation	277,323	Building on Aboriginal Communities' Resilience initiative
Bullinah Aboriginal Health Service Ltd	151,472	Building on Aboriginal Communities' Resilience initiative
Bullinah Aboriginal Health Service Ltd	40,000	Contribution to Bullinah Aboriginal Health Service Disaster Resilience Project initiative
Bullinah Aboriginal Health Service Ltd	200,000	End of Life and Palliative Care Grants Program
Bullinah Aboriginal Health Service Ltd	138,661	Building on Aboriginal Communities' Resilience initiative
Butterfly Foundation	100,000	Mental Health Funding for In-School-Based Eating Disorder Prevention: BodyKind Initiative in NSW
Cancer Council NSW	89,000	Grant for expansion of Generation Vape Research project
Cancer Council NSW	19,051	Tobacco In Australia Funding
Careflight Ltd	3,600,000	To operate CareFlight Rapid Response Helicopter
CatholicCare Sydney Trust	11,750	Men's Mental health and Suicide Prevention Program
CatholicCare Wilcannia-Forbes Ltd	50,000	Men's Mental health and Suicide Prevention Program
Children of the Bomaderry Aboriginal Childrens Home Inc	100,000	Funding Enhancement for Stolen Generation Survivors Health Support
Children of the Bomaderry Aboriginal Children's Home Inc	195,000	Health Care Coordinator positions for Stolen Generations Organisations
Community Broadcasting Association of Australia Ltd	99,320	End of Life and Palliative Care Grants Program
Community Restorative Centre	549,875	Alcohol and Other Drugs Treatment Access Expansion Grants

Grant recipient	Amount (\$)	Description
Community Restorative Centre	149,398	Drug and Alcohol Treatment Services Grant
Community Restorative Centre	13,500	Men's Mental health and Suicide Prevention Program
Community Restorative Centre	2,500	Post-custodial support skills development program
Condobolin Aboriginal Health Service Inc	200,000	Aboriginal Central West Mental Health and Wellbeing program
Condobolin Aboriginal Health Service Inc	277,323	Building on Aboriginal Communities' Resilience initiative
Coomealla Health Aboriginal Corporation	200,000	Aboriginal Mental Health and Wellbeing Model of Care Program
Coomealla Health Aboriginal Corporation	277,323	Building on Aboriginal Communities' Resilience initiative
Coonamble Aboriginal Health Service	554,645	Building on Aboriginal Communities' Resilience initiative
Coordinare Ltd	1,877,594	Funding to South East NSW Primary Health Network to support joint development phase of Collaborative Commissioning
Coordinare Ltd	1,038,750	Goulburn Urgent Care Service Grant
Coordinare Ltd	220,460	NSW universal aftercare service funding - South Eastern NSW
Coota Girls Aboriginal Corporation	100,000	Funding Enhancement to improve Stolen Generation Survivors health and wellbeing
Coota Girls Aboriginal Corporation	195,000	Health Care Coordinator positions for Stolen Generations Organisations
Cummeragunja Health and Development Aboriginal Corporation	200,000	Aboriginal Mental Health and Wellbeing Model of Care Program
Deadly Runners Pty Ltd	200,000	Funding to support Aboriginal health and wellbeing
Department Of Communities And Justice	30,609	National Coronial Information System Contribution
Department of Health and Aged Care	1,528,583	NSW contribution to Haemopoietic progenitor cell sector
Department of Health and Aged Care	213,591	NSW contribution to the Health Star Rating Scheme
Department of Health and Aged Care	4,558,056	Postvention support services for people in NSW impacted by suicide
Department of Health and Aged Care	1,954,904	NSW contribution for Health Chief Executive Forum Cost-Shared Budget
Directions Health Services	925,922	Alcohol and Other Drug Hub Grant funding
Directions Health Services	825,830	Alcohol and Other Drugs psychosocial counselling and support for people using Methamphetamine
Directions Health Services	2,137,250	Alcohol and Other Drugs Treatment Access Expansion Grants
Directions Health Services	28,800	Men's Mental health and Suicide Prevention Program
Directions Health Services	632,663	Post Custodial Support Grant
Dubbo Neighbourhood Centre Inc	268,515	Grant to Dubbo Neighbourhood Centre for Women's Safety Coordinator
Durri Aboriginal Corp Medical Service	200,000	Alcohol and Other Drugs "ICE Inquiry" prevention programs for Aboriginal young people and their families
Durri Aboriginal Corp Medical Service	277,323	Building on Aboriginal Communities' Resilience initiative
E Moore Family Trust	100,000	Health and exercise programs to support the mobility, independence and wellbeing of older adults
EIS Health Ltd	20,000	Contribution to support pilot testing of Sexual Health Continuing Professional Activity Guides in General Practice

Grant recipient	Amount (\$)	Description
EIS Health Ltd	409,318	NSW universal aftercare service funding - Central and Eastern Sydney
EIS Health Ltd	1,687,500	Urgent Care Service Grant - Belmore
EIS Health Ltd	1,657,500	Urgent Care Service Grant - Caringbah
EIS Health Ltd	1,687,500	Urgent Care Service Grant - Green Square
Eleanor Duncan Aboriginal Services Ltd	200,000	Aboriginal Mental Health and Wellbeing Model of Care Program
Eleanor Duncan Aboriginal Services Ltd	200,000	Alcohol and Other Drugs "ICE Inquiry" prevention programs for Aboriginal young people and their families
Eleanor Duncan Aboriginal Services Ltd	317,500	Alcohol and Other Drugs Treatment Access Expansion Grants
Eleanor Duncan Aboriginal Services Ltd	277,323	Building on Aboriginal Communities' Resilience initiative
Eleanor Duncan Aboriginal Services Ltd	45,000	Funding for Dental Services and Equipment Upgrades in Aboriginal Community Controlled Health Organisations
Eleanor Duncan Aboriginal Services Ltd	500,000	Funding for Head to Health Kids Hubs for Aboriginal Community Controlled Health Organisation in NSW
Eleanor Duncan Aboriginal Services Ltd	341,313	Alcohol and Other Drugs Treatment Access Expansion Grants
Family Planning NSW	400,000	Equitable Access to Reproductive Health Services in Regional NSW
Family Planning NSW	70,288	NSW Pregnancy Choices Helpline
Feel The Magic Ltd	150,000	Postvention support for children, young people, and families bereaved by suicide
Fight Against Cancer - Macarthur Incorporated	50,000	Funding to support Campbelltown Hospital and Camden Hospitals to assist in the care and comfort of children and adults diagnosed with cancer
Filling The Gap Ltd	150,000	Funding for National Dental Foundation Program.
Galambila Aboriginal Health Service Inc	277,323	Building on Aboriginal Communities' Resilience initiative
Gallipoli Turkish Cultural Foundation Ltd	37,573	Men's Mental health and Suicide Prevention Program
Gandangara Health Services Ltd	311,250	Alcohol and Other Drugs Funding: Ice Response
Gayaa Dhuwi (Proud Spirit) Australia Ltd	100,000	The Proud Futures 2025 Conference and the Aboriginal Remote Community-Led Social and Emotional Wellbeing Project
Gidget Foundation Australia	1,867,500	Mental Health Recovery Funding
Ginhar Indigenous Corporation	49,400	Men's Mental health and Suicide Prevention Program
Goanna Foundation Ltd	50,000	Men's Mental health and Suicide Prevention Program
Gotcha 4 Life Foundation Ltd	120,000	Mentally Fit Primary School Programs in NSW
Grand Pacific Health Ltd	622,500	Alcohol and Other Drug Hub Grant funding
Grand Pacific Health Ltd	1,985,911	Housing and Accommodation Support Initiative
Grand Pacific Health Ltd	758,777	Mental Health Community Living Supports for refugees
Grand Pacific Health Ltd	1,237,044	Rural Adversity Mental Health Program Coordination and Management
Griefline	125,000	Griefline funding
Griffith Aboriginal Medical Service Inc	200,000	Aboriginal Mental Health and Wellbeing Model of Care Program
Griffith Aboriginal Medical Service Inc	277,323	Building on Aboriginal Communities' Resilience initiative
Griffith Aboriginal Medical Service Inc	20,000	Funding for Dental Services and Equipment Upgrades in Aboriginal Community Controlled Health Organisations

Grant recipient	Amount (\$)	Description
Health Professional Councils Authority	40,000	Financial support for administration of the Aboriginal and Torres Strait Islander Health Practice Council
Health Professional Councils Authority	311,002	Treasury Managed Fund contribution for workers compensation, motor vehicles, and property
Healthy North Coast Ltd	109,318	NSW universal aftercare service funding - Healthy North Coast
HNECC Ltd	1,609,318	NSW universal aftercare service funding - Hunter New England and Central Coast
Human Nature Adventure Therapy Ltd	49,945	Men's Mental health and Suicide Prevention Program
Humpty Dumpty Foundation Ltd	250,000	Support the NSW public hospitals, including Michelle Beets Awards and medical equipment
Hunter Primary Care Ltd	99,563	Alcohol and Other Drugs Youth Treatment Services
Huntington's Australia Ltd	112,986	Funding to support the Foundation's objectives, including the Michelle Beets Award
Illawarra Aboriginal Medical Service	60,000	Funding for Dental Services and Equipment Upgrades in Aboriginal Community Controlled Health Organisations
Illawarra Aboriginal Medical Service	500,000	Funding for Head to Health Kids Hubs for Aboriginal Community Controlled Health Organisation in NSW
Illawarra International Womens Day Inc	12,000	Funding to support community health, wellbeing and equality initiatives
Ingham Institute For Applied Medical Research	93,717	Initial Assessment and Referral Decision Support Tool Child and Adolescent Mental Health Mapping Project
Intersex Human Rights Australia Ltd	80,000	Contribution to Intersex Human Rights Australia
Inventia Life Science Pty Ltd	3,469,000	Medical Devices Fund
Iris Foundation Australia Ltd	50,000	Funding to support women's health and wellbeing
Jirrawich	15,000	Funding towards Indigenous Rugby League Event for Suicide Prevention
Juvenile Arthritis Foundation Australia Ltd	25,000	Contribution towards the provision of the Australian Juvenile Arthritis Registry
Karitane	5,000,000	Capital Works contribution to the Karitane Fairfield Integrated Child and Family Hub
Karitane	1,357,000	Funding for Virtual Residential Parenting Service
Karitane	1,500,000	Planning for the Carramar/Fairfield Child and Family Health Hub
Karitane	43,000	Funding for Virtual Residential Parenting Service
Karralika Programs Inc	1,777,238	Alcohol and Other Drugs Treatment Access Expansion Grants
Karralika Programs Inc	601,055	Alcohol and Other Drugs Youth Treatment Services
Katoomba Neighbourhood Centre Ltd	50,000	Men's Mental health and Suicide Prevention Program
Katungul Aboriginal Corporation Community and Medical Services	277,323	Building on Aboriginal Communities' Resilience initiative
Katungul Aboriginal Corporation Community and Medical Services	75,000	Contribution to support family, carers, and friends of people using alcohol or other drugs
Kedesh Rehabilitation Services Ltd	206,279	Drug and Alcohol Treatment Services Grant
Kids of Macarthur Health Foundation Trust	50,000	Funding to support the purchase of paediatric medical equipment for NSW Public Hospitals
Kinchela Boys Home Aboriginal Corporation	195,000	Coordinator position funding

Grant recipient	Amount (\$)	Description
Kinchela Boys Home Aboriginal Corporation	100,000	Funding Enhancement to improve Stolen Generation Survivors health and wellbeing
Kiray Putjung Aboriginal Corporation	49,920	Men's Mental health and Suicide Prevention Program
LevTech Lifesciences Pty Ltd	2,077,961	Medical Devices Fund
Lifeline Australia	8,228,672	Lifeline Australia additional funding for phone and text crisis support service
Lifeline Australia	1,685,938	Lifeline Text crisis support service
Lifeline Central West Inc	20,000	Contribution to help deliver post-traumatic stress disorder support for people living in NSW's central west
Little Wings Ltd	600,000	Funding to support organisation's objectives
Lives Lived Well Ltd	454,035	Alcohol and Other Drugs psychosocial counselling and support for people using Methamphetamine
Lives Lived Well Ltd	1,099,750	Alcohol and Other Drugs Treatment Access Expansion Grants
Lives Lived Well Ltd	2,121,243	Drug and Alcohol Package Women and Children Residential Rehabilitation
Lives Lived Well Ltd	217,492	Drug and Alcohol Treatment Services Grant
Maari Ma Health Aboriginal Corporation	200,000	Alcohol and Other Drugs "ICE Inquiry" prevention programs for Aboriginal young people and their families
Maari Ma Health Aboriginal Corporation	277,323	Building on Aboriginal Communities' Resilience initiative
Maari Ma Health Aboriginal Corporation	5,000	Contribution to support family, carer and friends of people using alcohol or other drugs
Maari Ma Health Aboriginal Corporation	365,450	Drug and Alcohol Treatment Services Grant
Maaruma-Li Aboriginal Corporation Aboriginal Medical Service	20,000	Maaruma-Li Aboriginal Medical Service establishment grant
Macular Disease Foundation Australia	180,000	Funding to support the provision of support services for individuals living with macular disease
Marathon Health Ltd	47,724	Men's Mental health & Suicide Prevention Program
McGrath Foundation Ltd	5,079,000	McGrath Foundation Breast Care Nurses enhancement funding
Mental Health Assoc NSW Inc	1,717,032	WayAhead Core Funding
Mental Health Carers ARAFMI NSW Inc	25,000	Funding to develop a statewide community of practice for the Family and Carer Peer Workforce
Mental Health Carers ARAFMI NSW Inc	593,949	Mental Health Carers NSW Core Funding
Mental Health Carers ARAFMI NSW Inc	150,000	Research grant to improve engagement with carers from diverse backgrounds across NSW
Mental Health Coordinating Council Inc	425,524	Learning and Development Unit
Mental Health Coordinating Council Inc	237,500	Mental Health Coordinating Council (MHCC) NSW Peer Workforce Training Program
Mental Health Coordinating Council Inc	94,270	Professional development training for the Alcohol and Other Drug and Mental Health Workforce
Mentoring Men Ltd	50,000	Men's Mental health and Suicide Prevention Program
Merana Aboriginal Community Association for the Hawkesbury	50,000	Men's Mental health and Suicide Prevention Program
Metro North Hospital and Health Service	9,051	Support payment for NSW Aboriginal Palliative Care Health Workers to attend the Walawaani Conference in Brisbane

Grant recipient	Amount (\$)	Description
Mindgardens Neuroscience Network Ltd	150,000	Mindgardens Functional Neurological Disorders Clinic Extension Grant
Mindgardens Neuroscience Network Ltd	1,487,511	Tertiary Referral Service for Psychosis
Miracle Babies Foundation Ltd	65,000	Funding to support Foundation's initiatives
Mission Australia	622,500	Alcohol and Other Drug Hub Grant funding
Mission Australia	859,530	Alcohol and Other Drugs Continuing Care Sector Development
Mission Australia	549,875	Alcohol and Other Drugs Treatment Access Expansion Grants
Mission Australia	877,089	Alcohol and Other Drugs Youth Treatment Services
Mission Australia	57,226	Benjamin Short Grove Specialist Residential Aged Care Facility
Mission Australia	2,425,415	Community Living Support Services
Mission Australia	6,114,191	Housing and Accommodation Support Initiative
Medical Research Commercialisation Fund Pty Ltd	475,000	Medical Research Commercialisation fund
Murrumbidgee Primary Health Network	409,318	NSW universal aftercare service funding - Murrumbidgee
Murrumbidgee Primary Health Network	438,625	Urgent Care Service grant
Muslim Community Radio	33,300	Men's Mental health and Suicide Prevention Program
National Blood Authority	10,727,211	National Blood Authority Operational costs
National Indigenous Australians Agency	81,500	The National Indigenous Australians Agency's engagement of the Oolong Grant Administrator
National Stroke Foundation	180,000	Funding to support the organisation's stroke education initiatives
Neami Ltd	4,282,094	Community Living Support Services
Neami Ltd	10,102,602	Housing and Accommodation Support Initiative
Nelune Foundation	100,000	Contribution to the Foundation's initiatives supporting cancer care services in NSW public hospitals
The Network of Alcohol and other Drugs Agencies Inc	164,738	Alcohol and Other Drugs Continuing Care Sector Development
The Network of Alcohol and other Drugs Agencies Inc	5,000	Analysis of First Nations data in NADAbase
The Network of Alcohol and other Drugs Agencies Inc	25,000	Capacity building grant program in research, evaluation, and monitoring
New Horizons Enterprises Ltd	7,664,399	Community Living Support Services
New Horizons Enterprises Ltd	3,949,018	Housing and Accommodation Support Initiative Plus
New Horizons Enterprises Ltd	9,100,847	Housing and Accommodation Support Initiative
New Horizons Enterprises Ltd	3,167,071	Mental Health Community Living Supports for refugees
New Horizons Enterprises Ltd	3,074,608	Youth Aftercare Pilot
Newcastle University Rugby Union Club	10,800	Men's Mental health and Suicide Prevention Program
Northern Illawarra community Connections Inc	50,000	Support for Bulli Community Free Food Pantry Initiative
NSW Council For Intellectual Disability	98,640	End of Life and Palliative Care Grants Program
NSW Rural Doctors Network	710,800	Collaborative Care Funding

Grant recipient	Amount (\$)	Description
NSW Rural Doctors Network	215,520	National Rural Generalist Pathways Program
NSW Rural Doctors Network	200,000	Regional Psychiatry Services to support Central West NSW Mental Health and Wellbeing Program
NSW Rural Doctors Network	1,829,000	The expansion of the Rural Resident Medical Officer Cadetship program
NSW Users and Aids Association Inc	529,000	Core Alcohol and Other Drugs funding
NSW Users and Aids Association Inc	6,000	Development of the Alcohol and Other Drugs Care Charter Implementation Guide
NSW Users and Aids Association Inc	175,320	Hepatitis C activities
NSW Users and Aids Association Inc	250,000	Lived and Living Experience Grant Funding
NSW Users and Aids Association Inc	122,000	Overdose Prevention Grant Funding
NSW Users and Aids Association Inc	66,991	Peer Based Harm Reduction Services for NSW drug checking trial
NSW Users and AIDS Association Inc	487,625	Peer Based Harm Reduction Services for NSW Music Festivals Grant
Obesity Australia Pty Ltd	85,000	Contribution to the work of obesity collective in improving engagement and address weight stigma
Odyssey House NSW	158,250	Alcohol and other drug residential rehabilitation for people with children, regardless of gender
Odyssey House NSW	1,981,624	Community Drug Action Program in NSW
Odyssey House NSW	371,671	Drug and Alcohol Treatment Services Grant
Odyssey House NSW	463,000	Family Recovery Centre Grant
Odyssey House NSW	518,750	Post Custodial Support Grant
Open Minds Australia Ltd	2,022,906	Community Living Support Services
Open Minds Australia Ltd	1,452,963	Housing and Accommodation Support Initiative
Orana Haven	277,323	Building on Aboriginal Communities' Resilience initiative
Orange Aboriginal Medical Service	200,000	Aboriginal Mental Health and Wellbeing Model of Care Program
Orange Aboriginal Medical Service	1,037,087	Alcohol and Other Drugs funding
Orange Aboriginal Medical Service	277,323	Building on Aboriginal Communities' Resilience initiative
Orange Aboriginal Medical Service	200,000	Central West Mental Health Wellbeing program
Orange Aboriginal Medical Service	20,000	Funding for Dental Services and Equipment Upgrades in Aboriginal Community Controlled Health Organisations
Orange Aboriginal Medical Service	500,000	Funding for Head to Health Kids Hubs for Aboriginal Community Controlled Health Organisation in NSW
Orange Push for Palliative Inc	26,927	Contribution to support palliative care patients and their families
Orygen Research Centre	400,000	Pilot Program for Moderated Online Social Therapy
Palliative Care NSW Inc	200,000	End of Life and Palliative Care Grants Program
Palliative Care NSW Inc	220,000	Enhanced service level to support palliative care consumers and system in NSW
Palliative Care NSW Inc	300,000	Palliative Care Volunteer Services Support Program
Path 2 Change Ltd	100,000	Mental Health contribution to Pathway Wheels Program
Pharmaceutical Society of Australia Ltd	141,601	Opioid Treatment Program: Community Pharmacy Professional Support Package
Pius X Aboriginal Corporation	277,323	Building on Aboriginal Communities' Resilience initiative

Grant recipient	Amount (\$)	Description
Port Macquarie Neighbourhood Centre Inc	50,000	Men's Mental health and Suicide Prevention Program
Ray Kelly Fitness Pty Ltd	85,000	Contribution to support the leadership in Diabetes Care Training program
Red Frogs Australia	5,000	Peer Based Harm Reduction Services at Music Festivals
Resolve SBB Trust	1,758,957	Social Benefit Bond
Respite Care for QBN Inc	25,000	Support people suffering from chronic illness
RichmondPRA Limited	2,895,063	Community Living Support Services
RichmondPRA Limited	3,791,670	Housing and Accommodation Support Initiative Plus
RichmondPRA Limited	12,186,788	Housing and Accommodation Support Initiative
RichmondPRA Limited	3,100,000	National Disability Insurance Scheme mental health officers' program
Riverina Medical and Dental Aboriginal Corporation	200,000	Aboriginal Mental Health and Wellbeing Model of Care Program
Riverina Medical and Dental Aboriginal Corporation	75,000	Contribution to support family, carer and friends of people using alcohol or other drugs
Riverina Medical and Dental Aboriginal Corporation	311,250	Post Custodial Support Grant
Rotary Club of Dubbo Macquarie Inc	10,665	Men's Mental health and Suicide Prevention Program
Rotary Club Of Warners Bay Inc	50,000	Contribution to support Men's Health Education Rural Van
Royal Aust College Of General Practitioners	152,019	General Practice Education and Training package and provide GP representation
Royal Far West	570,000	Contribution to support the Paediatric Development Program
Royal Hospital For Women Foundation	50,000	Financial assistance to support the Foundation's fundraising activities
Royal Society for the Welfare of Mothers and Babies	2,574,285	Tresillian Funding for five regional family care centres
Royal Society for the Welfare of Mothers and Babies	5,891,430	Tresillian Funding for seven family care centres, four residential beds Macksville and five Tresillian2U vans
Royal Society for the Welfare of Mothers and Babies	1,317,981	Tresillian Virtual Residential Parenting Service
Samaritans Foundation Diocese of Newcastle	400,563	Drug and Alcohol Treatment Services Grant
Samaritans Foundation Diocese of Newcastle	5,508	Men's Mental health and Suicide Prevention Program
Sane Australia	50,000	Men's Mental health and Suicide Prevention Program
Schizophrenia Fellowship of NSW Ltd	207,110	One Door Forensic Reintegration Program
Service NSW	12,861,386	Pre IVF Testing Rebate
Shared Reading NSW Inc	40,800	Men's Mental health and Suicide Prevention Program
Shedway Ltd	50,000	Men's Mental health and Suicide Prevention Program
Shoalhaven Suicide Prevention and Awareness Network Inc	20,000	Men's Mental health and Suicide Prevention Program
Sydney North Health Network Ltd	409,318	NSW universal aftercare service funding - Sydney North

Grant recipient	Amount (\$)	Description
Social Futures Ltd	1,037,500	Alcohol and Other Drug Hub Grant funding
Sonder Youth Ltd	25,000	One off contribution to expand the 2025 Changemakers Camp program across regional NSW
South Coast Medical Service Aboriginal Corporation	277,323	Building on Aboriginal Communities' Resilience initiative
South Coast Medical Service Aboriginal Corporation	70,000	Funding for Dental Services and Equipment Upgrades in Aboriginal Community Controlled Health Organisations
South Western Sydney Primary Health Network Ltd	1,467,000	Campbelltown Medicare Urgent Care Service
South Western Sydney Primary Health Network Ltd	1,341,125	Gregory Hills Urgent Care Service
South Western Sydney Primary Health Network Ltd	909,318	NSW universal aftercare service funding - South Western Sydney
South Western Sydney Primary Health Network Ltd	10,000	Pilot testing Sexual Health Continuing Professional Guides in General Practice
Souths Cares Pbi Ltd	49,050	Men's Mental health and Suicide Prevention Program
Spinal Cord Injuries Australia	27,120	Men's Mental health and Suicide Prevention Program
Sporting Chance Cancer Foundation Fund	100,000	Funding to support children cancer outreach program
St Vincent de Paul Society NSW	1,023,748	Alcohol and Other Drug Hub Grant funding
St Vincent de Paul Society NSW	4,137,435	Alcohol and Other Drugs Continuing Care Sector Development
St Vincent de Paul Society NSW	93,259	Drug and Alcohol Treatment Services Grant
State Library of New South Wales	182,760	Drug Info at Your Library grant
Stolen Generations Council (NSW-ACT) Inc	100,000	Funding Enhancement to improve Stolen Generation Survivors' health and wellbeing
Stolen Generations Council (NSW-ACT) Inc	195,000	Stolen Generations Council funding for coordinator position
Street Side Medics Limited	200,000	Funding to support the organisation's objectives
Stride Mental Health Ltd	2,024,253	LikeMind funding to provide integrated care and support in community
Suicide Prevention Australia Ltd	45,161	Targeted activities for NSW Suicide Prevention Legislation
Survivors and Mates Support Network Limited	1,095,000	To deliver the Healing and Recovery for Survivors and Supporters project
Survivor's R Us Inc	98,000	Equipment and fit out enhancements to support the organisation delivery of mental health initiatives
Sydney Childrens Hospitals Foundation Ltd	75,000	Funding to support the Sydney Children's Hospital Network
Talk2meBro Inc	250,000	Funding to support the organisation's provision of mental health programs to the community
Talk2meBro Inc	50,000	Men's Mental health and Suicide Prevention Program
Tamworth Aboriginal Medical Service - Aboriginal Corporation	277,323	Building on Aboriginal Communities' Resilience initiative
Tamworth Aboriginal Medical Service - Aboriginal Corporation	75,000	Contribution to support family, carer and friends of people using alcohol or other drugs

Grant recipient	Amount (\$)	Description
Technical and Further Education Commission	428,400	Alcohol and Other Drugs Skillset Training Grant
Temora Business Enterprise Group	50,000	Men's Mental health and Suicide Prevention Program
Tharawal Aboriginal Corporation	277,323	Building on Aboriginal Communities' Resilience initiative
Tharawal Aboriginal Corporation	40,000	Funding for Dental Services and Equipment Upgrades in Aboriginal Community Controlled Health Organisations
The Association of Independent Schools of NSW Ltd	26,460	Support The Optimisation Of Live Life Well In Schools
The Bill Crews Charitable Trust	722,500	Alcohol and other drugs funding: ICE Response
The Bill Crews Charitable Trust	250,000	The provision of primary healthcare for homeless and vulnerable community members in Sydney
The BATTERY Ltd	487,625	Alcohol and Other Drug Hub Grant funding
The BATTERY Ltd	1,746,113	Alcohol and Other Drugs Treatment Access Expansion Grants
The BATTERY Ltd	58,115	Alcohol and Other Drugs Youth Treatment Services
The BATTERY Ltd	498,467	Continuing Care Sector Development
The BATTERY Ltd	407,657	Drug and Alcohol Treatment Services Grant
The BATTERY Ltd	1,475,074	Housing and Accommodation Support Initiative Plus
The BATTERY Ltd	581,000	Post Custodial Support Grant
The Gender Centre Inc	500,000	The Gender Centre funding
The Lebanese Moslem Association	150,000	Contribution to support the provision of preventative health and wellbeing initiatives
The Link Foundation AOD Ltd	250,000	Contribution to the provision of counselling and support services for families and individuals impacted by substance misuse
The Man Walk Australia Inc	100,000	Funding to support men's mental health and wellbeing
The Man Walk Australia Inc	45,500	Men's Mental health and Suicide Prevention Program
The Men's Table Ltd	50,000	Men's Mental health and Suicide Prevention Program
The Peregrine Centre Pty Ltd	1,124,586	Rural Mental Health Research Partnership Grant
The Salvation Army (NSW) Property Trust	1,037,500	Alcohol and Other Drug Hub Grant funding
The Salvation Army (NSW) Property Trust	250,058	Drug and Alcohol Treatment Services Grant
The Ted Noffs Foundation	2,640,438	Alcohol and Other Drugs Treatment Access Expansion Grants
The Ted Noffs Foundation	202,556	Alcohol and Other Drugs Youth Treatment Services
The Twenty Ten Association Inc	200,000	Safe and Supported project, a project to support the mental health of young LGBTIQ+ people in NSW
Tobwabba Aboriginal Medical Service	70,000	Contribution to support family, carer and friends of people using alcohol or other drugs
Top Blokes Foundation	50,000	Men's Mental health and Suicide Prevention Program
Ungooroo Aboriginal Corporation	277,323	Building on Aboriginal Communities' Resilience initiative
Uniting (NSW ACT)	2,902,943	Community Living Support Services
Uniting (NSW ACT)	4,057,642	Housing and Accommodation Support Initiative Plus
Uniting (NSW ACT)	3,852,796	Housing and Accommodation Support Initiative
Uniting (NSW ACT)	2,024,253	LikeMind funding to provide integrated care and support in community
University of Newcastle	20,000	End of Life and Palliative care Research Grant program

Grant recipient	Amount (\$)	Description
University of Newcastle	5,075	Support The Optimisation Of Live Life Well In Schools
University of Newcastle	200,000	The Australian Research Council Linkage Project on the Financial Sustainability of the Healthcare System in Australia
University of NSW	191,000	End of Life and Palliative Care Grants Program
University of NSW	85,077	Enhancing Behavioural Surveillance to Address Gap and Disparities in Australia's HIV Response.
University of NSW	25,000	Follow up study on HIV and STI screening practices
University of NSW	199,680	Implementation research to guide elimination of HIV transmission in NSW
University of NSW	562,849	Intellectual Disability Mental Health Chair
University of NSW	25,000	Funding to support the organisation's research into pancreatic cancer
University of NSW	268,029	Support evaluation of Collaborative Commissioning
University of Sydney	350,000	Brain Injury Psychiatry Program
University of Sydney	70,640	Building the mental health capacity of alcohol and other drug workers – The Matilda Centre
University of Sydney	40,000	Centre for Population Health - Youth Sector Training Needs grant
University of Sydney	102,377	Chair Medical Physics variation
University of Sydney	100,000	Evaluation of the Central West NSW Mental Health and Wellbeing Program
University of Sydney	352,649	Funding for Chair of Population Oral Health
University of Sydney	15,000	Midwives and Obstetricians Helping Mothers to Quit
University of Sydney	25,638	Sexuality and sexual health education pre-service teacher mapping
University of Sydney	196,160	Supervisor support program for Dentistry student placements in the Far West Local health district
University of Sydney	50,000	The impacts of e-micromobility on physical activity
University of Sydney	140,000	Understanding The Sexual Health Needs of “Pacific Australian Labour Mobility” Scheme Workers and Providers in NSW
University of Sydney	100,000	Workforce wellbeing and utilisation of digital Social and Emotional Wellbeing tools
University of Technology Sydney	296,000	End of Life and Palliative Care Grants Program
University of Technology Sydney	21,000	Scholarship for University of Technology Sydney Graduate Program Fees
University Of Wollongong	2,140,062	Funding for Project Air
University of Wollongong	116,000	End of Life and Palliative Care Grants Program
Walgett Aboriginal Medical Service	277,323	Building on Aboriginal Communities' Resilience initiative
Walk It Off Australia Inc	47,500	Men's Mental health and Suicide Prevention Program
Waminda South Coast Women's Health and Wellbeing Aboriginal Corporation	200,000	Aboriginal Mental Health and Wellbeing Model of Care Program
Waminda South Coast Women's Health and Wellbeing Aboriginal Corporation	2,913,860	Alcohol and Other Drugs Treatment Access Expansion Grants
Waminda South Coast Women's Health and Wellbeing Aboriginal Corporation	277,323	Building on Aboriginal Communities' Resilience initiative

Grant recipient	Amount (\$)	Description
Waminda South Coast Women's Health and Wellbeing Aboriginal Corporation	200,000	End of Life and Palliative Care Grants Program
Warrawong Residents Forum Inc	30,000	Contribution to Warrawong Resident Forum to provide food services for the community
Waves of Wellness Foundation Ltd	49,000	Men's Mental health & Suicide Prevention Program
We Help Ourselves	856,827	Drug and Alcohol Treatment Services Grant
Wee Waa Local Aboriginal Land Council	50,000	Contribution to support the organisation's business study for an Aboriginal Medical Centre in the Wee Waa township
Weigelli Centre Aboriginal Corp	150,000	Central West Mental Health Wellbeing program
Wellington Aboriginal Corporation Health Service	200,000	Alcohol and Other Drugs "ICE Inquiry" prevention programs for Aboriginal young people and their families
Wellington Aboriginal Corporation Health Service	554,645	Building on Aboriginal Communities' Resilience initiative
Wellington Aboriginal Corporation Health Service	400,000	Funding for Head to Health Kids Hubs for Aboriginal Community Controlled Health Organisation in NSW
Wellington Aboriginal Corporation Health Service	285,598	Post Custodial Support Grant
Wellways Australia Ltd	3,540,869	Community Living Support Services
Wellways Australia Ltd	13,091,618	Housing and Accommodation Support Initiative
Wellways Australia Ltd	2,610,878	Youth Community Living Support Services
Wentwest Ltd	109,318	NSW universal aftercare service funding - Western Sydney
Wentwest Ltd	1,657,500	Urgent Care Service Grant - Auburn
Wentwest Ltd	768,750	Urgent Care Service Grant - Castle Hill
Wentwest Ltd	478,125	Urgent Care Service Grant - Quakers Hill
Wentworth Healthcare Limited	109,318	NSW universal aftercare service funding - Nepean Blue Mountains
Wentworth Healthcare Limited	1,020,000	Urgent Care Service Grant - North Richmond
Western Health Alliance Ltd	520,460	NSW universal aftercare service funding - Western NSW
Western Health Alliance Ltd	1,273,124	Urgent Care Service Grant - Orange
Western Sydney University	30,000	Co-design and co-evaluation of an Alcohol and Other Drug Education Program
Womens Alcohol And Drug Advisory Centre Inc	230,390	Drug and Alcohol Treatment Services Grant
Womens Health NSW Inc	100,000	Assisting Access to Abortion Care and Long acting reversible contraception
Womens Health NSW Inc	91,000	Women's Health Centre election commitment funding enhancement
Yellow Dove Australia Ltd	49,850	Men's Mental health and Suicide Prevention Program
Yoorana Gunya Family Healing Centre Aboriginal Corp	277,323	Building on Aboriginal Communities' Resilience initiative
Yoorana Gunya Family Healing Centre Aboriginal Corp	150,000	Central West Mental Health Wellbeing program
Yoorana Gunya Family Healing Centre Aboriginal Corp	500,000	Funding for Head to Health Kids Hubs for Aboriginal Community Controlled Health Organisation in NSW

Grant recipient	Amount (\$)	Description
Yoorana Gunya Family Healing Centre Aboriginal Corp	200,000	Mental Health and Wellbeing program.
Yourtown	4,223,000	Kids helpline service.
Total	328,924,646	

Research grants in 2024-25

Grant recipient	Amount (\$)	Description
The Sax Institute	1,800,000	Sax Institute Core Funding.
University of Newcastle	406,250	NSW Prevention Research Support Program – Priority Research Centre for Health Behaviour
University of NSW	412,500	NSW Prevention Research Support Program – National Drug and Alcohol Research Centre
University of NSW	333,750	NSW Prevention Research Support Program – Kirby Institute
University of NSW	300,000	NSW Prevention Research Support Program – Centre for Primary Health Care and Equity
University of Sydney	93,750	NSW Prevention Research Support Program – Women and Babies Research
University of Sydney	406,250	NSW Prevention Research Support Program – Prevention Research Collaboration
University of Sydney	125,000	NSW Prevention Research Support Program – Edith Collins Centre
University of Wollongong	303,750	NSW Prevention Research Support Program – Early Start
University of NSW	150,000	Alcohol and Other Drugs Linked Analyses Grant
University of Sydney	100,000	Clinical Audit of Public Antenatal Medical Records Grant
University of NSW	130,816	BUBs Quit study
University of Newcastle	1,679,685	Community pharmacy trial - participation support
University of Newcastle	570,000	Clinical trial – pharmacist management of urinary tract infections
University of NSW	80,000	Integrating mathematical modelling and public health surveillance – partner contribution
University of Melbourne	60,000	Grant to explore further development of the Safe & Together™ Model to provide culturally safe responses to addressing family violence in Aboriginal communities
The Australian and New Zealand Intensive Care Society	431,501	Bi-national intensive care databases
Australian Cardiovascular Alliance Ltd	165,000	Cardiovascular and stroke research investments on health outcomes
Association of Australian Medical Research Institutes Ltd	2,000,000	Collaborative research infrastructure enablement pilot grant
Black Dog Institute	835,432	Medical Research Support Program
Centenary Institute of Cancer Medicine & Cell Biology	1,235,813	Medical Research Support Program
Children's Cancer Institute	982,478	Medical Research Support Program
Children's Medical Research Institute	1,143,196	Medical Research Support Program
Garvan Institute of Medical Research	11,099,234	Medical Research Support Program
Hunter Medical Research Institute	7,846,311	Medical Research Support Program
Ingham Institute for Applied Medical Research	3,459,907	Medical Research Support Program
Neuroscience Research Australia	2,803,580	Medical Research Support Program
The George Institute for Global Health	6,158,908	Medical Research Support Program
The Heart Research Institute Ltd	851,810	Medical Research Support Program
The Westmead Institute for Medical Research	3,063,152	Medical Research Support Program
Victor Chang Cardiac Research Institute Ltd	1,665,109	Medical Research Support Program

Grant recipient	Amount (\$)	Description
Woolcock Institute of Medical Research Ltd	1,531,438	Medical Research Support Program
Biotalk Pty Ltd	240,625	Sustainable operating model for the special enterprise Franklin Women
University of Newcastle	498,928	Schizophrenia Research Grants Program
University of NSW	746,872	Schizophrenia Research Grants Program
Ingham Institute for Applied Medical Research	499,940	NSW Translational Research Grants Scheme
University of Newcastle	461,682	NSW Translational Research Grants Scheme
Western Sydney University	499,619	NSW Translational Research Grants Scheme
Garvan Institute of Medical Research	500,000	Early Mid-Career Grants funding
Lifeforce Australia Trust	499,979	Early Mid-Career Grants funding
Macquarie University	500,000	Early Mid-Career Grants funding
Melanoma Institute Australia	495,392	Early Mid-Career Grants funding
University of Sydney	497,000	Early Mid-Career Grants funding
University of Sydney	498,335	Early Mid-Career Grants funding
Canberra Health Services	695,017	Rural, Regional and Remote Clinical trial support units
National Heart Foundation of Australia	250,000	NSW Cardiovascular Research Network
University of Newcastle	450,000	NSW Cardiovascular Research Capacity Program – Senior and Early Mid-career Research Grant
University of Newcastle	449,000	NSW Cardiovascular Research Capacity Program – Senior and Early Mid-career Research Grant
University of NSW	2,539,106	Cardiovascular Disease Senior and Early Mid-Career Grant Funding
University of NSW	444,828	NSW Cardiovascular Research Capacity Program – Senior and Early Mid-career Research Grant
University of Sydney	3,137,028	Cardiovascular Disease Senior and Early Mid-Career Grant Funding
University of Sydney	449,623	NSW Cardiovascular Research Capacity Program – Senior and Early Mid-career Research Grant
University of Sydney	498,800	NSW Cardiovascular Research Capacity Program – Senior and Early Mid-career Research Grant
University of Technology Sydney	750,000	NSW Cardiovascular Research Capacity Program – Senior and Early Mid-career Research Grant
University of Technology Sydney	449,417	NSW Cardiovascular Research Capacity Program – Senior and Early Mid-career Research Grant
Victor Chang Cardiac Research Institute Ltd	1,400,000	Cardiovascular Disease Precision Medicine for Public Health
Total	69,675,811	

Financial statements

This section of the report presents the Auditor's report and financial statements of the NSW Ministry of Health.

The financial statements for all NSW Health entities can be found in volumes two and three of the NSW Health 2024-25 Annual Report on the NSW Health Website at health.nsw.gov.au/AnnualReport.



INDEPENDENT AUDITOR'S REPORT

Ministry of Health

To Members of the New South Wales Parliament

Opinion

I have audited the accompanying financial statements of the Ministry of Health and the consolidated entity (Ministry of Health) which comprise the Statement by the Accountable Authority, the Statement of Comprehensive Income for the year ended 30 June 2025, the Statement of Financial Position as at 30 June 2025, the Statement of Changes in Equity and the Statement of Cash Flows for the year then ended, and notes to the financial statements, including a Statement of Material Accounting Policies and other explanatory information of the Ministry of Health. The consolidated entity comprises the Ministry of Health and the entities it controlled at the year's end or from time to time during the financial year.

In my opinion, the financial statements:

- have been prepared in accordance with Australian Accounting Standards and the applicable financial reporting requirements of the *Government Sector Finance Act 2018* (GSF Act), the *Government Sector Finance Regulation 2024* (GSF Regulation) and the Treasurer's Directions
- presents fairly the financial position, financial performance and cash flows of the Ministry of Health.

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 of Health in accordance with the requirements of the:

- Australian Auditing Standards
- Accounting Professional and Ethical Standards Board's APES 110 'Code of Ethics for Professional Accountants (including Independence Standards)' (APES 110).

Parliament promotes independence by ensuring the Auditor-General and the Audit Office of New South Wales are not compromised in their roles by:

- providing that only Parliament, and not the executive government, can remove an Auditor-General
- mandating the Auditor-General as auditor of public sector agencies
- precluding the Auditor-General from providing non-audit services.

I have fulfilled my other ethical responsibilities in accordance with APES 110.

I believe the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

Key Audit Matters

Australian Auditing Standard ASA 701 'Communicating Key Audit Matters in the Independent Auditor's Report' applies to the audit of the general purpose financial statements of listed entities or when an auditor is required by legislation to communicate key audit matters in the auditor's report. There is no legislative requirement to communicate key audit matters in my independent audit report on the Ministry of Health. I have voluntarily included a narrative on Key Audit Matters to enhance the readability of my audit opinion.

Key audit matters are those matters that, in my professional judgement, were of most significance in my audit of the financial statements of the Ministry of Health for the year ended 30 June 2025. These matters were addressed in the context of my audit of the financial statements as a whole, and in forming my opinion thereon. I do not provide a separate opinion on these matters.

Key Audit Matter	How my audit addressed the matter
Valuation of property, plant and equipment	
<p><i>Refer to Note 23 Property, plant and equipment</i></p> <p>At 30 June 2025, the Ministry of Health reported \$32.6 billion in infrastructure, property, plant and equipment measured at fair value and comprised of:</p> <ul style="list-style-type: none"> • \$30 billion - land and buildings • \$1.7 billion - plant and equipment • \$0.9 billion - infrastructure. 	<p>To address the key audit matter, we:</p> <ul style="list-style-type: none"> • assessed the adequacy of management's review of the valuation process; • assessed the competence, capabilities and objectivity of management's valuers; • reviewed the scope and instructions provided to the valuers and obtained an understanding of the methodology used and its appropriateness with reference to relevant Australian Accounting Standards and Treasurer's Directions; • assessed the appropriateness of the components of buildings used for measuring gross replacement cost with reference to common industry practice; • performed targeted procedures for WIP, including: <ul style="list-style-type: none"> – sample testing of invoices and approvals, and ensured appropriate capitalisation of costs; – reviewed reasonability of overhead allocations capitalised; – performed WIP ageing analytics to identify outliers (delays, impairment indicators, cancellations); • evaluated whether the useful lives applied to the various asset classes were consistent with management's planned usage of those assets; • assessed assumptions used by the valuer to determine the asset values; • assessed the reasonableness and appropriateness of judgement used by management to assess non-financial assets for impairment. This included the process employed to monitor impairment indicators; • evaluated management's implementation of the amendments to AASB 13 (AASB 2022-10) by reviewing the impact assessment and supporting position papers, assessing key valuation judgements for compliance with AASB 13; • assessed the adequacy of the financial statement disclosures against the requirements of applicable Australian Accounting Standards and Treasurer's Directions.
<p>I considered this area a key audit matter due to the:</p> <ul style="list-style-type: none"> • financial significance, geographical distribution and specialised or unique nature of health assets; • high degree of management judgement required in respect of classifying project costs as capital or expense; and • complexities associated with the application of AASB 13 Fair Value Measurement being dependent on assumptions that require significant judgement in areas such as: <ul style="list-style-type: none"> – identifying components of buildings and determining their current replacement cost – forecasting remaining useful lives – assessing the conditions of the assets – assessing the financial impact of indicators of impairment. • 2024–25 amendments to AASB 13 for NFP public sector entities (AASB 2022-10), which required a management impact assessment on valuation assumptions, increasing audit focus • the scale and risk profile of Capital Work in Progress (WIP), including ageing and cancelled projects, readiness for capitalisation and cut-off, and the basis for allocating overheads to projects. 	

Key Audit Matter	How my audit addressed the matter
Recognition and measurement of Commonwealth grants and contributions revenue	
<p><i>Refer to Note 10 Grants and other contributions</i></p> <p>Of the \$9.9 billion recognised as grants and other contributions revenue during the year, over \$8.9 billion related to the funding arrangements through the National Health Reform Agreement (NHRA) in 2024–25.</p> <p>I considered this area a key audit matter due to the:</p> <ul style="list-style-type: none"> • significance of the balance relative to the Ministry of Health's Statement of Comprehensive Income; • different types of performance obligations attached to each revenue stream; • Ministry of Health's complex IT system (EDWARD) for capturing various activities occurred at all NSW Health entities for activity-based funding (ABF) streams. 	<p>To address the key audit matter, we:</p> <ul style="list-style-type: none"> • documented and understood the nature of the key revenue streams relating to the NHRA and other grants; • reviewed the terms and conditions contained within the key funding agreements entered with the grantors; • assessed the IT general controls of the new EDWARD system and the accounting treatments applied to each type of grant funding stream; • understood and assessed the implications resulting from expiration of any agreement; and • reviewed a sample of transactions to ensure the appropriate accounting treatment had been applied.

Other Information

The Ministry of Health's annual report for the year ended 30 June 2025 includes other information in addition to the financial statements and my Independent Auditor's Report thereon. The Secretary of the Ministry of Health is responsible for the other information. At the date of this Independent Auditor's Report, the other information I have received comprise the climate-related financial disclosures included in the Sustainability Chapter of Ministry of Health's annual report.

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 GSF Act, GSF Regulation and Treasurer's Directions. The Secretary's responsibility also includes such internal control as the Secretary determines is necessary to enable the preparation and fair presentation of the financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Secretary is responsible for assessing the ability of the Ministry of Health and the consolidated entity to continue as a going concern, disclosing as applicable, matters related to going concern and using the going concern basis of accounting.

Auditor's Responsibilities for the Audit of the Financial Statements

My objectives are to:

- obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error
- issue an Independent Auditor's Report including my opinion.

Reasonable assurance is a high level of assurance but does not guarantee an audit conducted in accordance with Australian Auditing Standards will always detect material misstatements. Misstatements can arise from fraud or error. Misstatements are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions users take based on the financial statements.

A description of my responsibilities for the audit of the financial statements is located at the Auditing and Assurance Standards Board website at: www.auasb.gov.au/media/5fkcysek/ar5_2024.pdf. The description forms part of my auditor's report.

The scope of my audit does not include, nor provide assurance:

- that the Ministry of Health carried out its 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.



Bola Oyetunji
Auditor-General for New South Wales

29 September 2025
SYDNEY

Ministry of Health

Statement by the Accountable Authority

for the year ended 30 June 2025



We state, pursuant to section 7.6(4) of the *Government Sector Finance Act 2018* ('GSF Act'):

1. The financial statements of the Ministry of Health for the year ended 30 June 2025 have been prepared in accordance with:
 - a. Australian Accounting Standards (AAS) (which include Australian Accounting Interpretations);
 - b. applicable requirements of the GSF Act, the *Government Sector Finance Regulation 2024*; and
 - c. Treasurer's Directions issued under the GSF Act.

2. The financial statements present fairly the Ministry of Health's financial position as at 30 June 2025 and the financial performance and cash flows for the year then ended.

A handwritten signature in black ink, appearing to read 'Susan Pearce'.

Susan Pearce AM
Secretary, NSW Health

26 September 2025

A handwritten signature in black ink, appearing to read 'Alfa D'Amato'.

Adjunct Professor Alfa D'Amato
**Deputy Secretary, Financial and Corporate Services and
Chief Financial Officer, NSW Health**

26 September 2025

Ministry of Health

Statement of Comprehensive Income for the year ended 30 June 2025

		Consolidated Actual 2025 \$000	Consolidated Budget 2025 \$000	Consolidated Actual 2024 \$000	Parent Actual 2025 \$000	Parent Actual 2024 \$000
	Notes					
Continuing operations						
Expenses excluding losses						
Employee related expenses	2	19,851,794	19,485,465	18,901,233	340,898	282,330
Operating expenses	3	9,047,365	8,795,240	8,858,313	1,423,176	1,490,349
Depreciation and amortisation	4	1,577,540	1,547,631	1,477,854	11,706	11,420
Grants and subsidies	5	1,879,123	1,923,916	1,842,193	27,284,986	25,981,175
Finance costs	6	136,714	120,837	126,514	7	17
Total expenses excluding losses		32,492,536	31,873,089	31,206,107	29,060,773	27,765,291
Revenue						
Appropriations	7	19,859,008	20,367,312	19,138,955	19,859,008	19,138,955
Acceptance by the Crown ¹ of employee benefits and other liabilities	11	513,641	516,469	589,971	10,141	10,681
Sale of goods and services from contracts with customers	8	3,316,451	3,093,350	2,999,160	199,407	143,559
Investment revenue	9	115,374	92,579	113,634	20,858	18,606
Grants and other contributions	10	9,879,351	9,732,896	9,342,292	9,405,345	8,717,139
Other income	12	97,747	65,614	100,861	20,393	19,918
Total revenue		33,781,572	33,868,220	32,284,873	29,515,152	28,048,858
Operating result		1,289,036	1,995,131	1,078,766	454,379	283,567
Gains / (losses) on disposal	13	(17,611)	-	(11,747)	(17)	(5)
Impairment losses on financial assets	18	(111,613)	-	(84,680)	(1,420)	120
Other gains / (losses)	14	(25,816)	(35,740)	(92,122)	(6,246)	(47)
Net result from continuing operations		1,133,996	1,959,391	890,217	446,696	283,635
Net result from discontinued operations		-	-	-	-	-
Net result		1,133,996	1,959,391	890,217	446,696	283,635
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	23	1,181,078	-	1,190,421	43,690	5,673
Total other comprehensive income		1,181,078	-	1,190,421	43,690	5,673
TOTAL COMPREHENSIVE INCOME		2,315,074	1,959,391	2,080,638	490,386	289,308

¹Crown represents 'The Crown in right of the State of New South Wales'.

The accompanying notes form part of these financial statements.

Ministry of Health

Statement of Financial Position as at 30 June 2025

		Consolidated Actual 2025 \$000	Consolidated Budget 2025 \$000	Consolidated Actual 2024 \$000	Parent Actual 2025 \$000	Parent Actual 2024 \$000
	Notes					
ASSETS						
Current assets						
Cash and cash equivalents	17	3,139,759	2,415,063	2,781,203	1,070,802	683,561
Receivables	18	1,419,461	1,179,151	1,267,496	283,292	318,899
Contract assets	19	7,843	2,260	2,677	6,301	636
Inventories	20	291,594	326,923	325,036	97,144	38,808
Financial assets at fair value	21	74,601	73,909	68,521	-	-
Other financial assets	22	389	-	-	184,620	281,133
		4,933,647	3,997,306	4,444,933	1,642,159	1,323,037
Non-current assets held for sale		-	304	304	-	-
Total current assets		4,933,647	3,997,610	4,445,237	1,642,159	1,323,037
Non-current assets						
Receivables	18	137,635	23,959	120,924	6,700	5,903
Financial assets at fair value	21	5,686	11,505	6,351	-	-
Other financial assets	22	97,252	93,056	90,771	-	-
Property, plant and equipment						
- Land and buildings	23	29,958,255	30,220,869	27,945,803	199,838	165,945
- Plant and equipment	23	1,679,207	1,793,626	1,620,131	15,919	17,155
- Infrastructure systems	23	912,348	862,752	851,435	1,104	853
Total property, plant and equipment		32,549,810	32,877,247	30,417,369	216,861	183,953
Right-of-use assets	24	707,473	669,387	738,947	120	639
Intangible assets	25	1,074,587	1,201,222	985,749	15,180	9,749
Total non-current assets		34,572,443	34,876,376	32,360,111	238,861	200,244
Total assets		39,506,090	38,873,986	36,805,348	1,881,020	1,523,281
LIABILITIES						
Current liabilities						
Payables	28	2,473,167	2,017,187	2,084,717	549,146	685,275
Contract liabilities	29	39,311	57,031	36,785	33	647
Borrowings	30	197,320	199,873	186,875	70	171
Provisions	31	3,632,133	3,232,583	3,469,465	77,346	102,774
Other current liabilities	32	50,584	111,893	102,755	25,276	187
Total current liabilities		6,392,515	5,618,567	5,880,597	651,871	789,054
Non-current liabilities						
Payables	28	72,185	74,801	106,396	-	-
Contract liabilities	29	83	556	198	-	-
Borrowings	30	1,497,733	1,443,579	1,560,822	50	485
Provisions	31	79,021	55,959	77,776	7,742	6,836
Other non-current liabilities	32	300,693	290,215	310,512	2,814	2,766
Total non-current liabilities		1,949,715	1,865,110	2,055,704	10,606	10,087
Total liabilities		8,342,230	7,483,677	7,936,301	662,477	799,141
Net assets		31,163,860	31,390,309	28,869,047	1,218,543	724,140

Ministry of Health

Statement of Financial Position as at 30 June 2025 (continued)

	Notes	Consolidated Actual 2025 \$000	Consolidated Budget 2025 \$000	Consolidated Actual 2024 \$000	Parent Actual 2025 \$000	Parent Actual 2024 \$000
EQUITY						
Reserves		13,439,633	12,818,902	12,256,774	205,159	161,469
Accumulated funds		17,724,227	18,571,407	16,612,273	1,013,384	562,671
Total equity		31,163,860	31,390,309	28,869,047	1,218,543	724,140

The accompanying notes form part of these financial statements.

Ministry of Health

Statement of Changes in Equity for the year ended 30 June 2025

CONSOLIDATED	Notes	Accumulated	Asset	Total
		Funds	Revaluation	
		\$000	\$000	\$000
Balance at 1 July 2024		16,612,273	12,256,774	28,869,047
Net result for the year		1,133,996	-	1,133,996
Other comprehensive income:				
Net changes in revaluation surplus of property, plant and equipment	23	-	1,181,078	1,181,078
Total comprehensive income for the year		1,133,996	1,181,078	2,315,074
Transfer of asset revaluation surplus to accumulated funds on disposal of assets		(1,781)	1,781	-
Transactions with owners in their capacity as owners				
Increase / (decrease) in net assets from equity transfers	33	(20,261)	-	(20,261)
Balance at 30 June 2025		17,724,227	13,439,633	31,163,860
Balance at 1 July 2023		15,704,871	11,083,538	26,788,409
Net result for the year		890,217	-	890,217
Other comprehensive income:				
Net changes in revaluation surplus of property, plant and equipment	23	-	1,190,421	1,190,421
Total comprehensive income for the year		890,217	1,190,421	2,080,638
Transfer of asset revaluation surplus to accumulated funds on disposal of assets		17,185	(17,185)	-
Balance at 30 June 2024		16,612,273	12,256,774	28,869,047

PARENT	Notes	Accumulated	Asset	Total
		Funds	Revaluation	
		\$000	\$000	\$000
Balance at 1 July 2024		562,671	161,469	724,140
Net result for the year		446,696	-	446,696
Other comprehensive income				
Net changes in revaluation surplus of property, plant and equipment	23	-	43,690	43,690
Total other comprehensive income		-	43,690	43,690
Total comprehensive income for the year		446,696	43,690	490,386
Transactions with owners in their capacity as owners				
Increase / (decrease) in net assets from equity transfers	33	4,017	-	4,017
Balance at 30 June 2025		1,013,384	205,159	1,218,543
Balance at 1 July 2023		279,036	155,796	434,832
Net result for the year		283,635	-	283,635
Other comprehensive income				
Net changes in revaluation surplus of property, plant and equipment	23	-	5,673	5,673
Total comprehensive income for the year		283,635	5,673	289,308
Balance at 30 June 2024		562,671	161,469	724,140

The accompanying notes form part of these financial statements.

Ministry of Health

Statement of Cash Flows for the year ended 30 June 2025

	Notes	Consolidated Actual 2025 \$000	Consolidated Budget 2025 \$000	Consolidated Actual 2024 \$000	Parent Actual 2025 \$000	Parent Actual 2024 \$000
CASH FLOWS FROM OPERATING ACTIVITIES						
Payments						
Employee related		(19,389,063)	(18,981,069)	(18,377,656)	(345,861)	(277,899)
Suppliers for goods and services		(9,580,670)	(10,279,593)	(9,625,010)	(1,510,787)	(1,659,334)
Grants and subsidies		(2,076,404)	(1,923,916)	(1,970,728)	(27,275,724)	(25,854,643)
Finance costs		(136,713)	(120,837)	(126,514)	(7)	(17)
Total payments		(31,182,850)	(31,305,415)	(30,099,908)	(29,132,379)	(27,791,893)
Receipts						
Appropriations		19,859,008	20,367,312	19,138,955	19,859,008	19,138,955
Reimbursements from the Crown ¹		320,115	-	288,001	8,333	7,241
Sale of goods and services		3,188,389	3,068,662	2,869,576	62,469	103,037
Interest received		106,008	86,064	102,322	20,867	18,490
Grants and other contributions		9,672,598	9,732,896	9,201,205	9,190,905	8,583,824
Other		1,165,602	1,565,674	1,203,285	284,575	275,898
Total receipts		34,311,720	34,820,608	32,803,344	29,426,157	28,127,445
NET CASH FLOWS FROM OPERATING ACTIVITIES	39	3,128,870	3,515,193	2,703,436	293,778	335,552
CASH FLOWS FROM INVESTING ACTIVITIES						
Proceeds from sale of property, plant and equipment and intangibles						
Proceeds from sale of property, plant and equipment and intangibles		6,507	15,000	5,333	4,017	-
Proceeds from sale of financial assets		-	-	36,581	-	-
Purchases of property, plant and equipment and intangibles						
Purchases of property, plant and equipment and intangibles		(2,583,950)	(2,862,896)	(2,247,417)	(7,026)	(3,727)
Other		49	(282,212)	47	96,513	(74,580)
NET CASH FLOWS FROM INVESTING ACTIVITIES		(2,577,394)	(3,130,108)	(2,205,456)	93,504	(78,307)

Ministry of Health

Statement of Cash Flows for the year ended 30 June 2025 (continued)

	Notes	Consolidated Actual 2025 \$000	Consolidated Budget 2025 \$000	Consolidated Actual 2024 \$000	Parent Actual 2025 \$000	Parent Actual 2024 \$000
CASH FLOWS FROM FINANCING ACTIVITIES						
Repayment of borrowings and advances		(36,042)	(205,621)	(30,307)	-	-
Payment of principal portion of service concession financial liability		(1,655)	-	(1,557)	-	-
Payment of principal portion of lease liabilities		(160,400)	-	(163,440)	(41)	(170)
Proceeds / (payment) of derivatives		4,729	-	3,041	-	-
NET CASH FLOWS FROM FINANCING ACTIVITIES		(193,368)	(205,621)	(192,263)	(41)	(170)
NET INCREASE / (DECREASE) IN CASH AND CASH EQUIVALENTS						
Opening cash and cash equivalents		2,781,203	2,235,599	2,475,288	683,561	426,486
Effects of exchange rate changes on cash and cash equivalents		448	-	198	-	-
CLOSING CASH AND CASH EQUIVALENTS	17	3,139,759	2,415,063	2,781,203	1,070,802	683,561

¹Crown represents 'The Crown in right of the State of New South Wales'.

The accompanying notes form part of these financial statements.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2025

1. Statement of material accounting policy information

(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
- Single Digital Patient Record Implementation Authority
- 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 2025 have been authorised for issue by the Secretary, NSW Health on the date the accompanying statement was signed.

(b) Principles of consolidation

The consolidated financial statements comprise the financial statements of the parent entity and its controlled entities, after elimination of all inter-entity transactions and balances. The controlled entities are consolidated from the date the parent entity obtained control and until such time as control passes.

The financial statements of the controlled entities are prepared for the same reporting period as the parent entity using uniform accounting policies for like transactions and other events in similar circumstances. As a result, no adjustments were required for any dissimilar accounting policies.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2025

1. Statement of material accounting policy information (continued)

(c) Basis of preparation

The consolidated financial statements are general purpose financial statements which have been prepared on an accruals basis and in accordance with:

- applicable Australian Accounting Standards (AAS) (which include Australian Accounting Interpretations);
- the requirements of the *Government Sector Finance Act 2018 ('GSF Act')*, the *Government Sector Finance Regulation 2024*; and
- Treasurer's Directions issued under the GSF Act.

Property, plant and equipment, assets held for sale and certain financial assets and liabilities are measured using the fair value basis. Other financial statement items are prepared in accordance with the historical cost convention except where specified otherwise.

Judgements, key assumptions, and estimations management has made are disclosed in the relevant notes to the consolidated financial statements.

The consolidated financial statements have been prepared on a going concern basis, which assumes the consolidated entity will be able to meet its obligations as and when they fall due.

All amounts are rounded to the nearest one thousand dollars (unless otherwise stated) and are expressed in Australian currency, which is the consolidated and the parent entity's presentation and functional currency.

(d) Statement of Compliance

The consolidated financial statements and notes comply with Australian Accounting Standards which include Australian Accounting Interpretations.

(e) Comparative information

Except when an Australian Accounting Standard permits or requires otherwise, comparative information is presented in respect of the previous period for all amounts reported in the financial statements.

Certain comparative information has been reclassified and/or restated to ensure consistency with current year presentation and classification. These include:

- Note 26 Fair value measurement of non-financial assets: The fair value hierarchy disclosure has been updated in the current year to include leasehold improvements, work in progress and newly completed assets which are carried at cost, for better alignment with property, plant and equipment note. Prior year comparatives have accordingly been updated.
- Note 27 Restricted assets: The restricted asset balances, which previously reported the opening and closing equity balances, have now been revised to present the opening and closing balances of restricted cash and cash equivalents, along with restricted TCorpIM fund investments, for each category of restricted financial assets.
- Note 35 Trust funds: The trust fund balances, which previously reported the opening and closing equity balances, have now been revised to present the opening and closing balances of trust fund cash and cash equivalents for each category of trust funds.
- Note 41 Financial instruments: The market risk sensitivity analysis, which demonstrates the sensitivity to a reasonably possible change in interest rates, has been revised to exclude assets and liabilities not exposed to interest rate risks. Prior year comparatives have accordingly been updated.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2025

1. Statement of material accounting policy information (continued)

(f) Changes in accounting policy, including new or revised Australian Accounting Standards

(i) Effective for the first time in FY2024-25

The following new Australian Accounting Standard has been applied for the first time in 2024-25:

- *AASB 2022-10 Amendments to Australian Accounting Standards - Fair Value Measurements of Non-Financial Assets of Not-for-Profit Public Sector Entities (AASB 2022-10)*

The nature and effect of the changes as a result of adoption of this amendment is described below.

AASB 2022-10 amends AASB 13 *Fair Value Measurement* to add authoritative implementation guidance and related illustrative examples for fair value measurement of non-financial assets of not-for-profit public sector entities not held primarily for their ability to generate net cash inflows. The guidance specifies that the entity is required to consider whether the asset's highest and best use differs from its current use, clarifies the 'financial feasible' criteria, specifies that an entity uses its own assumptions as a starting point for unobservable inputs and provides guidance on how the cost approach is to be applied to measure the assets fair value.

The consolidated entity has reviewed its accounting policies with reference to the guidance and concluded that the impact of applying this amendment did not materially affect the financial statements.

Several other amendments and interpretations apply for the first time in 2024-25, the impact of which is not material to the consolidated financial statements.

As a result, the accounting policies applied in 2024-25 are consistent with those of the previous financial year.

(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 AAS has not been applied and is not yet effective:

- *AASB 18 Presentation and Disclosure in Financial Statements (AASB 18)*

AASB 18 aims to improve how entities communicate in their financial statements, with a particular focus on information about financial performance in the statement of profit or loss. AASB 18 will replace AASB 101 *Presentation of Financial Statements*.

The key presentation and disclosure requirements established by AASB 18 are:

- the presentation of newly defined subtotals in the statement of profit or loss;
- the disclosure of management-defined performance measures; and
- enhanced requirements for grouping information (i.e. aggregation and disaggregation).

For not-for-profit public sector entities, AASB 18 applies to annual reporting periods beginning on or after 1 January 2028.

The impact of AASB 18 is yet to be determined by the consolidated entity.

There are other standards and amendments issued but not yet effective, the impacts of which are not anticipated to be material.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2025

2. Employee related expenses

	Consolidated 2025 \$000	Consolidated 2024 \$000	Parent 2025 \$000	Parent 2024 \$000
Salaries and wages*	16,993,122	16,201,303	237,904	220,797
Superannuation - defined benefit plan	40,968	40,405	406	514
Superannuation - defined contribution plan	1,861,167	1,678,773	21,629	18,160
Long service leave	459,598	608,930	10,803	11,458
Redundancies	21,575	9,936	644	850
Workers' compensation insurance	457,540	344,882	53,232	14,783
Payroll tax and fringe benefits tax	17,824	17,004	16,280	15,768
	19,851,794	18,901,233	340,898	282,330

* Salaries and wages includes annual leave, accrued days off (ADO) and parental leave.

Refer to Note 31 for further details on recognition and measurement of employee related expenses.

Employee related costs of \$116.57 million (2024: \$49.99 million) (parent entity: \$4.58 million (2024: \$Nil)) have been capitalised in property, plant and equipment and intangible assets and are excluded from the above amounts.

In 2024, junior medical officers (JMO) litigation was settled for \$229.80 million, of which \$190.89 million was recognised under employee related expense (Note 2) and \$38.91 million recognised under general expenses (Note 3) in the consolidated entity.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2025

3. Operating expenses

	Consolidated 2025 \$000	Consolidated 2024 \$000	Parent 2025 \$000	Parent 2024 \$000
Agency expenses	87,320	142,661	210	564
Aircraft expenses	152,018	144,924	-	-
Auditor's remuneration	5,975	5,739	1,269	1,099
Blood and blood products	203,257	219,780	50,285	53,401
Capital project expense	27,001	71,311	5,356	-
Consultants	3,347	5,204	1,352	1,648
Contractors	110,054	184,999	6,897	9,194
Cost of sales	7,854	2,414	-	-
Disability equipment support services	14,635	9,543	-	-
Domestic supplies and services	197,534	188,414	1,347	795
Electricity, gas and water	240,819	220,192	1,211	936
Expenses relating to short-term leases	51,984	47,719	16	13
Expenses relating to leases of low-value assets	21,309	21,152	874	924
Food supplies	139,680	140,728	-	-
Information management expenses	527,172	477,336	37,470	42,572
Insurance	540,868	530,148	484,473	478,924
Interstate patient outflows	461,596	365,032	461,596	365,032
Isolated patient travel accommodation assistance	55,051	49,302	-	-
Legal services	25,011	20,780	8,823	7,076
Maintenance (see (a) below)	770,370	666,989	14,409	5,978
Medical and surgical supplies (including prostheses)	1,137,511	1,082,012	6,874	8,380
Motor vehicle expenses	66,515	64,674	160	237
Occupancy agreement expenses - Property and Development NSW	55,660	49,847	23,417	22,642
Office expenses	92,837	96,778	2,548	2,886
Outsourced patient services	460,583	571,023	6,843	4,251
Patient transport costs	65,402	56,000	103	123
Pharmaceutical supplies	1,034,890	1,060,016	222,575	163,503
Professional services (excluding consultants)	53,803	79,965	17,545	18,059
Specialised health services	649,964	594,741	41,883	39,124
Staff related costs	92,140	75,740	2,539	1,505
Travel expenses	140,704	146,975	1,544	1,866
Visiting medical officers	1,317,343	1,194,677	-	-
Warehousing expenses	22,942	23,965	-	-
Works performed for entities controlled by the ultimate parent	45,237	9,476	-	-
General expenses	168,979	238,057	21,557	259,617
	9,047,365	8,858,313	1,423,176	1,490,349

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 2025

3. Operating expenses (continued)

General expenses of \$168.98 million (2024: \$238.06 million) for the consolidated entity relates to advertising, marketing, courier, freight, taxes, rates and related charges, security services and other miscellaneous expenses.

In 2024, general expenses of \$259.62 million for the parent entity included \$229.80 million for JMO litigation settlement expense.

(a) Reconciliation of total maintenance expense

	Consolidated 2025 \$000	Consolidated 2024 \$000	Parent 2025 \$000	Parent 2024 \$000
Corrective maintenance	229,986	172,073	2,292	2,188
Planned maintenance	331,713	296,139	2,152	1,891
New / replacement equipment not capitalised	197,721	198,178	2,322	1,857
Other	10,950	599	7,643	42
Maintenance expense - contracted labour and other (non-employee related), as above	770,370	666,989	14,409	5,978
Employee related maintenance expense*	69,330	65,897	-	-
Total maintenance expenses	839,700	732,886	14,409	5,978

* This balance consists of employees who have been classified as providing maintenance services for the consolidated entity and the expense is included in employee related expenses in Note 2.

4. Depreciation and amortisation

	Consolidated 2025 \$000	Consolidated 2024 \$000	Parent 2025 \$000	Parent 2024 \$000
Depreciation - buildings	963,281	883,909	9,409	9,414
Depreciation - plant and equipment	292,311	272,030	1,211	1,247
Depreciation - infrastructure systems	41,013	38,595	137	123
Depreciation - right-of-use land and buildings	68,019	74,286	-	133
Depreciation - right-of-use plant and equipment	103,434	96,787	63	45
Amortisation - intangible assets	109,482	112,247	886	458
	1,577,540	1,477,854	11,706	11,420

Refer to Note 23 Property, plant and equipment, Note 24 Leases and Note 25 Intangible assets for recognition and measurement policies on depreciation and amortisation.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2025

5. Grants and subsidies

	Consolidated 2025 \$000	Consolidated 2024 \$000	Parent 2025 \$000	Parent 2024 \$000
Payments to entities controlled by the Ministry	-	-	26,002,413	24,722,659
Payments to Affiliated Health Organisations	912,059	860,026	536,316	501,307
Payments to other public health services not controlled by the Ministry	161,721	141,149	161,721	141,149
Grants provided to support:				
- Community packages	51,148	51,385	1,701	731
- Grants to research organisations	89,335	104,491	66,127	76,489
- Non-Government organisations	210,014	206,568	104,506	100,610
Grants to entities controlled by the ultimate parent	65,949	60,907	62,773	58,594
Other grants	388,897	417,667	349,429	379,636
	1,879,123	1,842,193	27,284,986	25,981,175

Other grants consist of various grants provided to external organisations to support health related objectives and activities. It also includes \$166.79 million (2024: \$169.95 million) towards various mental health programs which includes \$96.89 million (2024: \$93.30 million) towards the Mental Health Housing and Accommodation Support Initiative (HASI) and Community Living Supports (CLS) program in the consolidated and parent entity.

Recognition and Measurement

Grants and subsidies generally comprise contributions in cash or in kind to controlled entities of the Ministry (from the parent entity), affiliated health organisations, various local government authorities and not-for-profit community organisations to support their health-related objectives and activities. Expenses are recognised on an accruals basis when the reporting entity has a present obligation under a contract to make the payment or upon the transfer of the cash or assets. The transferred assets are measured at their fair value.

6. Finance costs

	Consolidated 2025 \$000	Consolidated 2024 \$000	Parent 2025 \$000	Parent 2024 \$000
Interest expense from lease liabilities	31,121	22,856	7	17
Interest expense from financial liabilities at amortised cost	105,569	103,610	-	-
Other interest and charges	24	48	-	-
	136,714	126,514	7	17

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 2025

7. Appropriations and transfers to The Crown in right of the State of New South Wales (Crown)

Summary of compliance at a lead minister level

	2025 \$000	2024 \$000
Original budget per <i>Appropriation Act</i>	20,367,312	19,612,662
Other appropriations / expenditure:		
Variations made to appropriations during the financial year		
- Section 4.9 GSF Act (transfer of functions between GSF agencies)	-	4,500
- Section 4.11 GSF Act (variations of annual appropriations for Commonwealth grants)	15,078	4,229
- Special appropriations (per Section 39 (1)(b) of the Appropriations Act)	3,382	-
Total spending authority from parliamentary appropriations, other than deemed appropriations	20,385,772	19,621,391
Add:		
The spending authority from deemed appropriations during the year	14,461,999	13,709,915
The unutilised spending authority from deemed appropriations in prior years	2,781,242	2,470,125
Total	37,629,013	35,801,431
Less: total expenditure out of the Consolidated Fund	(33,962,443)	(32,537,753)
Variance	3,666,570	3,263,678
Less:		
The spending authority from appropriations lapsed at 30 June	(526,764)	(482,436)
Deemed appropriations balance carried forward to following years	3,139,806	2,781,242
	2025 \$000	2024 \$000
Appropriations (per Statement of Comprehensive Income)	19,859,008	19,138,955
Total amount drawn down against Annual Appropriations:	19,859,008	19,138,955

The *Appropriation Act 2024* (Appropriations Act) (and the subsequent variations, if applicable) appropriates the sum of \$20,367.31 million to the Minister for Health out of the Consolidated Fund for the services of the Ministry of Health for the year 2025. The spending authority of the Minister from the Appropriations Act has been delegated or subdelegated to officers of the Ministry of Health and entities that it is administratively responsible for, listed in Note 1 to the financial statements, with separate instruments of delegation issued to portfolio agencies Mental Health Commission of New South Wales and Health Care Complaints Commission.

The lead Minister for each entity above, being the Minister for Health, is taken to have been given an appropriation out of the Consolidated Fund under the authority of section 4.7 of the GSF Act, at the time the entity receives or recovers any deemed appropriation money, for an amount equivalent to the money that is received or recovered by the entity. These deemed appropriations are taken to have been given for the services of the Ministry of Health.

In addition, government money that a GSF agency receives or recovers, from another GSF agency, of a kind prescribed by the GSF regulations that forms part of the Consolidated Fund, is also deemed appropriation moneys where the receiving agency has a different lead Minister to the agency making the payment, or one or both of the agencies is a special office (as defined in section 4.7(8)).

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2025

7. Appropriations and transfers to The Crown in right of the State of New South Wales (Crown) (continued)

Summary of compliance at a lead minister level (continued)

The delegation / sub-delegations for 2025 and 2024, authorising officers to spend Consolidated Fund money, impose limits to the amounts of individual transactions, but do not specify an aggregate expenditure limit for the respective entities. However, as it relates to expenditure in reliance on a sum appropriated through an annual Appropriations Act, the delegation / sub-delegations are referrable to the overall authority to spend set out in the relevant Appropriations Act. The individual transaction limits have been properly observed. The information in relation to the limit from the Appropriations Act is disclosed in the summary of compliance table above.

The summary of compliance has been prepared on the basis of aggregating the spending authorities of both the Minister for Health for the services of the Ministry of Health and the lead Ministers for the services of the entities listed above that receives or recovers deemed appropriation money. It reflects the status at the point in time this disclosure statement is being made.

Recognition and Measurement

Parliamentary appropriations other than deemed appropriations

Income from appropriations, other than deemed appropriations (of which the accounting treatment is based on the underlying transaction), does not contain enforceable and sufficiently specific performance obligations as defined by AASB 15 *Revenue from Contracts with Customers* (AASB 15). Therefore, appropriations (other than deemed appropriations) are recognised as income when the entity obtains control over the asset comprising the appropriations. Control over appropriations is normally obtained upon the receipt of cash.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2025

8. Sale of goods and services from contracts with customers

	Consolidated 2025 \$000	Consolidated 2024 \$000	Parent 2025 \$000	Parent 2024 \$000
Sale of goods				
Sale of inventories	7,854	2,414	-	-
Sales and recoveries of pharmaceutical supplies	389,380	443,980	-	-
Sales of prostheses	63,714	63,592	-	-
Other	31,499	31,512	1,464	-
	492,447	541,498	1,464	-
Rendering of services				
Patients				
Fees for clinical services	74,449	66,670	-	-
Fees for medical services rendered	1,320,955	1,199,446	10,343	9,891
Interstate patient inflows	152,998	101,939	152,998	101,939
Motor accident third party insurance covered	222,903	192,029	-	-
Patient transport fees	90,724	84,341	-	-
Other patient fees	101,264	91,172	-	-
General Community				
Car parking fees	86,894	51,691	28	6
Commercial activities	55,213	50,478	-	-
Fees for non-medical services	4,570	4,169	-	-
Non-NSW Health entities				
Services provided to non NSW Health organisations	42,334	40,713	-	-
Entities controlled by the ultimate parent				
Fees for capital works performed	45,237	9,476	-	-
Other				
Fees for private usage of hospital's facilities	9,555	9,489	-	-
Infrastructure fees - monthly facility charge	366,041	338,258	-	-
Infrastructure fees - annual charge	119,290	95,459	-	-
General user charges fees	55,213	53,686	227	1,051
Personnel service fees recharged	33,447	30,619	33,447	30,619
Other services	42,917	38,027	900	53
	2,824,004	2,457,662	197,943	143,559
	3,316,451	2,999,160	199,407	143,559

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2025

8. Sale of goods and services from contracts with customers (continued)

Recognition and Measurement

Sales of goods

Revenue from sale of goods is recognised when the consolidated entity satisfies the performance obligation by transferring the promised goods.

Type of good	Nature of timing of satisfaction of performance obligations, including significant payment terms	Revenue recognition policies
Sales of inventories and sale and recoveries of pharmaceutical supplies	The performance obligation of transferring inventories and pharmaceutical products is typically satisfied at the point in time when the products are dispensed to customers, which denotes acceptance by the customer, and therefore deemed as the point in time when the control is transferred to the customer. The payments are typically due within 30 days after the invoice date.	Revenue from these sales is recognised based on the price specified on the invoice, and revenue is only recognised to the extent that it is highly probable that a significant reversal will not occur. No element of financing is deemed present as the sales are made with a short credit term. No volume discount or warranty is provided on the sale.
Sales of prostheses	Relates to revenue generated for surgically implanted prostheses and medical devices. The performance obligation of transferring these products is typically satisfied at the point in time when the products are implanted in the body of the patient, which denotes acceptance by the customer, and therefore deemed as the point in time when the control is transferred to the customer. The payments are typically due within 30 days after the invoice date.	Revenue from these sales is recognised based on the price specified on the invoice, and revenue is only recognised to the extent that it is highly probable that a significant reversal will not occur. No element of financing is deemed present as the sales are made with a short credit term. No volume discount or warranty is provided on the sale.
Other	Relates to sale of various products including the sale of low value medical equipment, schedule 3 medical equipment, sale of publications, old wares and refuse and other general goods. The performance obligation of transferring these products is typically satisfied at the point in time when the products are purchased by the customer and takes delivery, which denotes acceptance by the customer, and therefore deemed as the point in time when the control is transferred to the customer. The payments are typically due within 30 days after the invoice date.	Revenue from these sales is recognised based on the price specified on the invoice, and revenue is only recognised to the extent that it is highly probable that a significant reversal will not occur. No element of financing is deemed present as the sales are made with a short credit term. No volume discount or warranty is provided on the sale.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2025

8. Sale of goods and services from contracts with customers (continued)

Recognition and Measurement (continued)

Rendering of services

Revenue from rendering of services is recognised when the consolidated entity satisfies the performance obligation by transferring the promised services.

Type of service	Nature of timing of satisfaction of performance obligations, including significant payment terms	Revenue recognition policies
Patient services - Patient transport fees, clinical and medical services, interstate patient flows and motor accident third party insurance	The performance obligations in relation to patient services are typically satisfied as the health services are delivered to the chargeable inpatients and non-inpatients. Public patients are not charged for health services provided at public hospitals. Chargeable patients, including Medicare ineligible patients, privately insured patients, eligible veterans and compensable patients are billed for health services provided under various contractual arrangements. Billings are typically performed upon patient discharge and are based on the rates specified by the Ministry of Health. The payments are typically due within 30 days after the invoice date.	Revenue is recognised on an accrual basis when the service has been provided to the patient. In limited circumstances the price is not fully recovered, e.g. due to inadequate insurance policies, overseas patients returning to their home country before paying, etc. The likelihood of occurrences is considered on a case by case basis. In most instances revenue is initially recognised at full amounts and subsequently adjusted when more information is provided. No element of financing is deemed present as majority of the services are made with a short credit term.
Non-patient services provided to the General community, non-NSW Health entities and entities controlled by the ultimate parent	Various non-patient related services are provided to the general community, non-NSW health entities and entities controlled by the ultimate parent. The performance obligations for these services are typically satisfied by transferring the promised services to its respective customers. The payments are typically due within 30 days after the invoice date.	Revenue is recognised when promised services are delivered. No element of financing is deemed present as the services are made with a short credit term.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2025

8. Sale of goods and services from contracts with customers (continued)

Recognition and Measurement (continued)

Rendering of services (continued)

Type of service	Nature of timing of satisfaction of performance obligations, including significant payment terms	Revenue recognition policies
Fees for private usage of hospital's facilities	Specialist doctors with rights of private practice are subject to an infrastructure charge, including service charges where applicable for the use of hospital facilities at rates determined by the Ministry of Health. The performance obligations for these services are typically satisfied when the hospital facilities are made available and used by the doctors and staff specialists. The payments are typically due when monies are collected from patient billings for services provided under the arrangement.	Revenue is recognised when promised services are delivered. No element of financing is deemed present as the services are made with a short credit term.
Other	Various other services are provided for general user charges, personnel services recharged and other small services. The performance obligations for these services are satisfied by transferring the promised services to its respective customers. Prices are determined by the Ministry of Health and billed once services have been provided. The payments are typically due within 30 days after the invoice date.	Revenue is recognised when promised services are delivered. No element of financing is deemed present as the services are made with a short credit term.

Refer to Note 29 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 2025

9. Investment revenue

	Consolidated 2025 \$000	Consolidated 2024 \$000	Parent 2025 \$000	Parent 2024 \$000
Interest income from financial assets at amortised cost	105,938	103,123	20,858	18,606
Finance income on the net investment in the lease	2,304	2,230	-	-
Net gain / (loss) from TCorpIM Funds measured at fair value through profit or loss	6,940	7,856	-	-
Royalties	66	25	-	-
Dividends	11	171	-	-
Other	115	229	-	-
	115,374	113,634	20,858	18,606

Recognition and Measurement

Net gain / (loss) from TCorpIM Funds measured at fair value through profit or loss

Net gain / (loss) from TCorpIM Funds measured at fair value through profit or loss includes distributions received as well as movements in the fair value.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2025

10. Grants and other contributions

	Consolidated 2025 \$000	Consolidated 2024 \$000	Parent 2025 \$000	Parent 2024 \$000
Grants to acquire / construct a recognisable non-financial asset to be controlled by the entity				
Grants to acquire / construct non-financial asset	34,614	25,203	413	47
Grants with sufficiently specific performance obligations				
Commonwealth National Health Reform Funding	7,576,324	7,106,916	7,576,324	7,106,916
Commonwealth National Partnership Agreement for Priority Groups COVID-19 Testing and Vaccination				
- PCR testing payment	-	40,111	-	40,111
- Vaccination dose delivery payment	-	58	-	58
Commonwealth Government grants for community based services	87,505	82,822	-	-
Commonwealth Government grants - other	67,604	41,281	42,176	7,937
Clinical drug trials and research grants	109,849	89,543	-	-
Grants from entities controlled by the ultimate parent	8,829	10,428	697	-
Other grants	93,117	93,436	-	1,407
Grants without specific performance obligations				
Commonwealth National Health Reform Funding	1,320,300	1,232,659	1,320,300	1,232,659
Commonwealth Government COVID-19 vaccines	1,201	2,104	-	-
Commonwealth Government grants - other	252,442	289,743	247,327	215,185
Clinical drug trials and research grants	19,205	15,126	-	-
Grants from entities controlled by the ultimate parent	174,699	153,026	173,845	101,629
Other grants	52,219	78,554	44,263	11,190
Donations				
Donations	81,443	81,282	-	-
	9,879,351	9,342,292	9,405,345	8,717,139

Commonwealth National Health Reform Funding revenue includes adjustments from the reconciliation of the prior year activity performed by the National Health Funding Pool Administrator as required under Section 238(1)(a) of the *National Health Reform Act 2011*. The adjustments include an increase of \$3.9 million (2024: decrease of \$6.5 million) revenue recognised under the 'Commonwealth National Health Funding Reform Funding'.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2025

10. Grants and other contributions (continued)

Recognition and Measurement

Income from grants to acquire / construct a recognisable non-financial asset to be controlled by the consolidated entity is recognised when the consolidated entity satisfies its obligations under the transfer. The consolidated entity satisfies the performance obligation under the transfer over time as the non-financial assets are being constructed. The percentage of cost incurred is used to recognise income, because this most closely reflects the progress to completion.

Revenue from grants with sufficiently specific performance obligations are recognised when the consolidated entity satisfies a performance obligation by transferring the promised goods or services.

The consolidated entity typically receives grants in respect of:

- Commonwealth government funded grant under the National Health Reform Agreement to improve the state's health outcomes and ensure sustainability of the health system;
- Commonwealth government funded vaccinations, including COVID-19 vaccinations, which are provided free of charge to the community; and
- Other various grants in respect of research, clinical drug trials and other community, health and wellbeing related projects.

Since 2020, the consolidated entity has also received various COVID-19 funding from Commonwealth Government. The most recent agreement, National Partnership Agreement for Priority Groups COVID-19 Testing and Vaccination, ended on 31 December 2023.

The consolidated entity uses various methods to recognise revenue over time, depending on the nature and terms and conditions of the grant contract. The payments are typically based on an agreed timetable or on achievement of different milestones set up in the contract. Revenue is recognised as follows:

- Commonwealth National Health Reform - consists of Activity Based Funding, Public Health Funding and Block Funding. Activity Based Funding is recognised under AASB 15, while Public Health and Block Funding is recognised under AASB 1058 *Income of Not-for-Profit Entities* (AASB 1058) due to lack of specific performance obligations. Revenue for Activity Based Funding is recognised when the hospital activities are performed. The revenue is calculated by the activity multiplied by the agreed National Weighted Activity Unit price. The Commonwealth undertakes an annual reconciliation of reported activity (revenue) against funding payments made for that year. Any differences arising from the reported activity (revenue) in previous years, is adjusted in the current year annual reconciliation.
- Commonwealth National Partnership Agreement for Priority Groups COVID-19 Testing and Vaccination (1 January 2023 to 31 December 2023) - consisted of two financial arrangements:
 - PCR Testing Payment: The Commonwealth shared the funding equally (pays for 50 per cent of costs) with the state government for costs incurred by states and territories for PCR testing for COVID-19. Revenue was recognised when the actual testing cost was incurred as a PCR testing payment.
 - Vaccination Dose Delivery Payment: The Commonwealth government provided states and territories a 50 per cent contribution to the agreed price per COVID-19 vaccine dose delivered. Revenue was recognised when the vaccine doses were delivered as a vaccination dose delivery payment.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2025

10. Grants and other contributions (continued)

Recognition and Measurement (continued)

- Other grants and contributions - consist of various types of grants and contributions received. The performance obligations are typically satisfied when the specified activities / milestones agreed in the grant contract are completed/met. Where there are no specific performance obligations, revenue is recognised on receipt of funding under AASB 1058. The payments are typically made in advance or based on an agreed timetable.

Revenue from these grants is recognised based on the grant amount specified in the funding agreement / funding approval, and revenue is only recognised to the extent that it is highly probable that a significant reversal will not occur. No element of financing is deemed present as funding payments are usually received in advance or shortly after the relevant obligation is satisfied.

Refer to Note 29 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 generally recognised when the consolidated entity obtains control over the granted assets (e.g. cash).

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2025

11. Acceptance by The Crown in right of the State of New South Wales (Crown) of employee benefits

The following liabilities and / or expenses have been assumed by the Crown:

	Consolidated 2025 \$000	Consolidated 2024 \$000	Parent 2025 \$000	Parent 2024 \$000
Superannuation - defined benefit plan	40,968	40,405	406	514
Long service leave provision	472,651	549,535	9,713	10,136
Payroll tax	22	31	22	31
	513,641	589,971	10,141	10,681

12. Other income

	Consolidated 2025 \$000	Consolidated 2024 \$000	Parent 2025 \$000	Parent 2024 \$000
Other income comprises the following:				
Commissions	1,892	1,953	-	-
Discounts	5,478	2,648	-	-
Insurance refunds	23,549	10,635	186	32
Rental income				
- rental income from subleasing right-of-use assets	138	27	-	-
- other rental income	45,242	41,402	14,839	12,902
Revenue related to service concession arrangements	9,646	9,903	-	-
Property not previously recognised	1,215	-	-	-
Other	10,587	34,293	5,368	6,984
	97,747	100,861	20,393	19,918

Recognition and Measurement

Insurance refunds

Insurance activities are conducted through the NSW Treasury Managed Fund (TMF) Scheme of self insurance for Government entities. Insurance refunds are recognised when TMF accepts the insurance claim.

Rental income

Rental income is accounted for on a straight-line basis over the lease term. The rental income is incidental to the purpose for holding the property.

Revenue related to service concession arrangements

Revenue reflects the progressive unwinding of the 'grant of right to operate liability' (Note 32) over the remaining period of the arrangement.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2025

13. Gains / (losses) on disposal

	Consolidated 2025 \$000	Consolidated 2024 \$000	Parent 2025 \$000	Parent 2024 \$000
Gains / (losses) on disposal of:				
Property, plant and equipment				
Written down value of assets disposed	73,559	15,682	4,020	5
Less: Proceeds from disposal	(6,507)	(5,333)	(4,017)	-
Less: Proceeds received in advance for disposal*	(51,403)	-	-	-
Net gains / (losses) on disposal	(15,649)	(10,349)	(3)	(5)
Right-of-use assets				
Written down value of assets disposed	12,569	13,377	559	-
Less: lease liabilities extinguished	(9,111)	(14,104)	(598)	-
Less: Finance lease receivable	(4,616)	-	-	-
Net gains / (losses) on disposal	1,158	727	39	-
Intangible assets				
Written down value of assets disposed	3,120	2,125	53	-
Net gains / (losses) on disposal	(3,120)	(2,125)	(53)	-
Financial assets				
Written down value of financial assets	-	36,581	-	-
Less: Proceeds from sale of financial assets	-	36,581	-	-
Net gains / (losses) on disposal	-	-	-	-
Total gains / (losses) on disposal	(17,611)	(11,747)	(17)	(5)

* Proceeds received in advance for disposal relate to upfront payments from the University of NSW in prior years for the construction of the integrated space at Prince of Wales Hospital, Randwick. In the current year, the integrated space was derecognised as a finance lease, and all upfront payments have been accounted for as proceeds from the asset disposal.

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Notes to and forming part of the Financial Statements

for the year ended 30 June 2025

14. Other gains / (losses)

	Consolidated 2025 \$000	Consolidated 2024 \$000	Parent 2025 \$000	Parent 2024 \$000
Inventory write down				
- Medical and surgical supplies	(10,806)	(84,987)	(4,590)	-
- Drug supplies	(15,282)	(7,101)	(1,701)	-
- Other	(1,087)	-	-	-
Gains / (losses) on derivative financial instruments at fair value through profit or loss	1,067	77	-	-
Foreign exchange gains / (losses)	292	55	45	(47)
Onerous contract costs	-	(166)	-	-
	(25,816)	(92,122)	(6,246)	(47)

15. 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 27 Restricted assets.

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Notes to and forming part of the Financial Statements

for the year ended 30 June 2025

16. Disaggregated disclosure statements of the consolidated entity

CONSOLIDATED ENTITY EXPENSES AND INCOME	Service area 1 *		Service area 2 *		Service area 3 *		Service area 4 *		Service area 5 *		Service area 6 *		Not Attributable **		Total	
	2025 \$000	2024 \$000	2025 \$000	2024 \$000	2025 \$000	2024 \$000	2025 \$000	2024 \$000	2025 \$000	2024 \$000	2025 \$000	2024 \$000	2025 \$000	2024 \$000	2025 \$000	2024 \$000
Continuing operations																
Expenses excluding losses																
Employee related expenses	669,259	624,009	4,790,170	4,549,021	3,167,330	2,895,424	10,455,161	10,092,346	480,420	463,636	289,454	276,797	-	-	19,851,794	18,901,233
Operating expenses	556,609	490,861	2,059,737	1,981,882	1,179,676	1,173,446	4,981,731	4,953,270	171,358	170,155	98,254	88,699	-	-	9,047,365	8,858,313
Depreciation and amortisation	42,532	41,788	402,119	384,742	276,503	243,187	817,927	771,690	23,945	22,349	14,514	14,098	-	-	1,577,540	1,477,854
Grants and subsidies	71,019	52,961	816,223	733,312	91,004	95,012	743,419	792,998	40,059	45,037	117,399	122,873	-	-	1,879,123	1,842,193
Finance costs	2,633	2,695	34,502	35,103	27,809	20,530	66,486	62,817	3,324	3,376	1,960	1,993	-	-	136,714	126,514
Total expenses excluding losses	1,342,052	1,212,314	8,102,751	7,684,060	4,742,322	4,427,599	17,064,724	16,673,121	719,106	704,553	521,581	504,460	-	-	32,492,536	31,206,107
Revenue																
Appropriations **	-	-	-	-	-	-	-	-	-	-	-	-	19,859,008	19,138,955	19,859,008	19,138,955
Acceptance by the Crown of employee benefits and other liabilities	18,612	22,618	134,926	156,345	79,477	84,379	261,326	303,660	11,965	13,873	7,335	9,096	-	-	513,641	589,971
Sale of goods and services from contracts with customers	16,197	14,258	880,238	837,459	279,516	187,014	2,097,142	1,950,496	35,042	9,933	8,316	-	-	-	3,316,451	2,999,160
Investment revenue	3,215	3,207	27,108	27,036	11,585	10,120	69,607	69,422	3,859	3,849	-	-	-	-	115,374	113,634
Grants and other contributions	407,499	286,038	2,023,221	1,814,964	1,179,177	1,031,396	5,854,659	5,836,339	321,105	276,324	93,690	97,231	-	-	9,879,351	9,342,292
Other income	2,458	2,839	20,739	23,928	18,317	8,957	53,281	61,731	2,952	3,406	-	-	-	-	97,747	100,861
Total revenue	447,981	328,960	3,086,232	2,859,732	1,568,072	1,321,866	8,336,015	8,221,648	374,923	307,385	109,341	106,327	19,859,008	19,138,955	33,781,572	32,284,873
Gains / (losses) on disposal	-	-	-	-	-	-	-	-	-	-	-	-	(17,611)	(11,747)	(17,611)	(11,747)
Impairment losses on financial assets	-	-	-	-	-	-	-	-	-	-	-	-	(111,613)	(84,680)	(111,613)	(84,680)
Other gains / (losses)	-	-	-	-	-	-	-	-	-	-	-	-	(25,816)	(92,122)	(25,816)	(92,122)
Net result from continuing operations	(894,071)	(883,354)	(5,016,519)	(4,824,328)	(3,174,250)	(3,105,733)	(8,728,709)	(8,451,473)	(344,183)	(397,168)	(412,240)	(398,133)	19,703,968	18,950,406	1,133,996	890,217
Net result from discontinued operations	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Net result	(894,071)	(883,354)	(5,016,519)	(4,824,328)	(3,174,250)	(3,105,733)	(8,728,709)	(8,451,473)	(344,183)	(397,168)	(412,240)	(398,133)	19,703,968	18,950,406	1,133,996	890,217
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	31,842	33,661	301,059	309,912	207,013	195,889	612,368	621,601	17,927	18,002	10,866	11,356	-	-	1,181,078	1,190,421
Total other comprehensive income	31,842	33,661	301,059	309,912	207,013	195,889	612,368	621,601	17,927	18,002	10,866	11,356	-	-	1,181,078	1,190,421
Total comprehensive income	(862,229)	(849,693)	(4,715,460)	(4,514,416)	(2,967,237)	(2,909,844)	(8,116,341)	(7,829,872)	(326,256)	(379,166)	(401,374)	(386,777)	19,703,968	18,950,406	2,315,074	2,080,638

* The name and purpose of each service area is summarised in Note 16 (a).

** Appropriations are made on an entity basis and not to individual service area. Consequently, appropriations are included in the 'Not Attributable' column.

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Notes to and forming part of the Financial Statements

for the year ended 30 June 2025

16. Disaggregated disclosure statements of the consolidated entity (continued)

CONSOLIDATED ENTITY ASSETS AND LIABILITIES	Service area 1 *		Service area 2 *		Service area 3 *		Service area 4 *		Service area 5 *		Service area 6 *		Not Attributable		Total	
	2025 \$000	2024 \$000	2025 \$000	2024 \$000	2025 \$000	2024 \$000	2025 \$000	2024 \$000	2025 \$000	2024 \$000	2025 \$000	2024 \$000	2025 \$000	2024 \$000	2025 \$000	2024 \$000
ASSETS																
Current assets																
Cash and cash equivalents	129,684	108,046	782,970	684,832	458,251	394,604	1,648,967	1,485,970	69,487	62,792	50,400	44,959	-	-	3,139,759	2,781,203
Receivables	6,934	6,026	376,747	353,924	119,634	79,035	897,589	824,313	14,998	4,198	3,559	-	-	-	1,419,461	1,267,496
Contract assets	38	12	2,082	748	661	167	4,959	1,741	83	9	20	-	-	-	7,843	2,677
Inventories	17,938	18,011	66,385	72,721	38,021	43,057	160,560	181,749	5,523	6,243	3,167	3,255	-	-	291,594	325,036
Financial assets at fair value	3,081	2,662	18,603	16,872	10,888	9,722	39,180	36,610	1,651	1,547	1,198	1,108	-	-	74,601	68,521
Other financial assets	16	-	97	-	57	-	204	-	9	-	6	-	-	-	389	-
Non-current assets held for sale	-	8	-	79	-	50	-	159	-	5	-	3	-	-	-	304
Total current assets	157,691	134,765	1,246,884	1,129,176	627,512	526,635	2,751,459	2,530,542	91,751	74,794	58,350	49,325	-	-	4,933,647	4,445,237
Non-current assets																
Receivables	673	575	36,530	33,766	11,600	7,540	87,033	78,643	1,454	400	345	-	-	-	137,635	120,924
Financial assets at fair value	235	247	1,418	1,564	830	901	2,986	3,393	126	143	91	103	-	-	5,686	6,351
Other financial assets	4,017	3,527	24,252	22,351	14,194	12,879	51,076	48,498	2,152	2,049	1,561	1,467	-	-	97,252	90,771
Property, plant and equipment																
- Land and buildings	807,727	790,205	7,636,425	7,275,365	5,250,927	4,598,601	15,532,822	14,592,436	454,728	422,610	275,626	266,586	-	-	29,958,255	27,945,803
- Plant and equipment	45,274	45,813	428,034	421,782	294,323	266,599	870,639	845,982	25,488	24,500	15,449	15,455	-	-	1,679,207	1,620,131
- Infrastructure systems	24,598	24,076	232,560	221,661	159,912	140,107	473,036	444,593	13,848	12,876	8,394	8,122	-	-	912,348	851,435
Right-of-use assets	19,075	20,895	180,336	192,376	124,002	121,597	366,812	385,855	10,739	11,175	6,509	7,049	-	-	707,473	738,947
Intangible assets	28,972	27,874	273,915	256,628	188,348	162,209	557,154	514,728	16,311	14,907	9,887	9,403	-	-	1,074,587	985,749
Total non-current assets	930,571	913,212	8,813,470	8,425,493	6,044,136	5,310,433	17,941,558	16,914,128	524,846	488,660	317,862	308,185	-	-	34,572,443	32,360,111
TOTAL ASSETS	1,088,262	1,047,977	10,060,354	9,554,669	6,671,648	5,837,068	20,693,017	19,444,670	616,597	563,454	376,212	357,510	-	-	39,506,090	36,805,348
LIABILITIES																
Current liabilities																
Payables	152,153	115,520	563,045	466,416	322,474	276,159	1,361,794	1,165,703	46,842	40,044	26,858	20,875	-	-	2,473,167	2,084,717
Contract liabilities	1,621	1,127	8,051	7,146	4,692	4,061	23,296	22,980	1,278	1,088	373	383	-	-	39,311	36,785
Borrowings	8,150	7,260	49,206	46,015	28,799	26,514	103,630	99,846	4,367	4,219	3,167	3,021	-	-	197,320	186,875
Provisions	122,449	114,542	876,421	835,007	579,502	531,477	1,912,902	1,852,527	87,899	85,104	52,959	50,808	-	-	3,632,133	3,469,465
Other current liabilities	2,090	3,992	12,614	25,302	7,383	14,579	26,566	54,901	1,119	2,320	812	1,661	-	-	50,584	102,755
Total current liabilities	286,463	242,441	1,509,337	1,379,886	942,850	852,790	3,428,188	3,195,957	141,505	132,775	84,169	76,748	-	-	6,392,515	5,880,597
Non-current liabilities																
Payables	4,441	5,896	16,434	23,804	9,412	14,094	39,747	59,493	1,367	2,044	784	1,065	-	-	72,185	106,396
Contract liabilities	3	6	17	38	10	22	49	124	3	6	1	2	-	-	83	198
Borrowings	61,864	60,637	373,494	384,330	218,596	221,453	786,593	833,932	33,147	35,239	24,042	25,231	-	-	1,497,733	1,560,822
Provisions	2,665	2,567	19,067	18,719	12,608	11,914	41,617	41,529	1,912	1,908	1,152	1,139	-	-	79,021	77,776
Other non-current liabilities	12,419	12,062	74,985	76,459	43,886	44,056	157,921	165,904	6,655	7,011	4,827	5,020	-	-	300,693	310,512
Total non-current liabilities	81,392	81,168	483,997	503,350	284,512	291,539	1,025,927	1,100,982	43,084	46,208	30,806	32,457	-	-	1,949,715	2,055,704
TOTAL LIABILITIES	367,855	323,609	1,993,334	1,883,236	1,227,362	1,144,329	4,454,115	4,296,939	184,589	178,983	114,975	109,205	-	-	8,342,230	7,936,301
NET ASSETS	720,407	724,368	8,067,020	7,671,433	5,444,286	4,692,739	16,238,902	15,147,731	432,008	384,471	261,237	248,305	-	-	31,163,860	28,869,047

* The name and purpose of each service area is summarised in Note 16 (a).

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Notes to and forming part of the Financial Statements

for the year ended 30 June 2025

16. Disaggregated disclosure statements of the consolidated entity (continued)

(a) Disaggregated disclosure name and purpose of the consolidated entity

Disaggregated information has been presented on the same basis as 2023-24.

Service area	Purpose
Service area 1 - Population health services	Population health services reflects preventive and population health and is critical to keeping people healthier. It covers a range of functions NSW Health is responsible for including to protect and promote public health, control infectious diseases, reduce preventive diseases and death, help people manage their own health, and promote equitable health outcomes in the community.
Service area 2 - Community health services	Community health services reflects that healthcare extends beyond the hospital and needs to connect across settings to reduce the burden of chronic disease, assist people with conditions to live well and avoid complications, support people to recover from illness and injury, and prevent avoidable hospitalisations. NSW Health services funded to achieve this outcome include non-admitted and community-based services, sub-acute services, hospital in the home, and dental services.
Service area 3 - Emergency services	NSW Health often provides the first point of contact for those needing access to emergency healthcare and is responsible for managing and administering ambulance and emergency services.
Service area 4 - Admitted health services	Admitted health service reflect the state's responsibility to manage and administer public hospitals. When people are admitted to a hospital in NSW, they can expect world-class medical and surgical care within clinically recommended timeframes.
Service area 5 - Teaching and training	Teaching and training reflects the requirement that a skilled workforce with access to world leading education and training is essential to deliver safe, reliable person-centred care driving the best outcomes and experiences.
Service area 6 - Health and medical research	Health and medical research reflects the requirement that clinical service delivery continues to transform through health and medical research, digital technologies, and data analytics.

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Notes to and forming part of the Financial Statements

for the year ended 30 June 2025

17. Cash and cash equivalents

	Consolidated 2025 \$000	Consolidated 2024 \$000	Parent 2025 \$000	Parent 2024 \$000
Cash at bank and on hand	3,139,759	2,781,203	931,805	572,108
Cash at bank - held by HealthShare NSW	-	-	138,997	111,453
	3,139,759	2,781,203	1,070,802	683,561

Cash at bank - held by HealthShare NSW represents the balance of cash held by HealthShare NSW in a central bank account, on behalf of the parent entity for its operating and investing activities. It is an operational bank account that earns interest on daily bank balances.

Refer to Note 41 for details regarding credit risk and market risk arising from financial instruments.

Cash and cash equivalents includes restricted cash of \$1,963.88 million (2024: \$1,883.58 million) for the consolidated entity and \$139.00 million (2024: \$111.45 million) for the parent entity. Refer to Note 27 for details of restricted assets which consists of cash and cash equivalents and TCorpIM fund investments.

HealthShare NSW, a controlled entity of the parent entity manages accounts payable and employee related payments on behalf of the parent entity for payments to suppliers and employees. HealthShare NSW makes payments after the parent has submitted correctly rendered invoices and exception based approved payroll reports are received. These payments are reported as expenditures and cash outflows in the financial statements of the parent entity.

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Notes to and forming part of the Financial Statements

for the year ended 30 June 2025

18. Receivables

	Consolidated 2025 \$000	Consolidated 2024 \$000	Parent 2025 \$000	Parent 2024 \$000
Current				
Trade receivables from contracts with customers	999,122	874,190	205,686	215,006
Receivables from controlled health entities	-	-	27,318	76,766
Goods and Services Tax	164,948	139,068	20,301	12,652
Other receivables	119,773	106,498	25,981	11,297
	1,283,843	1,119,756	279,286	315,721
Less: allowance for expected credit losses*				
- Trade receivables from contracts with customers	(178,146)	(127,816)	-	-
- Other receivables	(8,294)	(4,489)	(1,888)	(468)
	1,097,403	987,451	277,398	315,253
Prepayments	322,058	280,045	5,894	3,646
Total current receivables	1,419,461	1,267,496	283,292	318,899
Non-current				
Trade receivables from contracts with customers	295	142	-	-
Other receivables	7,171	6,163	6,700	5,903
	7,466	6,305	6,700	5,903
Less: allowance for expected credit losses*				
- Trade receivables from contracts with customers	(277)	(142)	-	-
- Other receivables	(32)	(6)	-	-
	7,157	6,157	6,700	5,903
Prepayments	130,478	114,767	-	-
Total non-current receivables	137,635	120,924	6,700	5,903

* Movement in the allowance for expected credit losses

Trade receivables from contracts with customers and other receivables

	Consolidated 2025 \$000	Consolidated 2024 \$000	Parent 2025 \$000	Parent 2024 \$000
Balance at the beginning of the year	(132,453)	(152,536)	(468)	(595)
Amounts written off during the year	57,317	104,763	-	7
(Increase) / decrease in allowance recognised in net result ¹	(111,613)	(84,680)	(1,420)	120
Balance at the end of the year	(186,749)	(132,453)	(1,888)	(468)

¹ Includes impairment loss recognised of \$106.85 million (2024: \$80.18 million) in the consolidated entity and \$Nil (2024: \$Nil) in the parent entity on trade receivables from contracts with customers.

Details regarding credit risk of receivables that are neither past due nor impaired, are disclosed in Note 41.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2025

18. Receivables (continued)

Recognition and Measurement

Receivables are initially recognised at fair value plus any directly attributable transaction costs. Trade receivables that do not contain a significant financing component are measured at the transaction price.

Subsequent measurement

The consolidated entity holds receivables with the objective to collect the contractual cash flows and therefore measures them at amortised cost using the effective interest method, less any impairment. Changes are recognised in the net result for the year when impaired, derecognised or through the amortisation process.

Impairment

For trade receivables, the consolidated entity applies a simplified approach in calculating expected credit losses (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.

19. Contract assets

	Consolidated 2025 \$000	Consolidated 2024 \$000	Parent 2025 \$000	Parent 2024 \$000
Current				
Contract assets	7,843	2,677	6,301	636
	7,843	2,677	6,301	636

The contract asset balance has increased in the consolidated and parent entity during the year due to the varying billing arrangements from contracts existing at different reporting dates.

	Consolidated 2025 \$000	Consolidated 2024 \$000	Parent 2025 \$000	Parent 2024 \$000
Contract receivables (included in Note 18)	999,417	874,332	233,004	291,772
	999,417	874,332	233,004	291,772

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2025

20. Inventories

	Consolidated 2025 \$000	Consolidated 2024 \$000	Parent 2025 \$000	Parent 2024 \$000
Current				
Held-for-distribution				
Drug supplies	152,056	166,298	98,845	37,369
Medical and surgical supplies	161,427	192,114	-	1,439
Food and hotel supplies	3,171	3,072	-	-
Other	5,425	7,351	-	-
	322,079	368,835	98,845	38,808
Less: Allowance for impairment				
- Drug supplies	(1,701)	(6,457)	(1,701)	-
- Medical and surgical supplies	(28,784)	(37,342)	-	-
	291,594	325,036	97,144	38,808

The majority of the inventory held-for-distribution is held for consumption in the ordinary activities of the consolidated entity and upon consumption, are expensed in food supplies, medical and surgical supplies and pharmaceutical supplies (Note 3).

Recognition and Measurement

All inventories are held for distribution (consumed in the ordinary activities of the consolidated entity). Inventories held for distribution are stated at cost, adjusted when applicable, for any loss of service potential. A loss of service potential is identified and measured based on the existence of a current replacement cost that is lower than the carrying amount or any loss of operating capacity due to obsolescence. Costs are assigned to individual items of stock mainly on the basis of weighted average costs.

In 2025, the consolidated entity wrote off \$40.49 million of inventories. Following the write-off, the allowance for impairment was reassessed and a reduction in impairment of \$13.31 million was recognised mainly due to large write-off of expired inventory items. The write-off and additional allowance for impairment expensed under other gains / (losses) (Note 14) is \$27.18 million.

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 2025

21. Financial assets at fair value

	Consolidated 2025 \$000	Consolidated 2024 \$000	Parent 2025 \$000	Parent 2024 \$000
Current				
Derivatives	1,587	2,447	-	-
TCorpIM Funds Investment facilities	73,014	66,074	-	-
	74,601	68,521	-	-
Non-current				
Derivatives	5,686	6,351	-	-
	5,686	6,351	-	-

Refer to Note 41 for further information regarding fair value measurement, credit risk, and market risk arising from financial instruments.

Recognition and Measurement

Classification and measurement

The consolidated entity's financial assets at fair value are classified, at initial recognition, at fair value through profit or loss.

Transaction costs of financial assets carried at fair value through profit or loss are expensed in net results.

Financial assets at fair value through profit or loss

Financial assets at fair value through profit or loss include financial assets designated upon initial recognition at fair value through profit or loss, or financial assets mandatorily required to be measured at fair value under AASB 9 *Financial Instruments* (AASB 9).

Financial assets are held for trading if acquired for the purpose of selling or repurchasing in the near term. Derivatives are economic hedges classified as fair value through profit or loss unless they are designated as effective hedging instruments.

Derivative contracts are carried as financial assets when their fair value at the reporting date is positive. Derivative contracts maturing less than 12 months are classified as current and all other contracts as non-current.

The consolidated entity has elected not to apply hedge accounting to the economic hedges.

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 2025

22. Other financial assets

	Consolidated 2025 \$000	Consolidated 2024 \$000	Parent 2025 \$000	Parent 2024 \$000
Current				
Receivables on finance leases as lessor (Note 24)	389	-	-	-
Intra health loans receivable	-	-	184,620	281,133
	389	-	184,620	281,133
Non-current				
Receivables on finance leases as lessor (Note 24)	97,252	90,771	-	-
	97,252	90,771	-	-

The current intra health loans receivable balance within the parent entity includes \$184.62 million (2024: \$281.13 million) of cash advances provided to HealthShare NSW to make all payments to employees, suppliers of goods and services and grants and subsidies.

Refer to Note 41 for further information regarding fair value measurement, credit risk, and market risk arising from financial instruments.

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Notes to and forming part of the Financial Statements

for the year ended 30 June 2025

23. Property, plant and equipment

(a) Total property, plant and equipment

CONSOLIDATED

	Land and Buildings \$000	Plant and Equipment \$000	Infrastructure systems \$000	Total \$000
At 1 July 2023 - fair value				
Gross carrying amount	38,802,773	3,369,330	1,539,535	43,711,638
Less: accumulated depreciation and impairment	(12,763,020)	(1,847,933)	(657,870)	(15,268,823)
Net carrying amount	26,039,753	1,521,397	881,665	28,442,815
Year ended 30 June 2024				
Net carrying amount at beginning of year	26,039,753	1,521,397	881,665	28,442,815
Additions	1,587,613	412,507	97	2,000,217
Reclassifications to intangibles	-	(2,640)	-	(2,640)
Reclassification to inventory	-	(3,228)	-	(3,228)
Disposals	(5,026)	(10,656)	-	(15,682)
Net revaluation increment less revaluation decrements	1,159,175	205	31,041	1,190,421
Depreciation expense	(883,909)	(272,030)	(38,595)	(1,194,534)
Other reclassifications within property, plant and equipment	48,197	(25,424)	(22,773)	-
Net carrying amount at end of year	27,945,803	1,620,131	851,435	30,417,369

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Notes to and forming part of the Financial Statements

for the year ended 30 June 2025

23. Property, plant and equipment (continued)

(a) Total property, plant and equipment (continued)

CONSOLIDATED

	Land and Buildings \$000	Plant and Equipment \$000	Infrastructure systems \$000	Total \$000
At 1 July 2024 - fair value				
Gross carrying amount	41,765,112	3,577,809	1,553,942	46,896,863
Less: accumulated depreciation and impairment	(13,819,309)	(1,957,678)	(702,507)	(16,479,494)
Net carrying amount	27,945,803	1,620,131	851,435	30,417,369
Year ended 30 June 2025				
Net carrying amount at beginning of year	27,945,803	1,620,131	851,435	30,417,369
Additions	1,983,234	357,307	1,122	2,341,663
Reclassifications to intangibles	-	(235)	-	(235)
Reclassification from right-of-use assets	56	-	-	56
Reclassification from assets held for sale	304	-	-	304
Disposals	(67,549)	(6,010)	-	(73,559)
Equity transfers out ⁽ⁱ⁾	(15,947)	(4,314)	-	(20,261)
Net revaluation increment less revaluation decrements	1,148,353	-	32,725	1,181,078
Depreciation expense	(963,281)	(292,311)	(41,013)	(1,296,605)
Other reclassifications within property, plant and equipment	(72,718)	4,639	68,079	-
Net carrying amount at end of year	29,958,255	1,679,207	912,348	32,549,810
At 30 June 2025 - fair value				
Gross carrying amount	45,012,205	3,768,043	1,676,604	50,456,852
Less: accumulated depreciation and impairment	(15,053,950)	(2,088,836)	(764,256)	(17,907,042)
Net carrying amount	29,958,255	1,679,207	912,348	32,549,810

(i) Further details regarding equity transfers are disclosed in Note 33(a).

The net carrying amount of service concession assets included in each class of property, plant and equipment as at 30 June 2025:

- land and buildings \$718.59 million (2024: \$804.72 million)
- plant and equipment \$10.22 million (2024: \$16.18 million)
- infrastructure systems \$25.69 million (2024: \$26.34 million)

During the current period, the net carrying amount of \$94.47 million (2024: \$55.49 million) for service concession assets of the consolidated entity has been reclassified to normal property, plant and equipment.

Further details regarding fair value measurement of property, plant and equipment are disclosed in Note 26(b).

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Notes to and forming part of the Financial Statements

for the year ended 30 June 2025

23. Property, plant and equipment (continued)

(b) Property, plant and equipment held and used by the consolidated entity

CONSOLIDATED

	Land and Buildings \$000	Plant and Equipment \$000	Infrastructure systems \$000	Total \$000
At 1 July 2023 - fair value				
Gross carrying amount	38,413,521	3,369,330	1,538,973	43,321,824
Less: accumulated depreciation and impairment	(12,578,968)	(1,847,933)	(657,540)	(15,084,441)
Net carrying amount	25,834,553	1,521,397	881,433	28,237,383
Year ended 30 June 2024				
Net carrying amount at beginning of year	25,834,553	1,521,397	881,433	28,237,383
Additions	1,586,863	412,507	97	1,999,467
Reclassifications to intangibles	-	(2,640)	-	(2,640)
Reclassification from inventory	-	(3,228)	-	(3,228)
Disposals	(2,714)	(10,656)	-	(13,370)
Net revaluation increment less revaluation decrements	1,147,330	205	31,030	1,178,565
Depreciation expense	(873,876)	(272,030)	(38,582)	(1,184,488)
Other reclassifications within property, plant and equipment	51,429	(25,424)	(22,773)	3,232
Net carrying amount at end of year	27,743,585	1,620,131	851,205	30,214,921

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Notes to and forming part of the Financial Statements

for the year ended 30 June 2025

23. Property, plant and equipment (continued)

(b) Property, plant and equipment held and used by the consolidated entity (continued)

CONSOLIDATED

	Land and Buildings \$000	Plant and Equipment \$000	Infrastructure systems \$000	Total \$000
At 1 July 2024 - fair value				
Gross carrying amount	41,376,763	3,577,809	1,553,352	46,507,924
Less: accumulated depreciation and impairment	(13,633,178)	(1,957,678)	(702,147)	(16,293,003)
Net carrying amount	27,743,585	1,620,131	851,205	30,214,921
Year ended 30 June 2025				
Net carrying amount at beginning of year	27,743,585	1,620,131	851,205	30,214,921
Additions	1,974,951	357,307	1,122	2,333,380
Reclassifications to intangibles	-	(235)	-	(235)
Reclassification from right-of-use assets	56	-	-	56
Reclassification to assets held for sale	304	-	-	304
Disposals	(67,500)	(6,010)	-	(73,510)
Equity transfers out ⁽ⁱ⁾	(15,947)	(4,314)	-	(20,261)
Net revaluation increment less revaluation decrements	1,106,213	-	32,716	1,138,929
Depreciation expense	(945,746)	(292,311)	(40,998)	(1,279,055)
Other reclassifications within property, plant and equipment	(75,299)	4,639	68,079	(2,581)
Net carrying amount at end of year	29,720,617	1,679,207	912,124	32,311,948
At 30 June 2025 - fair value				
Gross carrying amount	44,529,798	3,768,043	1,675,990	49,973,831
Less: accumulated depreciation and impairment	(14,809,181)	(2,088,836)	(763,866)	(17,661,883)
Net carrying amount	29,720,617	1,679,207	912,124	32,311,948

(i) Further details regarding equity transfers are disclosed in Note 33(a).

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Notes to and forming part of the Financial Statements

for the year ended 30 June 2025

23. Property, plant and equipment (continued)

(c) Property, plant and equipment where the consolidated entity is the lessor under operating leases

CONSOLIDATED

	Land and Buildings \$000	Plant and Equipment \$000	Infrastructure systems \$000	Total \$000
At 1 July 2023 - fair value				
Gross carrying amount	389,252	-	562	389,814
Less: accumulated depreciation and impairment	(184,052)	-	(330)	(184,382)
Net carrying amount	205,200	-	232	205,432
Year ended 30 June 2024				
Net carrying amount at beginning of year	205,200	-	232	205,432
Additions	750	-	-	750
Disposals	(2,312)	-	-	(2,312)
Net revaluation increment less revaluation decrements	11,845	-	11	11,856
Depreciation expense	(10,033)	-	(13)	(10,046)
Other reclassifications within property, plant and equipment	(3,232)	-	-	(3,232)
Net carrying amount at end of year	202,218	-	230	202,448
At 1 July 2024 - fair value				
Gross carrying amount	388,349	-	590	388,939
Less: accumulated depreciation and impairment	(186,131)	-	(360)	(186,491)
Net carrying amount	202,218	-	230	202,448
Year ended 30 June 2025				
Net carrying amount at beginning of year	202,218	-	230	202,448
Additions	8,283	-	-	8,283
Disposals	(49)	-	-	(49)
Net revaluation increment less revaluation decrements	42,140	-	9	42,149
Depreciation expense	(17,535)	-	(15)	(17,550)
Other reclassifications within property, plant and equipment	2,581	-	-	2,581
Net carrying amount at end of year	237,638	-	224	237,862
At 30 June 2025 - fair value				
Gross carrying amount	482,407	-	614	483,021
Less: accumulated depreciation and impairment	(244,769)	-	(390)	(245,159)
Net carrying amount	237,638	-	224	237,862

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2025

23. Property, plant and equipment (continued)

(a) Total property, plant and equipment

PARENT

	Land and Buildings \$000	Plant and Equipment \$000	Infrastructure systems \$000	Total \$000
At 1 July 2023 - fair value				
Gross carrying amount	347,575	23,184	4,901	375,660
Less: accumulated depreciation and impairment	(178,184)	(5,043)	(3,960)	(187,187)
Net carrying amount	169,391	18,141	941	188,473
Year ended 30 June 2024				
Net carrying amount at beginning of year	169,391	18,141	941	188,473
Additions	330	262	-	592
Disposals	-	(5)	-	(5)
Transfers from NSW Health entities	-	4	-	4
Net revaluation increment less revaluation decrements	5,638	-	35	5,673
Depreciation expense	(9,414)	(1,247)	(123)	(10,784)
Net carrying amount at end of year	165,945	17,155	853	183,953
At 1 July 2024 - fair value				
Gross carrying amount	361,589	22,494	5,107	389,190
Less: accumulated depreciation and impairment	(195,644)	(5,339)	(4,254)	(205,237)
Net carrying amount	165,945	17,155	853	183,953
Year ended 30 June 2025				
Net carrying amount at beginning of year	165,945	17,155	853	183,953
Additions	-	656	-	656
Disposals	(4,017)	(3)	-	(4,020)
Equity transfers in ⁽ⁱ⁾	4,017	-	-	4,017
Transfers to NSW Health entities	-	(678)	-	(678)
Net revaluation increment less revaluation decrements	43,302	-	388	43,690
Depreciation expense	(9,409)	(1,211)	(137)	(10,757)
Net carrying amount at end of year	199,838	15,919	1,104	216,861
As at 30 June 2025				
Gross carrying amount	354,964	21,756	6,011	382,731
Less: accumulated depreciation and impairment	(155,126)	(5,837)	(4,907)	(165,870)
Net carrying amount	199,838	15,919	1,104	216,861

(i) Further details regarding equity transfers are disclosed in Note 33(a).

The parent entity does not have any service concession assets for the periods ended 30 June 2025 and 30 June 2024.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2025

23. Property, plant and equipment (continued)

(b) Property, plant and equipment held and used by the parent entity

PARENT

	Land and Buildings \$000	Plant and Equipment \$000	Infrastructure systems \$000	Total \$000
At 1 July 2023 - fair value				
Gross carrying amount	223,048	23,184	4,901	251,133
Less: accumulated depreciation and impairment	(87,529)	(5,043)	(3,960)	(96,532)
Net carrying amount	135,519	18,141	941	154,601
Year ended 30 June 2024				
Net carrying amount at beginning of year	135,519	18,141	941	154,601
Additions	97	262	-	359
Disposals	-	(5)	-	(5)
Transfers from NSW Health entities	-	4	-	4
Net revaluation increment less revaluation decrements	1,060	-	35	1,095
Depreciation expense	(7,605)	(1,247)	(123)	(8,975)
Other reclassifications within property, plant and equipment	7,088	-	-	7,088
Net carrying amount at end of year	136,159	17,155	853	154,167
At 1 July 2024 - fair value				
Gross carrying amount	265,425	22,494	5,107	293,026
Less: accumulated depreciation and impairment	(129,266)	(5,339)	(4,254)	(138,859)
Net carrying amount	136,159	17,155	853	154,167
Year ended 30 June 2025				
Net carrying amount at beginning of year	136,159	17,155	853	154,167
Additions	-	656	-	656
Disposals	(4,017)	(3)	-	(4,020)
Equity transfers in ⁽ⁱ⁾	4,017	-	-	4,017
Transfers to NSW Health entities	-	(678)	-	(678)
Net revaluation increment less revaluation decrements	38,037	-	388	38,425
Depreciation expense	(7,675)	(1,211)	(137)	(9,023)
Other reclassifications within property, plant and equipment	(1,430)	-	-	(1,430)
Net carrying amount at end of year	165,091	15,919	1,104	182,114
At 30 June 2025 - fair value				
Gross carrying amount	213,733	21,756	6,011	241,500
Less: accumulated depreciation and impairment	(48,642)	(5,837)	(4,907)	(59,386)
Net carrying amount	165,091	15,919	1,104	182,114

(i) Further details regarding equity transfers are disclosed in Note 33(a).

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2025

23. Property, plant and equipment (continued)

(c) Property, plant and equipment where the parent entity is the lessor under operating leases

PARENT

	Land and Buildings \$000	Plant and Equipment \$000	Infrastructure systems \$000	Total \$000
At 1 July 2023 - fair value				
Gross carrying amount	124,527	-	-	124,527
Less: accumulated depreciation and impairment	(90,655)	-	-	(90,655)
Net carrying amount	33,872	-	-	33,872
Year ended 30 June 2024				
Net carrying amount at beginning of year	33,872	-	-	33,872
Additions	233	-	-	233
Net revaluation increment less revaluation decrements	4,578	-	-	4,578
Depreciation expense	(1,809)	-	-	(1,809)
Other reclassifications within property, plant and equipment	(7,088)	-	-	(7,088)
Net carrying amount at end of year	29,786	-	-	29,786
At 1 July 2024 - fair value				
Gross carrying amount	96,164	-	-	96,164
Less: accumulated depreciation and impairment	(66,378)	-	-	(66,378)
Net carrying amount	29,786	-	-	29,786
Year ended 30 June 2025				
Net carrying amount at beginning of year	29,786	-	-	29,786
Net revaluation increment less revaluation decrements	5,265	-	-	5,265
Depreciation expense	(1,734)	-	-	(1,734)
Other reclassifications within property, plant and equipment	1,430	-	-	1,430
Net carrying amount at end of year	34,747	-	-	34,747
At 30 June 2025 - fair value				
Gross carrying amount	141,231	-	-	141,231
Less: accumulated depreciation and impairment	(106,484)	-	-	(106,484)
Net carrying amount	34,747	-	-	34,747

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2025

23. 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.

Assets acquired at no cost, or for nominal consideration, are initially recognised at their fair value at the date of acquisition.

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 costing \$10,000 and above individually (or forming part of a group costing more than \$100,000) are capitalised.

Depreciation of property, plant and equipment

Except for certain non-depreciable assets, depreciation is provided for on a straight-line basis so as to write off the depreciable amount of each asset as it is consumed over its useful life to the consolidated entity.

All material identifiable components of assets are depreciated separately over their useful lives.

Land is not a depreciable asset. Certain artworks and collections may not have a limited useful life because appropriate curatorial and preservation policies are adopted. Such assets are not subject to depreciation. The decision not to recognise depreciation for these assets is reviewed annually.

Details of useful lives initially applied for major asset categories are as follows:

	Useful lives
Buildings	30-70 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).

Infrastructure systems comprises public facilities which provide essential services and enhance the productive capacity of the economy including roads, bridges, water infrastructure and distribution works, sewerage treatment plants, seawalls and water reticulation systems.

The estimated useful lives, residual values and depreciation methods are reviewed at the end of each reporting period and adjusted if appropriate.

Right-of-Use Assets acquired by lessees

AASB 16 *Leases* (AASB 16) requires a lessee to recognise a right-of-use asset for most leases. The consolidated entity has elected to present right-of-use assets separately in the Statement of Financial Position.

Further information on leases is contained at Note 24.

Service concession assets

Service concession arrangements (SCAs) are contracts between a grantor and an operator where an operator provides public services related to a service concession asset on behalf of a public sector grantor for a specified period of time and manages at least some of those services.

Based on the consolidated entity's assessment, the following arrangements fall in scope of AASB 1059:

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2025

23. Property, plant and equipment (continued)

Recognition and Measurement (continued)

Service concession assets (continued)

Description	Public Hospitals						
Name and description of the SCA	Northern Beaches Hospital and Hawkesbury Hospital are two public hospitals built under two separate Public Private Partnership (PPP) arrangements that are treated as part of service concession arrangements.						
Period of arrangement	<table><tbody><tr><td>Northern Beaches Public Hospital</td><td>20 years (2018 - 2038)</td></tr><tr><td>Northern Beaches Car Park</td><td>40 years (2018 - 2058)</td></tr><tr><td>Hawkesbury Hospital</td><td>29 years (1994 - 2024)</td></tr></tbody></table> <p>The arrangement for Hawkesbury Hospital ended on 30 June 2024, following which the services provided by the private operator were transferred to the consolidated entity.</p>	Northern Beaches Public Hospital	20 years (2018 - 2038)	Northern Beaches Car Park	40 years (2018 - 2058)	Hawkesbury Hospital	29 years (1994 - 2024)
Northern Beaches Public Hospital	20 years (2018 - 2038)						
Northern Beaches Car Park	40 years (2018 - 2058)						
Hawkesbury Hospital	29 years (1994 - 2024)						
Terms of the arrangement	The consolidated entity contracted HealthScope (Operator for Northern Beaches Hospital) and St John of God Health Care (Operator for Hawkesbury Hospital) to build, operate and manage the hospitals and the car park for the duration of the arrangement. The construction of both hospitals was funded by the consolidated entity. Northern Beaches Hospital was paid upfront on completion of the construction works, while Hawkesbury Hospital was paid over time under a financing arrangement with the Operator. There are no remaining future construction payments. The Operator has fully funded the Northern Beaches car park, and the consolidated entity has granted rights to the Operator to operate and generate revenue from that car park. Annual service level agreement is entered into for the delivery of Northern Beaches Public Hospital with the Operator, which is funded by the consolidated entity, paid on a monthly basis.						
Rights and obligations	The consolidated entity is obligated to provide HealthScope access to the hospital and the carpark. The operator is responsible for the delivery of health services to public patients at the hospital which the consolidated entity is obligated to pay for under the annual service agreements. At the end of the arrangement, the operator is obligated to return all assets back to the consolidated entity. For Northern Beaches Hospital, the consolidated entity will be sharing a portion of the hospital facilities with the private operator for an additional term of 20 years after the expiry of the concession period. The consolidated entity is required to issue a notice outlining what shared services will be provided by different parties. The consolidated entity has the right to extend the Northern Beaches Hospital arrangement for up to five years, by way of giving three years notice to the operator.						
Changes in arrangement occurring during 2024	Nil						
Changes in arrangement occurring during 2025	From 1 July 2024, the operation and management of Hawkesbury Hospital has transitioned from St John of God Health Care to Nepean Blue Mountains Local Health District. All assets in respect to Hawkesbury Hospital have been transferred out of service concession assets.						

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2025

23. Property, plant and equipment (continued)

Recognition and Measurement (continued)

Service concession assets (continued)

Carrying amounts of public hospital service concession assets

	Land and buildings	Plant and equipment	Infrastructure Systems	Total
	2024	2024	2024	2024
	\$000	\$000	\$000	\$000
Year ended 30 June 2024				
Northern Beaches Public Hospital	596,424	14,261	25,309	635,994
Northern Beaches Car Park	57,356	-	-	57,356
Hawkesbury Hospital	81,520	1,916	980	84,416
Net carrying amount	735,300	16,177	26,289	777,766

	Land and buildings	Plant and equipment	Infrastructure Systems	Total
	2025	2025	2025	2025
	\$000	\$000	\$000	\$000
Year ended 30 June 2025				
Northern Beaches Public Hospital	601,565	10,216	25,616	637,397
Northern Beaches Car Park	58,541	-	-	58,541
Net carrying amount	660,106	10,216	25,616	695,938

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2025

23. Property, plant and equipment (continued)

Recognition and Measurement (continued)

Service concession assets (continued)

Description	Hospital car parks
Name and description of the SCA	Consist of two arrangements: - Multi-storey carparks at Royal North Shore Hospital, RNSH P1 and RNSH P2 - St George Hospital car parks
Period of arrangement	RNSH P1 car park 26.5 years (2010 - 2036) RNSH P2 car park 22 years (2014 - 2036) St George hospital car park 25 years (1999 - 2024)
Terms of the arrangement	The consolidated entity contracted Infrashore (Operator) to build RNSH P2 car park and manage both RNSH P1 and P2 car parks for the duration of the arrangement. The construction of the RNSH P2 car park is funded by the consolidated entity, paid in instalments under a financing arrangement for the duration of the term. RNSH P1 car park was an existing carpark of the consolidated entity. The St George hospital car park was funded by the International Parking Group (Operator) which was contracted by the consolidated entity to build, manage and operate the car park for the duration of the arrangement. For all these car parks, the consolidated entity has granted rights to the Operator to operate and generate revenue from the car parks. Upon grant of this right, the Operator has paid an upfront license fee to the consolidated entity.
Rights and obligations	The consolidated entity is obliged to provide the operators with access to the carparks and obligated to pay for the construction of the RNSH P2 car park under the financing arrangement with the Operator. The operators are responsible for operating the car parks and at the end of the arrangement, return all assets back to the consolidated entity. There are currently no provisions for extension of the term in the existing contract.
Changes in arrangement occurring during 2024	Nil
Changes in arrangement occurring during 2025	St George hospital car park arrangement has concluded and its assets were transferred out of service concession assets.

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Notes to and forming part of the Financial Statements

for the year ended 30 June 2025

23. Property, plant and equipment (continued)

Recognition and Measurement (continued)

Service concession assets (continued)

Carrying amounts of hospital car park service concession assets

	Land and buildings	Plant and equipment	Infrastructure Systems	Total
	2024	2024	2024	2024
	\$000	\$000	\$000	\$000
Year ended 30 June 2024				
RNSH P1 Car Park	24,469	-	-	24,469
RNSH P2 Car Park	24,909	-	-	24,909
St George Hospital Car Park	10,230	-	-	10,230
Net carrying amount	59,608	-	-	59,608

	Land and buildings	Plant and equipment	Infrastructure Systems	Total
	2025	2025	2025	2025
	\$000	\$000	\$000	\$000
Year ended 30 June 2025				
RNSH P1 Car Park	24,268	-	-	24,268
RNSH P2 Car Park	25,361	-	-	25,361
Net carrying amount	49,629	-	-	49,629

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Notes to and forming part of the Financial Statements

for the year ended 30 June 2025

23. Property, plant and equipment (continued)

Recognition and Measurement (continued)

Service concession assets (continued)

Description	Hospital facilities
Name and description of the SCA	Mercy Care Centre Young - 26 bed purpose-built sub-acute rehabilitation and palliative care unit in Young that provides services to the people of Young and surrounding regions. The Mercy Care Centre Young is owned by the consolidated entity and operated by Mercy Health under a 20 year lease agreement and annual service agreements.
Period of arrangement	Mercy Care Centre Young 20 years (2004 to 2024)
Terms of the arrangement	The consolidated entity has contracted Mercy Health (Operator for Mercy Care Centre Young) to manage the facility for the duration of the arrangement. A funding arrangement has also been agreed to compensate the operator for managing the facility. The capital assets associated with the arrangement have been provided by the consolidated entity to the operators.
Rights and obligations	The consolidated entity is obligated to provide the operator with access to the facility. The operator is responsible for the delivery of specified services to patients at the facility. The consolidated entity is obligated to pay for those services under the funding agreement. At the end of the arrangement, the operator is obliged to return all assets back to the consolidated entity. There is no provision for an extension of the terms, however they can be separately negotiated.
Changes in arrangement occurring during 2024	The lease arrangement for Mercy Care Centre Young has expired in June 2024. The arrangement continued on a month to month basis, while negotiations were underway.
Changes in arrangement occurring during 2025	The arrangement continues on a month to month basis and negotiations to extend the lease are still underway.

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Notes to and forming part of the Financial Statements

for the year ended 30 June 2025

23. Property, plant and equipment (continued)

Recognition and Measurement (continued)

Service concession assets (continued)

Carrying amounts of hospital facility service concession assets

	Land and buildings	Plant and equipment	Infrastructure Systems	Total
	2024	2024	2024	2024
	\$000	\$000	\$000	\$000
Year ended 30 June 2024				
Mercy Care Centre Young	9,815	-	50	9,865
Net carrying amount	9,815	-	50	9,865

	Land and buildings	Plant and equipment	Infrastructure Systems	Total
	2025	2025	2025	2025
	\$000	\$000	\$000	\$000
Year ended 30 June 2025				
Mercy Care Centre Young	8,857	-	73	8,930
Net carrying amount	8,857	-	73	8,930

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Notes to and forming part of the Financial Statements

for the year ended 30 June 2025

23. Property, plant and equipment (continued)

Recognition and Measurement (continued)

Revaluations of property, plant and equipment

Physical non-current assets are valued in accordance with the 'Valuation of Physical Non-Current Assets at Fair Value' Policy and Guidelines Paper (TPP 21-09) and Treasurer's Direction, 'Valuation of Physical Non-Current Assets at Fair Value' (TD 21-05). TD 21-05 and TPP 21-09 adopt fair value in accordance with AASB 13 *Fair Value Measurement* and AASB 116 *Property, Plant and Equipment*.

Property, plant and equipment is measured at the highest and best use by market participants that is physically possible, legally permissible and financially feasible. The highest and best use must be available at a period that is not remote and takes into account the characteristics of the asset being measured, including any socio-political restrictions imposed by government. In most cases, after taking into account these considerations, the highest and best use is the existing use. In limited circumstances, the highest and best use may be a feasible alternative use, where there are no restrictions on use or where there is a feasible higher restricted alternative use.

Revaluations are made with sufficient regularity to ensure the carrying amount of each asset in the class does not differ materially from its fair value at reporting date. The consolidated entity conducts a comprehensive revaluation at least every three years on a rotational basis for its land and buildings and infrastructure. Interim desktop revaluations are conducted between comprehensive revaluations for those assets, where cumulative changes to indicators suggest fair value may differ materially from carrying value. The consolidated entity uses an independent professionally qualified valuer for such revaluations.

The last comprehensive revaluation for the parent entity was completed on 31 December 2024 and was based on an independent assessment.

Comprehensive revaluations are conducted in December for the controlled entities on a rolling basis and are based on an independent assessment. A schedule of revaluations has been developed which rolls over every three years. Interim or out of schedule revaluations are conducted where cumulative changes to indicators suggest fair value may differ materially from the carrying value.

Indices obtained from external professionally qualified valuers in 2025 and 2024 indicated a material cumulative increase in market prices for land and a material increase in construction and labour costs for building and infrastructure from the last comprehensive revaluation. Management has applied these indices to perform an interim revaluation and has recognised the resulting revaluation increment for land, building and infrastructure.

Non-specialised assets with short useful lives are measured at depreciated historical cost, as an approximation of fair value. The consolidated entity has assessed that any difference between fair value and depreciated historical cost is unlikely to be material.

For other assets valued using other valuation techniques, any balances of accumulated depreciation at the revaluation date in respect of those assets are credited to the asset accounts to which they relate. The net asset accounts are then increased or decreased by the revaluation increments or decrements.

Revaluation increments are recognised in other comprehensive income and credited to revaluation surplus in equity. However, to the extent that an increment reverses a revaluation decrement in respect of the same class of asset previously recognised as a loss in the net result, the increment is recognised immediately as a gain in the net result.

Revaluation decrements are recognised immediately as a loss in the net result, except to the extent that it offsets an existing revaluation surplus on the same class of assets, in which case, the decrement is debited directly to the revaluation surplus.

As a not-for-profit entity, revaluation increments and decrements are offset against one another within a class of non-current assets, but not otherwise.

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Notes to and forming part of the Financial Statements

for the year ended 30 June 2025

24. Leases

(a) Entity as a lessee

The consolidated entity leases various property, equipment and motor vehicles. Lease contracts are typically made for fixed periods of 1 to 40 years (parent entity: 1 to 4 years), but may have extension options. Lease terms are negotiated on an individual basis and contain a wide range of different terms and conditions. The lease agreements do not impose any covenants, but leased assets may not be used as security for borrowing purposes. The consolidated entity does not provide residual value guarantees in relation to leases.

Extension and termination options are included in a number of property and equipment leases. These terms are used to maximise operational flexibility in terms of managing contracts. The majority of extension and termination options held are exercisable only by the consolidated entity and not by the respective lessor. In determining the lease term, management considers all facts and circumstances that create an economic incentive to exercise an extension option, or not exercise a termination option. Extension options (or periods after termination options) are only included in the lease term if the lease is reasonably certain to be extended (or not terminated). Potential future cash outflows of \$101.95 million (2024: \$141.78 million) (parent entity: \$Nil, 2024: \$Nil) have not been included in the lease liability because it is not reasonably certain that the leases will be extended (or not terminated). The assessment is reviewed if a significant event or a significant change in circumstances occurs which affects this assessment and that is within the control of the lessee. During the current financial year, the financial effect of revising lease terms to reflect the effect of exercising extensions and termination options was an increase in recognised lease liabilities and right-of-use assets of \$35.27 million (2024: \$108.04 million) (parent entity: \$Nil, 2024: \$Nil).

AASB 16 *Leases* (AASB 16) requires a lessee to recognise a right-of-use asset and a corresponding lease liability for most leases.

The consolidated entity has elected to recognise payments for short-term leases and low value leases as expenses on a straight line basis, instead of recognising a right-of-use asset and lease liability. Short-term leases are leases with a lease term of 12 months or less. Low value assets are assets with a fair value of \$10,000 or less when new and comprise mainly of small office and medical equipment items.

All occupancy agreements entered into by the consolidated entity with Property and Development NSW (PDNSW), an entity of the ultimate parent, have a 'substitution right' clause added to the occupancy arrangements providing PDNSW with a substantive substitution right to relocate the consolidated entity during the term of the agreement. As a result of this clause, those agreements are not accounted for as a lease within the scope of AASB 16. These leases are recognised as an expense in Note 3 under 'Occupancy agreement expenses - Property and Development NSW' when incurred over the agreement duration.

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.

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Notes to and forming part of the Financial Statements

for the year ended 30 June 2025

24. Leases (continued)

(a) Entity as a lessee (continued)

CONSOLIDATED

	Land and Buildings \$000	Plant and Equipment \$000	Total \$000
Balance at 1 July 2024	343,092	395,855	738,947
Additions	13,790	71,308	85,098
Reassessments - increase / (decrease)	18,244	49,262	67,506
Disposals	(10,774)	(1,795)	(12,569)
Depreciation expense	(68,019)	(103,434)	(171,453)
Reclassifications to property, plant and equipment	(56)	-	(56)
Balance at 30 June 2025	296,277	411,196	707,473
Balance at 1 July 2023	322,619	304,096	626,715
Additions	33,974	132,904	166,878
Reassessments - increase / (decrease)	73,012	56,792	129,804
Disposals	(12,227)	(1,150)	(13,377)
Depreciation expense	(74,286)	(96,787)	(171,073)
Balance at 30 June 2024	343,092	395,855	738,947

PARENT

	Land and Buildings \$000	Plant and Equipment \$000	Total \$000
Balance at 1 July 2024	544	95	639
Additions	-	104	104
Reassessments - increase / (decrease)	-	(1)	(1)
Disposals	(544)	(15)	(559)
Depreciation expense	-	(63)	(63)
Balance at 30 June 2025	-	120	120
Balance at 1 July 2023	677	99	776
Additions	-	44	44
Reassessments - increase / (decrease)	-	(3)	(3)
Depreciation expense	(133)	(45)	(178)
Balance at 30 June 2024	544	95	639

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Notes to and forming part of the Financial Statements

for the year ended 30 June 2025

24. Leases (continued)

(a) Entity as a lessee (continued)

Lease liabilities

The following table presents liabilities under leases:

	Consolidated 2025 \$000	Consolidated 2024 \$000	Parent 2025 \$000	Parent 2024 \$000
Balance at 1 July	759,064	639,926	656	785
Additions	84,921	166,878	104	44
Interest expenses	31,121	22,856	7	17
Payments	(191,521)	(186,296)	(48)	(187)
Terminations / derecognition	(9,111)	(14,104)	(598)	-
Other adjustments	67,506	129,804	(1)	(3)
Balance at 30 June	741,980	759,064	120	656

Other adjustments for the consolidated entity include \$42.4 million (2024: \$108.0 million) of lease extensions recognised for aeromedical leases.

The following amounts were recognised in the Statement of Comprehensive Income during the period in respect of leases:

	Consolidated 2025 \$000	Consolidated 2024 \$000	Parent 2025 \$000	Parent 2024 \$000
Depreciation expense of right-of-use assets	171,453	171,073	63	178
Interest expense on lease liabilities	31,121	22,856	7	17
Expenses relating to short-term leases	51,984	47,719	16	13
Expenses relating to leases of low-value assets	21,309	21,152	874	924
Income from subleasing right-of-use assets	(138)	(27)	-	-
(Gains) / losses on disposal	(1,158)	(727)	(39)	-
Total amount recognised in the statement of comprehensive income	274,571	262,046	921	1,132

The consolidated entity had total cash outflows for leases of \$264.81 million (parent entity: \$0.94 million) for the year ended 30 June 2025 (2024: \$255.17 million (parent entity: \$1.12 million)).

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Notes to and forming part of the Financial Statements

for the year ended 30 June 2025

24. Leases (continued)

(a) Entity as a lessee (continued)

Leases at significantly below market terms and conditions principally to enable the entity to further its objectives

The consolidated entity entered into a number of leases, with lease terms ranging from 1 to 99 years with various organisations, including local councils, health charities, Catholic churches and other NSW State entities for the use of various community health buildings. There are also some leases for the use of various helipads across the state. These contracts generally specify lease payments of \$Nil or negligible amounts per annum, and the leased premises are used by the consolidated entity to provide different community health services and access to helipads. These community health buildings and helipads account for a small portion of similar assets used by the consolidated entity for the purposes of providing health services. Therefore, these lease arrangements do not have a significant impact on the consolidated entity's operations.

Recognition and measurement

The consolidated entity assesses at contract inception whether a contract is, or contains, a lease. That is, if the contract conveys the right to control the use of an identified asset for a period of time in exchange for consideration.

The consolidated entity recognises lease liabilities to make lease payments and right-of-use assets representing the right to use the underlying assets, except for short-term leases and leases of low-value assets.

i. Right-of-use assets

The right-of-use assets are subsequently measured at cost. They are depreciated on a straight-line basis over the shorter of the lease term and the estimated useful lives of the assets, as follows:

	Useful lives
Land and buildings	1 to 40 years
Plant and machinery	1 to 10 years
Motor vehicles	1 to 5 years
Aeromedical	1 to 15 years

The lease payments are discounted using the interest rate implicit in the lease. If that rate cannot be readily determined, which is generally the case for real estate leases, the incremental borrowing rate is used. The consolidated entity does not borrow funds in the market. Instead it receives an allocation of the appropriations from the Crown and where the Crown needs additional funding, Treasury Corporation (TCorp) goes to the market to obtain these funds. As a result, the consolidated entity is using TCorp rates as its incremental borrowing rate. These rates are published by NSW Treasury on a regular basis.

ii. 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.

iii. 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.

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Notes to and forming part of the Financial Statements

for the year ended 30 June 2025

24. Leases (continued)

(b) Entity as a lessor

Recognition and measurement

The consolidated entity leases some retail spaces located within the hospital precincts under operating leases with rental payable monthly. Lease payments generally contain uplift clauses to align to the market conditions.

The consolidated entity also leases land and buildings to non-government organisations (NGO's) and universities under operating leases arrangements. Generally there are no rental payments as the consolidated entity provides market rental assistance grants which offset the rental payments.

The consolidated entity also leases out certain areas and floors within its buildings on a long term basis, which are treated as finance leases. All lease payments are generally paid upfront and the asset gets derecognised from non-current assets.

Lessor for finance leases

Future minimum rentals receivable (undiscounted) under non-cancellable finance leases are as follows:

	Consolidated 2025 \$000	Consolidated 2024 \$000	Parent 2025 \$000	Parent 2024 \$000
Within one year	600	-	-	-
One to two years	621	-	-	-
Two to three years	643	-	-	-
Three to four years	666	-	-	-
Four to five years	689	-	-	-
Later than five years	2,375	-	-	-
Total (excluding GST)	5,594	-	-	-

Reconciliation of net investment in leases

	Consolidated 2025 \$000	Consolidated 2024 \$000	Parent 2025 \$000	Parent 2024 \$000
Future undiscounted rentals receivable	5,594	-	-	-
Unguaranteed residual amounts - undiscounted	313,686	313,686	-	-
Less: unearned finance income	(221,639)	(222,915)	-	-
Net investment in finance lease	97,641	90,771	-	-

Lessor for operating leases

Future minimum rental receivables (undiscounted) under non-cancellable operating leases as at 30 June are as follows:

	Consolidated 2025 \$000	Consolidated 2024 \$000	Parent 2025 \$000	Parent 2024 \$000
Within one year	13,110	12,462	869	1,360
One to two years	11,323	10,996	890	1,322
Two to three years	10,992	10,185	820	1,372
Three to four years	10,140	9,446	699	1,358
Four to five years	9,907	9,214	720	1,320
Later than five years	95,121	97,171	3,269	8,036
Total (excluding GST)	150,593	149,474	7,267	14,768

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Notes to and forming part of the Financial Statements

for the year ended 30 June 2025

25. Intangible assets

CONSOLIDATED

	Software \$000	Total \$000
At 1 July 2023		
Cost (gross carrying amount)	1,495,526	1,495,526
Less: accumulated amortisation and impairment	(763,480)	(763,480)
Net carrying amount	732,046	732,046
Year ended 30 June 2024		
Net carrying amount at beginning of year	732,046	732,046
Additions	365,435	365,435
Reclassifications from property, plant and equipment	2,640	2,640
Disposals	(2,125)	(2,125)
Amortisation (recognised in depreciation and amortisation)	(112,247)	(112,247)
Net carrying amount at the end of the year	985,749	985,749
At 1 July 2024		
Cost (gross carrying amount)	1,821,333	1,821,333
Less: accumulated amortisation and impairment	(835,584)	(835,584)
Net carrying amount	985,749	985,749
Year ended 30 June 2025		
Net carrying amount at beginning of year	985,749	985,749
Additions	201,205	201,205
Reclassifications from property, plant and equipment	235	235
Disposals	(3,120)	(3,120)
Amortisation (recognised in depreciation and amortisation)	(109,482)	(109,482)
Net carrying amount at the end of the year	1,074,587	1,074,587
At 30 June 2025		
Cost (gross carrying amount)	2,004,815	2,004,815
Less: accumulated amortisation and impairment	(930,228)	(930,228)
Net carrying amount	1,074,587	1,074,587

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for the year ended 30 June 2025

25. Intangible assets (continued)

PARENT

	Software \$000	Total \$000
At 1 July 2023		
Cost (gross carrying amount)	8,362	8,362
Less: accumulated amortisation and impairment	(1,290)	(1,290)
Net carrying amount	7,072	7,072
Year ended 30 June 2024		
Net carrying amount at beginning of year	7,072	7,072
Additions	3,135	3,135
Amortisation (recognised in depreciation and amortisation)	(458)	(458)
Net carrying amount at the end of the year	9,749	9,749
At 1 July 2024		
Cost (gross carrying amount)	11,496	11,496
Less: accumulated amortisation and impairment	(1,747)	(1,747)
Net carrying amount	9,749	9,749
Year ended 30 June 2025		
Net carrying amount at beginning of year	9,749	9,749
Additions	6,370	6,370
Disposals	(53)	(53)
Amortisation (recognised in depreciation and amortisation)	(886)	(886)
Net carrying amount at the end of the year	15,180	15,180
At 30 June 2025		
Cost (gross carrying amount)	17,315	17,315
Less: accumulated amortisation and impairment	(2,135)	(2,135)
Net carrying amount	15,180	15,180

Recognition and Measurement

The useful lives of intangible assets are assessed to be finite.

The consolidated entity's intangible assets are amortised using the straight-line method over a period of four to twenty 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.

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Notes to and forming part of the Financial Statements

for the year ended 30 June 2025

26. Fair value measurement of non-financial assets

Fair value measurement and hierarchy

When measuring fair value, the valuation technique used maximises the use of relevant observable inputs and minimises the use of unobservable inputs. Under AASB 13 *Fair Value Measurement*, the consolidated entity categorises, for disclosure purposes, the valuation techniques based on the inputs used in the valuation techniques as follows:

- Level 1 – quoted (unadjusted) prices in active markets for identical assets / liabilities that the entity can access at the measurement date.
- Level 2 – inputs other than quoted prices included within Level 1 that are observable, either directly or indirectly.
- Level 3 – inputs that are not based on observable market data (unobservable inputs).

The consolidated entity recognises transfers between levels of the fair value hierarchy at the end of the reporting period during which the change has occurred.

(a) Fair value hierarchy

CONSOLIDATED	Level 1	Level 2	Level 3	Total Fair
	\$000	\$000	\$000	Value \$000
2025				
Land and buildings	-	889,771	29,068,484	29,958,255
Infrastructure systems	-	222	912,126	912,348
	-	889,993	29,980,610	30,870,603
2024				
Land and buildings	-	814,418	27,131,385	27,945,803
Infrastructure systems	-	225	851,210	851,435
Non-current assets held for sale	-	304	-	304
	-	814,947	27,982,595	28,797,542

The above figures include leasehold improvements, work in progress and newly completed assets which are carried at cost. Cost for such assets are regarded as an approximation of fair value.

There were no transfers between Level 1 and 2 during the year ended 30 June 2025 and 2024.

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Notes to and forming part of the Financial Statements

for the year ended 30 June 2025

26. Fair value measurement of non-financial assets (continued)

(a) Fair value hierarchy (continued)

PARENT	Level 1	Level 2	Level 3	Total Fair
	\$000	\$000	\$000	Value \$000
2025				
Land and buildings	-	-	199,838	199,838
Infrastructure systems	-	-	1,104	1,104
	-	-	200,942	200,942
2024				
Land and buildings	-	-	165,945	165,945
Infrastructure systems	-	-	853	853
	-	-	166,798	166,798

The above figures include leasehold improvements, work in progress and newly completed assets which are carried at cost. Cost for such assets are regarded as an approximation of fair value.

There were no transfers between Level 1 and 2 during the year ended 30 June 2025 and 2024.

(b) Valuation techniques, inputs and processes

The consolidated entity obtains independent valuations for its non-financial assets at least every three years. The valuer used by the consolidated entity is independent of the respective entities.

At the end of each reporting period, the consolidated entity updates its assessment of the fair value of each category of non-financial assets, taking into account the most recent independent valuations. The best evidence of fair value is current prices in an active market for similar assets. Where such information is not available, the consolidated entity considers information from other sources, such as the indices provided by independent external valuers. These fair value adjustments are reflected in Note 23 Total property, plant and equipment - reconciliation.

The valuations techniques used maximise the use of observable inputs where available and rely as little as possible on entity or asset specific estimates. The level in the fair value hierarchy is determined on the basis of the lowest level input that is significant to the measurement in its entirety. If significant inputs required to measure fair value of an asset are observable, the asset is included in level 2 of the fair value hierarchy. If one or more of the significant inputs is not based on observable market data, the asset is included in level 3 of the fair value hierarchy. All resulting fair value estimates for non-financial assets are included in level 3 with the exception of some land and buildings and non-current assets held for sale included in level 2.

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for the year ended 30 June 2025

26. Fair value measurement of non-financial assets (continued)

(b) Valuation techniques, inputs and processes (continued)

The non-financial assets categorised in (a) above have been measured based on the following valuation techniques and inputs:

- **For land**, the valuation by the valuers is made on a market approach, comparing similar assets (not identical) and observable inputs. The most significant input is price per square metre. All commercial and non-restricted land is included in level 2 as these land valuations have a high level of observable inputs, although these lands are not identical. The majority of the restricted land has been classified as level 3 as, although observable inputs have been used, a significant level of professional judgement is required to adjust inputs in determining the land valuations. Certain parcels of land have zoning restrictions, for example hospital grounds, and values are adjusted accordingly.
- **For buildings and infrastructure systems**, many assets are of a specialised nature or use, and thus the most appropriate valuation method is depreciated replacement cost. These assets are included as level 3 as these assets have a high level of unobservable inputs. However, residential and commercial properties are valued on a market approach and are included in level 2.
- **Non-current assets held for sale** are a non-recurring item that is measured at the lesser of its carrying amount or fair value less cost to sell. These assets are categorised as level 2 except when an asset was a level 3 asset prior to transfer to non-current assets held for sale, and continues to be recognised as a level 3 asset where the carrying amount is less than the fair value (less cost) to sell.

Level 3 disclosures:

The fair value of buildings computed by suitably qualified independent valuers using a methodology known as the depreciated replacement cost valuation technique. The following table highlights the key unobservable (level 3) inputs assessed during the valuation process, the relationship to the estimated fair value and the sensitivity to changes in unobservable inputs.

Assets	Valuation Techniques	Valuation Inputs
Land under specialised building(s)	Market approach	This valuation method involves comparing the subject property to comparable sale prices in similar location on a rate per square metre basis, adjusted for restrictions specific for the property (e.g. mandated use and / or zoning).
Specialised Buildings	Depreciated replacement cost approach	This valuation method involves establishing the current replacement cost of the modern equivalent asset for each type of building on a rate per square metre basis; depreciated to reflect the building's remaining useful life which is determined by a number of factors including asset condition and asset life.
Non-Specialised Buildings	Depreciated replacement cost approach	This valuation method involves establishing the current replacement cost of the modern equivalent asset for each type of building on a rate per square metre basis; depreciated to reflect the building's remaining useful life.
Infrastructure systems	Depreciated replacement cost approach	This valuation method involves establishing the current replacement cost of the modern equivalent infrastructure asset on a rate per square metre basis; depreciated to reflect the assets remaining useful life.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2025

26. Fair value measurement of non-financial assets (continued)

(c) Reconciliation of recurring Level 3 fair value measurements

CONSOLIDATED

	Land and Buildings \$000	Infrastructure Systems \$000	Total Level 3 Recurring \$000
2025			
Fair value as at 1 July 2024	27,131,385	851,210	27,982,595
Additions	1,949,272	1,122	1,950,394
Revaluation increments / decrements recognised in other comprehensive income – included in line item 'Changes in revaluation surplus of property, plant and equipment'	1,100,867	32,714	1,133,581
Transfers from Level 2	4,474	-	4,474
Transfers to Level 2	(13,364)	-	(13,364)
Disposals	(63,908)	-	(63,908)
Depreciation expense	(953,786)	(40,999)	(994,785)
Equity transfers out - Note 33 (a)	(15,947)	-	(15,947)
Reclassification	(70,509)	68,079	(2,430)
Fair value as at 30 June 2025	29,068,484	912,126	29,980,610

CONSOLIDATED

	Land and Buildings \$000	Infrastructure Systems \$000	Total Level 3 Recurring \$000
2024			
Fair value as at 1 July 2023	25,291,915	882,158	26,174,073
Additions	1,582,922	97	1,583,019
Revaluation increments / decrements recognised in other comprehensive income – included in line item 'Changes in revaluation surplus of property, plant and equipment'	1,132,220	31,035	1,163,255
Transfers from Level 2	8,450	63	8,513
Transfers to Level 2	(73,371)	-	(73,371)
Disposals	(5,856)	-	(5,856)
Depreciation expense	(860,133)	(38,582)	(898,715)
Reclassification	55,238	(23,561)	31,677
Fair value as at 30 June 2024	27,131,385	851,210	27,982,595

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2025

26. Fair value measurement of non-financial assets (continued)

(c) Reconciliation of recurring Level 3 fair value measurements (continued)

PARENT

	Land and Buildings \$000	Infrastructure Systems \$000	Total Level 3 Recurring \$000
2025			
Fair value as at 1 July 2024	165,945	853	166,798
Revaluation increments / decrements recognised in other comprehensive income – included in line item 'Changes in revaluation surplus of property, plant and equipment'	43,302	388	43,690
Depreciation expense	(9,409)	(137)	(9,546)
Fair value as at 30 June 2025	199,838	1,104	200,942

PARENT

	Land and Buildings \$000	Infrastructure Systems \$000	Total Level 3 Recurring \$000
2024			
Fair value as at 1 July 2023	169,391	941	170,332
Additions	330	-	330
Revaluation increments / decrements recognised in other comprehensive income – included in line item 'Changes in revaluation surplus of property, plant and equipment'	5,638	35	5,673
Depreciation expense	(9,414)	(123)	(9,537)
Fair value as at 30 June 2024	165,945	853	166,798

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Notes to and forming part of the Financial Statements

for the year ended 30 June 2025

27. Restricted assets

The financial statements include cash and cash equivalents and TCorpIM fund investments, the use of which is restricted for stipulated purposes and / or by externally imposed conditions, eg. donor requirements. The assets are only available for application in accordance with the terms of the donor restrictions.

CONSOLIDATED

	2025	2024
	\$000	\$000
Category		
Community welfare	40,187	25,959
Facility improvements	769,317	793,944
Hold Funds in Perpetuity	14,722	14,487
Patient welfare	120,440	111,360
Private practice disbursements (No.2 Accounts)	583,525	539,601
Public contributions	76,122	71,192
Clinical trials	73,529	56,701
Research	258,880	234,098
Section 19(2) primary care - exemption initiative	5,984	5,132
Staff welfare	24,314	24,625
Training and education including conferences	98,262	94,670
Other	(28,390)	(22,111)
Total Restricted Assets	2,036,892	1,949,658

PARENT

	2025	2024
	\$000	\$000
Category		
Facility improvements	110,817	85,083
Research	28,180	26,370
Total Restricted Assets	138,997	111,453

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Notes to and forming part of the Financial Statements

for the year ended 30 June 2025

27. Restricted assets (continued)

Restricted assets are held for the following purpose and cannot be used for any other purpose.

Category	Purpose
Community welfare	Improvements to service access, health literacy, public and preventative health care.
Facility improvements	Repairs, maintenance, renovations and/or new equipment or building related expenditure.
Hold funds in perpetuity	Donor has explicitly requested funds be invested permanently and not otherwise expended.
Patient welfare	Improvements such as medical needs, financial needs and standards for patients' privacy and dignity.
Private practice disbursements	Staff specialists' private practice arrangements to improve the level of clinical services provided (No. 2 Accounts).
Public contributions	Donations, gifts, bequests or legacies received without any donor-specified conditions as to its use. Such contributions are restricted as a result of the requirements of the Accounts and Audit Determination for Public Health Entities in NSW.
Clinical trials	A study designed to test the safety and effectiveness of a treatment.
Research	Research to gain knowledge, understanding and insight.
Section 19(2) primary care - exemption initiative	Improving access to primary care in rural and remote areas under the Council of Australian Governments (COAG) s19(2) Exemptions Initiative.
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	Includes unallocated monies and outstanding settlements. Outstanding settlements refers to expenses and revenue processed in the respective restricted asset cost centres, however awaiting cash settlements to take place. Majority of it relates to private patient fund transfer from trust (No.1 Accounts) to restricted asset private practice disbursement funds (No.2 Accounts) and is awaiting physical settlement/transfer of cash between those bank accounts.

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 2025

28. Payables

	Consolidated 2025 \$000	Consolidated 2024 \$000	Parent 2025 \$000	Parent 2024 \$000
Current				
Accrued salaries, wages and on-costs	661,733	445,309	5,493	4,253
Salaries and wages deductions	109,373	111,648	41	3
Payroll tax and fringe benefits tax	1,853	1,802	1,327	1,251
Trade operating creditors	1,501,245	1,301,257	411,738	316,222
Other creditors				
- Capital works	192,780	217,538	-	-
- Payables to controlled health entities	-	-	130,547	363,546
- Other	6,183	7,163	-	-
	2,473,167	2,084,717	549,146	685,275
Non-current				
Other creditors				
- Capital works	72,185	106,396	-	-
	72,185	106,396	-	-

Details regarding liquidity risk, including a maturity analysis of the above payables are disclosed in Note 41.

The entire non-current payables relate to the purchase of EPIC software license for the Single Digital Patient Record program, which is payable over 5 years. Amounts payable after 12 months has been included as non-current payable.

Recognition and Measurement

Payables represent liabilities for goods and services provided to the consolidated entity and other amounts. Short-term payables with no stated interest rate are measured at the original invoice amount where the effect of discounting is immaterial.

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Notes to and forming part of the Financial Statements

for the year ended 30 June 2025

29. Contract liabilities

	Consolidated 2025 \$000	Consolidated 2024 \$000	Parent 2025 \$000	Parent 2024 \$000
Current				
Contract liabilities	39,311	36,785	33	647
	39,311	36,785	33	647
Non-current				
Contract liabilities	83	198	-	-
	83	198	-	-

Recognition and Measurement

Contract liabilities are in respect of consideration received in advance from the sale of goods and services from contracts with customers and grants and other contributions.

	Consolidated 2025 \$000	Consolidated 2024 \$000	Parent 2025 \$000	Parent 2024 \$000
Revenue recognised that was included in the contract liability balance at the beginning of the year	27,343	56,360	131	29
Revenue recognised from performance obligations satisfied in previous periods	6,090	3,828	-	-
Transaction price allocated to the remaining performance obligations from contracts with customers	175,300	131,074	380	982

The transaction price allocated to the remaining performance obligations relates to the following revenue classes and is expected to be recognised as follows:

CONSOLIDATED	2026	2027	2028	≥ 2029	Total
Specific revenue class	\$000	\$000	\$000	\$000	\$000
Sales of goods and services from contracts with customers	55,599	1,362	573	573	58,107
Grants and other contributions	83,824	17,377	3,504	12,488	117,193
	139,423	18,739	4,077	13,061	175,300
PARENT	2026	2027	2028	≥ 2029	Total
Specific revenue class	\$000	\$000	\$000	\$000	\$000
Grants and other contributions	380	-	-	-	380
	380	-	-	-	380

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2025

30. Borrowings

	Consolidated 2025 \$000	Consolidated 2024 \$000	Parent 2025 \$000	Parent 2024 \$000
Current				
Derivatives	471	679	-	-
Other loans and deposits	7,244	7,304	-	-
Lease liabilities (see Note 24)	152,954	148,498	70	171
Service concession financial liabilities	1,757	1,655	-	-
Public, private partnerships (PPP)				
Long Bay Forensic Hospital	4,017	3,632	-	-
Calvary Mater Newcastle Hospital	3,964	3,451	-	-
Orange Hospital & Associated Health Services	6,199	5,164	-	-
Royal North Shore Hospital Redevelopment	20,714	16,492	-	-
	197,320	186,875	70	171
Non-Current				
Derivatives	2,382	37	-	-
Other loans and deposits	16,278	23,522	-	-
Lease liabilities (see Note 24)	589,026	610,566	50	485
Service concession financial liabilities	24,643	26,400	-	-
Public, private partnerships (PPP)				
Long Bay Forensic Hospital	50,392	54,408	-	-
Calvary Mater Newcastle Hospital	51,968	55,932	-	-
Orange Hospital & Associated Health Services	134,781	140,979	-	-
Royal North Shore Hospital Redevelopment	628,263	648,978	-	-
	1,497,733	1,560,822	50	485

No assets have been pledged as security / collateral for liabilities and there are no restrictions on any title to property.

Details regarding liquidity risk, including a maturity analysis of the above borrowings are disclosed in Note 41.

Borrowings represents interest bearing liabilities mainly through NSW Treasury Corporation, lease liabilities, service concessions arrangement liabilities, other interest bearing liabilities and derivatives.

The consolidated entity has entered into various public, private partnership (PPP) financing arrangements with the private sector for 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, service delivery or by granting a right to the operator to generate revenue by charging customers.

Assets under the PPP arrangements that fall within the scope of AASB 1059 are classified as service concession assets (SCA). Assets under the PPP arrangements that fall outside the scope of AASB 1059 are classified as normal property, plant and equipment (PP&E). Both SCA and PP&E are disclosed in Note 23. Liabilities under these arrangements are classified as either a PPP liability or service concession financial liability (SCFL) under Note 30 or grant of right to operate liability under service concessions (GORTO) under Note 32.

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Notes to and forming part of the Financial Statements

for the year ended 30 June 2025

30. Borrowings (continued)

List of all such arrangements is as follows:

Name of arrangement	Type of Asset	Type of Liability
Orange Hospital & Associated Health Services PPP	PP&E (Note 23)	PPP Liability (Note 30)
Long Bay Forensic Hospital PPP	PP&E (Note 23)	PPP Liability (Note 30)
Calvary Mater Newcastle Hospital PPP	PP&E (Note 23)	PPP Liability (Note 30)
Royal North Shore Hospital Redevelopment PPP		
- Royal North Shore Hospital	PP&E (Note 23)	PPP Liability (Note 30)
- Royal North Shore Hospital Car Park No.1	SCA (Note 23)	GORTO (Note 32)
- Royal North Shore Hospital Car Park No.2	SCA (Note 23)	SCFL (Note 30)
Northern Beaches Hospital PPP		
- Northern Beaches Public Hospital	SCA (Note 23)	Nil
- Northern Beaches Hospital - Shared portion	SCA (Note 23)	GORTO (Note 32)
- Northern Beaches Hospital Car Park	SCA (Note 23)	GORTO (Note 32)

The consolidated entity has also entered into other arrangements, similar to PPP arrangements, with the private sector for the provision of public services, however the arrangement does not require the construction of assets by the private sector. The assets are provided by the consolidated entity to the private operator which are the existing assets of the consolidated entity and meets the definition of service concession assets. Details of these arrangements are as follows:

Name of arrangement	Type of Asset	Type of Liability
Mercy Care Centre Young	SCA (Note 23)	Nil

Recognition and Measurement

Financial liabilities at amortised cost

Borrowings classified as financial liabilities at amortised cost are initially measured at fair value, net of directly attributable transaction costs. These are subsequently measured at amortised cost using the effective interest method. Gains and losses are recognised in the net result when the liabilities are derecognised as well as through the amortisation process.

Financial liabilities at fair value through profit or loss

Financial liabilities at fair value through profit or loss include financial liabilities held-for-trading such as derivative financial liabilities designated upon initial recognition as at fair value through profit or loss.

Financial liabilities are classified as held-for-trading if they are incurred for the purpose of repurchasing in the near term or on initial recognition are part of a portfolio of identified financial instruments that are managed together and for which there is evidence of a recent actual pattern of short-term profit-taking. Derivatives are economic hedges classified as at fair value through profit or loss unless they are designated as effective hedging instruments.

Derivatives are carried as financial liabilities when the fair value is negative. Gains or losses on derivative liabilities are recognised in the net result as the consolidated entity has elected not to apply hedge accounting.

The consolidated entity has not designated any financial liability as at fair value through profit or loss.

The consolidated and parent entity has not granted any financial guarantees.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2025

30. Borrowings (continued)

Changes in liabilities arising from financing activities

CONSOLIDATED

	Derivatives \$000	Other loans and deposits \$000	Leases \$000	Service concession arrangements \$000	Total \$000
1 July 2023	624	990,169	639,926	29,612	1,660,331
Cash flows	(1,198)	(30,307)	(163,440)	(1,557)	(196,502)
New leases	-	-	166,878	-	166,878
Lease terminations	-	-	(14,104)	-	(14,104)
Lease reassessments	-	-	129,804	-	129,804
Other non-cash changes	1,290	-	-	-	1,290
30 June 2024	716	959,862	759,064	28,055	1,747,697
1 July 2024	716	959,862	759,064	28,055	1,747,697
Cash flows	(165)	(36,042)	(160,400)	(1,655)	(198,262)
New leases	-	-	84,921	-	84,921
Lease terminations	-	-	(9,111)	-	(9,111)
Lease reassessments	-	-	67,506	-	67,506
Other non-cash changes	2,302	-	-	-	2,302
30 June 2025	2,853	923,820	741,980	26,400	1,695,053

Cash flows from derivatives in the above table will not reconcile to the Statement of Cash Flows as the Statement of Cash Flows presents a net cash movement of financial assets and liabilities.

PARENT

	Leases \$000	Total \$000
1 July 2023	785	785
Cash flows	(170)	(170)
New leases	44	44
Lease reassessments	(3)	(3)
30 June 2024	656	656
1 July 2024	656	656
Cash flows	(41)	(41)
New leases	104	104
Lease terminations	(598)	(598)
Lease reassessments	(1)	(1)
30 June 2025	120	120

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Notes to and forming part of the Financial Statements

for the year ended 30 June 2025

31. Provisions

	Consolidated 2025 \$000	Consolidated 2024 \$000	Parent 2025 \$000	Parent 2024 \$000
Current				
Employee benefits and related on-costs				
Annual leave				
Obligations expected to be settled within 12 months	1,913,094	1,765,660	21,637	18,398
Obligations expected to be settled after 12 months	861,412	900,622	6,740	7,553
Long service leave consequential on-costs				
Obligations expected to be settled within 12 months	47,527	45,954	937	848
Obligations expected to be settled after 12 months	438,409	451,733	8,437	7,546
Allocated days off	86,524	85,769	-	-
Sick leave	120	130	-	-
Parental leave				
Obligations expected to be settled within 12 months	143,423	111,703	1,939	1,525
Provision for other employee benefits	5,006	-	-	-
	3,495,515	3,361,571	39,690	35,870
Other Provisions				
Restoration costs	16,503	13,734	-	-
Other	120,115	94,160	37,656	66,904
	136,618	107,894	37,656	66,904
Total current provisions	3,632,133	3,469,465	77,346	102,774
Non-current				
Employee benefits and related on-costs				
Long service leave consequential on-costs	53,815	55,116	1,042	933
	53,815	55,116	1,042	933
Other Provisions				
Restoration costs	18,506	16,757	-	-
Other	6,700	5,903	6,700	5,903
	25,206	22,660	6,700	5,903
Total non-current provisions	79,021	77,776	7,742	6,836
Aggregate employee benefits and related on-costs				
Provisions - current	3,495,515	3,361,571	39,690	35,870
Provisions - non-current	53,815	55,116	1,042	933
Accrued salaries, wages and on-costs and salaries and wages deductions (Note 28)	771,106	556,957	5,534	4,256
	4,320,436	3,973,644	46,266	41,059

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2025

31. Provisions (continued)

Movements in provisions (other than employee benefits)

Movements in each class of provision during the financial year, other than employee benefits, are set out below:

Restoration costs

	Consolidated 2025 \$000	Consolidated 2024 \$000	Parent 2025 \$000	Parent 2024 \$000
Carrying amount at beginning of year	30,491	23,969	-	-
- Additional provisions recognised	7,089	8,474	-	-
- Amounts used	(1,225)	(1,722)	-	-
- Unused amounts reversed	(1,346)	(230)	-	-
Carrying amount at end of year	35,009	30,491	-	-

The majority of 'restoration costs' represent the expected cost to restore a leased asset at the end of the lease term. Lease end dates vary across the consolidated entity's lease portfolio and therefore the timing of the payments to restore the leased asset at the end of the term will vary. The majority of the 'restoration cost' provision is as per the lease contracts.

Other

	Consolidated 2025 \$000	Consolidated 2024 \$000	Parent 2025 \$000	Parent 2024 \$000
Carrying amount at beginning of year	100,063	79,954	72,807	50,600
- Additional provisions recognised	63,328	60,960	16,736	22,499
- Amounts used	(34,910)	(37,922)	(43,987)	(292)
- Unused amounts reversed	(1,666)	(2,929)	(1,200)	-
Carrying amount at end of year	126,815	100,063	44,356	72,807

The majority of the 'other' provision represent various contractual related obligations. The consolidated and parent entity has recognised the provision amount by taking into consideration all available information at the reporting date and making the best management estimation of the obligation. The timing of the payments will vary for each contractual related obligations.

Recognition and Measurement

Employee benefits and related on-costs

Salaries and wages, annual leave, allocated days off (ADOs), parental leave, sick leave and on-costs

Salaries and wages (including non-monetary benefits) and paid sick leave that are expected to be settled wholly within 12 months after the end of the period in which the employees render the service are recognised and measured at the undiscounted amounts of the benefits.

Annual leave, ADOs and parental leave are not expected to be settled wholly before twelve months after the end of the annual reporting period in which the employees render the related service. As such, it is required to be measured at present value in accordance with AASB 119 *Employee Benefits* (although short-cut methods are permitted).

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Notes to and forming part of the Financial Statements

for the year ended 30 June 2025

31. Provisions (continued)

Recognition and Measurement (continued)

Employee benefits and related on-costs (continued)

Salaries and wages, annual leave, allocated days off (ADOs), parental leave, sick leave and on-costs (continued)

Actuarial advice obtained by NSW Treasury, an entity controlled by the ultimate parent, has confirmed that using the nominal annual leave balance plus the annual leave entitlements accrued while taking annual leave (calculated using 8.4% to 11.4% of nominal value of annual leave) can be used to approximate the present value of the annual leave liability. The consolidated entity has assessed the actuarial advice based on the consolidated entity's circumstances to annual leave, ADOs and parental leave and has determined that the effect of discounting is immaterial. All annual leave is classified as a current liability even where the consolidated entity does not expect to settle the liability within 12 months as the consolidated entity does not have an unconditional right to defer settlement.

Unused non-vesting sick leave does not give rise to a liability as it is not considered probable that sick leave taken in the future will be greater than the benefits accrued in the future.

Long service leave and superannuation

The consolidated entity's liability for long service leave and defined benefit superannuation are assumed by The Crown in right of the State of New South Wales. The consolidated entity accounts for the liability as having been extinguished resulting in the amount assumed being shown as part of the non-monetary revenue item described as 'Acceptance by the Crown of employee benefits and other liabilities'.

Specific on-costs relating to long service leave assumed by The Crown in right of the State of New South Wales are borne by the consolidated entity.

Long service leave is measured at the present value of expected future payments to be made in respect of services provided up to the reporting date. Consideration is given to certain factors based on an actuarial review, including expected future wage and salary levels, experience of employee departures, and periods of service. Expected future payments are discounted using the long-term Commonwealth Government bond rate at the reporting date.

The superannuation expense for the financial year is determined by using the formula specified in the NSW Treasury's, an entity controlled by the ultimate parent entity, Directions. The expense for certain superannuation schemes (i.e. Basic Benefit and Aware Super) is calculated as a percentage of the employees' salary. For other superannuation schemes (i.e. State Superannuation Scheme and State Authorities Superannuation Scheme), the expense is calculated as a multiple of the employees' superannuation contributions.

Consequential on-costs

Consequential costs to employment are recognised as liabilities and expenses where the employee benefits to which they relate have been recognised. This includes outstanding amounts of payroll tax, workers' compensation insurance premiums and fringe benefits tax.

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Notes to and forming part of the Financial Statements

for the year ended 30 June 2025

32. Other liabilities

	Consolidated 2025 \$000	Consolidated 2024 \$000	Parent 2025 \$000	Parent 2024 \$000
Current				
Unearned revenue	26,540	78,383	25,000	-
Grant of right to operate liability under service concessions*	9,389	9,646	-	-
Liabilities under transfer to acquire or construct non-financial assets to be controlled by the entity	13,871	14,726	276	187
Other	784	-	-	-
	50,584	102,755	25,276	187
Non-current				
Unearned revenue	95,056	100,372	-	-
Grant of right to operate liability under service concessions*	146,284	155,673	-	-
Liabilities under transfer to acquire or construct non-financial assets to be controlled by the entity	59,319	54,432	2,814	2,766
Other	34	35	-	-
	300,693	310,512	2,814	2,766

* This is the unearned revenue portion of the revenue from exchange of assets and is progressively reduced over the period of the arrangement. Refer to Note 12 and Note 23 for further information on service concession arrangements.

Reconciliation of financial assets and corresponding liabilities arising from transfers to acquire or construct non-financial assets:

	Consolidated 2025 \$000	Consolidated 2024 \$000	Parent 2025 \$'000	Parent 2024 \$'000
Opening balance of liabilities arising from transfers to acquire / construct non-financial assets to be controlled by the entity	69,158	89,000	2,953	3,000
Add: receipt of cash during the financial year	38,646	5,361	550	-
Less: income recognised during the financial year	(34,614)	(25,203)	(413)	(47)
Closing balance of liabilities arising from transfers to acquire / construct non-financial assets to be controlled by the entity	73,190	69,158	3,090	2,953

Refer to Note 10 for a description of the consolidated and parent entity's obligations under transfers received to acquire or construct non-financial assets to be controlled by the consolidated and parent entity.

The consolidated and parent entity expects to recognise as income any liability for unsatisfied obligations as at the end of the reporting period evenly during the next 1 to 2 financial years, as the related asset(s) are constructed. There are also some liabilities in relation to future replacement of capital assets, the timing of revenue recognition is mostly unknown at this stage.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2025

33. Equity

Increase / (decrease) in net assets from equity transfers

		Consolidated 2025 \$000	Consolidated 2024 \$000	Parent 2025 \$000	Parent 2024 \$000
Transfer of property, plant and equipment	(a)	(20,261)	-	4,017	-
		(20,261)	-	4,017	-

(a) Carrying amount at transfer date

Land & buildings	(15,947)	-	4,017	-
Plant and equipment	(4,314)	-	-	-
Fair value at transfer date	(20,261)	-	4,017	-

CONSOLIDATED

During the year, the consolidated entity transferred specialist equipment and building works to Viral Vector Manufacturing Facility Pty Ltd (VVMF), an entity controlled by the ultimate parent, at no consideration. VVMF is a NSW Government entity, set up to operate the viral vector manufacturing facility based at Westmead. The transfer of assets is part of the ongoing support the NSW Government has agreed to provide to VVMF. The asset transfer was treated as an equity transfer. The carrying amount of the assets prior to the transfer was \$20.26 million.

PARENT

In 2025, in accordance with the Real Property Disposal Framework, the following assets were transferred at fair value from South Western Sydney and Western NSW Local Health Districts, entities controlled by the Ministry of Health: 72 Menangle Road, Camden NSW 2570; 86 Menangle Road, Camden NSW 2570; and 84 Menangle Road, Camden NSW 2570, with a combined value of \$3.64 million, as well as 35 Woodiwiss Avenue, Cobar, valued at \$0.38 million.

34. 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 2025 \$000	Consolidated 2024 \$000	Parent 2025 \$000	Parent 2024 \$000
Within one year	2,014,425	1,761,845	11,835	-
Later than one year and not later than five years	1,428,901	1,156,330	4,824	-
Later than five years	1,181	2,272	-	-
Total (including GST)	3,444,507	2,920,447	16,659	-

(b) Input tax receivable related to capital commitments for expenditure

The total of capital 'commitments' payable, i.e. \$3,444.51 million as at 30 June 2025, includes input tax credits of \$313.10 million that are expected to be recoverable from the Australian Taxation Office (2024: \$265.50 million).

(c) Output tax payable related to commitments for revenue

The total of 'commitments' receivable, i.e. \$165.65 million as at 30 June 2025, includes input tax of \$15.10 million that is expected to be payable to the Australian Taxation Office (2024: \$14.90 million).

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2025

35. Trust funds

CONSOLIDATED

The consolidated entity holds money in trust in relation to patient trusts, refundable deposits, private patient trust funds and third party funds. As the consolidated entity performs only a custodial role in respect of trust monies, they are excluded from the financial statements as the consolidated entity cannot use them for the achievement of its own objectives. The following is a summary of the transactions in the trust accounts:

2025	Cash balance at the beginning of the financial year \$000	Add: receipts \$000	Less: expenditure \$000	Cash balance at the end of the financial year \$000
Patient Trust	17,858	4,369	(3,447)	18,780
Refundable Deposits	6,827	3,205	(2,583)	7,449
Private Patient Trust Funds	143	637,035	(634,894)	2,284
Third Party Funds	62,129	159,496	(164,326)	57,299
Other	52,215	15,825	(3,173)	64,867
Total trust funds	139,172	819,930	(808,423)	150,679

2024	Cash balance at the beginning of the financial year \$000	Add: receipts \$000	Less: expenditure \$000	Cash balance at the end of the financial year \$000
Patient Trust	15,345	6,487	(3,974)	17,858
Refundable Deposits	10,580	1,368	(5,121)	6,827
Private Patient Trust Funds	1,813	579,483	(581,153)	143
Third Party Funds	74,114	194,725	(206,710)	62,129
Other	20,987	43,348	(12,120)	52,215
Total trust funds	122,839	825,411	(809,078)	139,172

PARENT

2025	Cash balance at the beginning of the financial year \$000	Add: receipts \$000	Less: expenditure \$000	Cash balance at the end of the financial year \$000
Third Party Funds	18,756	6,582	(19,459)	5,879
Total trust funds	18,756	6,582	(19,459)	5,879

2024	Cash balance at the beginning of the financial year \$000	Add: receipts \$000	Less: expenditure \$000	Cash balance at the end of the financial year \$000
Third Party Funds	25,917	24,850	(32,011)	18,756
Total trust funds	25,917	24,850	(32,011)	18,756

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Notes to and forming part of the Financial Statements

for the year ended 30 June 2025

35. Trust funds (continued)

The following list provides a brief description of the purpose of the trust fund categories.

Category	Purpose
Patient Trust	The safe custody of patients' valuables including monies.
Refundable Deposits	A sum of money held in trust as a security deposit.
Private Patient Trust Funds	The revenue derived from private patient and other billable services provided by Staff Specialists.
Third Party Funds	A sum of money held in trust on behalf of external parties, e.g. external foundations, volunteer groups and auxiliaries.
Other	Includes unallocated monies and outstanding settlements. Outstanding settlements refers to expenses and revenue processed in the respective trust fund cost centres, however awaiting cash settlements to take place. Majority of it relates to private practice fund transfer from trust (No.1 Accounts) to restricted funds (No.2 Accounts), awaiting physical settlement/transfer of cash between those bank accounts.

36. Contingent liabilities and contingent assets

CONSOLIDATED AND PARENT

a) Contingent liabilities

Several industrial relations matters, relating to employee award entitlements have been brought against the consolidated entity. The consolidated entity is defending all the claims. It is not practical to estimate the potential effect of these claims at the present time.

b) Contingent assets

The consolidated entity is not aware of any contingent assets which would have a material effect on the disclosures in these financial statements.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2025

37. Interests in other entities

a) Interests in associates

Set out below are the associates of Hunter New England Local Health District (HNELHD) and Illawarra Shoalhaven Local Health District (ISLHD) as at 30 June 2025. 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	
			2025 %	2024 %			2025 \$000	2024 \$000
Hunter Medical Research Institute	Australia	Not applicable	25	25	31 December	Equity method	-	-
Keira Institute of Health and Medical Research Limited	Australia	Not applicable	33	33	30 June	Equity method	-	-

Hunter Medical Research Institute is a company limited by guarantee, whose constitution prohibits the distribution of funds to its members. Accordingly the carrying amount has been equity accounted at \$Nil value and as such no financial information has been disclosed.

Keira Institute of Health and Medical Research Limited is a company limited by guarantee, whose constitution prohibits the distribution of funds to its members. Accordingly the carrying amount has been equity accounted at \$Nil value and as such no financial information has been disclosed.

b) Interests in joint control

Central Coast Local Health District has entered into an agreement called Affiliation Agreement for the Central Coast Research Institute (CCRI) with the University of Newcastle, to undertake research.

The agreement requires equal appointment of directors to the CCRI's Governance Board, which will be managing the relevant activities of the CCRI. Both parties have direct rights to the assets of the CCRI and are jointly and severally liable for the liabilities incurred. CCRI is therefore classified as a joint operation and Central Coast Local Health District recognises its direct right to the jointly held assets, liabilities, revenues and expenses and its share of any jointly held or incurred assets, liabilities, revenues and expenses. These have been incorporated in the financial statements under the appropriate headings.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2025

38. Budget Review - Consolidated

The budgeted amounts are drawn from the original budgeted financial statements presented to Parliament in respect of the reporting period. Subsequent amendments to the original budget (e.g. adjustment for transfer of functions between entities as a result of Administrative Arrangements Orders) are not reflected in the budgeted amounts. Major variances between the original budgeted amounts and the actual amounts disclosed in the financial statements are explained below.

NET RESULT

The actual net result (surplus of \$1,134 million) is lower than the budgeted net result (surplus of \$1,959 million) by \$825 million for the year ended 30 June 2025.

A reconciliation of the movements between the actual and budgeted net result is presented below:

	\$000
Net result - actual	1,133,996
Employee related expenses were higher than budget due to negotiated wage policy changes on some awards, higher than expected redundancy payments, and the impact of the Workers Compensation Annual Performance Adjustment.	366,329
Operating expenses were above budget, primarily driven by higher costs associated with specialised health services, medical and surgical supplies, and visiting medical officers. These increases reflect the sustained focus on reducing elective surgery waitlists throughout the year.	252,125
Depreciation and amortisation were higher than budget due to the timing of new capital projects coming into service and the impact of the prior and current year comprehensive revaluations of land, buildings and infrastructure.	29,909
Grants and subsidies expenses were lower than expected with lower than anticipated grants provided to research organisations during the year.	(44,793)
Finance costs exceeded budget due to the exercise of extension options on certain right-of-use leases for rotor contracts and bases, leading to increased interest expenses on the related lease liabilities.	15,877
Appropriations drawdowns were lower than budget primarily driven by lower than expected spend against the capital program.	508,304
Acceptance by the Crown of employee benefits and other liabilities was lower than budget due to the lower than anticipated actuarial valuation to long service leave benefits assumed by the Crown.	2,828
Revenue from the sale of goods and services from contracts with customers surpassed the budget, driven by higher fees for medical services rendered and motor accident third party insurance.	(223,101)
Investment revenue and other income exceeded budget as a result of higher interest received on financial assets at amortised cost due to a higher restricted cash and cash equivalent balance during the year and additional insurance refunds received.	(54,928)
Grants and other contributions revenue exceeded budget expectations, largely due to higher-than-anticipated in-kind grants for vaccinations under the Commonwealth Vaccination Program, grants from the Crown to support non-frontline redundancy payments, and non-cash donations and contributions.	(146,455)
Gains / (losses) on disposal exceeded budget due to the disposal of various items of property, plant and equipment below the written down value and other gains / (losses) was lower than budget due to a reduced write-off and impairment of medical and surgical supplies.	7,687
Impairment losses on financial assets were higher than expected.	111,613
Net result - budget	1,959,391

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2025

38. Budget Review - Consolidated (continued)

ASSETS AND LIABILITIES

The actual net assets (\$31,164 million) is lower than the budgeted net assets (\$31,390 million) by \$226 million as at 30 June 2025.

A reconciliation of the movements between significant assets and liabilities is presented below:

	\$000
Net assets - actual	31,163,860
Cash and cash equivalents were higher than expected resulting from the timing of year end creditor and payroll payments and higher restricted financial asset holdings.	(724,696)
Receivables exceeded budget, mainly due to higher trade receivables from contracts with customers. This was driven by increased patient fee receivables and higher amounts owing from other jurisdictions related to interstate patient inflows.	(353,986)
Inventories were lower than budget due to slightly higher consumption rates of medical and surgical supplies and a larger write down of medical and surgical supplies than anticipated due to items expiring before they could be used.	35,329
Financial assets at fair value were less than budget primarily as a result of marginally lower returns on medium and long term TCorpIM fund investments throughout the financial year.	5,127
Property, plant and equipment was lower than expected primarily due to the timing of capital projects being delivered and lower than expected revaluation adjustments. Higher than budgeted depreciation from large revaluations in prior years also contributed to the position.	275,750
Right-of-use assets were higher than budget due to the exercise of extension options on certain right-of-use assets for rotor contracts and associated bases.	(30,863)
Other financial assets were above budget due to the timing of the recognition of new receivables on finance leases as a lessor.	(9,864)
Intangibles were lower than original budget primarily resulting from reduced capital spend.	126,635
Payables were higher than expected due to the impact of wage policy changes on accrued salaries, wages and on-costs and trade operating creditors increased due to payment terms returning to a 30 day payment term for correctly rendered invoices (excluding small businesses who are paid immediately for a correctly rendered invoice).	458,370
Contract liabilities were lower than budget due to the timing of meeting the specific performance obligations within the contracts.	(18,193)
Borrowings were higher than expected resulting from exercising some extension lease options and additional recognition of leases.	44,378
Provisions were higher than expected as a result of the impact of negotiated wage policy changes on some awards resulting in higher than anticipated annual leave provisions and parental leave balances increased as a result of the number of employees with submitted applications to take parental leave in the next 2 years.	417,606
Other liabilities were below budget, primarily due to a decrease in unearned revenue. Prior year funds related to a specific building project were utilised to fully derecognise the building, which is now recognised as a finance lease.	(50,831)
Net assets - budget	31,390,309

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2025

38. Budget Review - Consolidated (continued)

CASH FLOWS

Operating activities net cash inflows were lower than budget by \$386.3 million attributable to receipts being lower than budget for appropriations, grants and other contributions and other receipts, but slightly offset by higher receipts from the sale of goods and services. Similar to receipts, payments were lower than budget due mainly to lower payments to suppliers for goods and services.

Investing activities net cash outflows were lower than budget by \$552.7 million attributable to decreases in purchases of property, plant and equipment and intangibles and proceeds from the sale of property, plant and equipment and intangibles and increases in other investing activities.

Financing net cash outflows were lower than expected by \$12.3 million. This was attributable primarily to lower payments of borrowings and advances but mostly offset by higher repayments of principal portion of lease liabilities than budgeted.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2025

39. Reconciliation of cash flows from operating activities to net result

Reconciliation of cash flows from operating activities to the net result as reported in the Statement of Comprehensive Income as follows:

	Consolidated 2025 \$000	Consolidated 2024 \$000	Parent 2025 \$000	Parent 2024 \$000
Net cash used on operating activities	3,128,870	2,703,436	293,778	335,552
Depreciation and amortisation expense	(1,577,540)	(1,477,854)	(11,706)	(11,420)
Allowance for impairment	(138,788)	(176,768)	(7,712)	120
Effects of exchange rate changes	448	198	-	-
(Increase) / decrease in other liabilities	13,690	25,354	(25,137)	47
(Increase) / decrease in provisions	(163,911)	(205,231)	24,522	(27,700)
Increase / (decrease) in inventory	(6,267)	(37,726)	64,628	5,218
Increase / (decrease) in prepayments and other assets	283,918	124,714	(33,281)	107,168
Increase / (decrease) in contract assets	5,166	418	5,665	175
(Increase) / decrease in payables	(411,285)	(86,385)	136,020	(125,423)
(Increase) / decrease in contract liabilities	(2,411)	20,604	614	(102)
(Increase) / decrease in financial instruments at fair value	8,007	7,933	-	-
Net gain / (loss) on sale of property, plant and equipment	(18,769)	(12,474)	(56)	(5)
Net gain / (loss) on disposal of right-of-use assets	1,158	727	39	-
Assets donated or brought to account (Note 40)	9,877	2,314	(678)	4
Other	1,833	957	-	1
Net result	1,133,996	890,217	446,696	283,635

40. Non-cash financing and investing activities

	Consolidated 2025 \$000	Consolidated 2024 \$000	Parent 2025 \$000	Parent 2024 \$000
Assets donated or brought to account	9,877	2,314	(678)	4
Property, plant and equipment acquired by a lease	85,098	166,878	104	44
	94,975	169,192	(574)	48

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2025

41. Financial instruments

The consolidated entity's principal financial instruments are outlined below. These financial instruments arise directly from the consolidated entity's operations or are required to finance its operations. The consolidated entity does not enter into or trade financial instruments, including derivative financial instruments, for speculative purposes.

The consolidated entity's main risks arising from financial instruments are outlined below, together with the consolidated entity's objectives, policies and processes for measuring and managing risk. Further quantitative and qualitative disclosures are included throughout these financial statements.

The Secretary of NSW Health has overall responsibility for the establishment and oversight of risk management and reviews and agrees policies for managing each of these risks. Risk management policies are established to identify and analyse the risks faced by the consolidated and parent entities, to set risk limits and controls and to monitor risks. Compliance with policies is reviewed on a continuous basis.

(a) Financial instrument categories

CONSOLIDATED

Class	Note	Category	Carrying amount	
			2025 \$000	2024 \$000
Financial Assets				
Cash and cash equivalents	17	Amortised cost	3,139,759	2,781,203
Receivables ¹	18	Amortised cost	939,612	854,540
Contract assets ²	19	Amortised cost	7,843	2,677
Financial assets at fair value	21	Fair value through profit or loss - mandatory classification	80,287	74,872
Other financial assets	22	Amortised cost	97,641	90,771
Total financial assets			4,265,142	3,804,063
Financial Liabilities				
Payables ³	28	Financial Liabilities (at amortised cost)	2,543,499	2,189,311
Borrowings	30	Financial Liabilities (at amortised cost)	1,692,200	1,746,981
		Fair value through profit or loss - mandatory classification	2,853	716
Other liabilities ³	32	Financial Liabilities (at amortised cost)	818	35
Total financial liabilities			4,239,370	3,937,043

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).

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Notes to and forming part of the Financial Statements

for the year ended 30 June 2025

41. Financial instruments (continued)

(a) Financial instrument categories (continued)

PARENT

Class	Note	Category	Carrying amount	
			2025 \$000	2024 \$000
Financial Assets				
Cash and cash equivalents	17	Amortised cost	1,070,802	683,561
Receivables ¹	18	Amortised cost	263,797	308,504
Contract assets ²	19	Amortised cost	6,301	636
Other financial assets	22	Amortised cost	184,620	281,133
Total financial assets			1,525,520	1,273,834
Financial Liabilities				
Payables ³	28	Financial Liabilities (at amortised cost)	547,819	684,024
Borrowings	30	Financial Liabilities (at amortised cost)	120	656
Total financial liabilities			547,939	684,680

Notes

¹ Excludes statutory receivables and prepayments (i.e. not within scope of AASB 7 Financial Instruments: Disclosures).

² While contract assets are also not financial assets, they are explicitly included in the scope of AASB 7 Financial Instruments: Disclosures for the purpose of the credit risk disclosures.

³ Excludes statutory payables and unearned revenue (i.e. not within scope of AASB 7 Financial Instruments: Disclosures).

The consolidated entity determines the classification of its financial assets and liabilities after initial recognition and, when allowed and appropriate, re-evaluates this at each financial year end.

(b) Derecognition of financial assets and financial liabilities

A financial asset (or, where applicable, a part of a financial asset or part of a group of similar financial assets) is derecognised when the contractual rights to the cash flows from the financial assets expire; or if the entity transfers its rights to receive cash flows from the asset or has assumed an obligation to pay the received cash flows in full without material delay to a third party under a pass through arrangement and either:

- the consolidated entity has transferred substantially all the risks and rewards of the asset; or
- the consolidated entity has neither transferred nor retained substantially all the risks and rewards for the asset, but has transferred control.

When the consolidated entity has transferred its rights to receive cash flows from an asset or has entered into a pass through arrangement, it evaluates if, and to what extent, it has retained the risks and rewards of ownership. Where the consolidated entity has neither transferred nor retained substantially all the risks and rewards or transferred control, the asset continues to be recognised to the extent of the consolidated entity continuing involvement in the asset. In that case, the consolidated entity also recognises an associated liability. The transferred asset and the associated liability are measured on a basis that reflects the rights and obligations that the entity has retained.

Continuing involvement that takes the form of a guarantee over the transferred asset is measured at the lower of the original carrying amount of the asset and the maximum amount of consideration that the consolidated entity could be required to repay.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2025

41. Financial instruments (continued)

(b) Derecognition of financial assets and financial liabilities (continued)

A financial liability is derecognised when the obligation specified in the contract is discharged or cancelled or expires. When an existing financial liability is replaced by another from the same lender on substantially different terms, or the terms of an existing liability are substantially modified, such an exchange or modification is treated as the derecognition of the original liability and the recognition of a new liability. The difference in the respective carrying amounts is recognised in the net result.

(c) Offsetting financial instruments

Financial assets and financial liabilities are offset and the net amount is reported in the Statement of Financial Position if there is a currently enforceable legal right to offset the recognised amounts and there is an intention to settle on a net basis, or to realise the assets and settle the liabilities simultaneously.

(d) Financial risks

i. Credit risk

Credit risk arises when there is the possibility that the counterparty will default on their contractual obligations, resulting in a financial loss to the consolidated entity. The maximum exposure to credit risk is generally represented by the carrying amount of the financial assets (net of any allowance for credit losses or allowance for impairment).

Credit risk arises from financial assets of the consolidated entity, including cash, receivables and authority deposits. No collateral is held by the consolidated entity. The consolidated entity has not granted any financial guarantees.

Credit risk associated with the consolidated entity's financial assets, other than receivables, is managed through the selection of counterparties and establishment of minimum credit rating standards.

The consolidated entity considers a financial asset in default when contractual payments are 90 days past due. However, in certain cases, the consolidated entity may also consider a financial asset to be in default when internal or external information indicates that the entity is unlikely to receive the outstanding contractual amounts in full before taking into account any credit enhancements held by the consolidated entity.

Cash and cash equivalents

Cash comprises cash on hand and bank balances within the NSW Treasury Banking System. Interest is earned on daily bank balances at the monthly average NSW Treasury Corporation (TCorp) 11am unofficial cash rate, adjusted for a management fee to NSW Treasury. The TCorp IM Funds cash facility is discussed in market risk below.

Accounting policy for impairment of trade receivables and other financial assets

Receivables - trade receivables, other receivables, contract assets and lease receivables

Collectability of trade receivables, other receivables, contract assets and lease receivables is reviewed on an ongoing basis. Procedures as established in the Treasurer's Directions are followed to recover outstanding amounts, including letters of demand.

The consolidated entity applies the AASB 9 *Financial Instruments* simplified approach to measuring expected credit losses which uses a lifetime expected loss allowance for all trade receivables, other receivables, contract assets and lease receivables.

To measure the expected credit losses, trade receivables, other receivables, contract assets and lease receivables have been grouped based on shared credit risk characteristics and the days past due.

The expected loss rates are based on historical observed loss rates. The historical loss rates are adjusted to reflect current and forward-looking information on macroeconomic factors affecting the ability of the customers to settle the receivables. The consolidated entity has not identified any relevant factors, and accordingly has not adjusted the historical loss rates.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2025

41. Financial instruments (continued)

(d) Financial risks (continued)

i. Credit risk (continued)

Trade receivables, other receivables, contract assets and lease receivables are written off when there is no reasonable expectation of recovery. Indicators that there is no reasonable expectation of recovery include, amongst others a failure to make contractual payments for a period of greater than 90 days past due.

The loss allowance for trade receivables, other receivables, contract assets and lease receivables as at 30 June 2025 and 2024 was determined as follows:

CONSOLIDATED

	Current	<30 days	30-60 days	61-90 days	>91 days	Total
30 June 2025	\$000	\$000	\$000	\$000	\$000	\$000
Expected credit loss rate	1.70%	4.61%	16.75%	25.65%	57.87%	15.16%
Estimated total gross carrying amount ¹	814,708	86,071	36,751	23,489	270,826	1,231,845
Expected credit loss	13,863	3,966	6,155	6,026	156,739	186,749
30 June 2024	Current	<30 days	30-60 days	61-90 days	>91 days	Total
	\$000	\$000	\$000	\$000	\$000	\$000
Expected credit loss rate	1.58%	5.64%	6.82%	15.66%	41.53%	12.26%
Estimated total gross carrying amount ¹	633,239	67,600	84,755	37,043	257,804	1,080,441
Expected credit loss	9,998	3,812	5,784	5,800	107,059	132,453

PARENT

	Current	<30 days	30-60 days	61-90 days	>91 days	Total
30 June 2025	\$000	\$000	\$000	\$000	\$000	\$000
Expected credit loss rate	0.01%	0.00%	16.08%	0.00%	1.48%	0.77%
Estimated total gross carrying amount ^{1,2}	176,831	27,284	8,763	179	31,611	244,668
Expected credit loss	11	-	1,409	-	468	1,888
30 June 2024	Current	<30 days	30-60 days	61-90 days	>91 days	Total
	\$000	\$000	\$000	\$000	\$000	\$000
Expected credit loss rate	0.00%	0.00%	0.00%	0.00%	0.85%	0.20%
Estimated total gross carrying amount ^{1,2}	99,923	13,040	52,331	12,792	54,756	232,842
Expected credit loss	-	-	-	-	468	468

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 18 and the contract assets total in Note 19.

² The estimated total gross carrying amount for the parent entity also excludes receivables from controlled health entities.

The consolidated entity is not materially exposed to concentrations of credit risk to a single trade debtor or group of debtors as at 30 June 2025 and 30 June 2024.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2025

41. Financial instruments (continued)

(d) Financial risks (continued)

ii. Liquidity risk

Liquidity risk is the risk that the consolidated entity will be unable to meet its payment obligations when they fall due. The consolidated entity continuously manages risk through monitoring future cash flows and maturities planning to ensure adequate holding of high quality liquid assets. The objective is to maintain a balance between continuity of funding and flexibility through effective management of cash, investments and liquid assets and liabilities.

The consolidated entity has negotiated no loan outside of arrangements with the Crown. During the current and prior year, there were no defaults of loans payable. No assets have been pledged as collateral.

Liquidity risk is minimised by the use of service agreements between the Secretary of NSW Health and controlled health entities. The annual service agreements, requires controlled entities to manage their financial liquidity and in particular, meet benchmarks for the payment of creditors. Where the controlled entities fail to meet service agreement performance standards, the parent as the state manager can take action in accordance with annual performance framework requirements, including providing financial support and increased management interaction.

Liabilities are recognised for amounts due to be paid in the future for goods or services received, whether or not invoiced. For all suppliers, that has a correctly rendered invoice, a matched purchase order and where goods have been received, a 30 day payment term is applied.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2025

41. Financial instruments (continued)

(d) Financial risks (continued)

ii. Liquidity risk (continued)

The following table summarises the maturity profile of the consolidated entity's financial liabilities together with the interest rate exposure.

Maturity analysis and interest rate exposure of financial liabilities:

	EIR ³ %	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								
2025								
Payables ²		2,552,452	114,199	-	2,438,253	2,476,320	76,132	-
Borrowings:								
- Other loans and deposits	2.88	24,627	24,627	-	-	7,738	15,584	1,305
- Lease liabilities	4.38	849,618	849,618	-	-	178,954	468,710	201,954
- Service concession financial liabilities	2.42	30,354	30,354	-	-	2,376	10,137	17,841
- PPP	11.15	1,636,493	1,549,929	86,564	-	134,083	568,708	933,702
		5,093,544	2,568,727	86,564	2,438,253	2,799,471	1,139,271	1,154,802
2024								
Payables ²		2,197,114	144,462	-	2,052,652	2,082,915	114,199	-
Borrowings:								
- Other loans and deposits	2.51	32,609	32,609	-	-	7,981	21,379	3,249
- Lease liabilities	3.93	872,048	872,048	-	-	176,189	458,910	236,949
- Service concession financial liabilities	2.42	32,670	32,670	-	-	2,316	9,881	20,473
- PPP	10.85	1,770,153	1,673,793	96,360	-	131,157	556,491	1,082,505
		4,904,594	2,755,582	96,360	2,052,652	2,400,558	1,160,860	1,343,176

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 2025

41. 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								
2025								
Payables ²		547,819	-	-	547,819	547,819	-	-
Borrowings:								
- Lease liabilities	6.19	127	127	-	-	74	53	-
		547,946	127	-	547,819	547,893	53	-
2024								
Payables ²		684,024	-	-	684,024	684,024	-	-
Borrowings:								
- Lease liabilities	2.16	681	681	-	-	184	497	-
		684,705	681	-	684,024	684,208	497	-

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 2025

41. Financial instruments (continued)

(d) Financial risks (continued)

ii. Liquidity risk (continued)

The following table summarises the maturity profile of the consolidated entity's derivative financial instruments. The maturity profile of the cash flows are matched to the anticipated settlement of the commercial contracts as forecasted by the consolidated entity.

Maturity analysis of derivative financial assets at fair value through profit and loss that are hedging foreign currency

	Fair Value	Maturity Dates		
		< 1 Year	1-5 Years	> 5 Years
	\$000	\$000	\$000	\$000
CONSOLIDATED				
2025				
Financial assets:				
- Derivatives - inflows	7,273	22,065	43,996	11,533
- Derivatives - outflows	(2,853)	(20,423)	(38,899)	(10,046)
	7,273	1,642	5,097	1,487
Financial liabilities:				
- Derivatives - inflows	(2,853)	27,612	98,564	-
- Derivatives - outflows	(2,853)	(28,012)	(100,553)	-
	(2,853)	(400)	(1,989)	-
2024				
Financial assets:				
- Derivatives - inflows	8,798	58,837	39,483	20,110
- Derivatives - outflows	(2,853)	(56,153)	(34,749)	(17,685)
	8,798	2,684	4,734	2,425
Financial liabilities:				
- Derivatives - inflows	(716)	26,238	31,743	-
- Derivatives - outflows	(716)	(26,828)	(31,648)	-
	(716)	(590)	95	-

Notes

Cash outflows in foreign currencies are translated at prevailing spot rates on reporting dates.

The parent entity had no derivative financial assets or liabilities for the year ended 30 June 2025 or 2024.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2025

41. 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 exchange risk and other price risks associated with the movement in the unit price of the TCorpIM funds. 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 2024. The analysis assumes that all other variables remain constant.

Interest rate risk

Interest rate risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market interest rates. Exposure to interest rate risk arises primarily through the consolidated entity's interest bearing liabilities.

However, controlled entities are not permitted to borrow external to the Ministry of Health (energy loans which are negotiated through NSW Treasury are excepted).

Both NSW Treasury and Ministry of Health loans are set at fixed rates and therefore are generally not affected by fluctuations in market rates. The consolidated entity does not account for any fixed rate financial instruments at fair value through profit or loss or at fair value through other comprehensive income. Therefore, for these financial instruments, a change of interest rates would not affect the carrying value or interest paid / earned.

A reasonably possible change of +/-1% is used consistent with current trends in interest rates (based on official RBA interest rate volatility over the last five years). The basis will be reviewed annually and amended where there is a structural change in the level of interest rate volatility.

The following table demonstrates the sensitivity to a reasonably possible change in interest rates:

CONSOLIDATED	2025		2024	
	-1%	1%	-1%	1%
Net result	(30,854)	30,854	(27,232)	27,232
Equity	(30,854)	30,854	(27,232)	27,232

PARENT	2025		2024	
	-1%	1%	-1%	1%
Net result	(10,708)	10,708	(6,836)	6,836
Equity	(10,708)	10,708	(6,836)	6,836

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2025

41. Financial instruments (continued)

(d) Financial risks (continued)

iii. Market risk (continued)

Foreign exchange risk

Exposure to foreign exchange risk arises primarily through the contractual commercial transactions denominated in a foreign currency. The risk is measured using sensitivity analysis and cash flow forecasting.

The consolidated entity manages its foreign exchange risk by maintaining foreign currency denominated bank accounts or buying foreign currency from TCorp at the time of purchase commitment, or enters into derivative economic hedges with TCorp in accordance with the consolidated entity's risk management policies.

At year end, the consolidated entity did not hold any material foreign currency denominated monetary assets and monetary liabilities, except for cash held in a US dollar denominated bank account. All funds held at year end in foreign currency are expected to be used to settle existing purchase commitments that are denominated in US currency.

The consolidated entity has outstanding forward foreign exchange contracts entered with TCorp to hedge foreign currency risks. The forward foreign exchange contracts enable the consolidated entity to exchange fixed foreign currency for fixed AUD at specified future date, enabling cash flow certainty.

The consolidated entity is exposed to foreign exchange risks associated with commercial contracts payments denominated in foreign currency. The consolidated entity's risk management strategy is to hedge foreign currency risks by maintaining foreign currency denominated bank accounts, buying foreign currencies from TCorp at the time of purchase commitment or entering into foreign exchange derivative contracts as approved within internal policies and guidelines set out under NSW Health's Procurement Policy and broader framework under *NSW Government Financial Risk Management Policy* (TPP21-04). The forward foreign exchange derivative contracts are economic hedges which enables the consolidated entity to exchange a fixed amount of foreign currency for fixed AUD amount at a specified future settlement date, ensuring cash flow certainty.

A sensitivity analysis has been disclosed for the cash held in foreign currency bank account and outstanding derivative contracts at year end. A sensitivity of 10% movement in the exchange rates has been selected for use in the sensitivity analysis at the reporting date, as this is considered reasonable, based on the current Australian dollar level and the historical volatility of the Australian dollar against the US currency. Based on the value of the Australian dollar at the reporting date as compared with the currencies below, adverse or favourable movements in the foreign exchange rates would result in an increase or decrease in the Australian dollar fair value respectively.

CONSOLIDATED

2025	+10%		-10%		
	Fair value	Net result	Equity	Net result	Equity
	\$000	\$000	\$000	\$000	\$000
Denominated US Dollars	860	(78)	(78)	96	96
Derivatives	4,420	(17,163)	(17,163)	20,977	20,977

2024	+10%		-10%		
	Fair value	Net result	Equity	Net result	Equity
	\$000	\$000	\$000	\$000	\$000
Denominated US Dollars	4,662	(424)	(424)	518	518
Derivatives	8,082	(14,609)	(14,609)	17,856	17,856

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2025

41. 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	2025 \$000	2024 \$000
TCorpIM Medium Term Growth Fund	Cash and fixed income, credit, equities, alternative assets and real assets	3 years to 7 years	32,143	29,729
TCorpIM Long Term Growth Fund	Cash and fixed income, credit, equities, alternative assets and real assets	7 years and over	40,871	36,345

The unit price of each facility is equal to the total fair value of net assets held by the facility divided by the total number of units on issue for that facility. Unit prices are calculated and published daily. TCorp as trustee for each of the above facilities is required to act in the best interest of the unit holders and to administer the trusts in accordance with the trust deeds. As trustee, TCorp has appointed external managers to manage the performance and risk of each facility in accordance with a mandate agreed by the parties. A significant portion of the administration of the facilities is outsourced to an external custodian.

Investment in the TCorpIM Funds facilities limits the consolidated entity's exposure to risk, as it allows diversification across a pool of funds with different investment horizons and a mix of investments.

TCorp provides sensitivity analysis information for each of the Investment facilities, which is used to demonstrate the impact on the funds' net assets as a result of a change in the unit price. This impact is based on a sensitivity rate of 10%, multiplied by the redemption value as at 30 June each year for each facility (balance from TCorpIM Funds statement). Actual movements in the price risk variables may differ to the sensitivity rate used due to a number of factors. The TCorpIM Funds are measured at fair value through profit or loss and therefore any change in unit price impacts directly on net results / equity.

	Impact on net result			
	Change in unit price		/ equity	
	2025 %	2024 %	2025 \$000	2024 \$000
TCorpIM Medium Term Growth Fund	+/- 10%	+/- 10%	3,214	2,973
TCorpIM Long Term Growth Fund	+/- 10%	+/- 10%	4,087	3,635

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2025

41. Financial instruments (continued)

(e) Fair value measurement

i. Fair value compared to carrying amount

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The fair value measurement is based on the presumption that the transaction to sell the asset or transfer the liability takes place either in the principal market for the asset or liability or in the absence of a principal market, in the most advantageous market for the asset or liability.

The consolidated entity's fair value does not differ from the carrying amount.

ii. Fair value recognised in the Statement of Financial Position

Derivative economic hedges and TCorpIM Funds Investment Facilities are measured at fair value. Management assessed that cash and short-term deposits, trade receivables, trade payables and other current liabilities approximate their fair values, largely due to the short-term maturities of these instruments.

When measuring fair value, the valuation technique used maximises the use of relevant observable inputs and minimises the use of unobservable inputs. Under AASB 13 *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.

	Level 1	Level 2	Level 3	Total
2025	\$000	\$000	\$000	\$000
Financial assets at fair value				
Derivatives	-	7,273	-	7,273
TCorpIM Funds Investment Facility	-	73,014	-	73,014
Financial liabilities at fair value				
Derivatives	-	2,853	-	2,853
2024				
Financial assets at fair value				
Derivatives	-	8,798	-	8,798
TCorpIM Funds Investment Facility	-	66,074	-	66,074
Financial liabilities at fair value				
Derivatives	-	716	-	716

The parent entity had no financial assets or liabilities at fair value in the Statement of Financial Position for the year ended 30 June 2025 or 2024.

There were no transfers between Level 1, 2 or 3 during the year ended 30 June 2025 (2024: \$Nil).

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2025

41. Financial instruments (continued)

(e) Fair value measurement (continued)

ii. Fair value recognised in the Statement of Financial Position (continued)

The value of the TCorpIM Funds Investments is based on the consolidated entity's share of the value of the underlying assets of the facility, based on the market value. All of the TCorpIM Funds Investment facilities are valued using 'redemption' pricing.

The fair values of derivative economic hedges are determined using standard valuation technique based on the applicable market observable rates including spot rate and forward points.

42. Related party disclosures

(a) Key management personnel compensation

Key management personnel compensation is as follows:

	Consolidated 2025 \$000	Consolidated 2024 \$000	Parent 2025 \$000	Parent 2024 \$000
Short-term employee benefits	4,198	4,306	4,198	4,306
Post-employment benefits	202	164	202	164
	4,400	4,470	4,400	4,470

Compensation for the Minister for Health is paid by the Legislature and is not reimbursed by the Ministry of Health and its controlled entities. Accordingly no such amounts are included in the key management personnel compensation disclosures above.

(b) Transactions and outstanding balances with key management personnel of the consolidated entity and its parent during the financial year

There were no material transactions or outstanding balances with key management personnel of the consolidated entity and its parent during the financial year.

(c) Transactions the consolidated entity had with government related entities during the financial year

During the financial year and comparative year, the consolidated entity entered into the various transactions with other entities consolidated as part of the NSW Total State Sector (the ultimate parent) within the normal course of business.

Operating expenses incurred as follows:

- Payroll and fringe benefits taxes
- Audit of the statutory financial statements
- Cost for mobile radio network services
- Utilities, including electricity, gas and water expenses
- Property occupancy and maintenance expenses
- Insurance costs
- Legal and consultancy costs
- Records storage and retrieval expenses
- Grants and subsidies to health cluster agencies
- Revenue collection services
- Project management and advisory costs for capital works projects
- Traineeship program contributions
- Various grants and other contributions.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2025

42. Related party disclosures (continued)

(c) Transactions the consolidated entity had with government related entities during the financial year (continued)

Revenue earned as follows:

- Appropriations as per the Appropriations Act received from Consolidated Fund
- Motor Accident Third Party revenue is received from State Insurance Regulatory Authority and Lifetime Care and Support Authority of New South Wales
- Clinical services revenue was received from the NSW Police Force and Transport for NSW
- Various grants and other contributions
- Interest income on restricted financial assets from the Crown
- Distributions and unit price movements on TCorpIM Funds facilities
- Motor vehicle rebates
- Contract revenue for the construction works
- Insurance refunds
- Revenue from acceptance of long service leave liabilities and defined benefit superannuation.

Assets and Liabilities as follows:

- Receivables / payables in respect of the above noted related party revenue and expense transactions
- Some sale proceeds for non-current property, plant and equipment assets
- Right-of-use assets with Department of Customer Service
- Some funds are invested in TCorpIM Funds Investment facilities
- Forward foreign exchange derivative contracts purchased through NSW Treasury Corporation
- Energy Efficient Government Program loans are held with the Crown.

(d) Transactions the parent entity had with government related entities during the financial year

Further to the above transactions entered into by the consolidated entity, the parent entity entered into the following transactions within the normal course of business with entities it controlled which are consolidated as part of these financial statements:

Operating expenses incurred as follows:

- Grants and subsidies provided to health entities
- Information technology service charges.

Revenue earned as follows:

- Revenue from short term lease arrangements
- Recovery of outgoings from short term lease arrangements.

Assets and Liabilities as follows:

- Intra-health receivables and payables
- Receivable for loans and advances made to health entities.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2025

42. Related party disclosures (continued)

(e) 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 pays a lease rental of \$1 per year to the LHC.

Peppercorn Lease 2: Mt Druitt Lease

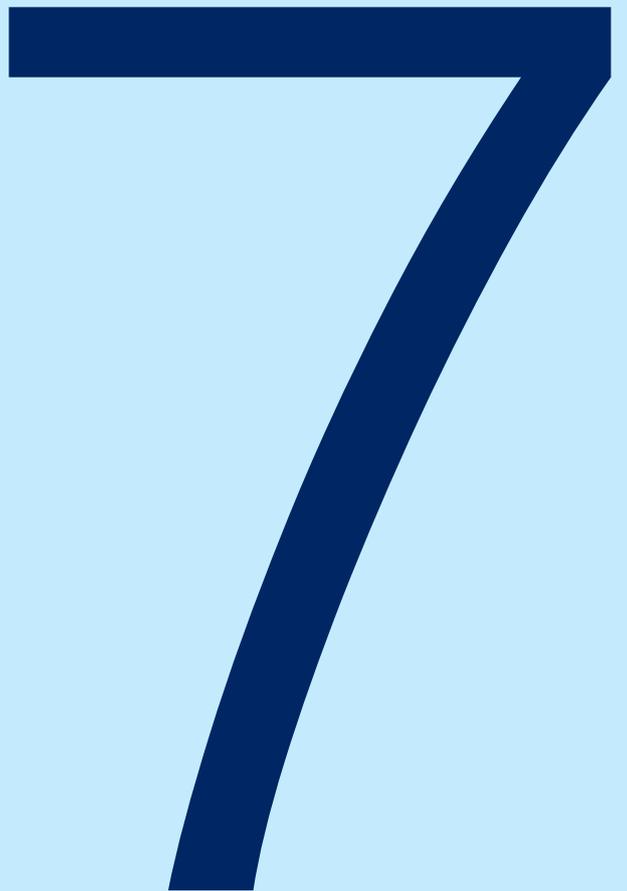
Department of Planning, Housing and Infrastructure (DPHI), an entity controlled by the ultimate parent, has entered into a lease agreement with Western Sydney Local Health District (WSLHD) for lease of the land located at Lots 29 and 30 in Rooty Hill, Cumberland County for a 77 year period commencing from 4 November 1973 to 31 December 2050. WSLHD pays a lease rental of \$1 per year to the DPHI.

43. Events after the reporting period

No other matters have arisen subsequent to balance date that would require these financial statements to be amended.

END OF AUDITED FINANCIAL STATEMENTS

NSW Health organisations



Statutory health corporations

Agency for Clinical Innovation

Website: www.aci.health.nsw.gov.au

Chief Executive

Dr Jean-Frédéric Levesque

Biography on page 11



Key achievements

- Scaled the Emergency Care and Assessment Treatment Program to 151 emergency departments across 17 local health districts and specialty health networks to standardise nurse-initiated emergency care, and improve patient care and experiences for people presenting to emergency departments across NSW.
- Partnered with NSW Health entities to deliver two 10-week pilot programs that integrated paramedics into multidisciplinary teams at the Mudgee Hospital Emergency Department and Wagga Wagga Base Hospital Rapid Access Clinic. Paramedics worked alongside doctors, nurses, and allied health professionals to enhance patient care in regional settings.
- Launched the Community Coordinated Burn Care Toolkit which provides training in burn care, first aid, and aftercare to support treatment and recovery for Aboriginal and Torres Strait Islander children in NSW. The toolkit incorporates lectures, skill sessions, and resources.
- Launched the Rainbow Resource, a toolkit for child and adolescent mental health clinicians supporting LGBTIQ+ young people and their families. The toolkit was co-designed with a diverse working group to provide affirming, best practice care to LGBTIQ+ young people.
- Published the High Volume Short Stay Surgery Toolkit to assist NSW Health facilities in planning and establishing surgical units that deliver planned surgeries requiring patient admission for up to 72 hours.
- Implemented the NSW Chronic Wound Management Initiative which has seen a
 - 27 per cent reduction in wound-related hospital separations;
 - 23 per cent decrease in bed days;
 - and \$48.5 million (26 per cent) cost saving since 2019.

Overall, the initiative has avoided \$250 million in inpatient costs.

- Continued to facilitate the adoption of the revised NSW Health Nutrition Standards across the state. In 2024-25, the Agency for Clinical Innovation also collaborated with Western Australia Health to align their nutrition standards for adult inpatients and residential aged care to ensure consistency and quality in patient nutrition across both states, including the development of hospital menus.
- Implemented the NSW Menopause Initiative which has established 4 specialist hubs and 11 referral sites to provide multidisciplinary care for women experiencing severe or complex menopause symptoms. A clinician toolkit was developed to standardise and enhance clinical practice.
- Delivered the Safeguards Redesign Capability Program which has equipped mental health teams with the skills necessary to implement a locally tailored model of care. Across NSW, 25 Safeguards teams have been established, who provide rapid, community-based care for 1,400 children and adolescents experiencing acute mental health distress.
- Launched the Universal Aftercare Service Delivery Model – a best practice guide supporting aftercare service providers, partners, managers, and staff to deliver safe, effective aftercare services for people after a suicide attempt, during a suicidal crisis, and high-risk groups.

Agency for Clinical Innovation organisational chart



Bureau of Health Information

Website: www.bhi.nsw.gov.au

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. For more than 30 years, Diane held senior management positions measuring, monitoring, and reporting on the performance of healthcare systems to drive improvements in health, patient care, and productivity. Diane was the inaugural Chief Executive of the Bureau of Health Information, the Victorian Agency for Health Information, and the National Health Performance Authority. Diane retired in June 2025.



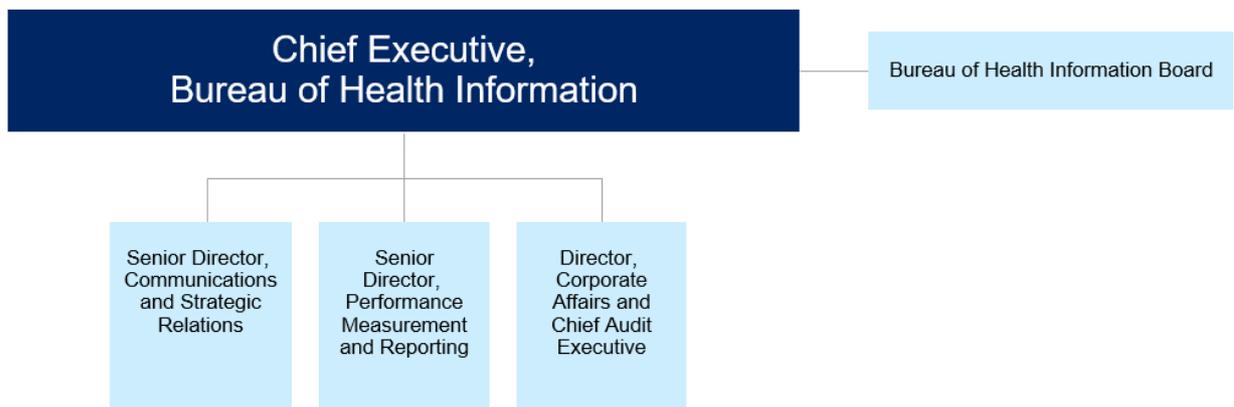
Key achievements

- Informed health system performance improvements by surveying representative samples of patients about their experiences with public hospitals through the NSW Patient Survey Program. Survey results were released up to five months earlier than previous years to enhance their value.
- Streamlined the NSW Patient Survey Program mailout approach from three to two mailings. This introduced efficiencies, cost savings, and reduced the number of communications received by patients.
- Developed an Aboriginal patient experience index measure for local health districts, based on key survey questions related to communication and engagement. The measure helps monitor performance and inform healthcare improvements for Aboriginal patients.
- Prioritised reporting insights on rural hospitals and emergency departments, including regular results in *Healthcare Quarterly* and key survey reports for adult admitted and emergency department patients. This provided health system managers with key information to monitor the delivery of care in rural areas and transparency for the public.
- Informed and supported NSW Health's *Net Zero Roadmap 2025-2030* by providing the first-of-their-kind insights. The insights showed patients' expectations and views of NSW Health's efforts to deliver services in more environmentally sustainable ways and their willingness to take actions to support those efforts.
- Launched the Bureau of Health Information Internal Reports Hub, making BHI healthcare performance information easier for hundreds of NSW Health staff to access. Staff are supported to use BHI reports and information with a program of capability-building sessions and materials.
- Delivered two Insights Series reports examining patients' experiences of care over time in areas central to achieving NSW Health's roadmap, *Future Health: Guiding the next decade of healthcare in*

NSW 2022-2032, including safety culture, compassionate care, discharge planning, and health literacy.

- Published valuable context and insights into what drives key measures of public hospital activity and performance, including regarding patients who left the emergency department without, or before completing treatment; and how health system activity has changed over time relative to NSW population growth. This provided health system managers with important information to understand and inform improvements of services, and transparency for the NSW public on the performance of their health system.
- Examined key measures of health system performance in *Healthcare in Focus*, including wait times, patient and staff experiences, safe care and clinical outcomes, and how the NSW Health System is adapting to new challenges. The report included comparisons with other states, territories, and comparable countries.
- Made 14 NSW Patient Survey Program datasets available in a secure data sharing environment and promoted them to researchers. This supported new and actionable insights into patients' experiences with NSW public hospitals, including three research articles establishing direct links between experiences and outcomes of care.

Bureau of Health Information organisational chart



Cancer Institute NSW

Website: cancer.nsw.gov.au

Chief Executive

Professor Tracey O'Brien AM

Professor Tracey O'Brien AM is the NSW Chief Cancer Officer and Chief Executive Officer of the Cancer Institute NSW. A specialist oncologist and haematologist, Tracey brings more than 25 years of experience across clinical care, research, and health system leadership.



Tracey leads statewide cancer control strategies focused on reducing inequities, strengthening prevention and early detection, and improving the public understanding of cancer risk. She is a strong advocate for improving health literacy and culturally responsive care, and champions multidisciplinary, data-driven approaches that deliver population-wide impact.

Tracey is recognised for bridging frontline clinical expertise with policy, innovation, and strategic reform. Her leadership fosters trusted partnership across government, academia, and communities to advance sustainable, equitable cancer outcomes.

In addition to her specialist medical qualifications, Tracey holds a Master of Law, an MBA, and academic appointments at The University of New South Wales, Macquarie University, and Western Sydney University.

Key achievements

- Empowered individuals to reduce their cancer risk and participate in screening programs by delivering person-centred behaviour change campaigns. In the 2024-25 financial year, 15 campaigns were delivered, including 6 tailored for Aboriginal communities. Cost-benefit analyses show that for every dollar invested on campaigns, up to \$24.90 was returned to the NSW economy.
- Increased participation in breast screening and improved breast cancer outcomes among Aboriginal and Torres Strait Islander women by lowering the recommended commencement screening age from 50 to 40 years. Participation rates for Aboriginal and Torres Strait Islander women aged 40 to 49 have more than doubled since the project began.
- More than 383,000 people underwent breast screening through more than 250 BreastScreen NSW sites, up 6 per cent, driven by outstanding regional and rural participation. Also, in an Australian first, BreastScreen NSW implemented machine reading technology to improve efficiencies and report breast density to empower women.
- Supported medical breakthroughs and improved cancer outcomes for the state by investing more than \$21 million in research across the cancer continuum. This spans discovery science, prevention and early detection, diagnosis, treatment, and living well with and beyond cancer.
- Elevated personalised care with our multilanguage patient reported outcome measures used in more than 31,000 consultations across 15 local health districts. Additionally, more than 150 Aboriginal patients received personalised, culturally responsive care using a co-designed, holistic wellbeing tool.
- Improved cancer literacy with our evidence-based, easy to understand online resources in 46 languages. Information on cancer, prevention, screening, support, and care was accessed by more than 745,300 users – 22 per cent more than the previous year.
- Captured the lived experiences of Aboriginal cancer survivors, carers, community, and healthcare workers through 16 local Aboriginal Cancer Conversations consultations, 4 regional webinars, and more than 100 digital submissions to ensure the first *NSW Aboriginal Cancer Strategy* is grounded in the voices of Mob.
- Led quality improvements and benchmarking to reduce disparities in cancer outcomes and promote equity. Data was harnessed across 211 system indicators and more than 700 clinicians were engaged

to drive actionable system enhancements through the Reporting for Better Cancer Outcomes program.

- Supported the cancer workforce to access evidence-based information at the point of care and freshen their professional skills through the eviQ program. eLearning resources and treatment protocols were accessed by 1.5 million users.
- Built Australia’s most robust cancer data infrastructure to provide leadership in NSW cancer intelligence. This enabled us to be the first in the world to identify and map the number of people living with metastatic breast cancer in NSW.

Cancer Institute NSW organisational chart



Clinical Excellence Commission

Website: www.cec.health.nsw.gov.au

Chief Executive Adjunct Professor Michael C. Nicholl

Professor Michael Nicholl joined the Clinical Excellence Commission as Chief Executive in August 2022, following a distinguished 40-year clinical career, including the role of the Senior Clinical Advisor Obstetrics to NSW Health for 15 years.

Michael is a leader for excellence in safe, quality healthcare with a firm focus on NSW public health services. His practical experience across operational and strategic issues, together with clinical academic expertise and insight into the broader quality and safety agenda in healthcare, place him in a select group of experts in healthcare safety and resilience.



In 2017, Michael won the NSW Government insurer (iCare – Treasury Managed Fund) NSW Public Sector Risk Leadership Award. He is an Adjunct Professor at the University of Sydney, Faculty of Medicine and Health.

Key achievements

- Launched the Clinical Excellence Commission *Strategic Plan 2024-2027* in August 2024 to align with our 9-year strategic horizon and the 10-year vision of *Future Health: Guiding the next decade of health care in NSW 2022-2032*. This Strategic Plan firmly positions the Clinical Excellence Commission as specialists in safety and partners in improvement.

- Revised the Ministerial Determination of Functions, which was signed by the Minister for Health and Regional Health in September 2024 to reflect the Clinical Excellence Commission’s primary focus in strengthening safety across the NSW Health System amid an evolving healthcare landscape.
- Addressed critical shortages, including IV fluids and blood culture bottles through strong communication, data-driven decision-making, and published clinical guidance. Key lessons have strengthened and improved critical response processes for future responses, with a focus on stewardship, standardised templates, and improved auditing practices.
- Held the REACH Roundtable which brought together consumers and health workers to identify opportunities to strengthen patient, carer, and family escalation processes. From the Roundtable, four priority items were identified and are underway: public awareness campaign, proactive concern tool, single REACH number, and patient orientation information.
- The Consumer Board Subcommittee, comprising seven consumer partners, was established to strengthen the Clinical Excellence Commission’s commitment to consumer engagement. It contributed to the *Strategic Plan 2024-2027* and initiated measures to embed meaningful consumer engagement in policy and strategic initiatives across NSW Health.
- Established the Safety and Quality Single Digital Patient Record (SDPR) Program in July 2024 in partnership with the Single Digital Patient Record Implementation Authority to ensure safety governance and assurance that the SDPR is applied at a system level.
- Co-designed a statewide digital solution with eHealth NSW to submit, track, share, monitor, and evaluate medicines used under individual patient use approvals. The digital solution was implemented in 15 local health districts and 2 specialty health networks and includes a central data repository to inform medicine use and approvals across NSW.
- Conducted high consequence infectious diseases (HCID) education and training to support NSW Health in building a system prepared for early recognition and management of HCIDs. The training has a focus on personal protective equipment competency, ensuring a culture of staff safety.
- Established a statewide Aboriginal-led committee to embed a cultural lens into serious adverse event reviews. The committee enables more meaningful analysis of harm affecting Aboriginal and Torres Strait Islander patients and strengthens how cultural insights inform understanding, response, and learning from serious incidents.
- Partnered with the NSW Ministry of Health and four local health districts to implement real-time capture and reporting of patient experiences. More than 4,000 responses have been submitted from 23 wards across the selected local health districts with an average response rate of 24 per cent.

Clinical Excellence Commission organisational chart



Health Education and Training Institute

Website: www.heti.nsw.gov.au

Chief Executive

Adjunct Professor Annette Solman

Annette Solman commenced as Chief Executive of the Health Education and Training Institute in June 2015. Annette is focused on strengthening relationships with health and academic partners to lead the development of innovative, contemporary, evidence-based education and training to deliver improved health outcomes that support the diverse needs of the NSW Health workforce. Annette holds a Master of Nursing (Research), Bachelor of Health Science, and a Diploma in Health Science (Nursing).



Key achievements

- The Centre for Genetics Education website supports genomic capability across NSW Health, offering trusted resources such as fact sheets, tools, and modules. In 2024-25, the website received over 102,000 visits, an increase from 67,000 in 2023-24. Content is regularly reviewed and enhanced to support accuracy and best practice.
- Expanded the Aboriginal Allied Health Network to strengthen cultural safety, connection, and professional development for Aboriginal staff across 23 allied health professions. The network's membership grew to 141 statewide. The Network hosts two annual forums. The Online Yarning Circle was also launched to maintain cultural connection between forums.
- Recruited a record 1,099 medical graduates to 1,095 full time equivalent intern positions for the 2025 clinical year, 38 more than the previous year. The record intake supported workforce sustainability and ensured all eligible domestic graduates secured supervised internships across NSW.
- Developed and implemented a targeted Medical Leadership and Management Program to strengthen leadership capability in senior doctors. The program enhanced skills to support effective clinical governance, improved departmental performance, and strengthened leadership capacity across NSW Health services.
- Achieved record enrolment of 363 doctors in the postgraduate course in psychiatry to strengthen NSW's future psychiatry workforce. The course supports foundational knowledge and professional development for doctors pursuing a career in psychiatry across metropolitan, rural, and remote services.
- Received five years reaccreditation of the postgraduate course in psychiatry as a formal education course from the Royal Australian and New Zealand College of Psychiatrists. The accreditation recognises the course's continued quality, relevance, and alignment with specialist training requirements.
- Developed and launched the *NSW Health LGBTIQ+ Workforce Capability Framework 2025-2029* to strengthen inclusive practice, respectful communication, and culturally safe care. The framework supports workforce development, leadership diversity, and psychological safety across the NSW Health System, aligning with equity and inclusion priorities.
- Implemented statewide education initiatives to strengthen person-centred end-of-life and palliative care capability across the NSW Health workforce. Delivered webinars, awarded over 200 scholarships funded by the NSW Government under the \$83 million 'Continued strengthening of palliative care services' commitment, and hosted a hybrid End of Life and Palliative Care Forum.
- Delivered the statewide Emergency Nursing Transition to Specialty Practice Program to strengthen emergency care capability across NSW. Supported implementation of Emergency Care Assessment and Treatment protocols and standardised education pathways through blended learning and structured support for nurses transitioning into emergency specialty practice.

- The Rural Research Capacity Building Program celebrated 25 years of training for health workers who are novice researchers. In 2024-25, cohorts have produced 65 research projects, and 23 researchers published in peer-reviewed journals for the first time.

Health Education and Training Institute organisational chart



Specialty health networks

Justice Health and Forensic Mental Health Network

Website: www.nsw.gov.au/health/justicehealth

Chief Executive Wendy Hoey PSM

Wendy Hoey was appointed Chief Executive of the Justice Health and Forensic Mental Health Network in September 2022. Prior to this, she was the Executive Director of Clinical Operations from 2019. Wendy is the Co-Chair of the International Corrections and Prisons Association Healthcare Network, as well as a board member of Health Through Walls Inc.



Wendy's previous appointments include Executive Director Central Queensland Hospital and Health Service, and Nursing Director Central Queensland Mental Health Service.

Wendy is a registered nurse with a clinical background in mental health nursing. She has more than 20 years' experience in health, including as a senior leader in mental health, as a hospital executive, and in secure settings.

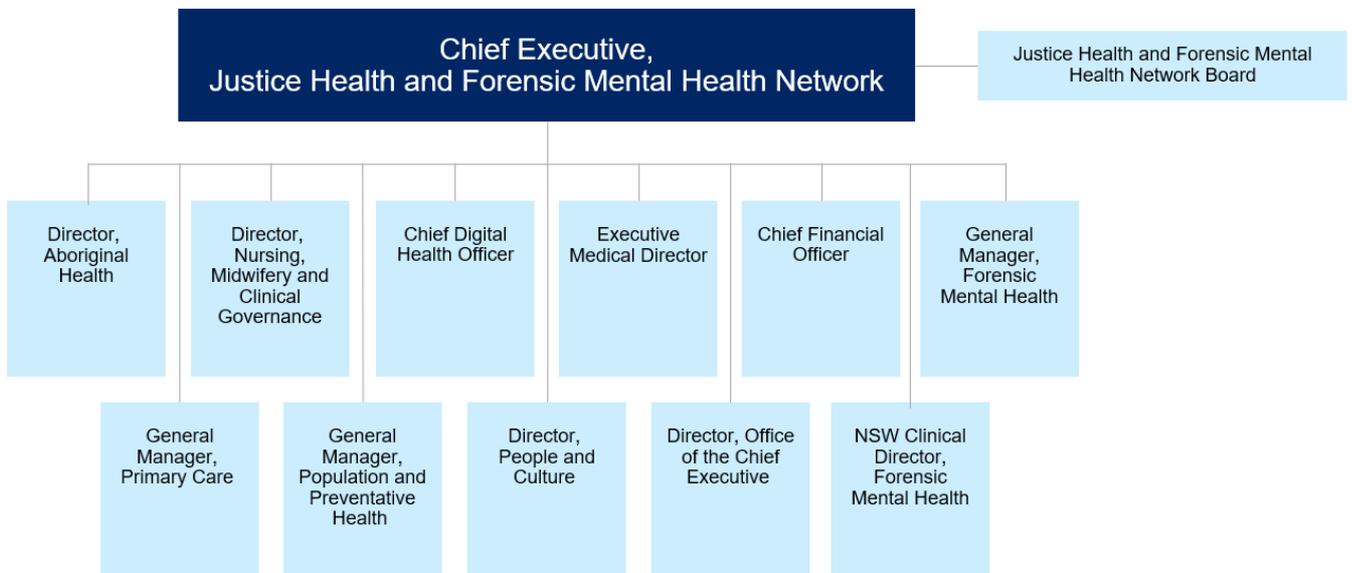
She is passionate about providing equivalent care in secure settings and ensuring that all care including mental health care is provided in the least restrictive environment and way.

Key achievements

- Delivered 673,868 primary health nurse appointments in the financial year 2024-25 to adults and young people in custody.
- Administered 4,387 flu vaccinations as part of the vaccination program, ensuring our patients have access to vaccination in line with community standards.
- Opened the new state-of-the-art Mental Health Intensive Care Unit within the Forensic Hospital at Malabar, ensuring health services are delivered to patients with diverse and complex mental health needs in the least restrictive way.

- Improved access to healthcare for people in custody through the introduction of nurse-led Open Clinics – a new model of healthcare delivery enabling people to see a nurse in custody without an appointment.
- Delivered targeted early intervention and prevention initiatives to teams at higher risk of secondary psychological injury to strengthen wellbeing and manage psychosocial risks for staff.
- Achieved and sustained consistently high rates of mental health diversion away from custody and into health services for eligible adults with mental illness who have committed low-level offences.
- Expanded the Justice Health NSW workforce and health service operations following the successful transition of Junee Correctional Centre from private to public management.
- Established specialised mental health services for young people at risk of entering the criminal justice system in regional hubs such as Dubbo, Wagga Wagga, Lismore, Coffs Harbour, and Newcastle.
- Established a new partnership with Durri Aboriginal Medical Service, delivering culturally appropriate in-reach services to female patients at the Mid North Coast Correctional Centre.
- Established a Consumer Advisory Group made up of people with lived experience of healthcare in custody, drug use and/or blood-borne viruses.

Justice Health and Forensic Mental Health Network organisational chart



Sydney Children's Hospitals Network

Website: www.schn.health.nsw.gov.au

Chief Executive

Adjunct Associate Professor Cathryn Cox PSM

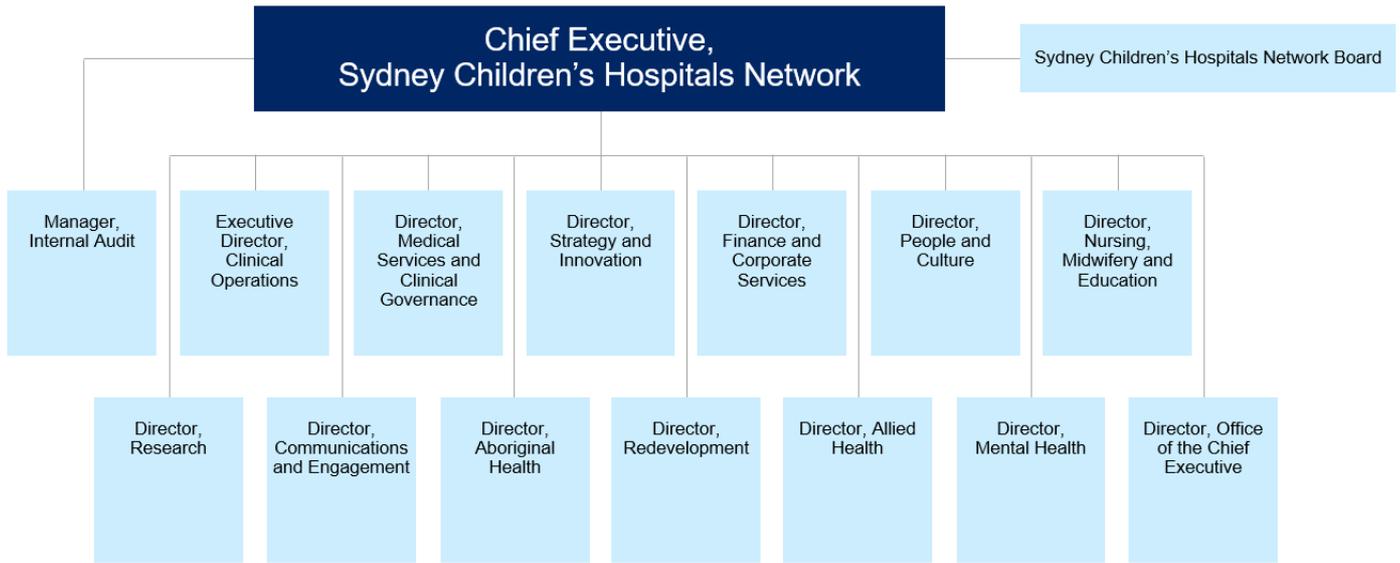
Cathryn Cox PSM has extensive experience as a senior executive within NSW Health in relation to a wide range of health policy, planning, infrastructure, service development, and strategic reform strategies and programs. Cathryn has been the Chief Executive of the Sydney Children's Hospitals Network since August 2020. Her early role as a physiotherapist at Royal Prince Alfred Hospital paved the way for a long-term career in health. She remains committed to a health system focused on delivering outcomes that matter to patients and their families, and which delivers the experiences that our patients, families and our staff deserve. Cathryn is proud of the role of the Sydney Children's Hospitals Network in providing world-class patient-centred care for children, young people and their families, as well as ground-breaking health research and its translation into clinical practice. She is a member of a number of boards and an Adjunct Associate Professor at the University of Sydney.



Key achievements

- Improved emergency care for children with intellectual disabilities with the Motivated for Change Program. The program, delivered co-designed training and system changes, enhanced staff skills, communication, and early behavioural management, leading to more inclusive patient-centred care.
- Launched the *Net Zero pathway 2024-27: Towards a Sustainable Future for Kids*. The pathway outlines key commitments and targeted actions to achieve the Network's net zero targets, demonstrating a bold commitment to environmental sustainability and climate leadership in paediatric healthcare.
- Delivered on the Kids Advanced Therapeutics Program and supported 10 new advanced therapeutic trials; provided new education and multilingual patient resources; and established an overarching licence for adeno-associated virus gene therapies enabling faster access to clinical trials and bringing new therapies to children more quickly.
- Supported the establishment and construction of the Viral Vector Manufacturing Facility Pty Ltd in collaboration with the NSW Ministry of Health and Health Infrastructure. While in construction, the Network managed disruptions to research operations within the Kids Research facility at The Children's Hospital at Westmead and managed the transfer of operations from the Network to Viral Vector Manufacturing Facility Pty Ltd.
- The Children's Hospital at Westmead led a world-first study showing how a low-carbohydrate, high-fat diet could have a life-changing impact on cognitive function for children living with Kabuki syndrome, a rare condition that currently has no curative treatments.
- The Automated Dispensing Cabinet Pilot Program was successfully rolled out in select wards at the Sydney Children's Hospital, Randwick. The cabinets securely store medications while digitally tracking stock levels to support inventory management.
- Opened the new P21 Dragonfly Car Park at The Children's Hospital at Westmead. It incorporates more than 1,000 spaces for staff, 75 electric vehicle charging stations, and nearly 1,400 solar panels on the roof and facade, generating more than 700 kilowatts of renewable energy.
- Strengthened commitments to Aboriginal health by restructuring the Aboriginal Health Directorate, providing a clearer pathway for supporting staff to understand ways to address health inequities and improve care for Aboriginal children and their families.
- The Ventricular Assist Device service was established, marking a significant milestone in paediatric cardiac care in NSW and allowing for a comprehensive NSW paediatric heart failure service.
- Became a National Disability Insurance Scheme provider and created a new formal structure for disability governance, including establishing a community of practice and a governance committee.

Sydney Children’s Hospitals Network organisational chart



St Vincent’s Health Network

Website: www.svhs.org.au

Chief Executive Anna McFadgen

As Chief Executive Officer of St Vincent’s Health Network Sydney, Anna McFadgen is accountable for the overall leadership and management of St Vincent’s Health Network Sydney, comprising St Vincent’s Hospital Sydney, Sacred Heart Health Service and St Vincent’s Correctional Health Service at Parklea Correctional Centre. Anna leads St Vincent’s Health Network Sydney to deliver on its strategic objectives by ensuring high-quality, efficient, and mission-based health service delivery, combined with a robust focus on continuous, measured improvement.



Anna joined St Vincent’s Health Network Sydney in 2018 and has held executive roles in strategy, planning, and business development across both St Vincent’s Public Hospital in Melbourne and Sydney. Anna has more than 20 years of experience in the health sector in both strategy and clinical operations, and is proud to lead the St Vincent’s Health Network Sydney team to provide the best patient outcomes and experiences for the community.

Key achievements

- Successfully performed the first total artificial heart implant in Australia. The procedure marks a new era in heart transplantation, offering new hope to patients suffering from heart failure.
- Opened a new centre for the treatment of prostate cancer offering holistic, integrated care, adjunct therapies, and access to precision medicine via robotic surgery, all in one place.
- The hospital achieved a rare 3/3 Australian Commission on Safety and Quality in Health Care maturity rating for research and clinical trials – recognising excellence in governance, culture, and integration. This top rating highlights our national leadership in embedding safe, ethical, and impactful research into clinical care.
- Launched a digital referral-for-admission system with an integrated patient portal. This improved communication via live chat, reduced cancellations, streamlined waitlist management, and enhanced the pre-surgery experience, creating a scalable platform for future surgical care innovation.

- Launched the Clinical Governance Framework to ensure the delivery of safe, high-quality healthcare to patients and consumers and their families by affirming the elements that are essential for St Vincent’s Health Network Sydney to achieve integrated clinical governance systems
- Hosted the inaugural St Vincent’s National Heart Health Summit, bringing together the nation’s top cardiac experts across medicine, nursing, research, and allied health. Ideas and networks from the summit are being used to drive innovation and address critical gaps in research, treatment, prevention, and health promotion.
- Achieved the highest Australian Pride in Health + Wellbeing Award after being named Platinum Service Provider 2025; building on the existing Gold Service Provider status. The St Vincent’s Health Network was also awarded Service Provider of the Year for the second consecutive year.
- Implemented the OK STOP initiative – equipping staff to lead supportive, team-based restorative discussions and hot debriefs. This approach strengthens communication, reflection, and connection, empowering teams to foster a safer, more resilient, and respectful workplace culture.
- Launched Pitch for Health, an opportunity for St Vincent’s Sydney Health Innovation Precinct researchers to advance their medical and translational research projects, driving bench to bedside research-driven care.
- Implemented an Aboriginal and Torres Strait Islander Staff Network across all clinical and non-clinical disciplines, and across the St Vincent’s Healthcare Clinical Campus. The network fosters connectedness among Aboriginal and Torres Strait Islander staff with a dedicated yarning circle.

St Vincent’s Health Network organisational chart



Health Administration Corporation

NSW Ambulance

Website: www.ambulance.nsw.gov.au

Chief Executive

Dr Dominic Morgan ASM

Dr Dominic Morgan ASM has more than 35 years of experience across a range of roles. He commenced his career in the banking industry, transitioned to NSW Ambulance and was appointed Chief Executive Officer of Ambulance Tasmania in 2009. He returned to NSW Ambulance in 2016 as Chief Executive and Commissioner. He is a board member and previous Chair of The Australasian Council of Ambulance Authorities. He is also a member of the Ambulance Service Advisory Board. Dr Morgan is an Adjunct Professor with the University of Technology, Sydney. He holds a Master of Business Administration, Bachelor of Health Science, and a Diploma in Adult Education. He completed his PhD in 2018 in medical research.



Key achievements

- Strengthened the NSW Ambulance workforce by recruiting 796 paramedics and 200 control centre resources and by enhancing paramedic rosters at more than 60 stations across metropolitan and regional NSW.
- Implemented a clinically-focused response grid supporting the development of innovative care models, providing the opportunity to divert appropriate incidents away from ambulance dispatch. This has ensured life-saving resources are available when they are needed most.
- Published the Out-of-Hospital Cardiac Arrest Registry that helps clinicians to record key data and debrief directly into the registry. This enables more timely review and feedback on resuscitation, driving efforts to improve cardiac arrest survival in the community.
- Boosted response capabilities during natural disasters and improved access to isolated communities by expanding the NSW Ambulance special operations fleet. The expansion delivered eight hazardous area rescue ambulance vehicles, two types of flood rescue boats, eight inflatable rescue boats, and eight patient extrication vessels.
- Successfully trialled innovative drone technology through the Remotely Piloted Aeromedical Clinical System. This initiative reflects NSW Ambulance's commitment to leveraging innovative technology to improve patient care, strengthen emergency response capabilities, and reduce our carbon footprint.
- Celebrated the one-year anniversary of GoodSAM, a volunteer program that helps save lives by empowering community members to respond when someone nearby goes into cardiac arrest. In 2024-25, the program saved 37 lives and signed up 3,746 responders. Since its launch, it has saved 62 lives and signed up more than 10,500 volunteers.
- Successfully conducted the first mission of the Pilatus PC-24 jet. This milestone showcases the enhanced reach and responsiveness of NSW Ambulance's aeromedical capabilities, particularly for regional, rural, and remote communities.
- Strengthened workplace culture and respect by establishing a dedicated Respect@Work Unit and delivering onboarding and trauma-informed investigation training to NSW Ambulance People and Culture staff. Developed additional programming to enhance prevention, response, and employee experience.
- Completed the On Duty Relief Model Trial in Western Sydney and Nepean Blue Mountains region. The trial demonstrated significant improvements including an 80 per cent reduction in single staff movements and a five per cent reduction in extension of shift overtime duration.

- Celebrated 130 years of NSW Ambulance, reflecting on the commitment across generations and the lasting impact staff have made, and continue to make, in delivering excellence in care to communities across NSW.

NSW Ambulance organisational chart



Health Infrastructure

Website: <https://www.nsw.gov.au/departments-and-agencies/health-infrastructure>

Chief Executive
Emma Skulander

Biography on page 12

Acting Chief Executive
Amanda Bock

From May 2025

Amanda brings over 30 years of leadership experience in the construction industry across both public and private sectors. She served as Acting Deputy Secretary and Chief Executive during the reporting period and has spent more than a decade at Health Infrastructure leading complex infrastructure projects through planning, design, construction, and commissioning.

Her work as Acting Chief Executive and Acting Deputy Secretary includes delivery of a diverse, multi-billion-dollar portfolio of more than \$12 billion of infrastructure over the next 4 years. In addition, she has been responsible for continuing the development of the Infrastructure and Asset Management function for the NSW Ministry of Health.

Prior to joining Health Infrastructure, she led multidisciplinary teams across sectors such as student accommodation, government, education, and hospitality. Her broad experience provides a strong understanding of both commercial and government outcomes, offering valuable insight into infrastructure delivery from both public and private perspectives.

Previous Acting Chief Executive
Leisa Rathborne

From March 2025 to May 2025

Leisa Rathborne is a senior executive with over 30 years of experience in NSW Health, including acting as Deputy Secretary and Chief Executive during the reporting period.

As Executive Director of Health Infrastructure’s Northern Region, she leads a team delivering a multi-billion-dollar portfolio across Northern Sydney and the Central Coast. Major projects include the \$940 million Royal Prince Alfred Hospital redevelopment, \$619 million Stage 2 of The Children’s Hospital at Westmead, and the \$658 million Sydney Children’s Hospital Stage 1.



Before joining Health Infrastructure in 2019, Leisa held general manager positions at St George, Royal Hospital for Women, Campbelltown, and Camden hospitals.

She began her career as a physiotherapist and is a strong advocate for continuous learning. Leisa holds a Bachelor of Applied Science, a Master of Health Management, and is a graduate of the Australian Institute of Company Directors and the Australian Public Service Commission Women in Leadership Program.

Key achievements

- Completed more than \$900 million in health capital works projects, including the delivery of 51 regional key health worker accommodation units; the Westmead Hospital Redevelopment Stage 1; a new mental health facility; 2 ambulance stations; and 2 car parking facilities.
- Awarded \$1.11 billion of construction contracts for 16 projects and programs across NSW, advancing a statewide pipeline of health infrastructure that supports high-quality, accessible care for communities now and into the future.
- Secured 23 town planning approvals, acquired 15 sites for new NSW Ambulance stations, and completed 6 business cases for health projects valued at \$1.2 billion across NSW.
- Completed the Westmead Hospital Theatres Redevelopment, which marked the overall completion of the \$1 billion Westmead Hospital Redevelopment. The Redevelopment secures Westmead Health Precinct as NSW's largest health, education, training and research precinct.
- Health Infrastructure completed its Reflect Reconciliation Action Plan (RAP) and co-created a fine artwork to help build a culturally safe, informed organisation and reflect our shared reconciliation journey.
- Partnered with all Wentworth region schools to co-create over 130 student artworks for the hospital, embedding cultural safety into the hospital redevelopment and improving health literacy across the community. Similar arts programs in Liverpool, Bowral and Griffith supported wellbeing, health promotion and culturally safe care.
- Completed the first organisation-wide Climate Risk Assessment to identify Health Infrastructure's key business activities which may be impacted by climate change in the future, ensuring that our health system is managed sustainably.
- Health Infrastructure projects were recognised in two major industry awards: the International Association for Public Participation Award for community engagement for the Tweed Valley Hospital Redevelopment; and the Western Sydney Leadership Dialogue Boomtown Health Project Excellence Award for Liverpool Health and Academic Precinct Stage 1.
- Launched a Virtual Care Integration Advisory Service to support redevelopment project teams. The service centralises tools, guidance, and resources to embed virtual care in facility design and planning, and strengthens change management across all stages of the project lifecycle.
- Started construction on the \$540 million Westmead Integrated Mental Health Complex – the largest mental health facility in NSW. It will deliver world-class, person-centred care and ease pressure on emergency services, transforming mental health support across Western Sydney and beyond.

Health Infrastructure organisational chart



HealthShare NSW

Website: <http://www.healthshare.nsw.gov.au>

Chief Executive Wendy Hughes

Wendy Hughes brings more than 20 years of senior executive experience spanning financial, corporate services, and operational management across public and private sectors. In 2024, she became Chief Executive of HealthShare NSW, leading Australia's largest public sector shared services organisation. In this role, she is focused on maturing service models through partnerships with NSW Health agencies to deliver equitable, value-driven services that enhance patient, hospital, and environmental outcomes.



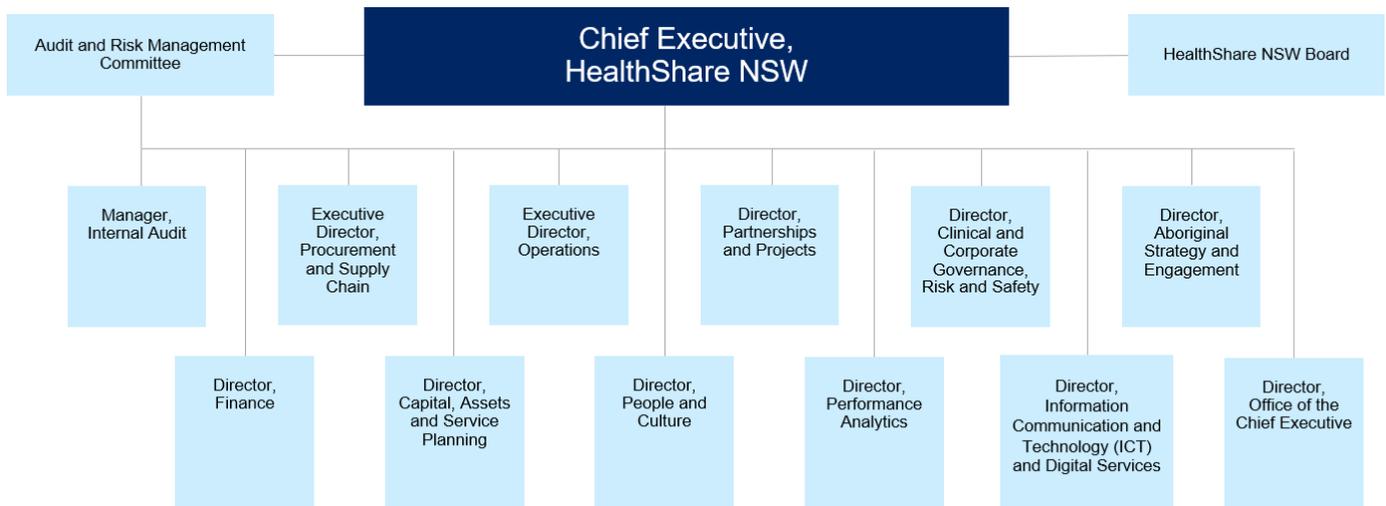
Before joining HealthShare NSW, Wendy served as National Chief Operating Officer at Calvary Health Care. Her extensive NSW Health background includes roles as Acting Chief Financial Officer, Deputy Secretary for Financial Services and Asset Management, Deputy Chief Financial Officer, and various director positions overseeing system relationships, performance support, and finance operations. She also directed Finance and Corporate Services at Northern Sydney Central Coast Area Health Service, demonstrating consistent leadership in healthcare administration and financial management.

Key achievements

- Implemented a statewide menu system across NSW Health facilities, replacing 140 individual menus incorporating breakfast, lunch, and dinner. Delivered notable improvements in balancing patient nutrition, access to equally nutritious and culturally appropriate food options, patient experience, and affordability.
- Launched phase one of the HealthRide Project, providing safe point-to-point transport for low-acuity patients. The centralised rideshare system is integrated into the Patient Flow Portal, simplifying the booking process and ensuring a consistent, transparent, and efficient service for patients and hospitals.
- Launched the Patient Transport Service Reservations Model, replacing manual reprioritisation with confirmed timeslots. The model provides greater certainty of arrival times, reduced delays, and enhanced experiences for patients requiring transport to or from a health facility, while also delivering a more efficient service.
- HealthShare NSW's Employee and Financial Shared Services function delivered significant operational improvements and efficiencies. This was achieved through automated integrations, invoice matching, purchase order batching, and robotic process automation, including the introduction of five digital workers across core systems.

- Introduced a centralised allocation model to manage several critical product supply shortages, including intravenous fluids. The centralised allocation model was later extended to manage shortages of paediatric endotracheal tubes and skin antiseptic products.
- Delivered \$82.44 million in savings through ongoing review and management of procurement categories and contracts, including a statewide contract for nursing agency staff to improve access to nursing services.
- In a first for NSW Health, HealthShare NSW achieved Bronze Tier Status in Pride in Diversity's Australian Workplace Equality Index for LGBTIQ+ workplace inclusion. Bronze Tier Status was achieved by focusing on policy updates, travel guidance, uniform guidance for trans employees, and awareness training across the organisation.
- Commenced the transition of non-clinical support services (cleaning) from local health districts to HealthShare NSW, enabling an integrated and improved support services model across cleaning, food, linen and dock management.
- Completed the statewide deployment of DeliverEASE (57 sites, 1,297 clinical areas) to give staff better access to the products they need, when and where they need them, and continued to implement SmartChain solutions within local health districts to create an end-to-end procurement and supply chain system that simplifies processes for users.
- Successfully trialled the Assisted Technology Loans Scheme with the Australian Government Department of Health and Aged Care, involving more than 800 participants and 1,500 equipment items, leveraging existing cleaning, repair, and storage services through EnableNSW to realise new efficiencies.

HealthShare NSW organisational chart



NSW Health Pathology

Website: www.pathology.health.nsw.gov.au

Chief Executive

Vanessa Janissen

Vanessa Janissen has worked in public and private healthcare for more than 25 years. She is committed to serving the community and the strategic pursuit of better outcomes for patients. She brings people together and gets things done. She is also passionate about developing future leaders and championing women in leadership positions.



Before rejoining NSW Health Pathology, Vanessa held senior leadership positions with Calvary Healthcare, including National Director, Strategy and Service Development. Prior to this, she helped establish and lead NSW Health Pathology in its formative years, and before that, held multiple strategic and operational roles at the Hunter New England Local Health District.

Vanessa leads with authenticity, integrity, and empathy. She believes in creating inclusive and supportive environments where people thrive and reach their full potential. Her dedication to empowering leaders and enhancing healthcare for our communities strengthens NSW Health Pathology's critical role in the public health system.

Key achievements

- Helped local health districts approach pathology test ordering in a targeted and sustainable way. This reduced blood gas testing by 12 per cent, unnecessary COVID-19 PCR tests by 25 per cent, and blood cultures by 20 per cent, contributing to optimal patient care and environment savings.
- Provided genomic sequencing and profiling for the Precision Oncology Screening Platform enabling Clinical Trials (PrOSPeCT) study for patients with rare, difficult-to-treat, or incurable cancers. The study reported 437 results, contributing to 7,615 patients successfully tested nationally, with 5,759 matched therapy recommendations.
- Implemented a new pathology service model at Mudgee Hospital, aligning laboratory hours with clinical need and introducing enhanced point-of-care testing for more timely results. Lab after hours call-backs were safely reduced by 82 per cent.
- Delivered faster toxicology testing for Forensic Medicine, reducing time-to-results to 72 hours, with 4 times the number of cases progressed than in 2022. This helped improve the timeliness of forensic investigations and supported better outcomes for families navigating the coronial process.
- Produced and launched the Pathologically Speaking Podcast, a top 30 science podcast on Spotify with 4,300 downloads worldwide. It highlighted scientific excellence and humanised our pathology and forensic services professionals, growing public awareness, and pride and connection in the workforce.
- Implemented a mass spectrometry 16-steroid test profile for adrenal disorders. About 300 specimens were processed daily. Machine-learning and clinical-decision support enabled more precise diagnosis and subtyping of primary aldosteronism, a common, underdiagnosed cause of hypertension, at half the current cost.
- Validated and furthered work to implement an Australian-first dried blood spot test for diagnosing hepatitis C in marginalised populations like prisons. The test, developed with other NSW Health partners, will transform hepatitis C testing for at-risk populations.
- Opened new laboratories and collection centres at Liverpool Hospital and Griffith Base Hospital, and progressed laboratory redevelopments at Wyong, Coffs Harbour, Dubbo, and Cowra hospitals. These provided more modern, comfortable patient facilities, and purpose-built labs with specialist instrumentation to meet future needs.
- Achieved full replacement of chemical pathology equipment at 28 regional and metropolitan laboratories, including Bourke, Deniliquin, Dubbo, Walgett, Griffith, Wollongong, Randwick, and

Liverpool. The new equipment provides faster, more efficient services with enhanced automation capabilities.

- Finalised the transition of Moree and Narrabri pathology services to NSW Health Pathology, ensuring laboratories were retained at Moree and Narrabri hospitals, providing more modern equipment and an expanded suite of tests, enhanced by 24/7 point-of-care testing.

NSW Health Pathology organisational chart



eHealth NSW

Website: www.ehealth.nsw.gov.au

Chief Executive Richard Taggart

From January 2025

Richard is a transformative digital health leader with more than 20 years of information and communications technology experience, combining a clinical background in pharmacy with a proven track record across both public and private healthcare organisations.



Richard started his role as Chief Executive on 20 January 2025. He was previously National Director of Digital Health at Calvary Health Care. He has also served as the Chief Information Officer for Sydney Local Health District from 2019 to 2023, leading the Digital Health and Innovation team and contributed to major initiatives including the NSW Health Vaccination Centre Systems and the RPA Virtual Hospital.

Associate Professor Dr Amith Shetty

From June 2024 to January 2025

Associate Professor Amith Shetty has held several senior clinical leadership roles in emergency departments, health services, and most recently as the Clinical Director in the System Sustainability and Performance Division for NSW Health. Amith is an emergency physician whose passion for driving value in healthcare through the improved use of digital insights and technology has led to him spearheading several first-time innovations. He is an Adjunct Associate Professor in Biomedical Informatics and Digital Health at University of Sydney; Adjunct Fellow at Centre for Health Systems and Safety Research, Macquarie University; and Honorary Research Fellow at the Westmead Institute for Medical Research.



Key achievements

- Continued to transition information technology infrastructure from on-premises to the Cloud, in line with the NSW Government Cloud Strategy. Now 75 per cent of critical business applications are hosted on the cloud platform, saving 483,350 clinical productivity hours and reducing unplanned outages and maintenance windows.
- Completed the rollout of the electronic outpatient referral management system to 485 clinics across 26 hospitals in 7 local health districts. The program has enabled more than 3,400 general practitioners to send more than 200,000 electronic referrals, simplifying processes and reducing time spent on non-clinical tasks.
- Continued to implement the statewide Health Outcomes and Patient Experience Platform, with 3,008 clinicians using it across 1,619 services. The purpose-built information technology platform has enabled 70,830 patients to complete 183,742 surveys to help improve and personalise their care.
- Implemented the co-located general practitioner clinics project in the Far West Local Health District, allowing a patient's health information to be shared with their general practitioner via the HealthNet clinical portal. This facilitates continuity of care across acute and primary settings.
- Successfully migrated the Electronic Medical Records from local on-premise servers to the NSW Health public cloud in four local health districts. Cloud technologies provide a more reliable and scalable platform, which requires less maintenance and improves data security and recovery.
- Became the first jurisdiction in Australia to meet the new Australian Immunisation Register (AIR) application requirements, which expanded the scope of reporting obligations to four new fields. This includes antenatal data, which became mandatory from 1 March 2025. The AIR is used to record vaccinations and access immunisation information of patients.

- Successfully migrated the Neonatal Intensive Care Unit Study system to eHealth NSW’s cloud infrastructure and integrated the system with the Electronic Record for Intensive Care to automate data extraction. This increases data accuracy and quality and reduces administrative work for clinicians to make more time for patient care.
- Introduced sensitivity labelling for Microsoft 365 applications to approximately 80,000 staff across NSW Health to further protect our data and information.
- Integrated MedSync into NSW Health’s existing Microsoft 365 licensing to support over 100,000 clinicians across NSW Health to securely upload and share information. More than 788,000 images and 13,000 external collaborative meetings were uploaded or hosted, demonstrating digital innovation from pilot to statewide implementation.
- Launched the *eHealth NSW Diversity, Equity, Inclusion and Belonging (DEIB) Strategy 2024 – 2026* to further cultivate an inclusive workforce that values unique perspectives, celebrates everyone for who they are, and reflects the diverse communities we serve across NSW.

eHealth NSW organisational chart



Single Digital Patient Record Implementation Authority

Website: www.health.nsw.gov.au/sdpr

Chief Executive
Dr Teresa Anderson AM

Teresa has more than 40 years of experience as a clinician and health service executive. She has a well-established reputation for implementing strategies focused on fostering partnerships, supporting the delivery of innovative, patient-centred, and best practice healthcare.



Teresa was the Chief Executive of Sydney Local Health District for more than 13 years.

She is a speech pathologist, internationally recognised for her specialist knowledge and skills in the research, assessment, and management of paediatric and adult dysphagia, early communication development, early childhood development, and early intervention.

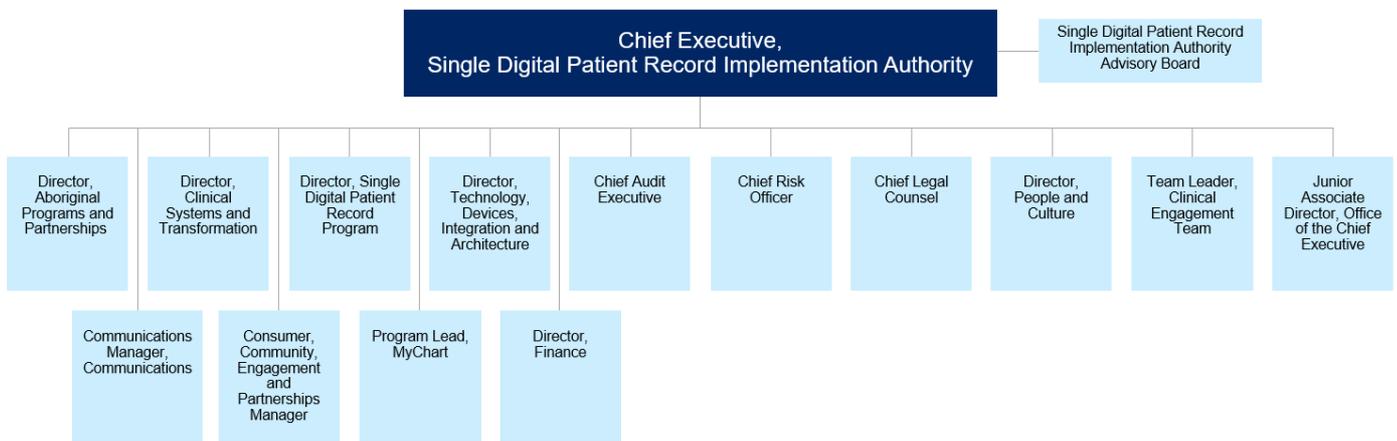
She is a member of the Australian Eating Disorders, Research and Translation Centre Governing Council, and is a Fellow and Council Member of the Institute of Public Administration Australia NSW.

In the 2018 Queen’s Birthday Honours, Teresa was made a Member of the Order of Australia in recognition of her contribution to NSW Health and the community.

Key achievements

- Aboriginal Health governance was determined by Aboriginal peers across NSW Health. This included establishment of the Aboriginal Health Council – a key group configuring the Single Digital Patient Record (SDPR) and determining 18 of the 59 councils and working groups that should include Aboriginal representation.
- Engaged with staff across the health system to progress the configuration of the SDPR to ensure it meets NSW Health workflows. There are 59 working groups and councils, and 3 committees involving more than 700 front line staff in decision-making. This ensures a diverse range of perspectives and experiences are represented. More than 400 staff in the SDPR Implementation Authority team configure the platform based on these decisions.
- Following the creation of the SDPR Implementation Authority in May 2024, all staff were assigned to positions in the Implementation Authority in September 2024.
- Following 20,000 hours of training, more than 300 staff are now certified in the configuration and use of the SDPR software partner - Epic Systems. Most of the core configuration is complete and testing and content validation has commenced.
- Consultation and collaboration with Aboriginal people is a key priority for the SDPR Implementation Authority. In June 2025, the Healing Connections: from All Walks, One Path artwork by Aboriginal artist, Lee Hampton was unveiled, portraying the commitment to supporting and prioritising care for Aboriginal and non-Aboriginal people.
- Developed the SDPR Consumer, Carer and Community Partnership Plan and appointed a Consumer, Community Engagement and Partnerships Manager to lead and support ongoing engagement with consumers.
- Significant progress has been made to support clinical and non-clinical systems outside of the Epic Systems, which need to integrate with the new SDPR platform for Tranche A. As at 30 June 2025, 26 agreements have been reached.
- Workshops were held to develop the scope of the pilots of two new functionalities for NSW Health in the SDPR for Tranche A sites at the Hunter New England Local Health District and Justice Health and Forensic Mental Health Network. The two functions are a patient portal and a provider portal for clinicians.
- Significant progress was made in ensuring the cloud hosting environment is large enough for the SDPR. This will become the largest single instance of an electronic medical record in the world once implemented.
- Finalised the digital health kits that standardise the number of computers and end user devices available to safely support clinical workflows for the SDPR.

Single Digital Patient Record Implementation Authority organisational chart



Local health districts

NSW Health's 15 local health districts cover metropolitan, regional, rural and remote areas across NSW, varying in both geographical size and population. Districts provide hospital, community, and population-based healthcare services that meet the needs of their local communities. Providing a comprehensive range of medical specialties, the districts deliver in-hospital care, outpatient services, mental health services, child and family health services, oral health services, Aboriginal health services, and drug and alcohol rehabilitation. Six local health districts cover the greater Sydney metropolitan regions, and nine cover regional, rural and remote NSW. Read on to discover each district's key achievements for the year and visit their websites to find out more about the services they provide.



Central Coast Local Health District

Website: www.cclhd.health.nsw.gov.au

Chief Executive Scott McLachlan

Scott joined the Central Coast Local Health District as Chief Executive in November 2021, having held leadership roles in both private and public health systems across the past two decades. Raised in country NSW, he understands the highly complex landscape of the healthcare environment and the unique challenges of healthcare delivery in regional Australia. Scott is passionately motivated to lead improvements in health outcomes for the community through authentic engagement, strong collaboration with clinicians, strategic partnerships, and fostering innovation. Scott was previously Chief Executive at Western NSW Local Health District for eight years.



Scott was Acting Deputy Secretary Health System Strategy and Patient Experience at the NSW Ministry of Health from September 2024 to March 2025. Jude Constable was Acting Chief Executive, Central Coast Local Health District during this time.

Acting Chief Executive Jude Constable

From September 2024 to March 2025

Jude has worked in the health sector for more than 30 years as a registered nurse, professional leader, and senior executive. She is committed to working collaboratively with staff and other stakeholders to support high-quality patient care which provides excellent experiences for patients, their families, and staff. Jude returned to her substantive role as the Central Coast Local Health District Executive Director of Acute Care Services, where she is responsible for leading and managing strategic and operational healthcare delivery for Gosford, Wyong, and Woy Woy Hospitals, and district-wide clinical services.

Key achievements

- Opened the Head to Health Kids Hub at Tuggerah following a \$1.8 million refurbishment. The Hub provides comprehensive, multidisciplinary care and support to children experiencing challenges with their mental health and wellbeing, and their families.
- Opened a Safe Haven at Wyong Hospital to provide support to individuals and their families who are experiencing suicidal thoughts or distress. While it is the first Aboriginal-led Safe Haven in NSW, it is also open to all and designed to support cultural safety and inclusivity.
- Established a primary care musculoskeletal physiotherapy service within the Long Jetty Urgent Care Service. This service has enabled patients who would typically be referred to an emergency department for fracture management to receive more timely care within the urgent care setting.
- Improved treatment for cancer patients following the upgrade of two linear accelerators at the Central Coast Cancer Centre. This enables faster radiation delivery and more advanced patient positioning. Cancer imaging capability was also improved with the replacement of the centre's computed tomography simulator.
- Launched a new Cardiac Electrophysiology Service at Gosford Hospital, giving Central Coast patients local access to diagnostic and therapeutic cardiac procedures. In the eleven months since the service started, 38 patients have accessed treatment without needing to travel out of the local area.
- Delivered a nurse-led vaccination service which offered influenza, COVID-19, and other essential vaccines to patients and their carers in hospital and community settings. The service provided 887 vaccines to 596 people, including some of our most at-risk community members.

- Committed to environmental sustainability and recycled one tonne of polypropylene wrap by installing new balers in operating theatres. The district also saved the equivalent of 245 kilograms of carbon dioxide by introducing reusable electronic infusion pumps to reduce pharmaceutical waste and emissions.
- Delivered the annual Central Coast NAIDOC Community Day celebrating the history and culture of Aboriginal and Torres Strait Islander peoples. More than 3,000 people attended and more than 400 free health checks were provided.
- Introduced a seven-day neurology service at Wyong Hospital to deliver safe and timely care for patients, closer to home. Expanding the service has decreased patient transfers to Gosford Hospital and reduced length of stay for patients who present during the weekend.
- Introduced state-of-the-art robotic technology in Gosford Hospital operating theatres to reduce pain and recovery times for patients undergoing knee replacement surgery. The technology has helped to reduce patients' average length of stay from four to two days.

Central Coast Local Health District organisation chart



Far West Local Health District

Website: www.nsw.gov.au/fwlhd

Acting Chief Executive Jodie Miller

From December 2024

Jodie Miller is the Acting Chief Executive of the Far West Local Health District, bringing a wealth of experience and leadership to the role. With a foundation in clinical operations, Jodie is committed to advancing health service delivery and enhancing community wellbeing. Jodie oversees strategic initiatives that align with the district's mission, ensuring that safe and high-quality health services are accessible to all. Jodie's responsibilities include guiding the development of organisational strategies, fostering partnerships with key stakeholders, and ensuring compliance with regulatory standards across various service streams. Her collaborative approach and focus on innovation empower her team to deliver exceptional care, making a positive impact on the health outcomes of the communities served.



Previous Chief Executive

Brad Astill

From December 2022 to December 2024

Biography on page 331



Key achievements

- The eMaternity data system was implemented in both Far West Local Health District maternity sites. The system enables near real-time access to perinatal data for safety and quality improvements, and Aboriginal Maternal and Infant Health Strategy statistics. This allows collaborative care planning to occur between health facilities within NSW and across state borders.
- The district implemented a major redesign of its oral health services to better meet the needs of the community. This included rotating dentists, engaging a clinical lead, restarting student placements, and sharing staff across districts.
- The Brighter Beginnings Program has been implemented across most of the district's remote sites. The Brighter Beginnings teams visited remote communities with early childcare education groups for the first time during 2024-25, with 133 checks completed and 57 referrals identified for occupational therapy, speech pathology, oral health, and dietetics.
- Specialist medical palliative care services were implemented as part of the palliative care nurse-led model in Buronga, servicing the Wentworth and Balranald Shires. These services, in addition to the palliative care nurse practitioner role, ensures patients with more complex palliative care needs receive timely escalation of care needs.
- Get Healthy in Pregnancy referrals reached 146.15 per cent of the NSW Ministry of Health key performance indicators as of April 2025 – an increase from 123.5 per cent from the same period last financial year. Monthly reporting, communication, initial program education in 2023-24, and ad hoc service updates have been a key driver for local implementation.
- The district's workforce who identified as being Aboriginal and/or Torres Strait Islander has increased from 8.91 per cent to 10.16 per cent this past financial year. This has been achieved thanks to a partnership established with TAFE NSW and Maari Ma Health Aboriginal Corporation to increase employment opportunities in the district.
- In April 2025, the doors of 20 new self-contained accommodation units at the Broken Hill Health Service were opened for healthcare workers as part of the NSW Government's \$45.3 million Key Worker Accommodation Program.
- The Broken Hill Health Service commenced its Nursing and Midwifery Succession Planning Program. The program consists of registered nurses working alongside managers with the aim of succession planning for these key positions within the district. Registered nurses will complete three months in each area with a buddy or mentor.
- The Far West Local Health District Violence Abuse and Neglect Service launched an animation explaining what the service can offer and how to access the service, in an effort to destigmatise the services and broaden awareness across the district.
- The Mental Health Drug and Alcohol Service continued to advocate for mental health support and recovery. The team raised awareness of vicarious trauma, lived experienced integration and rural mental health, and demonstrated how storytelling and shared experience remain impactful tools in changing the landscape of mental health support and recovery.

Far West Local Health District organisation chart



Hunter New England Local Health District

Website: www.hnehealth.nsw.gov.au

Chief Executive Tracey McCosker PSM

Tracey McCosker has more than 30 years of experience in the NSW public health system. She began her career as the Business Manager for Hunter Area Pathology Service, and held various senior roles in finance, corporate, and clinical services.

In 2012, Tracey became Chief Executive of NSW Health Pathology, leading the establishment of an integrated statewide public pathology service. Her outstanding contribution to public health was recognised in 2018 with the Australian Public Service Medal.

Tracey holds a Bachelor of Commerce from the University of Newcastle, a Master of Business Administration from the University of Southern Queensland, and is a member of the Australian Institute of Company Directors.

As the leader of one of NSW's largest local health districts, Tracey is committed to fostering a respectful and inclusive environment, promoting an innovative and cohesive workforce, and ensuring the delivery of high-quality, patient-centred care.



Key achievements

- Launched a custom-built Medibus – a fully equipped mobile health clinic, to deliver specialist diabetes support and care in local communities. The multidisciplinary Medibus teams directly support patients and upskill local general practitioners, nurses, and allied health providers in diabetes management. It was launched on 18 June 2025.
- Recruited approximately 48 additional full-time equivalent nurses to the John Hunter Hospital Emergency Department. This staffing boost enables one-to-one nursing care ration for generally occupied emergency department resuscitation beds on all shifts, and one to three nurses generally occupied emergency department treatment spaces and sort-stay unit beds on all shifts.
- Appointed dedicated patient flow concierge staff to support emergency departments at Tamworth, Manning, and Maitland hospitals, and two district-wide positions. These positions improve access to inpatient ward beds and reduce the time patients spend waiting in emergency departments.
- Opened a specialised menopause hub in Newcastle in September 2024. The hub has provided comprehensive care to more than 600 women with severe symptoms through a multidisciplinary team.

- Launched the district’s first rural Aboriginal-led bladder health campaign with Aboriginal Elders in Armidale, Uralla, and Narrabri. The campaign asks Aboriginal communities to ‘have a yearn about our bladder’.
- Recruited more than 140 registered nurses from the United Kingdom and Ireland. The nurses and their families were welcomed to facilities across the district, with many starting at Tamworth, Manning, and Maitland hospitals.
- Opened a maternity simulation centre at Tamworth Hospital, developed in partnership with Charles Darwin University. The centre means intensive practical training is provided locally, eliminating the need for students to travel to larger centres and removing some of the barriers associated with completing a Bachelor of Midwifery or Graduate Diploma of Midwifery. This is a major step forward for midwifery education and training in the New England region.
- Launched a mobile imaging van in November 2024 to deliver onsite diagnostic services for aged care residents across the Hunter region. This reduces hospital visits, easing pressure on emergency departments and improving continuity of care.
- Opened NSW’s first residential eating disorders centre in Charlestown – a \$13.5 million facility offering people aged 16 years and older up to three months of intensive, personalised care from a multidisciplinary team.
- Welcomed the district’s first two clinical nurse specialists in Aboriginal health, marking a key step in strengthening culturally safe care for Aboriginal communities.

Hunter New England Local Health District organisation chart



Illawarra Shoalhaven Local Health District

Website: www.islhd.health.nsw.gov.au

Chief Executive Margot Mains

Margot Mains began her career as a nurse and has held senior health leadership roles in New Zealand, South Australia, and NSW.

Margot has extensive health executive leadership and management experience at hospital and district levels. Since 2014, she has served as Chief Executive of the Illawarra Shoalhaven Local Health District. Her previous roles include Chief Executive Officer of Northern Adelaide Local Health Network, Capital and Coast District Health Board, and Mid Central Health.



Margot holds a Bachelor of Laws and is a member of the Ingham Institute Board. She is known for driving improvements in health outcomes through collaboration, community engagement, innovation, and research.

Margot is a Fellow of the University of Wollongong, recognised for her strategic leadership and contributions to healthcare in the Illawarra and Shoalhaven regions.

Key achievements

- Increased performance in transfer of care to the emergency department benchmark by 30 per cent over the reporting period to support more timely bed availability. This supported a reduction in average length of stay and improved patient discharges before midday.
- Expanded the district's Midwifery Group Practice (MGP) across the Illawarra and Shoalhaven regions. A review of MGP criteria was also undertaken to enable more women with higher level care needs to access the service.
- Formalised a partnership agreement with local Aboriginal Community Controlled Health Services and completed extensive consultation with community on future local health needs and infrastructure projects.
- Developed an integrated care model and pathways for coordinated management of consumers with a diagnosis of both a mental health condition and substance issues. The model of care is being implemented and is working to improve holistic care and reduce treatment gaps.
- Commenced planning and community consultation for the development of Milton Ulladulla Hospital's Health Service Plan. Designs were completed for the installation of a new computed tomography scanner at the facility and upgrades to its cancer centre.
- Achieved standard utilisation of e-script software systems to replace paper medication prescriptions in the community. This has increased safety for high-risk medications, improved service efficiency and health data security.
- Implemented Allied Health Emergency Department Navigators at Wollongong and Shoalhaven Hospitals to deliver care more quickly. This reduced overall wait times and redirected 19 per cent of patients to alternative services more appropriate than admission, such as the Virtual Hospital Ward.
- Completed detailed designs and commenced onsite works for the new Shellharbour Hospital, while the \$438 million redevelopment of Shoalhaven Hospital reached a significant milestone with construction to the top floor completed.
- Partnered with 238 early childhood education and care services to implement the statewide Munch and Move Healthy Eating and Physical Activity Program. Almost 80 per cent of services met program benchmarks to engage children and families.

- Continued development works at Wollongong Hospital including a new Medical Imaging precinct, Emergency Short Stay Unit expansion, and the enhanced Medical Ambulatory Centre. Construction also commenced on the new Warrarong Community Health Centre.

Illawarra Shoalhaven Local Health District organisation chart



Mid North Coast Local Health District

Website: www.mnclhd.health.nsw.gov.au

Chief Executive Jill Wong

From April 2025

Jill Wong is an accomplished healthcare leader with more than 17 years’ experience across legal, social work, and executive health leadership roles.

A qualified lawyer with a Bachelor of Social Work, Jill is deeply committed to social justice, equity, continuous learning, and fostering a positive workplace culture.

She has held several key positions in child protection and community services including working as a lawyer with the Attorney General’s Department at the Royal Commission into Institutional Responses to Child Sexual Abuse.

Jill’s four-year tenure as Mid North Coast Local Health District Director of Integrated Care, Allied Health and Community Services saw her lead key reforms including increasing the contribution of allied health to clinical care across our services and streams; strengthening partnerships with primary care and Aboriginal Medical Services; enhancing out of hospital models of care; establishing the Mid North Coast Virtual Care Service; and implementing accountability frameworks to drive service improvement. She was serving as interim Chief Executive of Mid North Coast Local Health District from October 2024, before being appointed in April 2025.

Previous Chief Executive Stewart Dorrack

From January 2011 to October 2024

Stewart was the Chief Executive Mid North Coast Local Health District from [month year] and concluded the role in October 2024. Stewart began his career in healthcare administration at the then Children’s Hospital at Camperdown in 1989. He



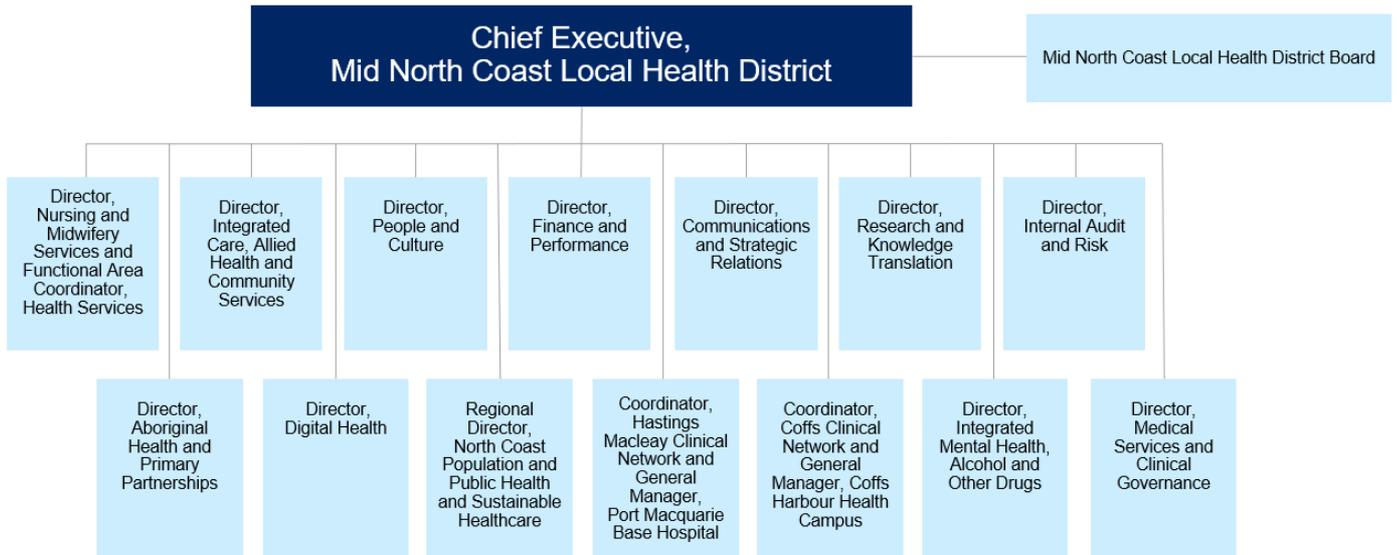
moved to the Central Coast Area Health Service in 1993 and to the Mid North Coast Area Health Service in 1999. Since 2000, he has held numerous executive positions with the Mid North Coast and North Coast Area Health Service, and was appointed Chief Executive at the beginning of 2011.

Stewart has a particular interest in health service partnership and service partners working together. He holds an Honorary Doctorate in Health Studies, and tertiary qualifications from the University of New South Wales, the University of Newcastle, and the Australian Institute of Company Directors.

Key achievements

- The Mid North Coast Virtual Care Service cared for more than 27,000 patients with non-life-threatening conditions, contributing to a 4.64 per cent drop in category four and five presentations across the region.
- Launched the Mid North Coast Local Health District Paediatric Complex Care Coordination Service to enable rural and regional children with complex medical conditions, and their families, to access streamlined specialist care. This service supports high-quality care that provides the most value to patients, reducing the cost to families and the NSW Health System.
- Launched the *Mental Health, Alcohol and Other Drugs and Suicide Prevention North Coast Joint Regional Plan 2024-2029* with Healthy North Coast and the Northern NSW Local Health District. This partnership joins primary and acute health services to address critical mental health issues, substance use, and suicide rates with a coordinated approach, minimising access barriers for patients.
- Introduced the Rapid Recovery Joint Program in Coffs Harbour and Port Macquarie with outstanding results. Patients are safely discharged on the same day as their surgery with post-operative multidisciplinary care provided in their home by the Hospital in the Home service.
- Opened an additional 211 free car parking spaces at Port Macquarie Base Hospital as part of the NSW Government's \$33.97 million Helipad and Car Park Project to enhance accessibility to local healthcare services for staff and the community.
- Expanded the Parents in Child Nutrition Informing Community (PICNIC) Program to the Central Coast, Western NSW, Southern NSW, and Illawarra Shoalhaven local health districts; and into new settings such as supported playgroups and early education. The expansion delivered responsive feeding training to more than 200 educators and support staff.
- Launched a successful musculoskeletal collaborative research program with the University of Sydney. Collaborative grants were used to increase rural patient access to clinical trials and Mid North Coast Local Health District health services research, and shape better access to services to improve health outcomes.
- Earned a World Stroke Organisation Angels Award at Coffs Harbour Health Campus for the fifth consecutive quarter for meeting global stroke care benchmarks. The award reflects the strong collaboration and teamwork across various services and departments toward improving patient outcomes.
- Implemented the Connect, Assess, Listen, Manage Falls Prevention Initiative in the Port Macquarie Acute Geriatric Evaluation and Management Unit to identify patients at risk of falls upon admission. The unit achieved a 73 per cent reduction in falls within 3 months.
- Partnered with BreastScreen NSW to help women access both breast and cervical screenings at one convenient location. This women's health initiative aims to increase the region's cervical screening rates, promoting early detection and improving health outcomes.

Mid North Coast Local Health District organisation chart



Murrumbidgee Local Health District

Website: www.mlhd.health.nsw.gov.au

Chief Executive Jill Ludford PSM

Jill Ludford PSM was appointed Chief Executive of the Murrumbidgee Local Health District in August 2014. Leading a dedicated workforce, Jill has championed strategic governance and health innovation to ensure safe and equitable health outcomes. A former nurse and midwife, Jill has served Murrumbidgee Local Health District and its predecessor organisations in senior leadership roles since 1992, including Director of Operations and other senior corporate positions. She holds extensive qualifications in healthcare leadership, nursing, midwifery, child and family health, and women’s health. In 2024, Jill was awarded the Public Service Medal for outstanding contributions to healthcare. Jill is passionate about innovative healthcare, workforce sustainability, and driving continuous improvement to achieve the best possible outcomes for regional, rural, and remote communities.



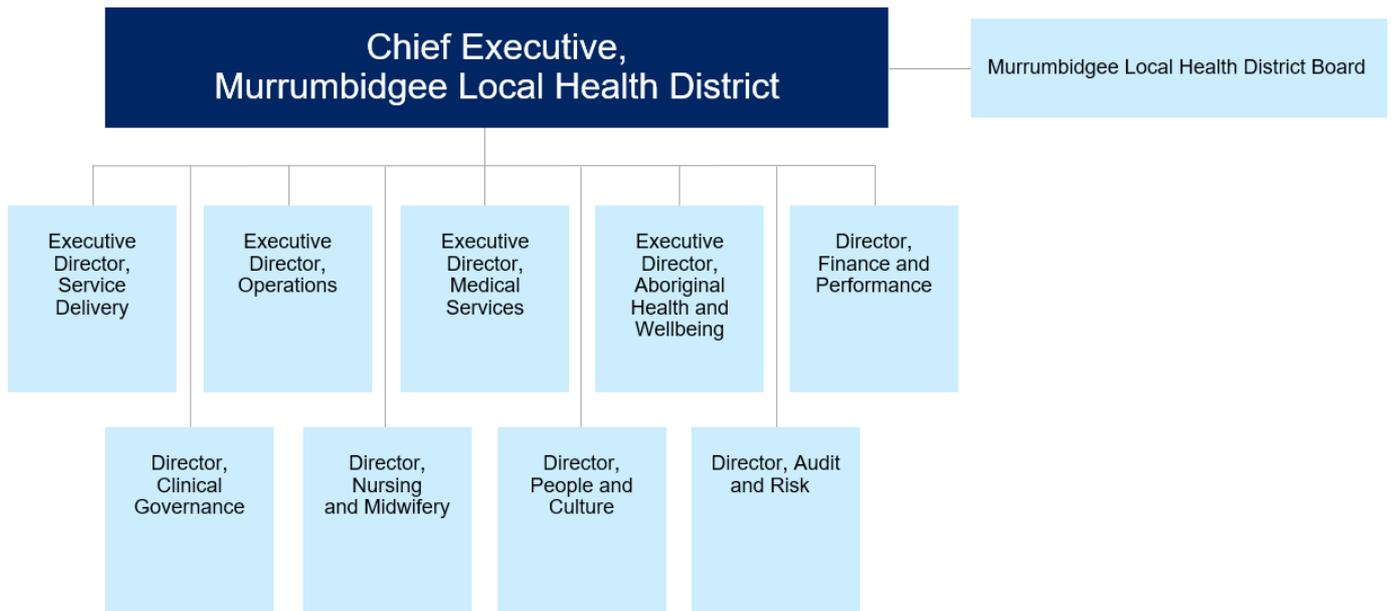
Key achievements

- In collaboration with Aboriginal community representatives and Aboriginal Community Controlled Health Organisations, the Murrumbidgee Local Health District delivered Murundhu, I Live I Breathe, a culturally tailored pulmonary rehabilitation program. The patient-led yarning circle supports health literacy, chronic illness self-management, and cultural connection, enhancing social and emotional wellbeing for Aboriginal people.
- Hosted the Paediatric Roundtable in September 2024 with the Murrumbidgee Health and Knowledge Precinct. The roundtable led to the establishment of a working group to implement the Agency for Clinical Innovation’s Tiered Developmental Care Model, supporting coordinated referrals, early interventions, and services to improve outcomes for children. A paediatrics collective group was established to support joint advocacy efforts.
- As part of the Living Well, Your Way Initiative, four public outpatient clinics were introduced in Wagga Wagga and Griffith to provide specialist multidisciplinary care for complex respiratory and

cardiac conditions. Clinics operate monthly, improving access to public specialist coordinated care, closer to home.

- Murrumbidgee Local Health District and the International Centre for Future Health Systems at the University of NSW announced four joint Research Fellowships awarded to district staff. For 12-months the fellows will develop and conduct research projects of relevance to the Murrumbidgee community. This is the first time these fellowships have been granted to support early career researchers within the district.
- The \$250 million Griffith Base Hospital Redevelopment opened to the public on 26 June 2025. Expanded emergency, surgical, maternity, and outpatient services are now delivered in a state-of-the-art, purpose-built facility designed to transform care and flexibly meet the region's evolving health needs.
- Established the Residential Aged Care Urgent Care Service, led by the Wagga Wagga Rapid Access Clinic. The Service delivers timely episodic care in nursing homes for non-urgent, non-life-threatening conditions, reducing avoidable hospital admissions, and supporting person-centred, community-based care.
- Completed the Integrated Paramedic Workforce Model Pilot which embedded paramedics into multidisciplinary hospital teams to enhance regional care access. Launched at the Rapid Access Clinic at Wagga Wagga Base Hospital, the pilot enhanced patients' access to alternative care pathways and addressed trends in emergency department activity.
- Established the Murrumbidgee District Aboriginal Advisory Council, a multidisciplinary group of First Nations people. The Council provides advice to the Murrumbidgee Local Health District on service models for Aboriginal and Torres Strait Islander peoples.
- The Collaborative Commissioning's Pharmacy Screening Program, co-designed with general practitioners and local pharmacists, was established in the district to support community pharmacy screening, and pharmacist-general practitioner referral pathways for patients at risk of chronic obstructive pulmonary diseases and congenital heart failure. The program promotes early diagnosis and intervention of chronic illness in regional communities.
- The district partnered with the Clinical Excellence Commission and established the Reflective Practice Skills Program, adopted statewide to build staff capability in reflective practice and unconscious bias. The program promotes self-awareness, strengthens inclusive practice, and supports a safety culture for consumers, families and carers, and staff.

Murrumbidgee Local Health District organisation chart



Nepean Blue Mountains Local Health District

Website: www.nbmlhd.health.nsw.gov.au

Chief Executive Brad Astill

From January 2025

Brad Astill joined Nepean Blue Mountains Local Health District as Chief Executive in January 2025. He was formerly the Chief Executive of Far West Local Health District.



In his role as Chief Executive, Brad aims to foster innovation, improve health outcomes, and deliver exceptional patient care. This is achieved through collaboration with staff, the community, regional and primary care associates to ensure health services continue to be safe, high-quality, and effective for the entirety of the local population.

Brad works with the local health district board, Nepean Blue Mountains Primary Health Network, university partners, and the community to provide the best possible healthcare to the people and communities of the district.

Acting Chief Executive Lee Gregory

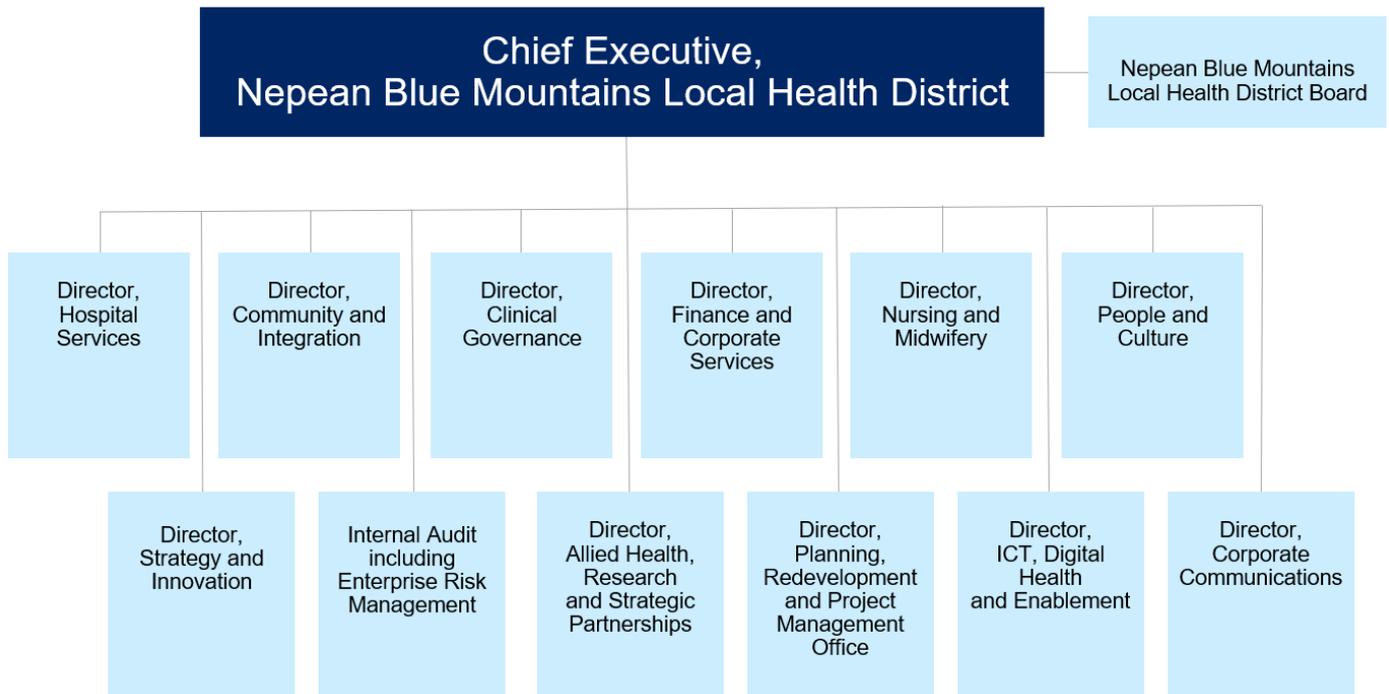
From September 2023 to December 2024

Lee Gregory concluded his role as Acting Chief Executive of Nepean Blue Mountains Local Health District in December 2024. Lee's exceptional health leadership skills and deep dedication to fostering innovation, continuous improvement, and collaboration within healthcare was of significant support to the district. The district executive, board, staff, and the community thank Lee for his time and dedication as Acting Chief Executive since September 2023.

Key achievements

- Successfully transitioned the operation and management of Hawkesbury District Health Service from St John of God Health Care to Nepean Blue Mountains Local Health District. This included significant staff orientation and establishment of information and communications technology infrastructure.
- Opened the Safe Assessment Unit at Nepean Hospital to provide specialised care for patients presenting with drug-related behavioural disturbances to the emergency department. Since opening, the unit has diverted 196 patients from the emergency department.
- Established a district-wide Safeguards team that provides support to children and young people who are experiencing a mental health crisis. In 2024-25, the team provided intensive support to 273 children, young people, and their families.
- Established a geriatrician-led Memory Clinic at Lithgow Hospital, supporting on average 7 patients per week aged 50 to 75 years, with concerns about early memory loss or cognitive decline. The clinic provides comprehensive assessment of memory function including cognitive testing, physical and psychological evaluations, and brain scan and blood test referrals.
- Exceeded national targets for timely, life-saving stroke treatment of 35 minutes at Lithgow Hospital and 36 minutes at Blue Mountains District ANZAC Memorial Hospital. The teams received the Time is Brain Award presented by the NSW Telestroke Service.
- Established Universal Health and Development Check program for four-year-olds in early childhood education and care settings. These checks track a child's growth and development and identify potential needs. In 2024-25 1,366 children were screened to ensure that they have the best start to school.
- Launched the innovative midwifery model, Know Your Midwife, at Blue Mountains District ANZAC Memorial Hospital. The Model provides women and families with a dedicated midwife who will support them throughout their pregnancy journey and beyond.
- Upgraded centralised sterilising services at Lithgow and Blue Mountains hospitals to meet new Australian standards and ensure our patients continue to receive safe, high-quality care at each of our hospitals.
- Established the Respiratory Rapid Access Centre, offering quick access to specialised respiratory care at Nepean Hospital. This reduced emergency department length of stay for respiratory admitted patients, unplanned readmissions, and reduced the average length of stay for hospital admissions. This has resulted in a reduction of 271 bed days, meaning patients are spending fewer total days admitted in the hospital.
- Partnered with traditional Aboriginal healers from Anangu Ngangkari Tjutaku Aboriginal Corporation to provide a culture-based program that supports the mental wellbeing of Indigenous community members living in the district. In 2024-25, 12 Aboriginal patients received support through the program.

Nepean Blue Mountains Local Health District organisation chart



Northern NSW Local Health District

Website: www.nnswlhd.health.nsw.gov.au

Chief Executive Tracey Maisey

Tracey Maisey joined Northern NSW Local Health District as the Chief Executive in August 2023. Tracey has had a long and broad career in healthcare and brings a wealth of experience to the role.

She has held a variety of senior positions in health across the globe, most recently in New Zealand as Executive Director Planning, Funding and Business Intelligence for the Canterbury and West Coast District Health Boards; as well as holding the role of Interim Chief Strategy, Planning and Performance Officer for Health New Zealand; and has previously been Chief Executive Officer of a district health board in New Zealand.



Tracey has worked in executive roles in Australia, the United Kingdom, and Qatar, across both rural and metropolitan services. She's played a lead role in transforming healthcare delivery across various health settings, and oversaw Health New Zealand's national sustainability and climate change work program.

Key achievements

- Partnered with Healthy North Coast and local Aboriginal Medical Services to launch a co-management model of care for children with ADHD in September 2024. The model connects Northern NSW Local Health District paediatricians with general practitioners in the ongoing management of ADHD medication, bringing care closer to home while significantly reducing the need for paediatric outpatient appointments.
- Appointed the district's first Mental Health Housing Liaison Officer in May 2025 to further NSW Health's partnership with Homes NSW and better identify and support people at risk of

homelessness. The liaison officer helps consumers navigate clinical and housing services, while improving referral pathways for people with complex mental health needs.

- Awarded the Clinical Care Standards Excellence Award from the Australian Commission on Safety and Quality in Health Care for colonoscopy clinical standards. The award recognised the significant work undertaken by the district to ensure treatment complies with the national standard.
- Implemented a series of Aboriginal Women and Children's Health Champions Yarn Up events to increase immunisation rates among the Aboriginal community. These gatherings educated participants on immunisation, and breast and cervical screening, encouraging them to be an advocate within their communities and make informed health choices for themselves and their communities. As at June 2025, 123 Aboriginal and Torres Strait Islander women have attended a Yarn Up event.
- Played a lead role in the emergency response to ex-Tropical Cyclone Alfred in March 2025, which involved a whole-of-system approach through the cross-agency Emergency Operation Centre, ensuring all facilities remained open and patients and staff cared for. Support was also given to evacuation centres and public health monitoring and messaging in the recovery phase.
- As part of the Northern NSW Academic Health Alliance, the Learning, Development and Research Hub opened at the new Tweed Valley Hospital. The Hub has streamlined student placement processes to improve coordination across partners, while supporting more than 30 research projects driving innovation in healthcare and education.
- Received a National Health and Medical Research Council Partnership Grant to support partnerships with carers in the prevention of delirium, building on the successful pilot of the Prevention and Early Delirium Identification Carer Toolkit (PREDICT). Implementation of the toolkit has started across the district's hospital network, as well as at partner healthcare services in NSW, Queensland and the Australian Capital Territory as part of plans to embed PREDICT at a system-wide level.
- Launched the Collaborative Screening Program, enabling women to complete breast and cervical screenings in one appointment. The program was facilitated by monthly BreastScreen NSW clinics, which increased screening access and convenience, particularly for Aboriginal and remote women. This reduced the doubling up of services, encouraged more people to get involved, and made it easier to detect cancer early.
- Significant response to global resurgence in measles, with the highest number of measles notifications since January 2025 reported in Northern NSW. These cases occurred in two clusters, each with an index case acquired overseas, resulting in the need to notify over 600 contacts and additional outreach conducted through media and social media platforms.
- Implemented recruitment strategies to help build a stronger workforce. These strategies increased candidate hires by 30 per cent, reduced advertising costs, and shortened recruitment timeframes by more than 20 per cent.

Northern NSW Local Health District organisation chart



Northern Sydney Local Health District

Website: www.nslhd.health.nsw.gov.au

Chief Executive Anthony Schembri AM

Anthony Schembri joined Northern Sydney Local Health District in July 2023 after nearly 10 years at St Vincent’s Health Network Sydney as Chief Executive Officer.

Anthony is an accredited social worker with a 30-year career in NSW Health working across clinical and executive roles.

Anthony holds adjunct professorial appointments with the University of Sydney, University of Technology Sydney, and Macquarie University; and is a board director for Sydney Health Partners, the Australian Healthcare and Hospitals Association, Kolling Institute for Medical Research, and NORTH Foundation.

He was named in 2019 Queen’s Birthday Honours List, and in 2023 was awarded an Honorary Doctor of Letters from the University of New South Wales.

Anthony holds an honours degree in social work from University of New South Wales, a graduate diploma in public administration, a Master of Public Policy from the University of Sydney, and certificate in health and human rights from Harvard University.



Key achievements

- The *Northern Sydney Local Health District Sexual and Gender-Based Harassment Safety Plan* was released in October 2024. The Plan reinforces the district’s commitment to maintain a workplace where everyone feels safe, respected, and valued.
- The first NSW Virtual Palliative Care Navigator Service opened in August 2024. The service attended to 89 palliative patients in their home who needed urgent care without the need to attend an emergency department via an ambulance. The service is part of the district’s virtual care service.

- The \$526.8 million Ryde Hospital Redevelopment reached a significant construction milestone with new interim healthcare facilities completed. The early works included an interim intensive care unit built to ensure patients had ongoing access to care while the new hospital is built.
- Clinical service delivery continues to be transformed through nursing and midwifery researchers who were successful in obtaining \$41 million in competitive funding by December 2024 for their research and clinical trials. Their research was named in more than 100 peer reviewed journals, and they presented at 65 conference presentations.
- Achieved a Gold Tier Award at the 2025 Australian Pride in Health + Wellbeing Award for fostering inclusivity for staff with diverse sexualities and genders in making them feel safe, seen, and valued in the workplace. The recognition was evaluated through the Health + Wellbeing Equality Index.
- The haemodialysis unit at Hornsby Ku-ring-gai Hospital began recycling water to help reduce water wastage. Approximately 1,200 litres of surplus water from dialysis treatments was recycled into a tank per day. The water was then used for irrigation across the campus.
- Launched Tomorrow’s Medicine Today – a new podcast series showcasing groundbreaking research, innovative models of care, and inspiring stories. The first of the series connects the community and public with research underway across the district.
- A major study of 73,000 patients published in July, led by the Royal North Shore Hospital, found heart and kidney health could be improved by combining Ozempic and similar diabetes drugs with existing medications. Medications like Ozempic can improve heart and kidney health when used with widely available drugs to treat heart and kidney complications. This is the largest study of its kind and is expected to inform the management of people with diabetes globally.
- A simulated clinical training centre for staff opened at Hornsby Ku-ring-gai Hospital in November 2024. The Pamela Margaret Andrew Simulation Centre is a modern facility for staff to upskill and undergo further clinical training.
- A drug and alcohol community treatment service for young people treated 76 patients dealing with substance use during its first year of opening. Patients aged 18 years and under with moderate to severe issues with substances can attend the Alcohol and Other Drug Consultation, Assessment, Care and Intervention for Adolescents Service.

Northern Sydney Local Health District organisation chart



South Eastern Sydney Local Health District

Website: www.seslhd.health.nsw.gov.au

Chief Executive Tobi Wilson

Tobi Wilson was appointed Chief Executive in April 2019.

He is an experienced, progressive health leader, with a passion for innovation in healthcare. Having started his career as a physiotherapist, Tobi has held leadership roles across Victoria, South Australia, and NSW. Tobi has a proven track record of embracing technology to transform the delivery of health services.



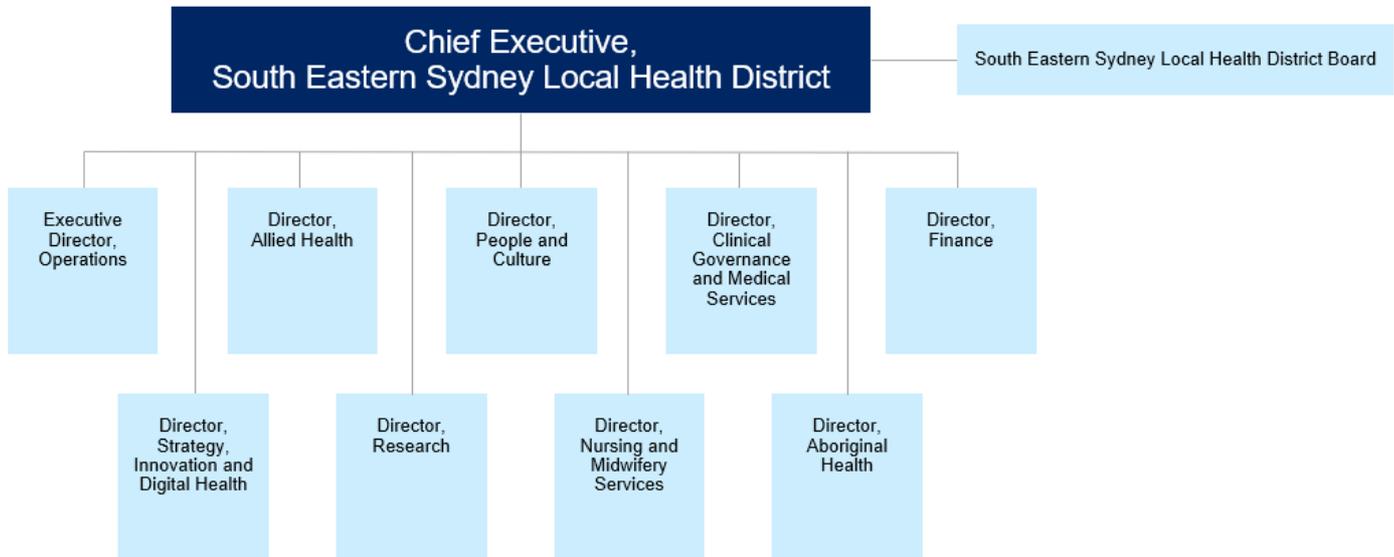
In addition to his substantive position, Tobi holds a number of non-executive director positions across health and medical research organisations, including Chair and President of Health Roundtable, with more than 180 hospital members across Australia, New Zealand, and the Middle East.

Key achievements

- The University of New South Wales opened a \$100 million Integrated Acute Services Building at Prince of Wales Hospital. The building is designed to connect students directly with medical facilities. This will improve healthcare outcomes for the public through collaborations among students, researchers, and medical professionals.
- The *Healthy Mob, Strong Community: SESLHD Aboriginal Health Plan 2024-2026* was developed with community, by community, for community. It outlines the district's strategic direction to improve health outcomes for Aboriginal people, and is key to ensuring Aboriginal community and staff feel safe, respected, and empowered.
- Expanded the BreastScreen NSW clinic at the Royal Hospital for Women, Randwick, enabling 3,000 to 5,000 more women to access free, potentially lifesaving mammograms annually. The service supports early breast cancer detection and improves survival rates. More machines, uplifting art, and working spaces are features of the upgrade.
- Opened the new Gadigal Eye Clinic at Sydney Eye Hospital in October 2024 to provide high-tech eye care for Aboriginal and Torres Strait Islander people in a culturally safe space. New retinal cameras enable specialists to conduct eye checks without the need of an onsite specialist. The service includes a virtual outreach to regional NSW.
- The Royal Hospital for Women opened its Menopause Hub in Randwick in November 2024. It includes NSW's first publicly-funded hormone and mood clinic, supporting 5,500 women annually with in-person and telehealth services. The hub offers advanced, multi-disciplinary care for women with severe symptoms.
- The \$3.34 million Nurturing Connections Program supported new parents facing psychological distress or trauma, strengthening parent-child bonds through holistic, therapeutic care. Delivered by multidisciplinary teams, it aids families with children aged zero to four across three NSW locations.
- Opened the new Emergency Department Assessment Unit at Prince of Wales Hospital, providing safe, integrated care for patients with acute behavioural or substance-related crises. This multidisciplinary unit offers a calming, low-stimulus environment and marked a key milestone in the hospital's Acute Services Building.
- The St George Hospital Redevelopment Stage 3 reached a major milestone with the Kensington Street Building topping out. This nine-storey facility will deliver advanced outpatient and rehabilitation services through innovative models of care, enhancing healthcare for a growing community and future needs.

- The Albion Centre celebrated 40 years of pioneering HIV care and sexual health services. Born from Australia’s AIDS crisis response, it remains a trusted, compassionate space for patients, with dedicated staff and long-term patients thriving through world-class, life-saving support.
- The Sutherland Hospital opened a new Procedures on Day Unit in July 2024, enhancing paediatric care with a purpose-built, chair-based model for infusions and day treatments. This family-centred space improves patient experience and frees up acute beds for seriously ill children.

South Eastern Sydney Local Health District organisation chart



South Western Sydney Local Health District

Website: www.swslhd.nsw.gov.au

Chief Executive Sonia Marshall PSM

Sonia Marshall’s 30-year career in NSW Health began as an intensive care unit nurse at Griffith Base Hospital before working in a range of leadership roles in rural, regional, and urban settings. She joined South Western Sydney Local Health District in 2016 initially as Director of Nursing and Midwifery and Performance. As Incident Controller for the district’s COVID-19 Emergency Operations Centre, her remarkable leadership helped ensure the safety of staff and the diverse community. Sonia is Adjunct Associate Professor, School of Nursing and Midwifery at Western Sydney University; and Honorary Principal Fellow, Faculty of Science, Medicine and Health at University of Wollongong. She has completed a Master of Business Administration, a Bachelor of Science (Nursing), and studied in intensive care nursing, public administration, and health leadership.



Sonia received a Public Service Medal for her outstanding service, particularly for her leadership and resilience as District Incident Controller through the COVID-19 response.

Key achievements

- Celebrated major infrastructure milestones including:
 - opened Stage 1 of the \$830 million Liverpool Hospital Redevelopment, delivering a new clinical services building

- completed a new outpatient centre, the centrepiece of the \$55 million Stage 2 Bowral and District Hospital Redevelopment.
- Launched the *South Western Sydney Local Health District Leadership Strategy 2025-2028* – the culmination of a year of research, consultation, and co-design. The strategy represents the district's commitment to identifying, developing, empowering, and retaining those who will lead our organisation into the future.
- Implemented a new way to collaborate with community and consumers with the online community consultation platform, Engage, which offers people of all ages and backgrounds a chance to provide ideas, suggestions, and their lived experience about our services and their experiences.
- Opened a Children's Short Stay Unit in Campbelltown Hospital's emergency department. The first of its kind in NSW, the unit provides a dedicated space for prolonged safe observation, allowing patients and their families to stay together.
- Supported women experiencing severe or complex menopause symptoms with a new virtual menopause hub established in July 2024, providing medical, allied health, and nursing expertise through telehealth consultations.
- Pioneered a plastic-saving process in linen services, which was implemented across the district and NSW Health in 2024-25. By bundling linen without using plastic, Liverpool Hospital saves 519 kilometres of plastic polypropylene per year.
- Piloted staff health clinics to empower staff to look after their own health so they can care for others. The clinics, offer vital observation checks, information about healthy living, and referrals.
- Established the Aboriginal Drug Health Service and implemented a holistic cultural model of care, incorporating traditional healing practices, group therapies, and clinical practices. The team received an award from Bankstown Community Corrections, recognising their support for community-based recovery.
- Redirected school mobile dental vans during school holiday periods to offer people experiencing homelessness in the Macarthur region access to outreach dental care, serving 68 patients in the past 12 months.
- Held Maternity Open Days across five hospitals as part of the ongoing antenatal redesign to increase access to pregnancy information and inform prospective parents about available models of care and other services. More than 1,400 women, partners, and families attended.

South Western Sydney Local Health District organisation chart



Southern NSW Local Health District

Website: www.snswlhd.health.nsw.gov.au

Chief Executive Margaret Bennett OAM

Margaret Bennett joined the district on 2 March 2020 after 10 years as Chief Executive Officer of Northeast Health in Wangaratta, Victoria. She provides strategic and operational leadership for the efficient and effective management of Southern NSW Local Health District to deliver innovative, safe, high-quality, and patient-centred healthcare.

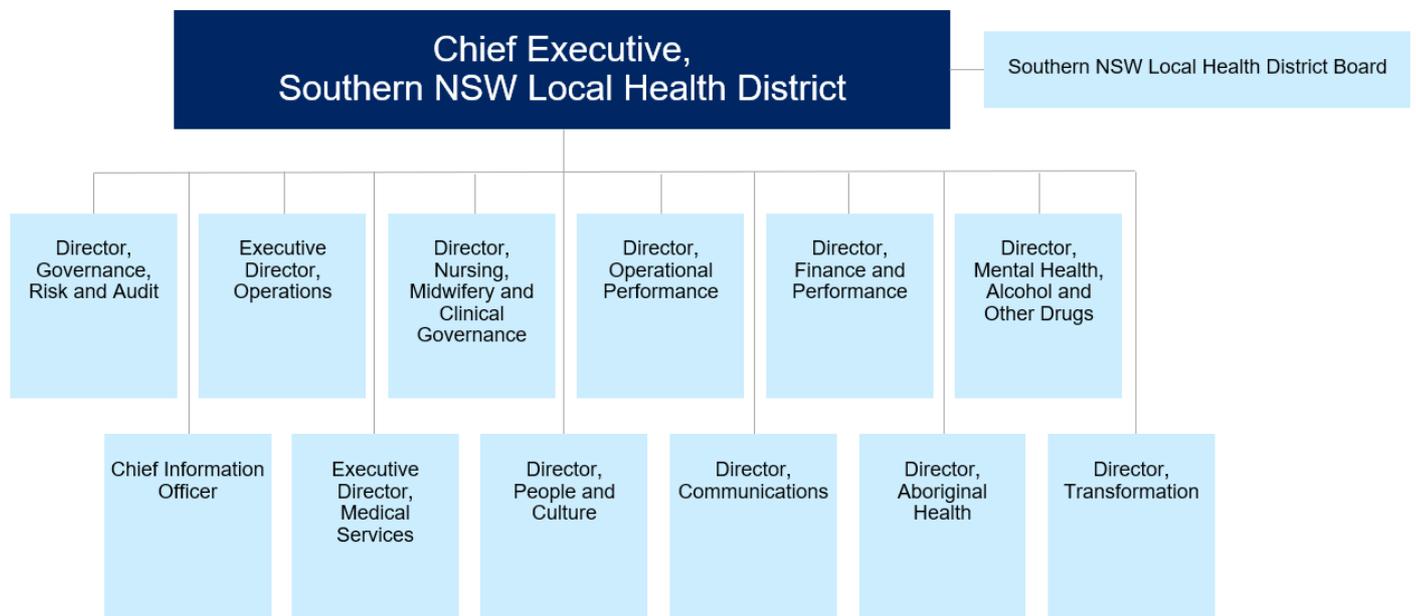
An accomplished clinician, Margaret has worked in regional healthcare and has experience as a senior executive in NSW, Victoria, and Western Australia. Margaret has successfully overseen complex transformations underpinned by her commitment to improving organisational culture and performance. Margaret believes robust consumer and community engagement positively impacts service delivery.

Key achievements

- Achieved Baby Friendly Health Initiative accreditation for all maternity services, supporting breastfeeding, maternal wellbeing, and infant health across the district.
- Built local capacity to conduct clinical trials through the Rural, Regional, and Remote Clinical Trials Enabling Program, enhancing access to innovative treatments for rural patients.
- Expanded the Midwifery Group Practice model from one trial site to all five birthing hospitals, providing women with continuous, personalised care throughout pregnancy, birth, and early postnatal periods.
- Strengthened community and stakeholder engagement by establishing Network Community Engagement Committees, and enhancing local consultations, partnerships, and governance to better align services with community needs.
- Continued progress on the new Eurobodalla Regional Hospital and Batemans Bay Community Health facility, in partnership with Health Infrastructure and other stakeholders.

- Invested in staff wellbeing and engagement initiatives while advancing reconciliation efforts and Closing the Gap commitments, strengthening workforce resilience and cultural safety across the district.
- Enhanced and expanded outpatient services, continuing efforts to reverse patient flows to the Australian Capital Territory, improving local access to specialist care, and reducing travel burdens.
- Restored ear, nose, and throat services locally which significantly improved early treatment of otitis media – an ear infection, in Aboriginal children and reduced preventable hearing loss.
- Improved workforce capacity and capability through the implementation of the Elevate principles. Elevate is a framework that supports agreed ways of working and enables us to improve consistency in how we deliver services and care.
- Advanced financial recovery by strengthening internal recruitment processes to ensure positions serve a clear need, and by progressing procurement reforms including Smartchain and DeliverEASE, to support long-term financial sustainability.

Southern NSW Local Health District organisation chart



Sydney Local Health District

Website: www.slhd.health.nsw.gov.au

Chief Executive Deb Willcox AM

From September 2024

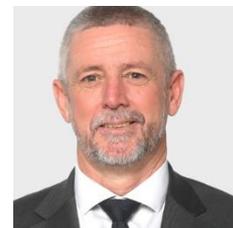
Deb's career has included roles in government and nongovernment organisations. Her experience spans clinical, corporate services, government departments, and research. Deb was Deputy Secretary of the Health System Strategy and Patient Experience Division, NSW Ministry of Health, from 2022 to 2025 and Chief Executive, Northern Sydney Local Health District from 2017 to 2022. Deb has held a range of senior executive roles including the combined role of Director Operations, Sydney Local Health District, General Manager, Royal Prince Alfred Hospital, Director Corporate Support – Health Reform Transition Office, NSW Health, and Director, Executive and Ministerial Services, NSW Health. Deb started her career in nursing at Royal Prince Alfred Hospital and later studied law, having been admitted to the Supreme Court of NSW as a solicitor. In 2023, Deb was appointed a Member of the Order of Australia for significant service to health administration and to the community



Previous Acting Chief Executive Graeme Loy PSM

From May 2024 to September 2024

Biography on page 345

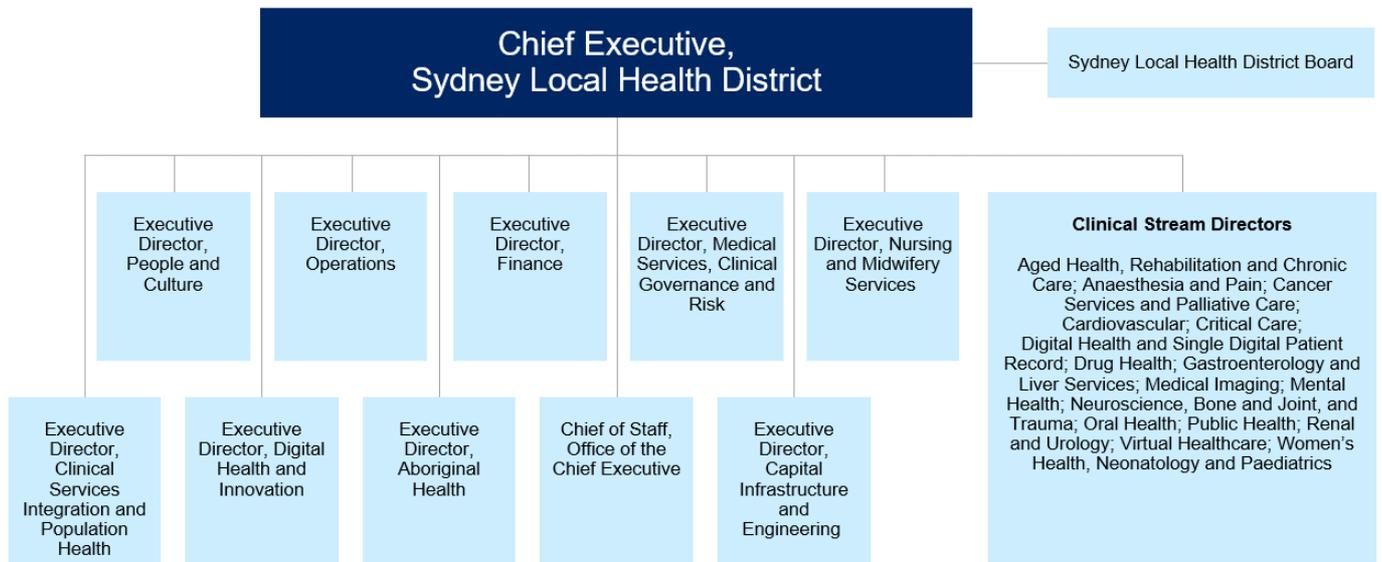


Key achievements

- Expanded the Emergency Care and Treatment Dashboard to all district emergency departments. The district developed the dashboard to allow senior emergency department staff to visualise data to ensure staff are using the Emergency Care and Treatment protocols safely.
- Launched the Innovative Outreach Model of Care to increase cancer screening among women from Aboriginal, culturally and linguistically diverse, refugee, and low socio-economic backgrounds. The model combined community-based outreach, health promotion, and culturally safe and accessible services. More than 400 women were engaged.
- Achieved the highest rating for National Clinical Trials Governance Framework accreditation under the Australian Health Service Safety and Quality Accreditation. Achieved ongoing full accreditation against all National Safety and Quality Health Service Standards for all district facilities.
- Celebrated 100 cone beam computed tomography guided bronchoscopies at Concord Hospital, the first public hospital in Australia to deliver this cutting-edge, minimally invasive procedure. It is a safer and more accurate way to diagnose early lung cancer and other conditions.
- Delivered redesigned cancer prehabilitation services using consumer insights. Royal Prince Alfred Hospital's Surgical Outcomes Research Centre's model of care evolved from hospital-based to community-based and telehealth services, removing barriers to access and enabling more patients to optimise health before surgery.
- Delivered the Bone and Soft Tissue Sarcoma Summit, co-designed by consumers and led by the Royal Prince Alfred Hospital Institute of Academic Surgery and the Cooper Rice-Brading Foundation. Patients, families, clinicians, and researchers attended and discussed clinical care, research, and future strategies.
- Opened the five-level Concord Hospital Multi-Storey Car Park to complete a \$32.4 million project to improve access to healthcare services at the facility. The car park adds 555 new car spaces to Concord Hospital's parking capacity, 10 of them are accessible spaces.

- Achieved Level 3 Carer + Employee accreditation from Carers NSW. The district’s Carers Program is the first government organisation nationally to hold this rating. The Carers Program offers tailored support to community carers and staff balancing work and caring roles.
- Established the Consumer and Community Advisory Council as a sub-committee of the Sydney Local Health District Board, reinforcing the district’s commitment to partnering with consumers and the community in the planning, delivery, and evaluation of care.
- Launched the world’s first 3D printed skin trial at the Concord Hospital Burns Unit. The process uses techniques to print biomaterials onto the wound, helping a surgeon rebuild lost tissue and deliver excellent care to patients with burn injuries and soft tissue loss.

Sydney Local Health District organisation chart



Western NSW Local Health District

Website: www.nsw.gov.au/departments-and-agencies/wnswlhd

Chief Executive Mark Spittal



Mark Spittal was appointed as Chief Executive in 2022, bringing more than three decades of health leadership experience in both Australia and overseas to the role.

Western NSW Local Health District is home to some of the most remote, vulnerable populations in NSW, requiring a network of innovative service providers to work collaboratively to provide the right care, in the right place.

Mark heads up a leadership team that focuses on four key strategic goals: improved health and wellbeing; meaningful gains in Aboriginal health; world-class rural healthcare; and one service across many places.

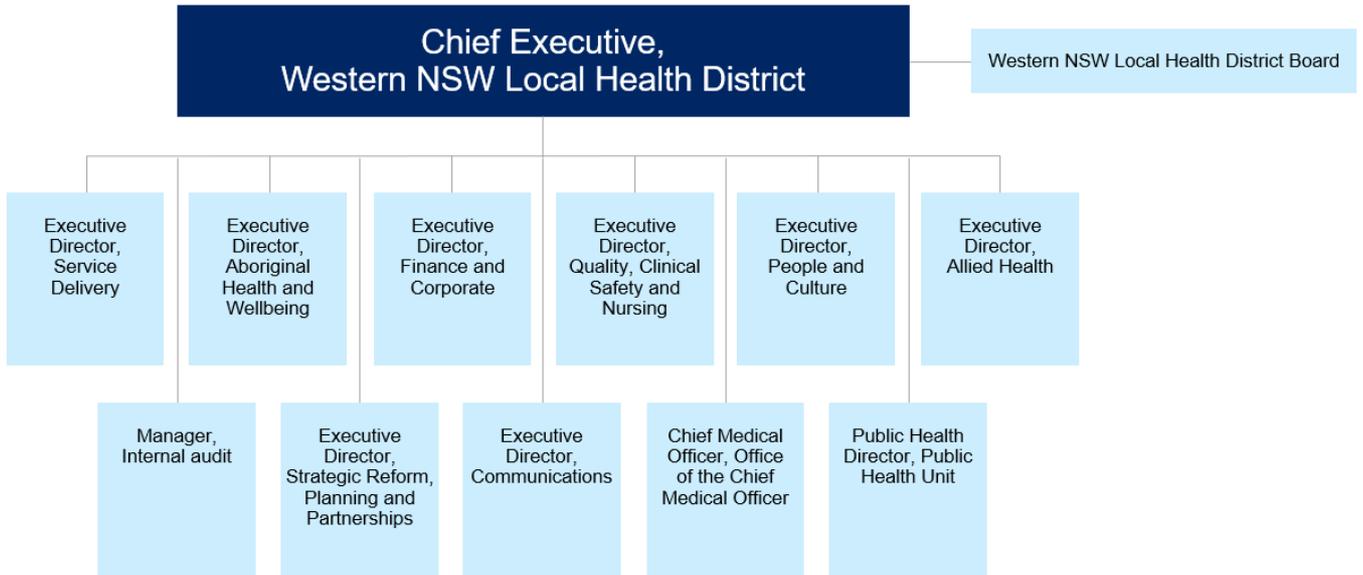
Key achievements

- Established the Virtual Urgent Care Services for Adults Regional Hub, a partnership with healthdirect Australia to provide virtual care to patients needing urgent but not life-threatening care. The hub commenced operations in February 2025 and has expanded to include the seven regional local health districts.
- Successfully expanded the Rural Nurse Practitioner workforce from 21 to 34 positions, including seven rural generalists, significantly strengthening specialty services in aged care, mental health,

renal, diabetes, and Aboriginal health. This reduced delays in treatment and improved timely healthcare access for rural communities.

- Conducted a pilot training program for remote X-ray operators with seven staff trained in December 2024. The program trains nurses to complete a limited range of x-rays on acute and emergency department patients for sites where no radiographer is available.
- Partnered with the Sydney Children’s Hospitals Network Virtual Urgent Care Service to support clinicians managing paediatric patients in the emergency departments of rural facilities within the Dubbo Referral Network. Virtual services expanded and commenced in the Western NSW Local Health District on 10 February 2025 and provides remote, paediatric specific clinical advice to medical officers.
- Trialled the virtual Early Talkers Program, reaching children and families from rural and remote communities with no access to local speech therapists. The program acts as a triage service, providing initial assessment, education, and therapy for children aged three years and under.
- Implemented waste diversion initiatives across the district as part of the *Environmental Sustainability Strategy 2023-2027*, including recycling, reusing and repurposing. The initiatives have resulted in the saving of more than 9 tonnes of physical waste, 16 tonnes of carbon emission equivalents, and \$100,000 of procurement costs.
- Enhanced community collaboration with the establishment of three Sub-Regional Health Planning Committees; hosting a community conference with 160 attendees; and the completion of 2,200 “Engage Western” surveys by people across the district on issues including models of midwifery care, health literacy, vaping, and oral health.
- The Building Healthy Communities Challenge was launched, empowering towns of up to 5,000 people to lead grassroots, sustainable health initiatives. Two communities each received \$8,000 to implement their ideas, with Manildra eventually winning the challenge and an additional \$4,000 to help embed the program long-term. Their program was well-supported, driving physical and mental wellbeing through accessible, collaborative, and individually-tailored activities.
- Launched the Hello my name is... Initiative in May 2025, with the rollout of new staff identification badges. The badges are designed to be a cheerful, simple way for patients to easily identify staff using their preferred name, create familiarity, and build trust.
- Successfully delivered Men’s Assessment, Screening, Talking, Education and Referral Program clinics for Aboriginal men in eight rural and remote communities. The program was delivered in collaboration with community partners in a culturally safe environment for Aboriginal men to engage in primary healthcare for health assessments, screening, education and referrals.

Western NSW Local Health District organisation chart



Western Sydney Local Health District

Website: www.wslhd.health.nsw.gov.au

Chief Executive Graeme Loy PSM

From October 2018

During the past 25 years, Graeme has held many executive roles across the health sector. In addition to his role as Chief Executive, he also serves as a board member for the Westmead Institute for Medical Research, NSW Ambulance, the Australian Institute of Health Services Management, Sydney Health Partners, and Westmead Applied Research Centre Advisory Board.



Graeme is passionate about collaborating with major global innovation partners to attract more research, investment, and bright minds to the internationally recognised Westmead Health Precinct, and has led the establishment of a high-profile leadership committee to bring his vision for the precinct to life.

In 2024, Graeme was awarded the Public Service Medal for outstanding service to healthcare in NSW, in particular the delivery of public services in response to the COVID-19 pandemic.

Previous Acting Chief Executive Alison Derrett

From May 2024 to September 2024

Alison is a graduate of the University of New South Wales where she received a Bachelor of Social Work. She completed post graduate studies in public administration and completed her Master of Business Administration (Health Service Management) from the University of Tasmania.

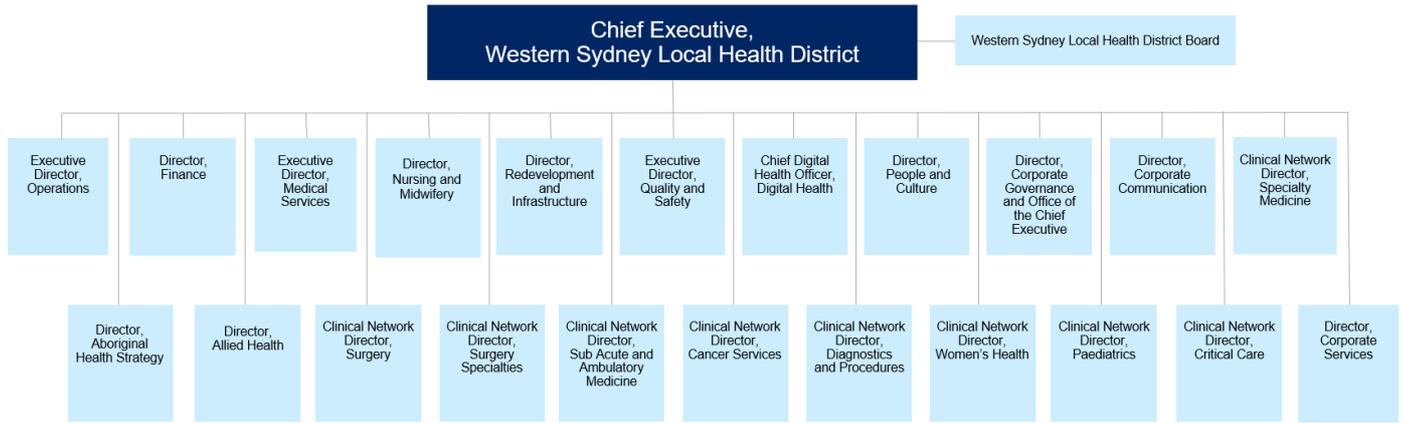
Alison has extensive experience in leading and managing complex organisations, including as the General Manager of Campbelltown and Camden Hospitals, where she was responsible for the \$700 million redevelopment at the Campbelltown campus.

Alison is the Western Sydney Local Health District Executive Director, Operations and an ex-officio member of the district board.

Key achievements

- Blacktown Hospital introduced the Integrated Geriatric Emergency Medicine (iGEM) Initiative. The initiative significantly reduced hospital stays for older patients from residential aged care facilities with conditions like dementia by creating an environment with low noise and calm music. Between 1 July 2024 and 30 January 2025, more than 600 patients accessed care through iGEM.
- Implemented a new electronic request for admission portal in the surgery and endoscopy departments at Blacktown and Mount Druitt hospitals, which digitises the request for admission process end-to-end, from when a patient decides to undergo a procedure to the day of admission. The portal supports reporting and tracking patients through their pre-operative journey. These hospitals receive approximately 25,000 request for admissions each year.
- Launched an Aboriginal Health Dashboard to more easily access information about Aboriginal patients' care journeys. The dashboard is a tool to improve health outcomes for Aboriginal people by increasing accountability and transparency across the district.
- Two Western Sydney Local Health District staff members won awards in the NSW Health Excellence in Nursing and Midwifery Awards 2025. The recipients were awarded the Nurse of the Year Award and the Nursing and Midwifery Leadership Award.
- In an Australian first, a successful 12-month trial of new form of bypass surgery using nano technology was performed at Westmead Hospital by specialist plastic surgeon. The surgery proved to eliminate the risk of lymphoedema in breast cancer patients.
- An innovative chronic disease prevention research program was successfully piloted in cardiology patients and proven to reduce hospital stays and presentations and improve health outcomes. The program delivers personalised text messages and other digital media to support patients with chronic health conditions to manage their condition and prevent worsening.
- The *Healthy Higher Density Living for Families with Children: An Advocacy, Planning and Design Guide* won the Award for Community Wellbeing and Diversity at the 2024 Planning Institute of Australia NSW Awards for Planning Excellence.
- Appointed a district Medication Safety Pharmacist and Staff Specialist to lead quality and safety programs analysing medication safety incidents. The role is the first of its kind in the NSW Health System and brings a holistic view of health system strategy, innovation, and clinical excellence to drive safety culture.
- Launched the Sip Til Send Initiative at Blacktown, Mount Druitt and Westmead hospitals which allows adult surgical patients to sip up to 200ml of clear fluids per hour until they're called to theatre, where previously no fluids were able to be had. This initiative aims to improve the patient experience.
- Driving a culture of innovation, Westmead Health Precinct co-hosted the annual Harvard Health Systems Innovation Lab Hackathon alongside the University of Sydney. Participants worked in teams to solve complex health issues leveraging artificial intelligence, encouraging the use of cutting-edge solutions in health settings.

Western Sydney Local Health District organisation chart



Appendix

1.5

Appendix 1

Health statistics

Early disease management

Childhood immunisation coverage

Rates of childhood immunisation for all children in NSW at one year of age remained high at 92.4 per cent at the end of 2024, despite modest declines since 2020, when coverage was at 94.8 per cent.

As of December 2024, coverage for Aboriginal children at five years (95.7 per cent) was higher than the national coverage for Aboriginal children (95.0 per cent). Coverage for all children in NSW at five years of age was 93.7 per cent.

By 30 June 2025, 55.8 per cent of adults aged 65 years and over had received an influenza vaccine, compared to 55.9 per cent at 30 June 2024. Influenza vaccination largely occurs through to September each year and typically peaks early in the influenza season, from April to June.

Source: Australian Immunisation Register.

Palliative care

Expenditure

The following content includes the total amount spent on palliative care during the five financial years preceding the reporting year for each local health district, Sydney Children's Hospitals Network and St Vincent's Health Network.

Total expenditure on end-of-life and palliative care services has increased over the past five years from \$320 million in 2019–20, \$325 million in 2020–21, \$351 million in 2021–22, \$389 million in 2022–23 and \$413 million in 2024–25.

Table 1: Palliative care expenditure

Local health district and specialty health network	Amount (\$) rounded to the nearest thousand				
	2019-20	2020-21	2021-22	2022-23	2023-24
Central Coast Local Health District	11,582,000	12,476,000	24,212,000	21,557,000	21,727,000
Far West Local Health District	4,007,000	4,525,000	5,755,000	5,082,000	5,838,000
Hunter New England Local Health District	27,653,000	30,619,000	31,846,000	34,978,000	37,546,000
Illawarra Shoalhaven Local Health District	19,292,000	17,968,000	18,212,000	20,496,000	20,750,000
Mid North Coast Local Health District	18,285,000	14,103,000	13,809,000	12,484,000	13,978,000
Murrumbidgee Local Health District	15,868,000	18,599,000	18,930,000	19,025,000	19,125,000
Northern NSW Local Health District	15,618,000	15,737,000	19,426,000	24,720,000	22,197,000
Southern NSW Local Health District	8,613,000	9,084,000	9,798,000	11,189,000	12,327,000
Western NSW Local Health District	12,945,000	11,876,000	12,728,000	16,286,000	19,463,000
Nepean Blue Mountains Local Health District	11,340,000	11,342,000	10,584,000	12,532,000	14,524,000
Northern Sydney Local Health District	24,992,000	27,128,000	32,195,000	35,767,000	47,282,000
South Eastern Sydney Local Health District	27,947,000	27,090,000	28,939,000	29,694,000	33,239,000
South Western Sydney Local Health District	34,892,000	38,367,000	34,384,000	41,634,000	46,131,000
Sydney Local Health District	26,839,000	25,333,000	26,167,000	34,135,000	31,787,000
Western Sydney Local Health District	21,855,000	23,017,000	25,322,000	24,573,000	29,358,000
St Vincent's Health Network	18,134,000	17,093,000	17,709,000	16,851,000	14,197,000

Local health district and specialty health network	Amount (\$) rounded to the nearest thousand				
Sydney Children's Hospitals Network	9,257,000	8,164,000	8,404,000	8,589,000	8,983,000
Other	11,088,000	12,430,000	12,563,000	19,305,000	14,446,000
Total	320,207,000	324,951,000	350,983,000	388,897,000	412,898,000

Source: Data as of June 2025. **Notes:** Other includes the Health Administration Corporation, which provides palliative care services, and the NSW Ministry of Health, which provides grants to palliative care providers. Annual changes in palliative care expenditure reflect a variety of factors including fluctuations in activity and the complexity of care provided as well as changes in service configuration.

Patient numbers

The following content includes the numbers of palliative care admitted patients and non-admitted patients in 2024-25.

Table 2: Palliative care admitted patients

Local health district and specialty health network	Number of admitted patients (2024-25)
Central Coast Local Health District	1,252
Far West Local Health District	79
Hunter New England Local Health District	2,113
Illawarra Shoalhaven Local Health District	1,126
Mid North Coast Local Health District	799
Murrumbidgee Local Health District	916
Nepean Blue Mountains Local Health District	702
Northern NSW Local Health District	1,002
Northern Sydney Local Health District	1,276
South Eastern Sydney Local Health District	1,773
South Western Sydney Local Health District	1,281
Southern NSW Local Health District	545
Sydney Local Health District	1,023
Western NSW Local Health District	755
Western Sydney Local Health District	1,076
St Vincent's Health Network	357
Sydney Children's Hospitals Network	128
Total	16,203

Source: NSW Health Enterprise Data Warehouse for Analysis, Reporting and Decision Support (EDWARD).

Note: Admitted patient data includes service events having an end date between 1 July 2023 and 30 June 2024 (2023-24), or 1 July 2024 and 30 June 2025 (2024-25).

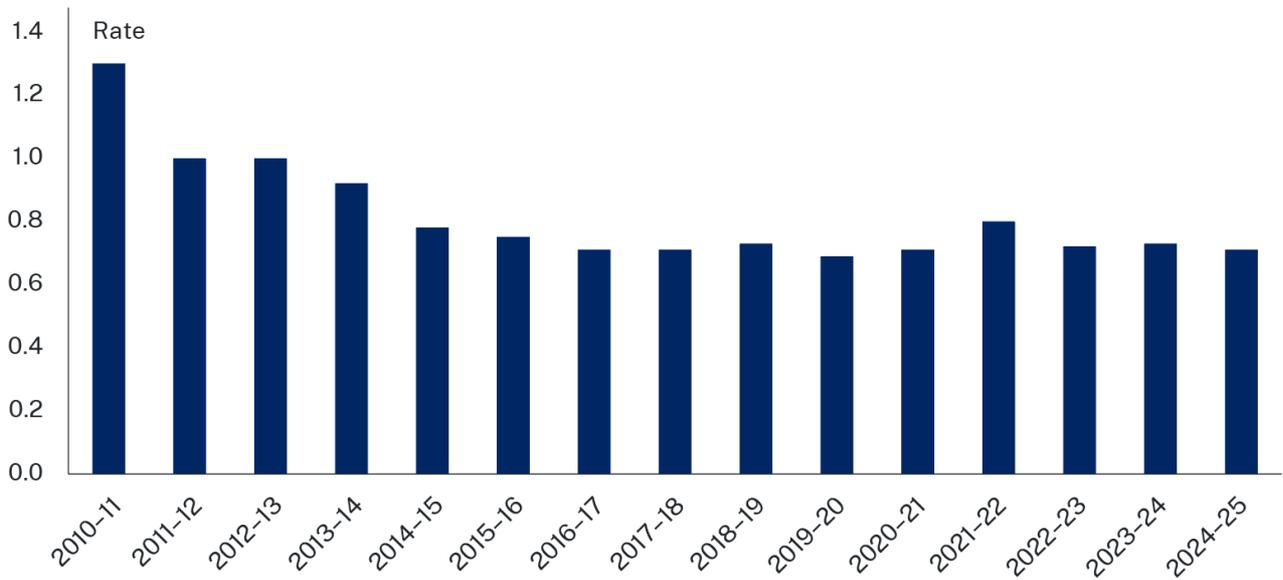
Table 3: Palliative care non-admitted patients

Local health district and specialty health network	Number of non-admitted patients (2024-25)
Central Coast Local Health District	1,710
Far West Local Health District	296
Hunter New England Local Health District	7,010
Illawarra Shoalhaven Local Health District	2,009
Murrumbidgee Local Health District	1,640
Mid North Coast Local Health District	1,681
Nepean Blue Mountains Local Health District	2,138
Northern NSW Local Health District	1,376
Northern Sydney Local Health District	4,912
South Eastern Sydney Local Health District	2,825
Southern NSW Local Health District	1,150
South Western Sydney Local Health District	3,730
Sydney Local Health District	2,767
Western NSW Local Health District	2,060
Western Sydney Local Health District	2,990
Justice Health and Forensic Mental Health Network	126
Sydney Children's Hospitals Network	383
St Vincent's Health Network	1,189
Total	39,992

Source: NSW Health Enterprise Data Warehouse for Analysis, Reporting and Decision Support (EDWARD).

Staphylococcus aureus bloodstream infections

Staphylococcus aureus bloodstream infections (SA-BSI) rate per 10,000 occupied bed days in NSW public hospitals

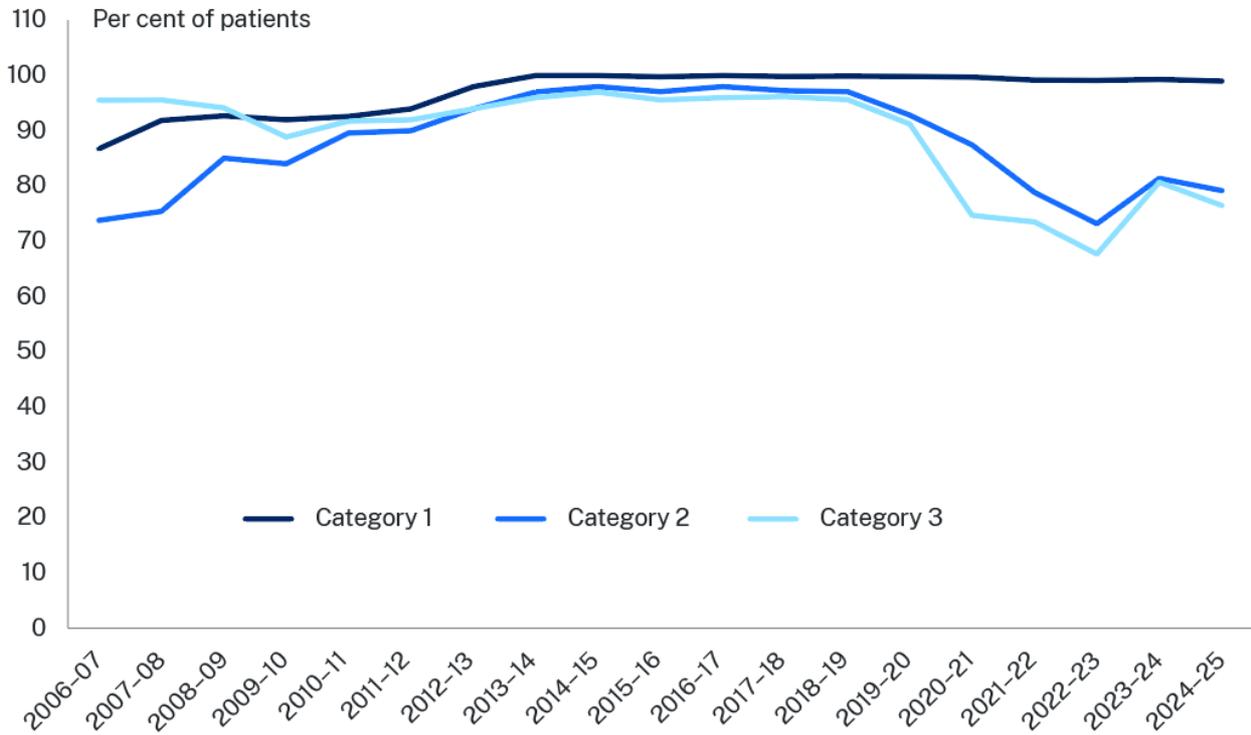


Source: Internal NSW Health data submitted by local health districts and specialty health networks. **Note:** As at 11 September 2025, SA-BSI data was validated by all local health districts and specialty health networks except for Murrumbidgee Local Health District (July to September 2024, October to December 2024, and January to March 2025 quarters); and St Vincents' Health Network (October to December 2024 quarter).

The above graph shows the rate of healthcare associated Staphylococcus aureus bloodstream infections (SA-BSI) for NSW public hospitals. The data includes both methicillin-resistant and methicillin-sensitive isolates. The rate of SA-BSI has decreased from 1.3 infections per 10,000 occupied bed days in 2010-11 to 0.71 per 10,000 occupied bed days in 2024-25. The overall rate of SA-BSI in NSW is below the national benchmark of less than one case per 10,000 bed days.

NSW Hospital performance

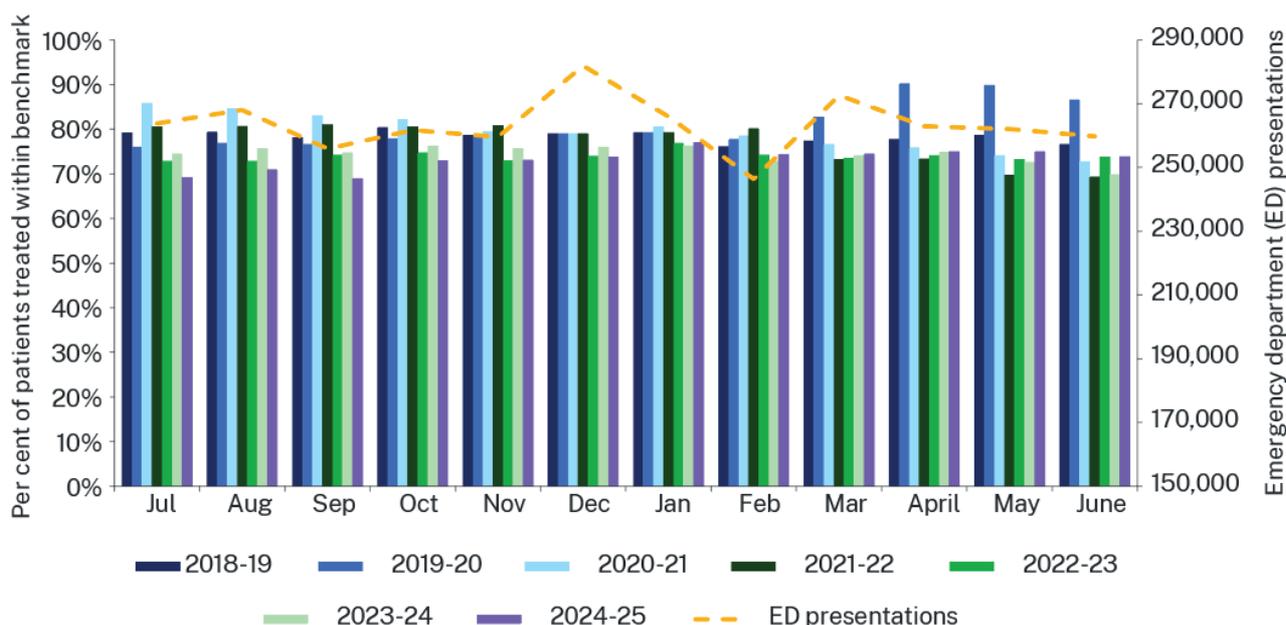
Planned surgery patients admitted within clinically recommended times



Source: Waiting List Collection Online System, NSW Ministry of Health.

In 2024-25, the percentage of patients receiving their planned surgery on time was 99 per cent for Category 1 (urgent surgery), 79 per cent for Category 2 (semi-urgent surgery), and 77 per cent for Category 3 (non-urgent surgery). For Category 2 and Category 3, the percentages of patients who received their planned surgery within clinically recommended timeframes decreased slightly compared to the previous year as the backlog of overdue patients were provided with surgery. Surgery on time performance was impacted by the COVID-19 pandemic in 2019-20 and subsequent three years.

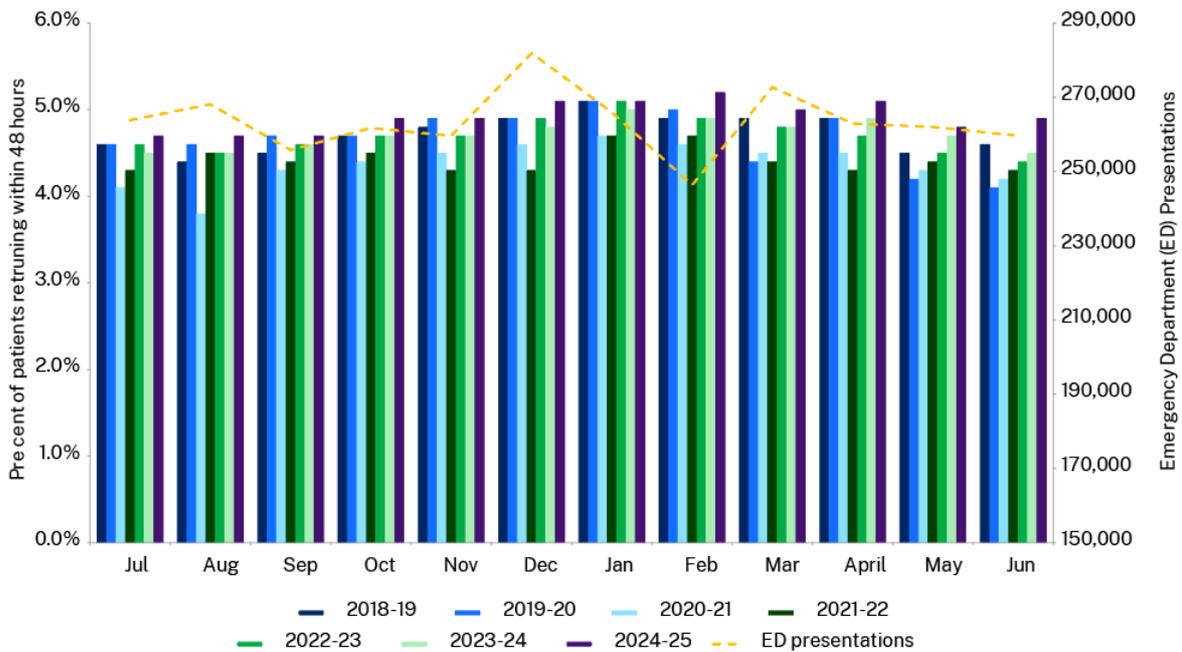
Percentage of emergency department patients treated within benchmark – all triage categories



Source: NSW Health Enterprise Data Warehouse for Analysis, Reporting and Decision Support. **Note:** The emergency department presentations include all presentations i.e. emergency and planned, to all emergency departments.

In 2024-25, there were 3,161,007 presentations to a NSW public hospital emergency department, slightly less (17,045 presentations, -0.5 per cent) than in 2023-24. Emergency department presentations peaked in December 2024. The percentage of emergency department presentations seen within clinically appropriate timeframes decreased across all triage categories for the initial period of 2024-25 compared to 2023-24. From January to June 2025 results improved compared to the previous year. Emergency department performance was impacted by the COVID-19 pandemic in 2019-20 and subsequent three years.

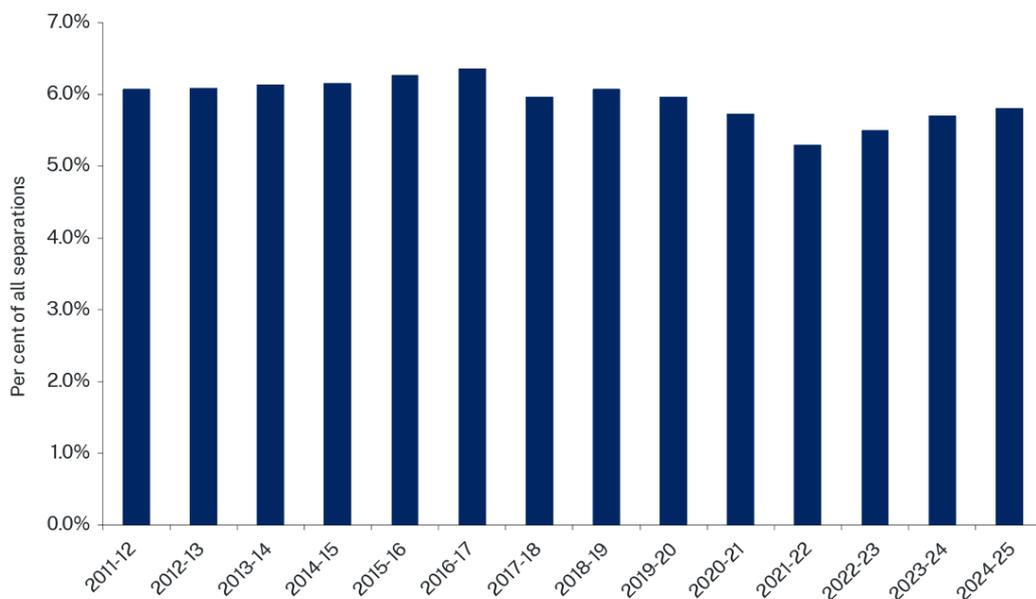
Re-presentations to the same emergency department within 48 hours



Source: NSW Health Enterprise Data Warehouse for Analysis, Reporting and Decision Support. **Note:** The emergency department presentations include all presentations i.e. emergency and planned.

The percentage of re-presentations to the same emergency department within 48 hours remained stable in 2024-25. Emergency departments are maintaining high levels of care while caring for increasing volumes of presentations in the most critical triage categories. Local health districts and specialty health networks continue their efforts towards improving patient flow in emergency departments and hospital wards.

Unplanned readmissions to the same hospital within 28 days



Source: NSW Health Enterprise Data Warehouse for Analysis, Reporting and Decision Support.

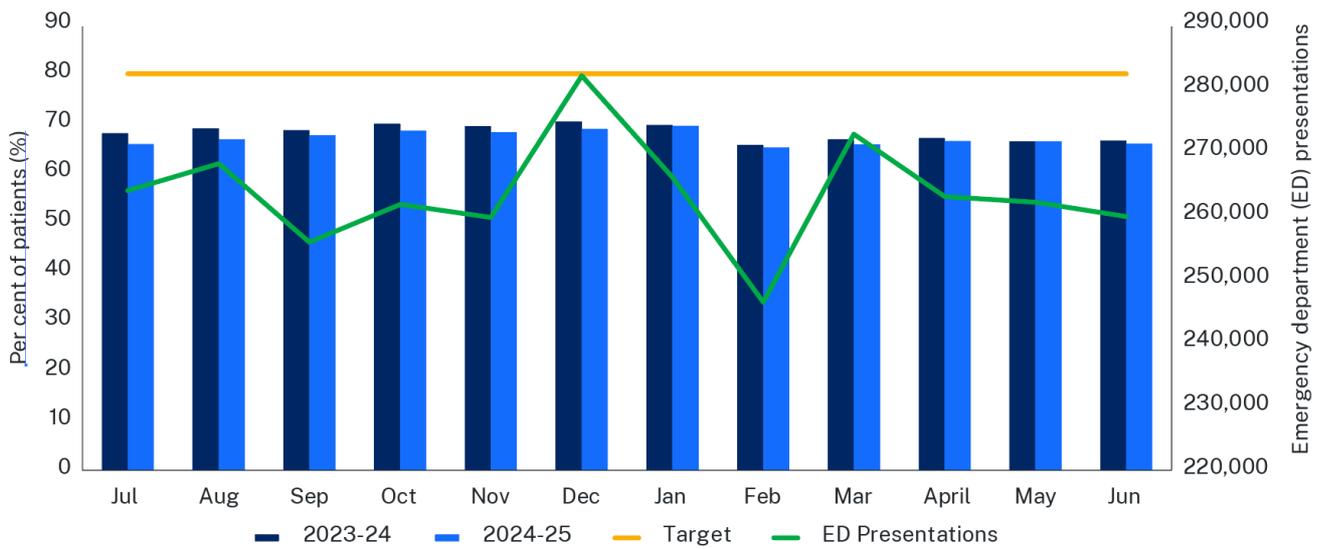
Unplanned readmissions to the same hospital within 28 days in 2024-25 showed a small increase of 0.1 percentage points from the previous year. Unplanned readmission rates have remained below 6 per cent since 2020-21. This measure includes all unplanned readmissions within 28 days but does not indicate whether these readmissions were preventable, unexpected, or clinically related to the original admission.

Hospital Access Targets

NSW Health has worked with the Australian College of Emergency Medicine to introduce new Hospital Access Targets (HATs) for local health districts and specialty health networks relating to the time from arrival to leaving the emergency department. The HATs replace Emergency Treatment Performance previously reported in the NSW Health Annual Report. The HATs are clinician defined measures designed through extensive consultation and are endorsed by the Emergency Department Taskforce.

These new targets are designed to support safe patient care and reflect the complexity of patient needs, and the diverse pathways patients may take once they present to an ED. These new measures replace the previous percentage of patients leaving the emergency department within four hours.

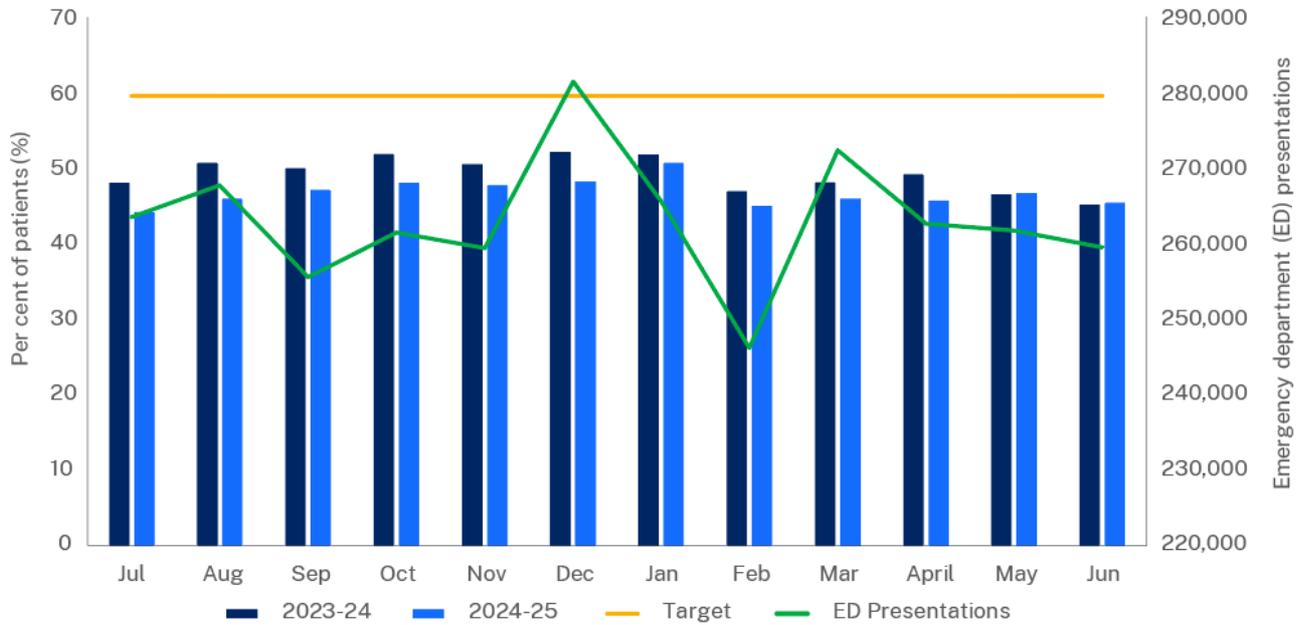
Discharged from emergency department within four hours



Source: NSW Health Enterprise Data Warehouse for Analysis, Reporting and Decision Support. **Note:** The emergency department presentations include all presentations i.e. emergency and planned, to all emergency departments.

This indicator shows the proportion of emergency department presentations who were not admitted or transferred to another hospital, who were discharged from emergency department within four hours. The target is 80 per cent or above. The graph also shows the number of emergency department presentations per month. In most months of 2024-25, the proportion of presentations discharged from emergency department within four hours was lower than in the same month of the previous year. No direct relationship between activity and performance was observed.

Admitted to Emergency Department Short Stay Unit within four hours

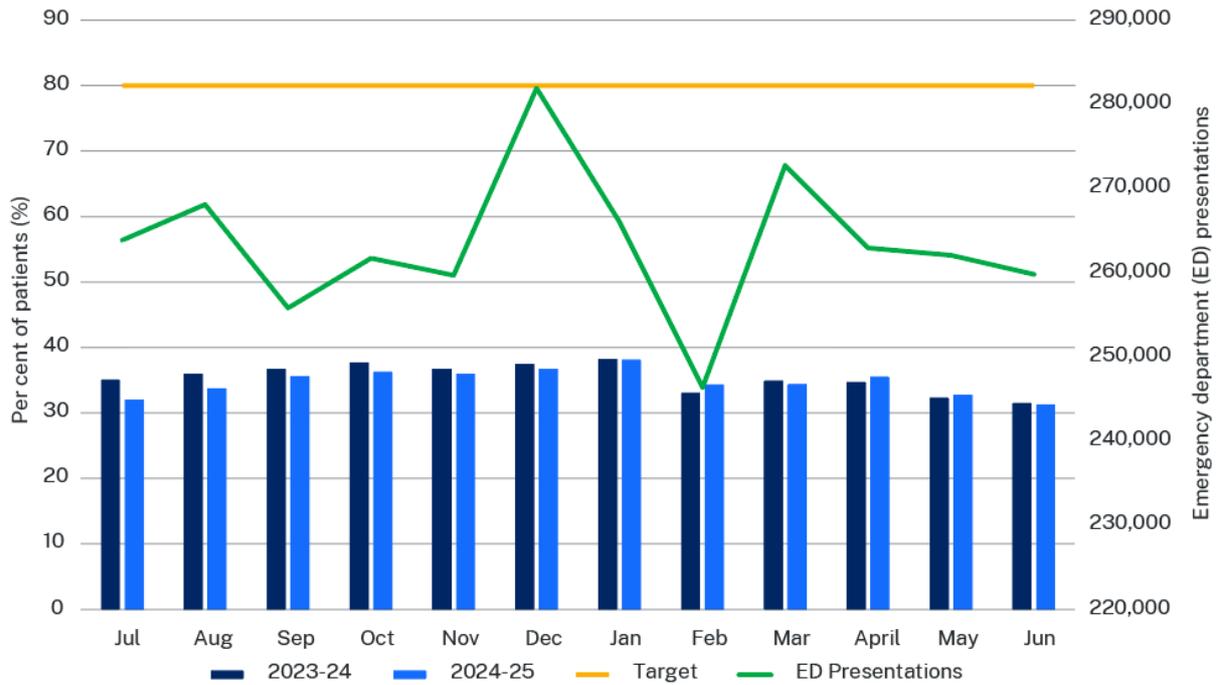


Source: NSW Health Enterprise Data Warehouse for Analysis, Reporting and Decision Support. **Note:** The emergency department presentations include all presentations i.e. emergency and planned, to all emergency departments.

This indicator shows the proportion of presentations admitted to an Emergency Department Short Stay Unit, who were admitted within four hours. The target is 60 per cent or above. The graph also shows the number of emergency department presentations per month in 2024-25.

In most months of 2024-25, the proportion of patients admitted to an Emergency Department Short Stay Unit within four hours was lower than in the same month of the previous year. No direct relationship between activity and performance was observed.

Admitted or transferred from emergency department within six hours

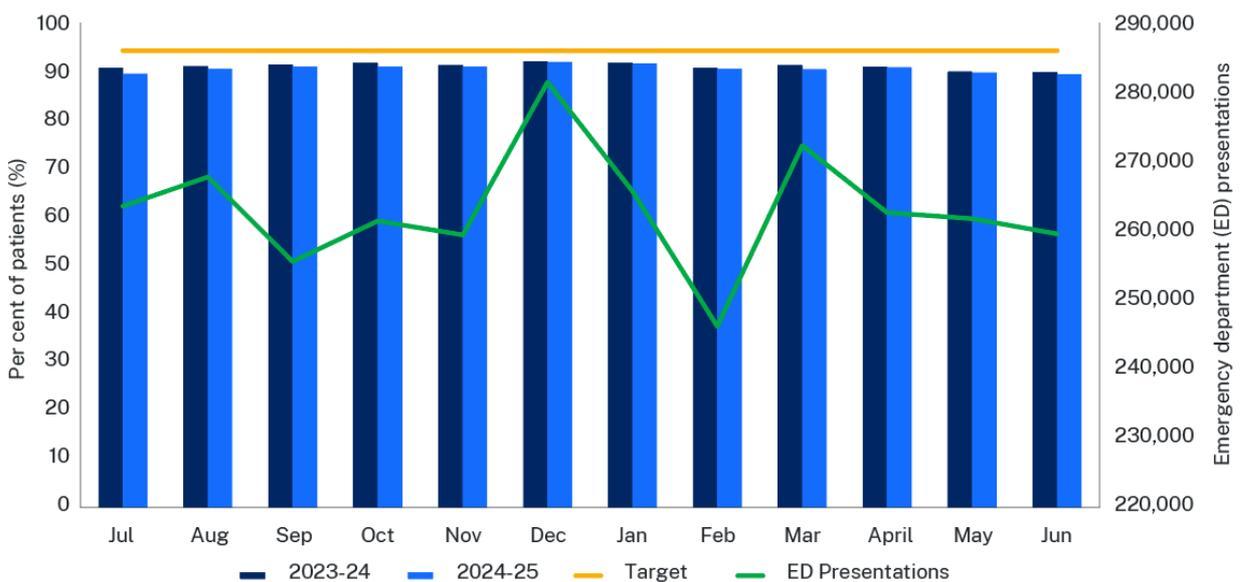


Source: NSW Health Enterprise Data Warehouse for Analysis, Reporting and Decision Support. **Note:** The emergency department presentations include all presentations i.e. emergency and planned, to all emergency departments.

This indicator shows the proportion of presentations admitted to hospital (excluding Emergency Department Short Stay Unit) or transferred to another hospital from the emergency department, who were admitted or transferred within six hours. The target is 80 per cent or above.

For the first six months of 2024-25, the proportion of patients admitted or transferred from emergency department within six hours was lower than the previous year. Results in the last five months of the financial year were generally above those of 2023-24.

Emergency department length of stay within 12 hours

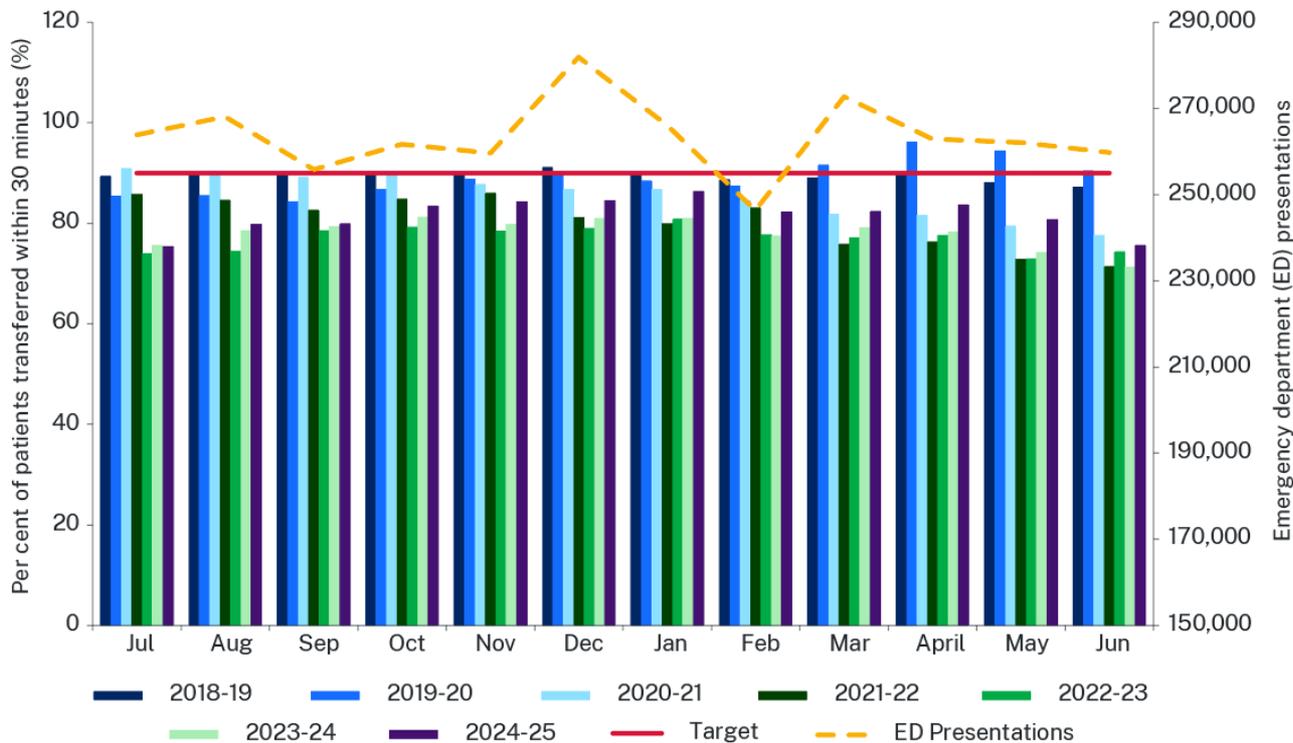


Source: NSW Health Enterprise Data Warehouse for Analysis, Reporting and Decision Support. **Note:** The emergency department presentations include all presentations i.e. emergency and planned, to all emergency departments.

This indicator shows the proportion of patients leaving the emergency department within 12 hours. The target is 90 per cent or above.

Across all months of 2024-25, the percentage either decreased slightly or stayed the same compared to the previous year.

Ambulance to emergency department transfer of care



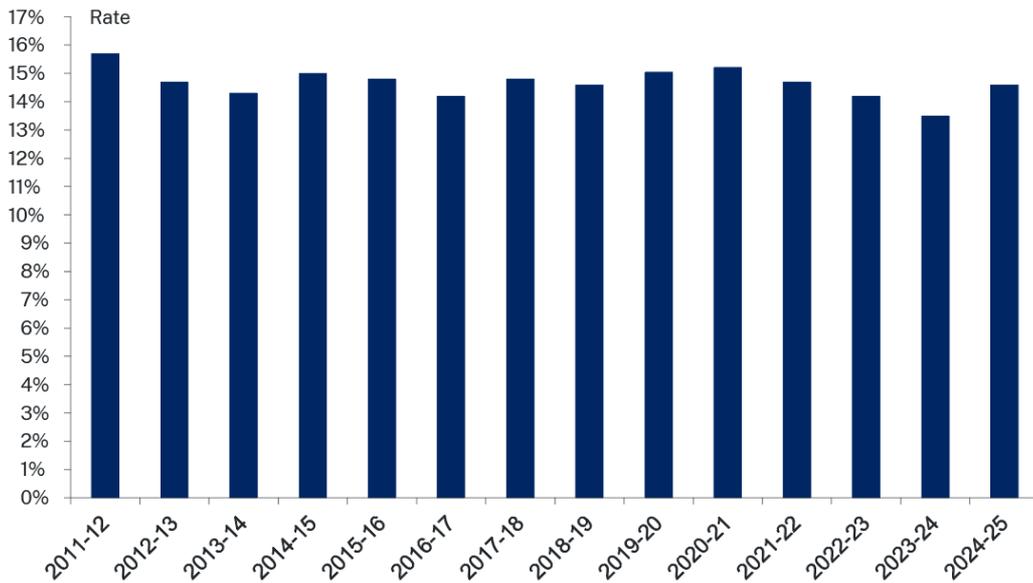
Source: NSW Health Enterprise Data Warehouse for Analysis, Reporting and Decision Support.

Note: The emergency department presentations include all presentations i.e. emergency and planned, to all emergency departments.

In 2024-25, NSW public hospitals experienced increasing volumes of patients arriving by ambulance. Although the state target of 90 per cent of patients transferred from ambulance to emergency department care within 30 minutes was not achieved, more than 80 per cent of patients who arrived by ambulance were transferred within the benchmark time, for the majority of the months. Compared to 2023-24, the proportion of patients who arrived by ambulance transferred from ambulance to emergency department care within 30 minutes increased for all the months of 2024-25, except in July 2024. The transfer of care performance was impacted by the COVID-19 pandemic in 2019-20 and subsequent three years.

Mental health

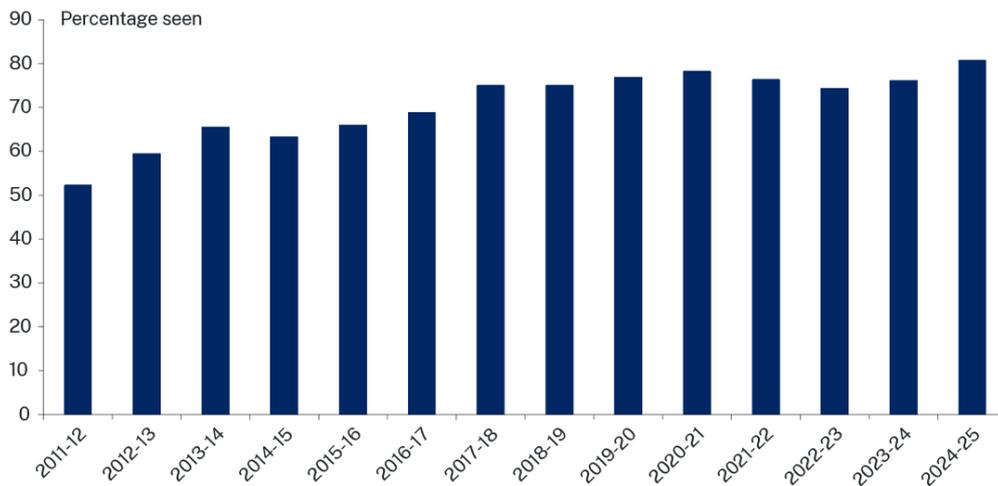
Mental health acute readmission rate



Source: NSW Health Enterprise Data Warehouse for Analysis, Reporting and Decision Support (EDWARD).

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. In 2024-25 the rate of mental health acute readmission within 28 days was 14.6 per cent. This was an increase of 1.1 percentage points compared to the previous financial year.

Proportion of consumers discharged from an acute public mental health unit and seen by a community mental health team within seven days

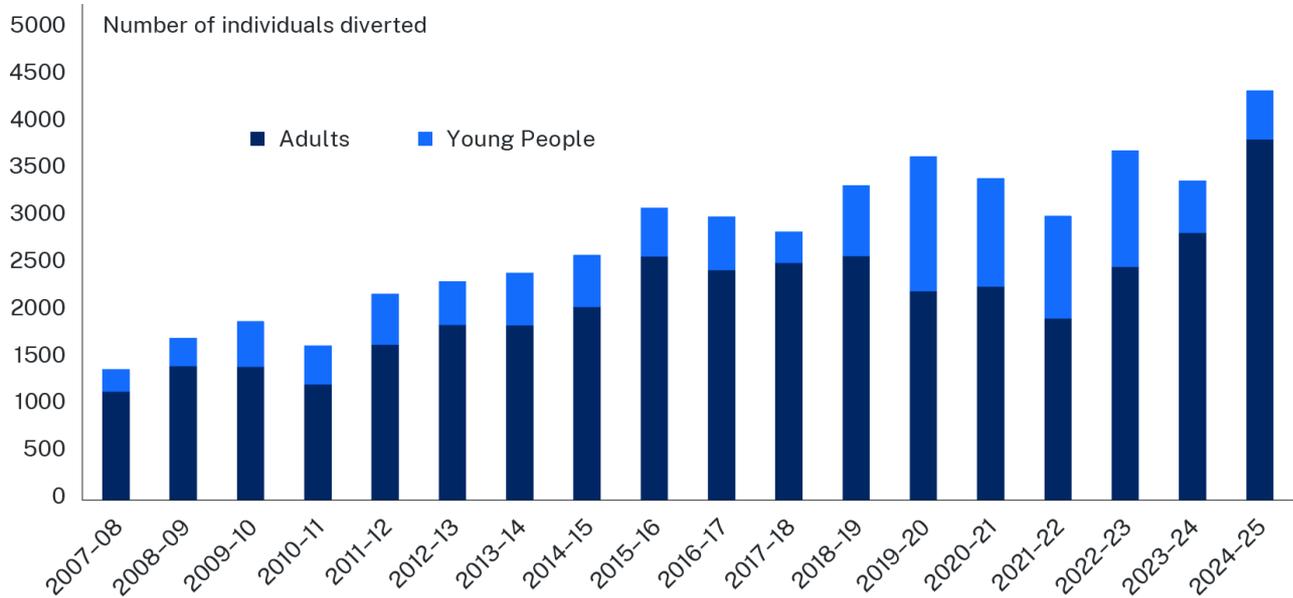


Source: NSW Health Enterprise Data Warehouse for Analysis, Reporting and Decision Support (EDWARD).

This indicator shows the proportion of consumers discharged from an Acute Public Mental Health unit who were seen by a community mental health team within seven days of discharge. It reflects the effectiveness of acute inpatient discharge planning and the integration of acute inpatient and community mental health services. In 2024-25 the rate of follow up within seven days was 80.8 per cent. This was an increase of 4.6 percentage points compared to the previous financial year.

Adults and young people with mental illness or issues diverted into community-based treatment

Diversion is used to support people in the criminal justice system with mental illness. Adults and young people with a mental health concern are assessed by Justice Health NSW court liaison clinicians and diverted into community-based treatment to receive mental health care.



Adult diversions

During 2024-25, 17,917 adults were screened. Of these, 4,878 received a comprehensive mental health assessment and 4,828 were assessed as having a mental illness. From these, 3,833 (79 per cent) were diverted away from custody into community-based treatment by the Justice Health and Forensic Mental Health Network (excludes diversions by Hunter New England Local Health District).

Of the 4,828 patients assessed as mentally ill, 1,385 identified as being Aboriginal and/or Torres Strait Islander and 1,033 (75 per cent) were successfully diverted.

Adolescent diversions

During 2024-25, 568 young people received a comprehensive mental health assessment and 560 (98.5 per cent) were assessed as having a mental illness. Of these young people, 515 (91 per cent) were linked with community-based treatment providers by the Justice Health and Forensic Mental Health Network Adolescent Court Liaison Service.

Of the 560 young people assessed as mentally ill, 25 per cent identified as being Aboriginal and/or Torres Strait Islander. Thirteen young people were granted a section 19, and 358 young people were granted a section 14.

Appendix 2

Workforce statistics

Full time equivalent

The number of full-time equivalent staff employed by local health districts, specialty health networks, pillars and the Health Administration Corporation.

Pillars

Agency for Clinical Innovation

Treasury group	June 2022	June 2023	June 2024	June 2025
Nursing	-	0.3	-	-
Allied health	0.4	1	-	-
Clinical staff total	0.4	1	-	-
Corporate	9	7	7	4
Clinical support	172	195	181	163
Other staff				0.3
Clinical support total	181	203	188	167
Total	181	203	188	167

Bureau of Health Information

Treasury group	June 2022	June 2023	June 2024	June 2025
Corporate	18	16	14	15
Clinical support	23	26	27	27
Total	42	41	40	41

Clinical Excellence Commission

Treasury group	June 2022	June 2023	June 2024	June 2025
Medical	4	4	5	4
Nursing	6	2	1	-
Clinical staff total	10	6	6	4
Corporate	9	9	10	7
Clinical support	98	112	128	120
Total	117	127	144	131

Cancer Institute NSW

Treasury group	June 2022	June 2023	June 2024	June 2025
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Medical	0.6	0.6	0.6	0.6
Allied health	1.0	1.0	9	11
Clinical staff total	1.6	1.6	10	12
Corporate	52	51	51	33
Clinical support	193	205	217	240
Total	247	258	279	286

Health Education and Training Institute

Treasury group	June 2022	June 2023	June 2024	June 2025
Medical	10	8	7	10
Nursing	1.0	0.3	1.0	1.0
Allied health	-	0.6	0.6	0.6
Scientific and technical clinical support staff	-	0.6	0.4	-
Clinical staff total	11	10	9	11
Corporate	14	12	15	11
Clinical support	132	130	134	141
Total	156	152	159	164

Specialty health networks

Justice Health and Forensic Mental Health Network

Treasury group	June 2022	June 2023	June 2024	June 2025
Medical	72	77	80	88
Nursing	897	900	965	1,003
Allied health	62	74	86	101
Other professions and paraprofessionals and support staff	6	10	10	12
Scientific and technical clinical support staff	10	6	6	7
Oral health practitioners and support workers	11	15	11	12
Clinical staff total	1,058	1,081	1,158	1,223
Corporate services	173	173	177	243
Clinical support	166	179	202	126
Hotel services	26	24	26	27
Clinical support total	365	376	405	397
Total	1,424	1,457	1,562	1,620

Sydney Children's Hospitals Network

Treasury group	June 2022	June 2023	June 2024	June 2025
Medical	946	961	922	925
Nursing	1,955	2,012	2,061	2,024
Allied health	557	580	589	607
Other professions and paraprofessionals and support staff	21	22	17	22
Scientific and technical clinical support staff	307	313	326	316
Oral health practitioners and support workers	10	10	9	9
Clinical Staff Total	3,795	3,898	3,925	3,902
Corporate services	164	144	131	123
Clinical support	945	975	1,039	1,044
Hotel services	191	189	194	200
Maintenance and trades	11	10	8	10
Other staff	12	13	13	11
Clinical support total	1,322	1,331	1,386	1,388
Total	5,118	5,228	5,310	5,290

Health Administration Corporation

NSW Ambulance

Treasury group	June 2022	June 2023	June 2024	June 2025
Medical	30	37	43	41
Nursing	42	53	63	76
Allied health	11	12	9	11
Scientific and technical clinical support staff	10	11	11	11
Ambulance staff	5,642	6,134	6,390	6,763
Clinical staff total	5,735	6,248	6,515	6,902
Corporate services	304	300	349	388
Clinical support	97	107	112	162
Hotel services	1	1	1	1
Maintenance and trades	50	56	54	55
Other staff	-	0	5.9	1

Treasury group	June 2022	June 2023	June 2024	June 2025
Clinical support total	451	464	522	607
Total	6,186	6,712	7,037	7,509

Health Infrastructure

Treasury group	June 2022	June 2023	June 2024	June 2025
Corporate services	129	160	174	163
Total	129	160	174	163

HealthShare NSW

Treasury group	June 2022	June 2023	June 2024	June 2025
Medical	1	1	1	1
Nursing	135	135	146	135
Allied health	48	55	58	58
Other professions and paraprofessionals and support staff	217	179	176	260
Scientific and technical clinical support staff	5	6	6	5
Clinical staff total	406	376	388	458
Corporate services	526	520	489	453
Clinical support	1,891	1,979	2,037	2,141
Hotel services	3,824	3,779	3,847	4,858
Maintenance and trades	28	28	27	29
Other staff	1	-	1	1
Clinical support total	6,271	6,305	6,400	7,481
Total	6,677	6,681	6,788	7,939

NSW Health Pathology

Treasury group	June 2022	June 2023	June 2023	June 2025
Medical	375	389	397	417
Nursing	80	77	83	77
Allied health	17	19	19	20
Other professions and paraprofessionals and support staff	-	-	1	-

Scientific and technical clinical support staff	3,270	3,288	3,411	3,434
Clinical staff total	3,742	3,773	3,911	3,948
Corporate services	260	233	209	193
Clinical support	509	540	599	618
Hotel services	59	57	67	76
Maintenance and trades	3	3	3	3
Other staff	-	3	20	29
Clinical support total	832	836	899	918
Total	4,575	4,609	4,810	4,867

eHealth NSW

Treasury group	June 2022	June 2023	June 2024	June 2025
Medical	5	5	5	2
Nursing	1	1	1	-
Allied health	1	1	2	-
Clinical staff total	7	7	8	2
Corporate services	94	101	94	52
Clinical support	1,325	1,605	2,037	1,617
Other staff	-	-	-	4
Clinical support total	1,419	1,706	2,131	1,673
Total	1,426	1,713	2,140	1,674

Single Digital Patient Record Implementation Authority

Treasury group	June 2022*	June 2023*	June 2024*	June 2025
Medical				2.6
Nursing				1.0
Allied health				1.0
Clinical staff total				4.6
Corporate services				1.0
Clinical support				361
Other staff				1.0
Clinical support total				362.7

Total					367.3
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*Following the creation of the Single Digital Patient Record Implementation Authority in May 2024, all staff were assigned to positions in September 2024.

Local health districts

Central Coast Local Health District

Treasury group	June 2022	June 2023	June 2024	June 2025
Medical	767	765	804	811
Nursing	2,703	2,765	2,815	2,819
Allied health	582	636	609	637
Other professions and paraprofessionals and support staff	323	319	313	319
Scientific and technical clinical support staff	131	134	141	142
Oral health practitioners and support workers	70	76	83	84
Clinical staff total	4,575	4,695	4,765	4,813
Corporate services	180	184	176	176
Clinical support	842	845	853	819
Hotel services	144	152	153	148
Maintenance and trades	36	38	41	41
Other staff	7	9	10	11
Clinical support total	1,209	1,228	1,234	1,195
Total	5,784	5,923	5,999	6,007

Far West Local Health District

Treasury group	June 2022	June 2023	June 2024	June 2025
Medical	27	25	26	33
Nursing	305	321	361	345
Allied health	55	60	63	67
Other professions and paraprofessionals and support staff	54	59	67	72
Scientific and technical clinical support staff	9	9	5	6
Oral health practitioners and support workers	7	5	6	8
Clinical staff total	457	478	527	531
Corporate services	52	58	69	64

Clinical support	102	112	121	126
Hotel services	65	67	62	62
Maintenance and trades	15	16	11	11
Other staff	9	9	13	11
Clinical support total	244	261	275	274
Total	701	740	803	805

Hunter New England Local Health District

Treasury group	June 2022	June 2023	June 2024	June 2025
Medical	1,662	1,710	1,803	1,896
Nursing	6,540	6,727	6,841	7,027
Allied Health	1,427	1,510	1,587	1,635
Other professions and paraprofessionals and support staff	258	321	353	351
Scientific and technical clinical support staff	321	321	330	333
Oral health practitioners and support workers	147	151	157	146
Clinical staff total	10,354	10,740	11,071	11,388
Corporate services	251	246	222	200
Clinical support	1,879	1,917	1,938	2,002
Hotel services	210	313	314	321
Maintenance and trades	129	124	130	132
Other staff	61	67	77	73
Clinical support total	2,530	2,667	2,681	2,729
Total	12,884	13,407	13,752	14,117

Illawarra Shoalhaven Local Health District

Treasury group	June 2022	June 2023	June 2024	June 2025
Medical	774	786	790	835
Nursing	2,901	2,981	3,063	3,097
Allied health	777	787	804	828
Other professions and paraprofessionals and support staff	195	195	202	203
Scientific and technical clinical support staff	130	123	129	126
Oral health practitioners and support workers	45	45	48	51
Clinical staff total	4,822	4,917	5,037	5,140
Corporate services	188	177	187	189
Clinical support	910	904	873	873
Hotel services	370	359	350	353
Maintenance and trades	25	30	34	34
Other staff	11	12	7	7
Clinical support total	1,503	1,483	1,451	1,455
Total	6,325	6,400	6,487	6,595

Mid North Coast Local Health District

Treasury group	June 2022	June 2023	June 2024	June 2025
Medical	383	420	441	468
Nursing	2,053	2,090	2,070	2,151
Allied health	373	410	409	409
Other professions and paraprofessionals and support staff	68	79	74	67
Scientific and technical clinical support staff	90	88	95	93
Oral health practitioners and support workers	41	37	39	37
Clinical staff total	3,007	3,123	3,127	3,226
Corporate services	116	126	103	89
Clinical support	605	605	603	594
Hotel services	296	314	279	291
Maintenance and trades	26	25	28	29
Other staff	5	4	4	5

Clinical support total	1,048	1,074	1,016	1,008
Total	4,055	4,197	4,143	4,233

Murrumbidgee Local Health District

Treasury group	June 2022	June 2023	June 2024	June 2025
Medical	256	263	279	285
Nursing	1,956	2,009	2,061	2,086
Allied health	403	398	432	434
Other professions and paraprofessionals and support staff	114	110	111	108
Scientific and technical clinical support staff	56	56	57	56
Oral health practitioners and support workers	39	44	40	38
Clinical staff total	2,824	2,879	2,980	3,009
Corporate services	127	122	133	127
Clinical support	483	478	469	467
Hotel services	44	60	56	58
Maintenance and trades	45	47	46	46
Other staff	10	12	8	10
Clinical support total	708	719	713	708
Total	3,532	3,598	3,693	3,716

Nepean Blue Mountains Local Health District

Treasury group	June 2022	June 2023	June 2024	June 2025
Medical	690	720	745	819
Nursing	2,311	2,415	2,545	2,962
Allied health	587	608	644	709
Other professions and paraprofessionals and support staff	107	112	113	124
Scientific and technical clinical support staff	157	173	186	194
Oral health practitioners and support workers	92	102	104	96
Clinical staff total	3,943	4,130	4,337	4,904
Corporate services	259	251	230	227
Clinical support	660	653	693	748

Hotel services	237	250	251	69
Maintenance and trades	28	29	30	28
Other staff	20	26	6	8
Clinical support total	1,204	1,209	1,210	1,080
Total	5,147	5,339	5,548	5,984

Northern NSW Local Health District

Treasury group	June 2022	June 2023	June 2024	June 2025
Medical	512	542	581	613
Nursing	2,458	2,489	2,881	2,971
Allied health	529	551	607	652
Other professions and paraprofessionals and support staff	148	163	163	164
Scientific and technical clinical support staff	88	95	103	111
Oral health practitioners and support workers	65	58	56	61
Clinical staff total	3,800	3,898	4,392	4,571
Corporate services	208	230	249	240
Clinical support	696	699	732	750
Hotel services	285	289	361	361
Maintenance and trades	43	33	38	41
Other staff	6	3	3	4
Clinical support total	1,238	1,253	1,383	1,397
Total	5,039	5,152	5,775	5,968

Northern Sydney Local Health District

Treasury group	June 2022	June 2023	June 2024	June 2025
Medical	1,349	1,419	1,394	1,404
Nursing	3,913	4,021	4,129	4,099
Allied health	1,087	1,128	1,195	1,162
Other professions and paraprofessionals and support staff	146	156	158	151
Scientific and technical clinical support staff	228	234	237	241
Oral health practitioners and support workers	48	45	47	43

Clinical staff total	6,770	7,004	7,160	7,100
Corporate services	449	458	467	487
Clinical support	1,165	1,125	1,141	1,091
Hotel services	208	218	219	221
Maintenance and trades	40	40	38	37
Other staff	31	30	31	25
Clinical support total	1,893	1,871	1,897	1,860
Total	8,663	8,875	9,057	8,960

South Eastern Sydney Local Health District

Treasury group	June 2022	June 2023	June 2024	June 2025
Medical	1,611	1,655	1,691	1,716
Nursing	5,003	5,082	5,231	5,378
Allied health	1,265	1,329	1,401	1,406
Other professions and paraprofessionals and support staff	240	234	234	221
Scientific and technical clinical support staff	305	316	327	335
Oral health practitioners and support workers	47	46	47	48
Clinical staff total	8,471	8,662	8,932	9,103
Corporate services	354	363	359	290
Clinical support	1,527	1,528	1,612	1,644
Hotel services	473	496	539	557
Maintenance and trades	64	59	61	57
Other staff	23	23	21	17
Clinical support total	2,441	2,469	2,593	2,564
Total	10,911	11,131	11,525	11,668

South Western Sydney Local Health District

Treasury group	June 2022	June 2023	June 2024	June 2025
Medical	1,642	1,716	1,748	1,876
Nursing	5,600	5,853	6,164	6,325
Allied health	1,378	1,447	1,474	1,541
Other professions and paraprofessionals and	364	393	419	416

Treasury group	June 2022	June 2023	June 2024	June 2025
support staff				
Scientific and technical clinical support staff	283	309	314	321
Oral health practitioners and support workers	97	104	111	114
Clinical staff total	9,363	9,823	10,230	10,594
Corporate services	341	350	333	318
Clinical support	1,543	1,621	1,663	1,674
Hotel services	589	633	652	271
Maintenance and trades	48	49	52	49
Other staff	45	38	29	59
Clinical support total	2,565	2,690	2,728	2,371
Total	11,929	12,513	12,959	12,965

Southern NSW Local Health District

Treasury group	June 2022	June 2023	June 2024	June 2025
Medical	131	146	133	142
Nursing	1,304	1,291	1,374	1,416
Allied health	297	302	310	336
Other professions and paraprofessionals and support staff	50	50	51	49
Scientific and technical clinical support staff	29	30	32	33
Oral health practitioners and support workers	30	24	29	27
Clinical staff total	1,840	1,843	1,928	2,002
Corporate services	154	116	130	124
Clinical support	329	408	401	426
Hotel services	84	95	93	94
Maintenance and trades	25	24	25	25
Other staff	0	1	2	0
Clinical support total	591	643	651	668
Total	2,432	2,486	2,580	2,671

Sydney Local Health District

Treasury group	June 2022	June 2023	June 2024	June 2025
Medical	1,626	1,664	1,673	1,673
Nursing	4,833	4,728	4,667	4,782
Allied health	1,111	1,120	1,098	1,146
Other professions and paraprofessionals and support staff	206	186	174	179
Scientific and technical clinical support staff	365	358	359	357
Oral health practitioners and support workers	226	237	244	232
Clinical staff total	8,368	8,293	8,216	8,369
Corporate services	577	624	619	606
Clinical support	1,427	1,412	1,353	1,347
Hotel services	620	620	599	608
Maintenance and trades	88	86	78	74
Other staff	16	19	18	14
Clinical support total	2,729	2,762	2,667	2,648
Total	11,097	11,055	10,883	11,017

Western NSW Local Health District

Treasury group	June 2022	June 2023	June 2024	June 2025
Medical	438	437	447	469
Nursing	2,643	2,715	2,879	2,903
Allied health	564	611	629	655
Other professions and paraprofessionals and support staff	191	188	182	183
Scientific and technical clinical support staff	95	96	107	107
Oral health practitioners and support workers	43	45	54	57
Clinical staff total	3,973	4,093	4,298	4,374
Corporate services	260	255	289	279
Clinical support	747	772	748	719
Hotel services	574	587	583	573
Maintenance and trades	84	75	75	75
Other staff	18	24	13	22

Treasury group	June 2022	June 2023	June 2024	June 2025
Clinical support total	1,682	1,712	1,707	1,667
Total	5,655	5,805	6,005	6,042

Western Sydney Local Health District

Treasury group	June 2022	June 2023	June 2024	June 2025
Medical	1,776	1,808	1,786	1,836
Nursing	5,073	5,430	5,659	5,522
Allied health	1,186	1,184	1,222	1,261
Other professions and paraprofessionals and support staff	478	488	475	391
Scientific and technical clinical support staff	360	368	379	388
Oral health practitioners and support workers	235	252	291	262
Clinical staff total	9,108	9,530	9,813	9,660
Corporate services	412	410	370	368
Clinical support	1,517	1,553	1,494	1,529
Hotel services	468	484	490	144
Maintenance and trades	75	63	67	67
Other staff	37	35	32	27
Clinical support total	2,509	2,546	2,454	2,134
Total	11,617	12,076	12,266	11,794

Source: Corporate Analytics. **Notes:** **1.** Full time equivalent staff calculated as the last fortnight in June, paid productive, non-productive and overtime hours. **2.** All non-salaried staff such as visiting medical officers and other contracted staff are excluded. **3.** Rounding of staff numbers to the nearest whole number in this table may cause minor differences in totals. **4.** Allied health assistants who were reported under the Treasury Group 'scientific and technical clinical support staff' were re-aligned and report under 'allied health'. **5.** Health Professionals Council Authority and Mental Health Review Tribunal are included in NSW Health but do not have a breakdown.

NSW Health full-time equivalent staff data ends here.

Headcount

Number of staff in headcount employed in the NSW public health system.

Pillars

Agency for Clinical Innovation

Treasury group	June 2024	June 2025
Allied health	1	1
Clinical staff total	1	1
Corporate services and clinical support	211	187
Other staff	-	1
Clinical support total	211	188
Total	212	189

Bureau of Health Information

Treasury group	June 2024	June 2025
Corporate services and clinical support	42	45
Other staff	5	6
Total	47	51

Clinical Excellence Commission

Treasury group	June 2024	June 2025
Medical	8	7
Nursing	1	1
Clinical staff total	9	8
Corporate services and clinical support	152	139
Other staff	8	14
Clinical support total	160	153
Total	169	161

Cancer Institute NSW

Treasury group	June 2024	June 2025
Medical	1	1
Allied health	10	12
Other professions and paraprofessionals and support staff	1	-
Clinical staff total	12	13
Corporate services and clinical support	287	302

Treasury group	June 2024	June 2025
Other staff	7	7
Clinical support total	294	309
Total	306	322

Health Education Training Institute

Treasury group	June 2024	June 2025
Medical	20	24
Nursing	1	1
Allied health	1	1
Other professions and paraprofessionals and support staff	1	-
Scientific and technical clinical support staff	1	1
Clinical staff total	24	27
Corporate services and clinical support	163	168
Total	187	195

Specialty health networks

Justice Health and Forensic Mental Health Network

Treasury group	June 2024	June 2025
Medical	117	117
Nursing	1,140	1,190
Allied health	105	127
Other professions and paraprofessionals and support staff	13	13
Scientific and technical clinical support staff	6	7
Oral health practitioners and support workers	13	16
Clinical staff total	1,394	1,470
Corporate services and clinical support	427	418
Hotel services	33	32
Other staff	11	9
Clinical support total	471	459
Total	1,865	1,929

Sydney Children's Hospitals Network

Treasury group	June 2024	June 2025
Medical	1,129	1,151

Nursing	2,609	2,558
Allied health	836	855
Other professions and paraprofessionals and support staff	23	31
Scientific and technical clinical support staff	436	439
Oral health practitioners and support workers	16	14
Clinical staff total	5,049	5,048
Corporate services and clinical support	1,415	1,418
Hotel services	246	253
Maintenance and trades	8	10
Other staff	17	19
Clinical support total	1,686	1,700
Total	6,735	6,748

Health Administration Corporation

NSW Ambulance

Treasury group	June 2024	June 2025
Medical	73	80
Nursing	73	88
Allied health	13	13
Scientific and technical clinical support staff	11	10
Ambulance staff	6,378	6,855
Clinical staff total	6,548	7,046
Corporate services and clinical support	470	565
Hotel services	1	1
Maintenance and trades	54	58
Other staff	11.0	7
Clinical support total	536	631
Total	7,084	7,677

Health Infrastructure

Treasury group	June 2024	June 2025
Corporate services and clinical support	183	169
Other staff	4	1
Total	187	170

HealthShare NSW

Treasury group	June 2024	June 2025
Medical	1	1
Nursing	178	167
Allied health	70	66
Other professions and paraprofessionals and support staff	220	314
Scientific and technical clinical support staff	6	5
Ambulance staff	1	1
Clinical staff total	476	554
Corporate services and clinical support	2,725	2,811
Hotel services	4,912	6,116
Maintenance and trades	26	26
Other staff	2	1
Clinical support total	7,665	8,954
Total	8,141	9,508

NSW Health Pathology

Treasury group	June 2024	June 2025
Medical	482	500
Nursing	106	102
Allied health	25	28
Other professions and paraprofessionals and support staff	1	1
Scientific and technical clinical support staff	3,917	3,913
Clinical staff total	4,531	4,544
Corporate services and clinical support	869	872
Hotel services	89	105
Maintenance and trades	3	3
Other staff	22	42
Clinical support total	983	1,022
Total	5,514	5,566

eHealth NSW

Treasury group	June 2024	June 2025
Medical	6	2
Nursing	2	1
Allied health	3	1
Clinical staff total	11	4
Corporate services and clinical support	2,189	1,723
Other staff	1	6
Clinical support total	2,190	1,729
Total	2,201	1,733

Single Digital Patient Record Implementation Authority

Treasury group	June 2024*	June 2025
Medical		3
Nursing		1
Allied health		1
Clinical staff total		5
Corporate services and clinical support		367
Other staff		1
Clinical support total		368
Total		373

*Following the creation of the Single Digital Patient Record Implementation Authority in May 2024, all staff were assigned to positions in September 2024.

Local health districts

Central Coast Local Health District

Treasury group	June 2024	June 2025
Medical	842	858
Nursing	3,488	3,462
Allied health	796	846
Other professions and paraprofessionals and support staff	407	417
Scientific and technical clinical support staff	182	186
Oral health practitioners and support workers	106	108
Clinical staff total	5,821	5,877
Corporate services and clinical support	1,245	1,220
Hotel services	173	157

Treasury group	June 2024	June 2025
Maintenance and trades	41	40
Other staff	35	42
Clinical support total	1,494	1,459
Total	7,315	7,336

Far West Local Health District

Treasury group	June 2024	June 2025
Medical	30	35
Nursing	405	396
Allied health	68	72
Other professions and paraprofessionals and support staff	71	76
Scientific and technical clinical support staff	5	6
Oral health practitioners and support workers	7	10
Clinical staff total	586	595
Corporate services and clinical support	214	214
Hotel services	67	66
Maintenance and trades	10	11
Other staff	21	20
Clinical support total	312	311
Total	898	906

Hunter New England Local Health District

Treasury group	June 2024	June 2025
Medical	2,036	2,149
Nursing	8,724	8,980
Allied health	2,049	2,129
Other professions and paraprofessionals and support staff	552	551
Scientific and technical clinical support staff	406	408
Oral health practitioners and support workers	206	192
Clinical staff total	13,973	14,409
Corporate services and clinical support	2,619	2,676
Hotel services	351	369
Maintenance and trades	128	131
Other staff	276	295
Clinical support total	3,374	3,471
Total	17,347	17,880

Illawarra Shoalhaven Local Health District

Treasury group	June 2024	June 2025
Medical	836	878
Nursing	3,859	3,966
Allied health	1,043	1,072
Other professions and paraprofessionals and support staff	280	293
Scientific and technical clinical support staff	153	151
Oral health practitioners and support workers	65	66
Clinical staff total	6,236	6,426
Corporate services and clinical support	1,280	1,264
Hotel services	407	396
Maintenance and trades	30	32
Other staff	27	27
Clinical support total	1,744	1,719
Total	7,980	8,145

Mid North Coast Local Health District

Treasury group	June 2024	June 2025
Medical	459	473
Nursing	2,604	2,656
Allied health	536	545
Other professions and paraprofessionals and support staff	98	89
Scientific and technical clinical support staff	108	109
Oral health practitioners and support workers	48	46
Clinical staff total	3,853	3,918
Corporate services and clinical support	827	809
Hotel services	315	335
Maintenance and trades	29	29
Other staff	30	30
Clinical support total	1,201	1,203
Total	5,054	5,121

Murrumbidgee Local Health District

Treasury group	June 2024	June 2025
Medical	299	299
Nursing	2,614	2,604
Allied health	564	564
Other professions and paraprofessionals and support staff	145	142
Scientific and technical clinical support staff	78	83
Oral health practitioners and support workers	58	57
Clinical staff total	3,758	3,749
Corporate services and clinical support	727	716
Hotel services	60	62
Maintenance and trades	47	44
Other staff	50	51
Clinical support total	884	873
Total	4,642	4,622

Nepean Blue Mountains Local Health District

Treasury group	June 2024	June 2025
Medical	849	922
Nursing	3,099	3,651
Allied health	784	874
Other professions and paraprofessionals and support staff	135	147
Scientific and technical clinical support staff	209	224
Oral health practitioners and support workers	126	122
Clinical staff total	5,202	5,940
Corporate services and clinical support	1,068	1,138
Hotel services	295	66
Maintenance and trades	29	26
Other staff	24	19
Clinical support total	1,416	1,249
Total	6,618	7,189

Northern NSW Local Health District

Treasury group	June 2024	June 2025
Medical	671	695
Nursing	3,664	3,798
Allied health	779	837

Other professions and paraprofessionals and support staff	201	216
Scientific and technical clinical support staff	123	133
Oral health practitioners and support workers	69	77
Clinical staff total	5,507	5,756
Corporate services and clinical support	1,162	1,199
Hotel services	391	411
Maintenance and trades	38	41
Other staff	8	13
Clinical support total	1,599	1,664
Total	7,106	7,420

Northern Sydney Local Health District

Treasury group	June 2024	June 2025
Medical	1,585	1,608
Nursing	5,147	5,206
Allied health	1,559	1,535
Other professions and paraprofessionals and support staff	252	243
Scientific and technical clinical support staff	305	317
Oral health practitioners and support workers	55	53
Clinical staff total	8,903	8,962
Corporate services and clinical support	1,893	1,849
Hotel services	253	240
Maintenance and trades	38	36
Other staff	41	40
Clinical support total	2,225	2,165
Total	11,128	11,127

South Eastern Sydney Local Health District

Treasury group	June 2024	June 2025
Medical	1,957	1,975
Nursing	6,462	6,559
Allied health	1,796	1,807
Other professions and paraprofessionals and support staff	312	297
Scientific and technical clinical support staff	396	413
Oral health practitioners and support workers	61	63
Clinical staff total	10,984	11,114
Corporate services and clinical support	2,312	2,263

Hotel services	592	609
Maintenance and trades	56	53
Other staff	37	44
Clinical support total	2,997	2,969
Total	13,981	14,083

South Western Sydney Local Health District

Treasury group	June 2024	June 2025
Medical	1,918	2,002
Nursing	7,333	7,608
Allied health	1,765	1,856
Other professions and paraprofessionals and support staff	550	542
Scientific and technical clinical support staff	370	380
Oral health practitioners and support workers	129	133
Clinical staff total	12,065	12,521
Corporate services and clinical support	2,281	2,268
Hotel services	708	326
Maintenance and trades	49	46
Other staff	42	72
Clinical support total	3,080	2,712
Total	15,145	15,233

Southern NSW Local Health District

Treasury group	June 2024	June 2025
Medical	172	202
Nursing	1,717	1,766
Allied health	409	450
Other professions and paraprofessionals and support staff	72	66
Scientific and technical clinical support staff	45	48
Oral health practitioners and support workers	38	40
Clinical staff total	2,453	2,572
Corporate services and clinical support	645	652
Hotel services	101	100
Maintenance and trades	25	24
Other staff	4	6

Clinical support total	775	782
Total	3,228	3,354

Sydney Local Health District

Treasury group	June 2024	June 2025
Medical	1,845	1,826
Nursing	5,554	5,631
Allied health	1,349	1,361
Other professions and paraprofessionals and support staff	389	417
Scientific and technical clinical support staff	415	409
Oral health practitioners and support workers	287	275
Clinical staff total	9,839	9,919
Corporate services and clinical support	2,235	2,197
Hotel services	678	674
Maintenance and trades	78	72
Other staff	33	33
Clinical support total	3,024	2,976
Total	12,863	12,895

Western NSW Local Health District

Treasury group	June 2024	June 2025
Medical	486	522
Nursing	3,435	3,510
Allied health	796	819
Other professions and paraprofessionals and support staff	219	220
Scientific and technical clinical support staff	123	124
Oral health practitioners and support workers	64	68
Clinical staff total	5,123	5,263
Corporate services and clinical support	1,240	1,201
Hotel services	700	707
Maintenance and trades	74	76
Other staff	50	68
Clinical support total	2,064	2,052
Total	7,187	7,315

Western Sydney Local Health District

Treasury group	June 2024	June 2025
Medical	1,935	1,988
Nursing	6,461	6,322
Allied health	1,471	1,510
Other professions and paraprofessionals and support staff	728	632
Scientific and technical clinical support staff	430	443
Oral health practitioners and support workers	309	323
Clinical staff total	11,334	11,218
Corporate services and clinical support	2,059	2,082
Hotel services	504	144
Maintenance and trades	63	62
Other staff	46	50
Clinical support total	2,672	2,338
Total	14,006	13,556

Source: Corporate Analytics. **Notes:** **1.** Headcount staff calculated as the last fortnight in June, paid productive, non-productive, and overtime hours. **2.** All non-salaried staff such as visiting medical officers and other contracted staff are excluded. **3.** Rounding of staff numbers to the nearest whole number in the tables may cause minor differences in totals. **4.** Allied health assistants who were reported under the Treasury Group 'scientific and technical clinical support staff' were re-aligned and report under the 'allied health'. **5.** Health Professionals Council Authority and Mental Health Review Tribunal are included in NSW Health but do not have a breakdown.

Appendix 3

Public hospital activity levels

Selected data for the year ended June 2025 part one^{1,2}

Local health districts and specialty health networks	Separations	Planned separations %	Same day separations %	Total bed days	Average length of stay (acute) ^{3,6}	Daily average of inpatients ⁴
Justice and Forensic Mental Health Network	767	88.4	54.9	61,396	15.6	168
Sydney Children's Hospitals Network	59,731	52.2	47.7	163,252	2.5	447
St Vincent's Health Network	42,609	55.0	54.5	164,381	3.2	450
Sydney Local Health District	169,966	51.7	48.6	672,742	3.0	1,843
South Western Sydney Local Health District	263,297	47.0	50.1	944,695	2.8	2,588
South Eastern Sydney Local Health District	192,958	45.4	47.9	700,025	2.9	1,918
Illawarra Shoalhaven Local Health District	108,943	42.4	45.8	456,050	3.1	1,249
Western Sydney Local Health District	189,715	46.8	49.6	747,055	3.0	2,047
Nepean Blue Mountains Local Health District	97,650	41.4	41.5	367,469	3.0	1,007
Northern Sydney Local Health District	154,312	39.5	44.1	565,075	3.1	1,548
Central Coast Local Health District	96,542	39.0	41.8	393,614	3.1	1,078
Hunter New England Local Health District	235,203	46.3	44.4	925,123	3.2	2,535
Northern NSW Local Health District	101,012	43.0	47.9	350,067	2.7	959
Mid North Coast Local Health District	83,655	47.2	50.2	271,418	2.6	744
Southern NSW Local Health District	52,491	54.8	54.1	165,488	2.3	453
Murrumbidgee Local Health District	73,319	62.8	46.2	239,927	2.6	657
Western NSW Local Health District	94,628	48.4	45.2	332,057	2.7	910
Far West Local Health District	9,907	61.0	60.2	29,078	2.4	80
Total NSW	2,026,705	46.7	47.3	7,548,912	2.9	20,682
2023-24 Total	1,985,786	46.6	46.7	7,419,234	2.9	20,327
Percentage change from 2023-24 to 2024-25	2.1%	0.1pp	0.5pp	1.7%	-1.1%	1.7%
2022-23 Total	1,878,441	46.5	46.5	7,035,569	3.1	19,276
2021-22 Total	1,798,372	44.3	44.9	7,021,858	3.2	19,238

Local health districts and specialty health networks	Separations	Planned separations %	Same day separations %	Total bed days	Average length of stay (acute) ^{3, 6}	Daily average of inpatients ⁴
2020-21 Total	1,900,719	45.4	46.1	6,583,563	2.8	18,037
2019-20 Total	1,830,062	43.7	45.0	6,802,115	3.0	18,636
2018-19 Total	1,912,489	43.2	44.2	7,276,803	3.1	19,936
2017-18 Total	1,918,130	42.9	44.3	7,219,575	3.0	19,780
2016-17 Total	1,961,400	41.3	45.2	6,982,063	3.0	19,129
2015-16 Total	1,886,668	41.5	44.9	6,983,473	3.2	19,133
2014-15 Total	1,840,632	41.9	44.8	6,815,650	3.3	18,673
2013-14 Total	1,803,458	41.8	44.4	6,650,650	3.2	18,221
2012-13 Total	1,737,103	41.5	43.7	6,551,065	3.3	17,948
2011-12 Total	1,682,685	41.3	43.3	6,490,848	3.4	17,783
2010-11 Total	1,629,572	41.6	43.1	6,389,471	3.5	17,505
2009-10 Total	1,598,991	41.6	43.2	6,429,314	3.6	17,615

Selected data for the year ended June 2025 part two^{1,2}

Local health districts and specialty health networks	Occupancy rate ⁵ June 2025	Acute bed days ⁶	Acute overnight bed days ⁶	Non-admitted patient service events ⁷	Emergency department attendances
Justice and Forensic Mental Health Network	n/a	13,352	12,931	779,376	n/a
Sydney Children's Hospitals Network	87.2%	141,686	115,015	442,814	98,444
St Vincent's Health Network	103.8%	131,557	105,009	378,694	56,521
Sydney Local Health District	95.3%	472,812	391,537	1,436,582	178,288
South Western Sydney Local Health District	106.0%	690,061	558,881	1,239,743	314,702
South Eastern Sydney Local Health District	96.4%	494,219	410,759	1,335,445	242,679
Illawarra Shoalhaven Local Health District	91.4%	299,003	249,555	713,891	172,330
Western Sydney Local Health District	105.8%	517,288	424,426	1,402,981	221,481
Nepean Blue Mountains Local Health District	94.6%	252,371	214,096	681,218	152,246
Northern Sydney Local Health District	90.0%	353,192	303,034	994,654	229,060
Central Coast Local Health District	92.6%	272,597	233,016	667,167	149,395
Hunter New England Local Health District	89.6%	681,052	578,112	2,195,569	452,409
Northern NSW Local Health District	94.9%	247,536	199,512	544,686	229,123
Mid North Coast Local Health District	89.7%	202,381	160,140	538,566	149,158
Southern NSW Local Health District	91.7%	108,292	80,118	353,202	124,418
Murrumbidgee Local Health District	85.5%	171,571	137,903	427,802	159,279
Western NSW Local Health District	83.1%	239,426	197,004	663,326	207,582
Far West Local Health District	77.7%	22,621	16,698	78,920	23,892
Total NSW	94.8%	5,311,017	4,387,746	14,874,636	3,161,007
2023-24 Total	92.5%	5,262,336	4,370,453	14,267,578	3,178,052
Percentage change from 2023-24 to 2024-25	2.3pp	0.9	0.4	4.3	-0.5
2022-23 Total	92.2	5,410,735	4,550,236	14,454,225	3,076,447

Local health districts and specialty health networks	Occupancy rate ⁵ June 2025	Acute bed days ⁶	Acute overnight bed days ⁶	Non-admitted patient service events ⁷	Emergency department attendances
2021-22 Total	91.1	5,528,522	4,716,675	17,399,533	3,012,146
2020-21 Total	89.0	5,142,519	4,280,409	18,459,100	3,068,887
2019-20 Total	88.4	5,119,777	4,311,129	14,760,683	2,920,483
2018-19 Total	93.5	5,536,493	4,706,766	16,367,143	2,980,872
2017-18 Total	90.3	5,459,506	4,632,188	15,701,453	2,880,708
2016-17 Total	90.7	5,631,650	4,768,339	15,212,465	2,784,731
2015-16 Total	89.9	5,840,865	5,009,910	13,478,446	2,733,853
2014-15 Total	85.2	5,675,482	4,865,590		2,692,838
2013-14 Total	89.0	5,533,491	4,746,307		2,656,302
2012-13 Total	87.8	5,484,364	4,735,991		2,580,878
2011-12 Total	88.6	5,475,789	4,757,507		2,537,681
2010-11 Total	89.1	5,449,313	4,757,219		2,486,026
2009-10 Total	88.3	5,549,809	4,869,508		2,442,982

Source: Health Information Exchange for the financial years 2009-10 to 2022-23 (NSW Health's prior data warehouse), and NSW Health Enterprise Data Warehouse for Analysis, Reporting and Decision Support (EDWARD) for 2023-24 and 2024-25. **Note: 1.** The number of separations include care type changes. **2.** Activity includes services contracted to private sector. Data reported are as at 28 August 2025. **3.** Acute average length of stay = (acute bed days/acute separations). **4.** Daily average of inpatients = total bed days/365. **5.** 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 only. Results for acute separations and bed days from 2018-19 onwards may not be directly comparable to previous years due to the impact of the implementation of the Mental Health Care Type classification. **7.** Service events measured from aggregate of patient level and summary data submissions for each non admitted service/clinic. Pathology services are not included. Data for previous years is not comparable. Data as at 25 August 2025.

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 2024-25 in relation to:

- (a) achievements during the reporting period in mental health service performance
- (b) data relating to the utilisation of mental health resources.

Table 1 provides data against a set of measures for hospital activities related to bed utilisation (availability and occupancy of beds), hospital separations (same day and overnight), and community contacts. Activity measures are based on all acute, sub-acute, and non-acute mental health facilities.

Table 1 includes indicators only for services directly funded through the mental health program. National reports on mental health also include data from a small number of services funded by other funding programs (e.g. primary care, rehabilitation and aged care). Therefore, the numbers reported here may differ from those in national reports (e.g. Report on Government Services, Mental Health Services in Australia, and National Mental Health Report).

Table 2 provides rates for three national key performance indicators. These indicators measure effectiveness (28-day re-admission rate), continuity (7-day post discharge community care) and appropriateness (seclusion rate, duration, and frequency) of care in acute mental health services.

Table 1. Mental health hospital and community activity

Public psychiatric hospitals, co-located psychiatric units in public hospitals and specialist mental health community team activity.

Local health districts and specialty health networks	Average available beds ¹ 2024-2025	Average occupied beds ² 2024-25	Same-day separations ³ 2024-25	Overnight separations ⁴ 2024-25	Specialist mental health community contacts ⁵ 2024-25
Justice Health and Forensic Mental Health Network	231.9	204.3	4	455	63,475
Sydney Children's Hospitals Network	15.2	9.6	4	234	41,592
St Vincent's Health Network	33.0	32.8	26	951	51,754
Sydney Local Health District	264.1	234.1	843	3358	379,607
South Western Sydney Local Health District	227.9	200.7	213	4039	679,997
South Eastern Sydney Local Health District	156.9	141.4	53	2809	557,766
Illawarra Shoalhaven Local Health District	109.2	89.0	95	2525	357,461
Western Sydney Local Health District	325.2	277.8	449	3541	333,533
Nepean Blue Mountain Local Health District	82.8	80.1	30	1768	223,612

Local health districts and specialty health networks	Average available beds ¹ 2024-2025	Average occupied beds ² 2024-25	Same-day separations ³ 2024-25	Overnight separations ⁴ 2024-25	Specialist mental health community contacts ⁵ 2024-25
Northern Sydney Local Health District	314.6	260.3	215	3010	885,871
Central Coast Local Health District	81.8	67.0	21	1398	279,566
Hunter New England Local Health District	322.0	261.3	107	4896	452,510
Northern NSW Local Health District	85.8	75.3	16	1750	219,439
Mid North Coast Local Health District	66.4	58.3	31	1400	241,105
Southern NSW Local Health District	68.0	55.5	46	1072	148,255
Murrumbidgee Local Health District	66.0	54.0	8	1159	162,640
Western NSW Local Health District	163.9	130.3	46	1592	263,023
Far West Local Health District	6.0	3.7	8	184	90,658
NSW - TOTAL	2,620.7	2,235.5	2,215	36,141	5,431,864
2023-24	2,677	2,263	1,812	35,995	5,006,210
2022-23	2,659	2,219	1,785	35,134	5,499,062
2021-22	2,604	2,127	1,876	35,407	5,866,856
2020-21	2,663	2,278	2,563	38,657	6,355,663

Definitions **1.** Average available beds are the average of 365 nightly census counts. An available bed is one that is staffed, open and available for admission of a patient. **2.** Average occupied beds are calculated from the total occupied overnight bed days for the year. Higher numbers of occupied beds than available can sometimes be reported due to use of surge beds to cope with high demands. **3.** Same-day separations are those where the hospital episode begins and ends on the same day. **4.** Overnight separations are episodes of hospital care where the person stays at least one night in hospital, and are concluded by discharge, death, transfer to another hospital or change to a different type of care at the same hospital. **5.** Ambulatory mental health care includes all care provided by specialist mental health services for people who are not inpatients of mental health units at the time of care. **Notes: 1.2.** Components may not add to total in NSW due to rounding. **Source: 1.** Average available beds data are extracted from the Bed Reporting System by System Information and Analytics Branch, NSW Health. **2. 3. 4.** Average occupied beds, same day separations and overnight separations data extracted from the NSW Health Enterprise Data Warehouse for Analysis Reporting and Decision Support (EDWARD). **5.** Community contacts extracted from the NSW Health Enterprise Data Warehouse for Analysis Reporting and Decision Support (EDWARD).

Table 2. Mental health acute indicators

Rates of 28-day readmission, 7-day post discharge community care, seclusion rate, duration, and frequency in mental health services.

Local health district, specialty health network and hospital	28-day readmission rate (%) ¹ 2024-25	7-day post-discharge community care rate (%) ² 2024-25	Seclusion rate ³ 2024-25	Seclusion average duration ³ 2024-25	Seclusion frequency (%) ³ 2024-25
Justice Health and Forensic Mental Health Network	18.1	58.4	5.2	26.5	30.6
Forensic Hospital	19.0	26.7	5.2	26.5	30.6
Long Bay ⁴	19.4	56.6	-	-	-
MRRCC ⁴	12.6	67.4	-	-	-
Silverwater Women's Correctional Centre ⁴	28.4	48.3	-	-	-
Sydney Children's Hospitals Network	11.9	90.0	1.9	0.5	0.3
Children's Hospital at Westmead	11.3	90.4	3.8	0.5	2.9
Sydney Children's Hospital at Randwick	12.8	89.4	0.4	0.1	0.1
St Vincent Health Network	19.7	64.1	0.7	1.6	0.4
St Vincent's	19.7	64.1	0.7	1.6	0.4
Sydney Local Health District	14.0	72.8	5.7	11.2	4.9
Concord	11.7	76.8	6.2	13.2	7.2
Royal Prince Alfred	15.6	70.0	4.9	7.0	3.2
South Western Sydney Local Health District	15.0	80.4	4.6	6.6	4.4
Bankstown	15.9	78.1	7.0	4.9	7.3
Braeside	9.8	79.5	0.0	0.0	0.0
Campbelltown	14.0	84.1	2.3	3.1	2.4
Liverpool	16.2	77.0	7.8	8.8	6.1
South Eastern Sydney Local Health District	12.4	83.1	2.3	3.9	1.9
Prince of Wales	13.7	79.4	1.4	7.1	1.3
St George	12.6	85.7	2.0	3.4	2.0
Sutherland	9.2	88.2	4.6	2.0	3.4
Illawarra Shoalhaven Local Health District	16.1	84.4	5.8	2.6	3.7
Shellharbour	17.0	84.1	6.1	2.8	3.5
Wollongong	14.7	84.9	5.5	2.4	3.9
Western Sydney Local Health District	16.2	82.6	3.0	15.0	3.1

Local health district, specialty health network and hospital	28-day readmission rate (%) ¹ 2024-25	7-day post-discharge community care rate (%) ² 2024-25	Seclusion rate ³ 2024-25	Seclusion average duration ³ 2024-25	Seclusion frequency (%) ³ 2024-25
Blacktown	19.1	83.9	2.1	5.3	1.6
Cumberland	16.5	79.3	4.4	16.7	4.7
Westmead	8.3	91.2	0.0	0.0	0.0
Nepean Blue Mountain Local Health District	18.4	76.7	5.1	14.1	4.2
Blue Mountains	17.8	76.8	1.0	1.3	1.3
Nepean	18.6	76.7	5.9	14.6	4.9
Northern Sydney Local Health District	15.9	85.8	3.9	5.6	2.8
Greenwich	6.7	91.7	0.0	0.0	0.0
Hornsby	19.0	88.6	7.7	5.7	5.1
Macquarie	15.6	85.5	1.5	7.9	3.2
Northern Beaches	15.8	80.4	1.5	2.7	1.1
Royal North Shore	14.4	87.0	2.8	5.6	2.1
Central Coast Local Health District	11.0	88.2	2.5	2.3	3.3
Gosford	11.4	86.7	2.3	2.4	3.0
Wyong	10.7	89.1	2.6	2.2	3.4
Hunter New England Local Health District	13.9	81.0	6.8	9.5	4.9
Armidale	13.3	90.3	0.0	0.0	0.0
Mater	15.1	80.8	8.8	11.2	5.9
John Hunter	10.7	89.7	7.0	1.0	3.7
Maitland	12.3	74.3	3.1	8.2	2.9
Manning	14.7	80.8	8.3	4.6	6.6
Morisset	0.0	57.1	0.0	0.0	0.0
Tamworth	12.1	82.2	4.5	5.7	3.9
Northern NSW Local Health District	12.9	87.3	2.6	2.3	1.9
Lismore	11.2	85.4	2.7	1.5	3.5
Tweed	14.3	88.8	2.3	3.7	0.9
Mid North Coast Local Health District	15.5	84.7	1.6	8.9	1.1
Coffs Harbour	18.2	83.4	2.1	8.3	1.5
Kempsey	10.3	86.5	0.0	0.0	0.0
Port Macquarie	15.6	85.8	1.6	10.1	1.4
Southern NSW Local Health District	14.4	82.7	5.6	2.8	2.6

Local health district, specialty health network and hospital	28-day readmission rate (%) ¹ 2024-25	7-day post-discharge community care rate (%) ² 2024-25	Seclusion rate ³ 2024-25	Seclusion average duration ³ 2024-25	Seclusion frequency (%) ³ 2024-25
Goulburn	14.2	81.7	5.5	3.0	3.4
South East Regional	14.7	84.5	5.9	2.6	1.0
Murrumbidgee Local Health District	10.4	81.4	3.2	1.4	2.0
Wagga Wagga	10.4	81.4	3.2	1.4	2.0
Western NSW Local Health District	9.1	74.6	5.4	0.7	3.6
Dubbo	10.1	56.1	2.1	1.0	2.4
Orange Health Service	8.9	77.9	6.0	0.7	3.9
Far West Local Health District	16.0	82.9	32.0	0.5	3.8
Broken Hill	16.0	82.9	32.0	0.5	3.8
NSW - TOTAL	14.6	80.8	4.4(4.4)	7.8(8.4)	3.4(3.4)
2023-24	13.5	76.2	4.6(4.8)	9.1(10.2)	3.4(3.5)
2022-23	14.2	74.4	4.7(5.0)	9.2(10.0)	3.4(3.5)
2021-22	14.7	76.4	6.1(7.9)	6.3(8.9)	4.1(4.2)
2020-21	15.2	78.3	6.1(7.9)	6.3(8.9)	4.1(4.2)

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: Per cent of acute mental health hospital stays where seclusion occurred. **Source:** **1. 2.** Acute 28 days readmission and 7 days post discharge community care data is extracted from the NSW Health Enterprise Data Warehouse for Analysis Reporting and Decision Support (EDWARD). **3. 4.** Seclusion rate, duration, and frequency are calculated from numerator data (seclusion events and seclusion time) collected manually from local health districts and specialty health networks and denominator data (occupied bed days and admitted episodes) are extracted from the NSW Health Enterprise Data Warehouse for Analysis Reporting and Decision Support (EDWARD). **Notes:** **3.** For seclusion measures, numerators (seclusion events, seclusion time) are collected manually from local health districts and specialty health networks, and denominators (occupied bed days, admitted episodes) are extracted from the NSW Health Enterprise Data Warehouse. For NSW totals, figures in parentheses include Justice Health and Forensic Mental Health Network. The Justice Health NSW figures are excluded from totals due to the differences in models of care and patient cohort. The Forensic Hospital is the only high-secure forensic mental health hospital in NSW and the level of acuity is generally higher among the patient cohort. **4.** Use of seclusion in Justice Health and Forensic Mental Health Network services is not reported by NSW Health due to a shared model of service delivery with Corrective Services NSW.

Appendix 5

Climate-related Financial Disclosures

Supplementary guidance for assessing climate risks

Consequence criteria

Consequence	NSW Health Enterprise-wide Risk Management Policy Directive	Public safety impacts	Population health impacts which increase pressure on health services	Staff impacts	Infrastructure and asset impacts	Policy, program and service impacts	Governance impacts
Catastrophic	Unexpected, or potentially preventable, death of multiple persons from the same event, or cause; or Substantial reprioritisation of resources to salvage key strategic, operational or performance objectives.	Deaths or critical injuries with long-term or permanent incapacitation of multiple persons from an extreme weather event.	Significant climate-related deterioration in population health results in significant pressure on health services.	Fatality, life threatening injury or significant permanent disability. Extreme difficulty attracting and retaining sufficient skilled staff.	Significant, permanent damage to, or complete loss of infrastructure/ assets of significant value/criticality requiring relocation or premature renewal.	All policy, program or service objectives are either not delivered or actively disrupted.	Organisation is unable to deliver core objectives. There is disordered public administration. Sustained and frequent media criticism on national and international media outlets. Total loss of confidence from the general public.
Major	Unexpected, or potentially preventable death of a person; or Reprioritisation of resources to ensure delivery of key strategic, operational or performance objectives.	Death or critical injury with long-term or permanent incapacitation for a person from an extreme weather event.	Major climate-related deterioration of population health results in major pressure on health services.	More than five days lost work time, a psychological injury or permanent impairment. Treatment by a medical practitioner requiring hospitalisation. Major difficulty attracting and retaining sufficient skilled staff.	Extensive damage to infrastructure/assets of significant value/criticality requiring major repairs. Restricted or limited access to or from health service facilities for 2 days or more.	A number of policy, program or service objectives are not met, or are actively disrupted.	Organisation encounters severe reduction to core objectives with disordered public administration. Sustained and frequent media criticism on national media outlets with infrequent media criticism on international media outlets. Loss of public confidence.

Consequence	NSW Health Enterprise-wide Risk Management Policy Directive	Public safety impacts	Population health impacts which increase pressure on health services	Staff impacts	Infrastructure and asset impacts	Policy, program and service impacts	Governance impacts
Moderate	Major harm to a person (or persons); or Modest reprioritisation of resources to support strategic, operational and/or performance objectives.	Major injury with no long-term or permanent incapacitation to a person (or persons) from an extreme weather event.	Considerable climate-related deterioration of population health sometimes results in pressure on health services.	Less than five days lost work time for injury or illness. Treatment by a medical practitioner required. Considerable difficulty attracting and retaining sufficient skilled staff.	Isolated and short-term (less than 24 hours) infrastructure/ asset disruption or damage recoverable by repair and maintenance, or implementation of another initiative from the organisation's business continuity plan.	Not all policy, program or service objectives are met, or are disrupted.	Organisation encounters significant reduction to core objectives. Short term local critical media coverage. Some sections of the community are critical.
Minor	Minor harm to a person (or persons); or Reprioritisation of resources to support delivery of key objectives at a unit- or service-level.	Minor injury, requiring medical treatment to a person (or persons) from an extreme weather event.	Minor climate-related deterioration of population health occasionally results in pressure on health services.	No lost time for injury or illness. First aid treatment only. Minor difficulty attracting and retaining sufficient skilled staff.	No permanent damage to infrastructure/assets, and/or disruption of up to two hours. Minor work only required.	There are ongoing issues in meeting policy, program or service objectives, e.g there may be problems with allocating roles and responsibilities.	Organisation encounters limited reduction in the delivery of core functions. Infrequent local critical media coverage. Isolated incidents of the public being critical.
Minimal	Minor harm, not requiring medical treatment, to a person (or persons); or Short-term diversion or resources to achieve business unit or service objectives.	Insignificant injury, requiring no medical treatment to a person (or persons) from an extreme weather event.	Insignificant deterioration in population health has little impact on health services.	Insignificant injury or illness to any persons. Little difficulty attracting and retaining sufficient skilled staff.	Insignificant damage/disruption to infrastructure/ assets.	Policies, programs and services are managed effectively, there may be small issues in allocating roles and responsibilities.	Organisation's delivery of core functions is unaffected or within normal parameters. No local critical media coverage. No incidents of the public being critical.

Likelihood criteria

Likelihood	Timescale (or see other columns) (PD2022_023)	Probability (or see other columns) (PD2022_023)	Longer term recurrent events (or see other columns)	Longer term risk probabilities (or see other columns)
Almost certain	Several times a month	Greater than 97%	Has occurred several times in each of the previous 5 years.	Has a greater than 90% chance of occurring in the longer term if the risk is not mitigated.
Likely	Monthly, or several times a year	At least 70% but less than 97%	Has occurred at least once in each of the previous 5 years	Has a 60%-90% chance of occurring in the longer term if the risk is not mitigated.
Possible	Yearly, or several times over a three-year period	At least 30% but less than 70%	Has happened during the previous 5 years but not in every year, or, may arise once in 25 years.	Has a 40%-60% chance of occurring in the longer term if the risk is not mitigated.
Unlikely	Once every three years	At least 3% but less than 30%	May have occurred once in the previous 5 years, or, may arise once in 25-50 years.	Has a 10%-30% chance of occurring in the longer term if the risk is not mitigated.
Rare	Less frequent than once every three years	Less than 3%	Has not occurred in the previous 5 years, or, unlikely during the next 50 years.	May occur in exceptional circumstances, i.e less than a 10% chance of occurring in the longer term if the risk is not mitigated.

NSW Health risk matrix

The NSW Health risk matrix must be used by all NSW Health entities when assessing both strategic and operational risks.

		Consequence rating				
		Catastrophic	Major	Moderate	Minor	Minimal
Likelihood rating	Almost certain	A	D	J	P	S
	Likely	B	E	K	Q	T
	Possible	C	H	M	R	W
	Unlikely	F	I	N	U	X
	Rare	G	L	O	V	Y

Risk matrix key: **Extreme** (A-E), **High** (F-K), **Medium** (L-T), **Low** (U-Y)

Overview of NSW Health entities' materiality assessments

NSW Health organisations have completed assessments of the physical risks of climate change and submitted their risks and ratings to the NSW Ministry of Health for inclusion in the NSW Health Climate-Related Financial Disclosure for 2024-25.

The NSW Health Climate-Related Financial Disclosures Working Group led this process.

NSW Health is required to disclose material risks from climate change, and risks with ratings of high or extreme are considered material. Some risks submitted by Health entities received low or medium ratings. The Disclosures Working Group recognise users of NSW Health annual reports may nonetheless consider these risks material, and stakeholders across the NSW Health system were engaged to determine whether they should be included in the disclosure.

Methodology

The Disclosures Working Group agreed the framework and methodology for conducting the materiality assessment including:

- identifying users of NSW Health Annual reports, and the kinds of decisions they may make based on information in the reports
- identifying areas of user interest to be adopted as criteria for determining whether risks may be material
- selecting participants and engagement activities
- agreeing materiality thresholds. That is, any risks considered relevant for users that received a rating of 'likely' against any criteria would be included in the disclosure.

Participants

NSW Health stakeholders with an understanding of the risk themes, and the interests, concerns, expectations and decisions of users were selected for participation in the materiality assessment.

Views of stakeholders from a diverse range of functions, expertise and perspectives were sought to minimise bias. Stakeholders were asked to assess risks that aligned with their expertise.

Five stakeholders participated in the assessment:

- A representative from the Centre for Aboriginal Health assessed risks to population health
- Two representatives from a local health district made a joint assessment of risks to assets
- Two executives from the Ministry of Health assessed risks to service delivery.

Engagement activities

A survey was conducted asking participants to evaluate the relevance of risks for users and apply the criteria to determine whether the risks may be considered material by users.

Evidence to support answers was not required this year, although it may be sought in future assessments.

Stakeholders were sent a short video presentation providing an overview of the legislative context, risk assessment process, definition of materiality and an outline of the materiality assessment criteria to enable informed feedback.

Physical climate risks rated high and extreme by risk theme

Theme: Risks to population health

Extreme weather events are projected to increasingly impact the health and wellbeing of NSW communities, leading to rising demand for health services and specialist responses. Key risks include:

Direct health impacts

- Injury, illness (including respiratory, vector-borne and waterborne diseases), and mental illness resulting from bushfires, floods, storms, heatwaves, and humidity.
- Cumulative trauma, climate anxiety, and reduced community resilience from consecutive or compounding events.
- Increased health risks for vulnerable populations and communities experiencing vulnerability, including rural and remote residents, and those in poor quality housing or experiencing homelessness.

Community disruption

- Loss of homes, livelihoods, and cultural heritage and burial sites for Aboriginal people, leading to displacement, trauma, and mental illness.
- Displacement and disruption of kinship and connection to Country for Aboriginal and Torres Strait Islander people.
- Declining agricultural production and water shortages contributing to food insecurity, malnutrition, and increased infections.
- Reduced access to health facilities due to damaged transport routes and evacuation requirements.
- Overcrowding of health facilities as community members seek refuge during and after extreme weather events.

Infrastructure and service disruption

- Damage to health facilities, causing safety risks for patients, visitors and staff.
- Overwhelmed or damaged power and digital infrastructure disrupting at-home medical equipment, emergency communications, virtual care, and public health messaging.
- Reduced water quality from floods and storms increasing exposure to contaminants and communicable diseases.
- Damage to recreational infrastructure reducing opportunities for physical activity and community wellbeing.

Theme: Risks to assets and infrastructure

Extreme weather events are projected to increasingly impact NSW Health assets and infrastructure, resulting in service disruption, safety risks and rising costs. Key risks include:

Direct damage to assets and facilities

- Physical damage to buildings, offices, construction sites, equipment and cultural assets, leading to repair, replacement, relocation and insurance costs.
- Service disruption from damaged facilities, including major precincts (e.g. 1RR) and aged assets beyond design thresholds.
- Degradation of building materials (cracking, corrosion, peeling) from heat, drought, and humidity.
- Mould growth from changing precipitation patterns, compromising patient and staff safety.

Critical infrastructure failures

- Damage to electricity, digital, water and sewage systems, causing cascading failures that compromise clinical care, sanitation, food preparation, linen services and access to clinical information.
- Overloaded power grids and depleted backup generators during heatwaves, affecting critical equipment, refrigeration and air conditioning.
- Damage to backup power systems (generators, solar, batteries), reducing redundancy and digital connectivity.
- Water contamination, shortages and supply disruptions affecting hygiene, linen and food services.

Operational disruption

- Flooding, storm surge and coastal erosion limiting access to health facilities and precincts for ambulances, patient transport, staff, and emergency services.
- Overwhelmed drainage systems leading to building inundation, leaks, closures, staff injuries and service delays.
- Increased demand for patient transport and ambulance services exceeding available fleet capacity during extreme events.
- Reduced comfort levels for patients, staff and visitors due to buildings exceeding thermal design thresholds.

Reputational and community impacts

- Damage to cultural assets resulting in loss of public confidence and reputational harm.

Theme: Risks to staff

NSW Health recognises that its people are its greatest asset. The organisation is committed to supporting and protecting staff in the face of increasing frequency and intensity of extreme weather events. Key risk and opportunities include:

Staff health and wellbeing

- Extreme weather may cause illness, injury or trauma for staff and their families. NSW Health continues to strengthen wellbeing, mental health and support services to assist staff before, during and after events.
- Consecutive or compounding events can increase stress and burnout. Workforce programs and peer support initiatives help to build resilience and recovery capacity.
- Poor air quality, unsafe environments or exposure to infectious diseases may affect staff health. Investment in workplace safety, protective equipment and occupational health services remains a priority.

Workforce attraction, retention and deployment

- Recruitment and retention in rural, remote and hazard-prone areas can be challenged by more frequent and severe events. Incentive and development programs support sustainable staffing levels in these regions.
- During emergencies, increased demand may require rapid redeployment of staff. NSW Health is enhancing surge workforce models, including accommodation, transport and locum support where required.
- Staff may face additional caring responsibilities due to disrupted schooling or childcare. Flexible work arrangements and contingency planning help maintain workforce capacity.

Access, infrastructure and digital resilience

- Transport disruptions can prevent staff from travelling between work and home. Investment in business continuity and flexible staffing models ensures services remain operational.
- Power outages and digital disruptions can affect staff working from offices or home. NSW Health is strengthening redundancy in critical systems to support continuity of work.
- Damaged infrastructure can create unsafe workplaces. Ongoing asset planning and emergency preparedness protect staff from workplace-related risks.

Safety, security and inclusion

- Extreme weather may contribute to increased challenging behaviours from patients or visitors, raising WHS risks. NSW Health continues to enhance security, staff training and support systems.
- Communication during emergencies must reach all staff, including those with disability or diverse needs. Strengthening inclusive early warning and evacuation systems is a key priority.
- Staff in community-based, in-home or outreach roles may face higher exposure to risks in disaster settings. NSW Health is improving safety protocols and supports for staff in these environments.

Theme: Risks to service delivery and administration

Extreme weather events present risks to the continuity, quality, and cost of health service delivery. Key risks include:

Supply chain and logistics

- Disruption to global and local supply chains delaying access to critical medical supplies, consumables, equipment, food, linen, and construction materials.
- Transport and access route disruptions preventing delivery of supplies and patient transport services (including NSW Ambulance and extraction services).
- Reduced availability of potable water, affecting clinical services such as renal dialysis.

Service disruption and continuity

- Damage to facilities, evacuation requirements, or unsafe conditions leading to service shutdowns and community loss of trust.
- Electricity and digital outages disrupting patient records, test results, treatment protocols, and administrative systems, with flow-on effects for service delivery.
- Program, project and service delays (including rollouts of new initiatives) from stretched infrastructure, staffing, and disaster-related workloads.
- Difficulties restoring services post-event due to lack of integration between systems, reliance on paper records, or damaged infrastructure.

Financial and operational impacts

- Rising costs from disaster-related damage, maintenance, resilience retrofits, insurance premiums, and diversion of funding to crisis response.
- Increased demand for specialised equipment, medication, skills and models of care to address climate-related illnesses and new/emerging diseases.
- Higher operational costs from increased energy and water consumption across NSW health sites.
- Growing exposure to uninsurable hazard-prone areas, driving costs for acquisition of new land and replacement of stranded assets.

Health service demand pressures

- Overflow of patients from affected health and aged care services, or neighbouring LHDs, overwhelming capacity.
- Increased demand for services due to higher community exposure in hazard-prone areas and population shifts (short- and long-term).
- Changing triage and clinical priorities during disasters leading to delays in BAU services (outpatients, elective surgery), with higher acuity presentations once services resume.
- Climate change creating favourable conditions for epidemics, pandemics and biosecurity hazards, compounding demand on services.

Workforce and safety considerations

- Increased WHS risks for staff providing outreach, home-based or off-site services, leading to delays or cancellations.
- Rising community stress contributing to workplace safety challenges and reputational risks for health organisations.

Compliance and glossary

Glossary

Activity Based Funding (ABF)

Activity Based Funding is a management tool. It 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.

Attention-deficit/hyperactivity disorder (ADHD)

A chronic condition characterised by excessive levels of inattentive, hyperactive, and impulsive behaviour.

Bloodborne virus (BBV)

Viruses that are carried through blood and can be spread from one person to another. The most common BBVs are HIV, Viral Hepatitis, Hepatitis C Virus (HCV) and Hepatitis B Virus (HBV).

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 obstructive pulmonary disease (COPD)

A progressive and disabling condition that limits airflow in the lungs. People with COPD experience increasing shortness of breath, a persistent cough with phlegm or mucus, and a limited ability to complete everyday activities due to poor exercise tolerance.

Clinical governance

A term to describe a systematic approach to maintaining and improving the quality of patient care within a health system.

Community Packages (ComPacks)

Short-term package of care designed to help eligible patients discharged from hospital to gain independence and prevent readmission.

Delirium

A disturbance of consciousness with reduced ability to focus, sustain, or shift attention. Develops over short period of time (usually hours to days) and tends to fluctuate during the course of the day.

Dementia

A syndrome that leads to a decline in the ability to process thought, beyond what is expected from the usual consequences of ageing.

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.

Doxycycline post-exposure prophylaxis (Doxy-PEP)

Taking an oral dose of an antibiotic called doxycycline within 72 hours (3 days) of having sex (oral, anal, or vaginal) to protect against syphilis and chlamydia.

Dried blood spot (DBS)

Refers to a 'self-sampling' test that is self-performed for HIV or hepatitis C.

e-cigarette

Battery operated devices that heat a liquid (also known as e-liquid) to produce a vapour that users inhale. E-cigarettes are also called 'e-cigs' or 'vapes'.

eLearning

Education and training undertaken in electronic media, especially over the internet.

Enterprise Imaging Repository (EIR)

A centralised system that allows clinicians and radiologists to view X-rays, CT scans, and other radiology studies from within any NSW Health facility, as well as being able to share imaging information for patient transfers to the ACT and NT.

H5 Avian Influenza

A highly contagious respiratory disease impacting poultry, wild birds, and other animals.

healthdirect

A government-funded service that provides Australians with easy access to trusted, quality health information and advice online and over the phone.

Hepatitis C (Hep C)

A blood-borne viral disease that can result in serious liver disease such as cirrhosis, liver failure and liver cancer. Hepatitis C is usually transmitted by parenteral means (such as injection of an illicit drug or exposure to blood or blood products), or from mother to baby around the time of birth.

Hospital in the Home (HITH)

Delivers selected types of acute care to suitable patients at their home or clinic setting as an alternative to inpatient (hospital) care. Hospital separation from a healthcare facility occurs any time a patient (or resident) leaves because of death, patient discharge, sign-out against medical advice, take own leave, or transfer.

Immunotherapy

A cancer treatment that uses the body's immune system to fight cancer.

Integrated care

Statewide strategies to coordinate care and processes within the health system and with other service providers.

Isolated Patients Travel and Accommodation Assistance Scheme (IPTAAS)

NSW Health's Isolated Patients Travel and Accommodation Scheme provides financial assistance towards travel and accommodation costs when patients need to travel more than 100km one way, or 200km in a week, for specialised medical treatment that is not available locally.

Junior medical officer (JMO)

A medical graduate with at least two years' postgraduate experience, extending to a medical graduate working in a graduate training period of five to 10 years.

Key performance indicators (KPI)

Indicators that measure agency effectiveness in achieving program objectives.

Leading Better Value Care (LBVC)

A statewide program to identify and scale evidence-based initiatives for specific conditions. It focuses on managing conditions in the most appropriate setting and is accelerating value-based healthcare in NSW.

Legionnaires disease

An uncommon infection of the lungs (pneumonia) caused by Legionella bacteria.

Local health districts (LHD)

Organisations which manage public hospitals and provide health services to communities within a specific geographic area. Eight local health districts cover the Sydney metropolitan region, and seven cover rural and regional NSW.

Metered dose inhaler (MDI)

A device used to deliver a specific dose of medicine, commonly a bronchodilator such as salbutamol, to the lungs via a short aerosolised burst (also referred to as an actuation or a 'puff').

MidStart

The statewide recruitment process for registered nurses seeking employment as a midwifery student in a NSW public hospital.

Mpox Mpox is an infection caused by monkeypox virus. Infection mostly happens from direct skin to skin or sexual activity. People at highest risk of mpox in NSW are men who have sex with men.

My Health Learning

Statewide learning management system for NSW Health staff, managed by the Health Education and Training Institute.

National Disability Insurance Scheme (NDIS)

A national system of disability support focused on the individual needs and choices of people with disability, their families and their carers. Provides access to support services and funding support.

NSW Patient Survey Program

A NSW Health program of multiple surveys to ask people across the state about their recent experience with the public healthcare system, supporting improvement across the system and within individual care organisations.

Nurse practitioner (NP)

A registered nurse educated and authorised to function autonomously and collaboratively in an advanced and extended clinical role. The role includes assessment and management of clients using nursing knowledge and skills and may include the direct referral of patients to other healthcare professionals, prescribing medications and ordering diagnostic investigations.

Oncology

The study and treatment of cancer and tumours.

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.

Pathology

The study and diagnosis of disease through the examination of organs, tissues, cells and bodily fluids.

Patient flow

The movement of patients through a healthcare facility from the point of admission to the point of discharge.

Patient reported measures (PRMs)

A NSW Health program giving patients and their carers the opportunity to provide direct feedback about their treatment and its results, informing improvement across the NSW public health system.

Patient transport service

A transport service provided for patients who require clinical monitoring or supervision during transport, but do not require an urgent ambulance response.

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.

Pillars (pillar agencies)

The five pillar agencies in NSW Health provide expertise in the development of new models of care, quality and safety initiatives, training and development, and performance reporting to help local health districts and networks provide the best possible care. The pillars 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 (PHNs)

Primary health networks have been established with the key objectives of increasing the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes.

REACH

REACH stands for Recognise, Engage, Act, Call, Help is on its way. The REACH program is a system designed to help patients, carers, and families to escalate their concerns with staff about worrying changes in a patient's condition.

Recidivism

A person's return to correctional custody after release from a previous sentence.

Respiratory syncytial virus (RSV)

A common cause of respiratory infection. Respiratory infections can affect the nose, throat and breathing passages including the lungs. RSV can cause severe illness in babies and young children. Adults can also get sick from RSV.

Safe Haven

Safe Havens are a drop-in alternative to the emergency department for people experiencing emotional and suicidal distress.

Sepsis

Sepsis is when the human body has an extreme response to an infection. It is a life-threatening condition and requires immediate medical attention. It can cause death or permanent damage to the body without treatment.

Service level agreements (SLAs)

A service-level agreement (SLA) is a contract between a service provider and its customers that documents what services the provider will furnish.

Single Digital Patient Record (SDPR)

The Single Digital Patient Record system is a single digital platform that will provide fast, secure and easy statewide access to an integrated record of an individual's medical history in real-time. The platform will incorporate Patient Administration System, Electronic Medical Record and Laboratory Information Management System capabilities.

Telestroke

The NSW Telestroke Service provides people across NSW with rapid virtual access to specialist stroke diagnosis and treatment.

Transfer of care

Measures the percentage of patients arriving at hospital by ambulance whose care is transferred from ambulance staff to the emergency department staff within 30 minutes of arrival.

Trauma-informed care

Understanding, recognising and responding to trauma based on knowledge and understanding of trauma, how it affects people's lives, their service needs as well as how clients might present to services.

It considers people's symptoms, responses and behaviours in the context of their past experiences, and emphasises physical, emotional and psychological safety for clients and staff.

Value based care

Is focused on generating value for patients by improving health outcomes, reducing costs and enabling healthcare access across a greater geographical area. In NSW, value based healthcare means continually striving to deliver care that improves:

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

Ventricular Assist Device

A mechanical pump that helps your heart to pump blood throughout your body.

Virtual care

Virtual care, also known as telehealth, safely connects patients with health professionals to deliver care when and where it is needed. It complements the face-to-face care that patients are used to.

Visiting medical officer (VMO)

A medical practitioner in private practice who also provides medical services in a public hospital. VMOs are not hospital employees but are contracted by the local health district to provide specific medical services.

Compliance checklist

All reporting GSF agencies are required to present to Parliament an annual report containing financial and non-financial information on their operational activities. Reporting requirements for specific public entities are contained in the Government Sector Finance Act 2018, the Government Sector Finance Regulation 2024 Treasurer's Directions and other legislation and policies.

The NSW Health 2024-25 Annual Report is developed in accordance with the NSW Treasury requirements for a Group 1 agency (TPG25-10).

Compliance requirement	Heading	Source of requirement	Completion	Page
Acknowledgement of country	Acknowledgement of Country	TPG25-10a	Yes	i
Letter of submission	Letter to the Minister	TPG25-10a	Yes	ii
Overview				
Purpose, vision and values	About NSW Health	TPG25-10a	Yes	1
Establishing legislation	Management and structure	TPG25-10a	Yes	2
Aims and objectives	Future Health strategic outcomes and key objectives	TPG25-10a	Yes	14
Management and structure	<ul style="list-style-type: none"> Management and structure NSW Health organisations: statutory health corporations, specialty health networks, Health Administration Corporation, local health districts 	TPG25-10a	Yes	2, 298
Functions and services	Role and function of NSW Health organisations	TPG25-10a	Yes	3
Controlled entities and subsidiaries, other related agencies	Management and structure	TPG25-10a	Yes	2
Consolidated annual reporting information	Consolidated reporting	TPG25-10a	Yes	7
Extension of time for submission	N/A	TPG25-10a	N/A	
Reporting exemptions	N/A	TPG25-10a	N/A	
Strategy				
Strategic objectives and outcomes	Future Health strategic outcomes and key objectives	TPG25-10a	Yes	14
Current and future strategic plans	Our strategic direction, NSW Health core strategies	TPG25-10a	Yes	13, 16
Systems and processes to measure the target outcomes	Systems and processes to measure the target outcomes	TPG25-10a	Yes	17
Resource allocation to implement strategic plans	Resource allocation to implement strategic plans	TPG25-10a	Yes	17
Operations and performance				
Key products and services	Our service offering	TPG25-10a	Yes	18
Service delivery models	Our service offering	TPG25-10a	Yes	18
Narrative summary of significant programs and operations	Performance summary	TPG25-10a	Yes	20
Performance metrics	Performance summary	TPG25-10a	Yes	20
Economic or other factors affecting achievement of operational objectives	Economic or other factors affecting achievement of operational objectives	TPG25-10a	Yes	73

Compliance requirement	Heading	Source of requirement	Completion	Page
Public Health Act Section 103A	Public Health Act Section 103A	Public Health Act 2010 No 127	Yes	73
Use of technology	Use of technology	TPG25-10a	Yes	18
Innovation and continuous improvement	NSW Health's approach to innovation and continuous improvement	TPG25-10a	Yes	19
Infrastructure program	Infrastructure program, Land disposal	TPG25-10a	Yes	73, 80
Events arising after the end of the annual reporting period	Events arising after the end of the annual reporting period	TPG25-10a	Yes	81
Implementation of price determination	Implementation of price determination	Section 18(4) of the IPART Act 1992	Yes	81
Management and accountability				
Numbers and remuneration of senior executives	Our workforce	TPG25-10a, PSCC 2014-09	Yes	82
Boards and committees	Boards and committees	TPG25-10a	Yes	90
Organisational chart	<ul style="list-style-type: none"> NSW Ministry of Health organisational chart NSW Health organisations: statutory health corporations, specialty health networks, Health Administration Corporation, local health districts 	TPG25-10a	Yes	2, 6, 298
People*	Our people, Appendix 2 Workforce statistics	TPG25-10a	Yes	84, 362
Consultants	Consultants	TPG25-10a	Yes	104
International travel	International travel	TPG25-10a	Yes	109
Requirements arising from employment arrangements	Requirements arising from employment arrangements	TPG25-10a	Yes	122
Legislation administered	Legal Changes	TPG25-10a	Yes	124
Legislation changes	Legal Changes	TPG25-10a	Yes	124
Privacy and Personal Information Protection Act 1998 (PIPP Act)	Privacy and Personal Information Protection Act 1998	TPG25-10a	Yes	131
Government Information (Public Access) Act 2009 (GIPA Act)	Public accountability	Section 125(4), (6) of the GIPA Act; clause 8, Schedule 2 and clause 13, Schedule 3 of the GIPA Regulation	Yes	132
Risk management and insurance activities	Risk management and insurance activities	TPG25-10a	Yes	126
Internal audit and risk management policy attestation	Internal audit and risk management policy attestation (TPP20-08)	TPP20-08	Yes	128
Sustainability				
Climate-related financial disclosures	NSW Health Climate-Related Financial Disclosures	TPG25-10a TPG24-33	Yes	138, 397
Disability inclusion action plans	Disability Inclusion Action Plan	TPG25-10a Disability	Yes	163

Compliance requirement	Heading	Source of requirement	Completion	Page
		Inclusion Act 2014		
Modern Slavery Act 2018	Modern Slavery Act 2018 reporting	Modern Slavery Act 2018	Yes	158
Work health and safety	Work health and safety	TPG25-10a	Yes	158
Workforce diversity	Workforce diversity	TPG25-10a PSCC 2014-09	Yes	161
Financial performance				
Summary of financial performance	Deputy Secretary, Financial and Corporate Services and Chief Financial Officer's report	TPG25-10a	Yes	165
Annual GSF financial statements	Financial statements	TPG25-10a	Yes	195
Controlled entities' financial statements	Financial statements	TPG25-10a	Yes	Vol 1 - 3
Financial audit reports	Financial statements	TPG25-10a	Yes	196
Costs and benefits associated with machinery of government changes	N/A	TPG25-10a	N/A	
Funds granted to non-government community organisations	Non-government funding	TPG25-10a	Yes	166
Other				
Voluntary Assisted Dying Act	Palliative care	Voluntary Assisted Dying Act 2022 – Section 185	Yes	349

*Reportable content presented by entity is within the Appendix of the report.

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