



Appendix

Appendix 1

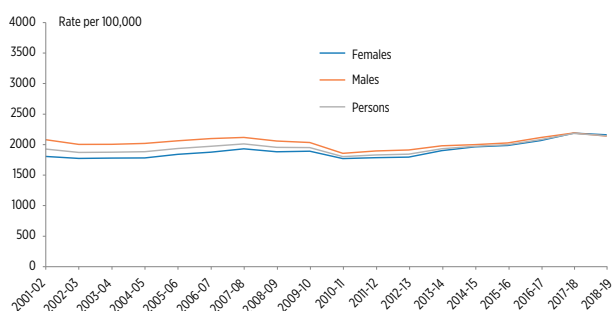
Health statistics

Early disease management

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

See page 14.

Potentially preventable hospitalisations



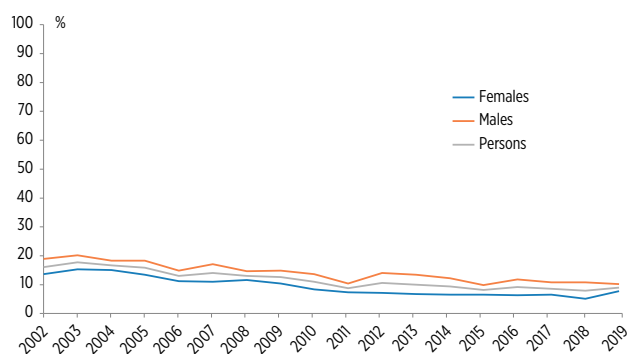
Source: HealthStats NSW, Centre for Epidemiology and Evidence, NSW Ministry of Health.

Potentially preventable hospitalisations are those conditions for which hospitalisation is considered potentially avoidable through preventive care and early disease management, usually delivered in an ambulatory (walk-in) setting, such as primary healthcare.

The term does not mean that a patient admitted for that condition did not need to be hospitalised at the time of admission. Rather, it means the hospitalisation may have been prevented by timely and appropriate provision of primary or community-based healthcare. Reducing hospitalisations may involve vaccination, early diagnosis and treatment, and/or ongoing management of risk factors and conditions in community settings. Rates of potentially preventable hospitalisations have been stable over time, with rates for males and females converging in recent years.

Smoking

Daily smoking in adults aged 16 years and over

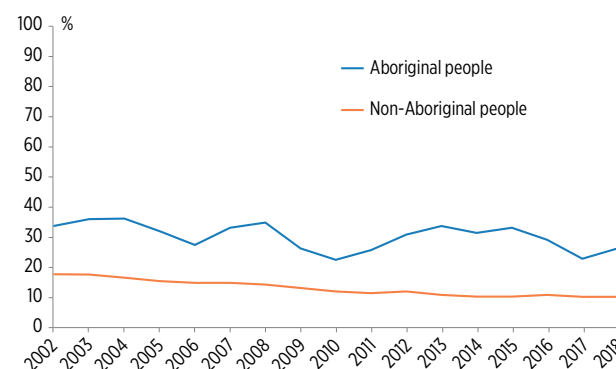


Source: HealthStats NSW, Centre for Epidemiology and Evidence, NSW Ministry of Health.

In 2019, 11.2 per cent of NSW adults were daily smokers. While there has been a long-term reduction in smoking, since 2015, daily smoking rates have remained relatively stable. A similar long-term reduction in current (daily or occasional) smoking has also been observed, with 15.5 per cent of adults reporting either daily or occasional smoking in 2019.

Tobacco use is the leading contributor to the burden of illness and deaths in Australia, followed closely by high body mass and excessive alcohol consumption. Australia has one of the most comprehensive tobacco control policies and programs in the world. The aim of these tobacco control programs in NSW is to contribute to a continuing reduction of smoking prevalence rates in the community.

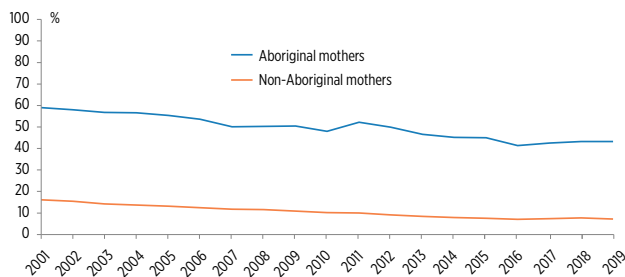
Daily smoking by Aboriginality, people aged 16 years and over



Source: HealthStats NSW, Centre for Epidemiology and Evidence, NSW Ministry of Health.

Aboriginal people are more than twice as likely to be daily smokers as non-Aboriginal people. During 2018, the rate of daily smoking in people aged 16 years and over in NSW was 26.4 per cent for Aboriginal people, and 10.1 per cent for non-Aboriginal people.

Smoking during pregnancy by Aboriginal and non-Aboriginal mothers

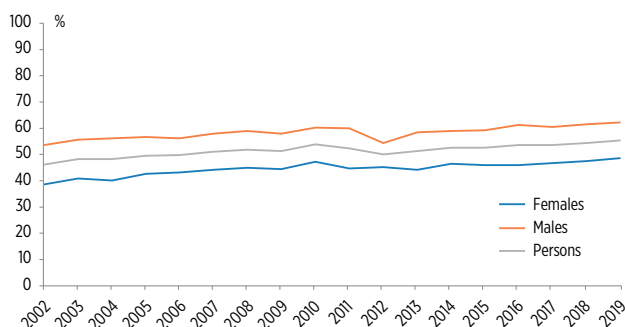


Source: HealthStats NSW, Centre for Epidemiology and Evidence, NSW Ministry of Health.

The proportion of mothers that reported smoking at some time during pregnancy has remained stable in recent years at around nine per cent. In 2019, 8.8 per cent of mothers reported any smoking during pregnancy. Of those mothers who smoked during pregnancy in 2019, 19 per cent stopped smoking in the first half of pregnancy. In 2019, 43.2 per cent of Aboriginal mothers reported smoking at some time during pregnancy, compared to 7.1 per cent of non-Aboriginal mothers.

Overweight and obesity

Overweight or obesity in adults aged 16 years and over



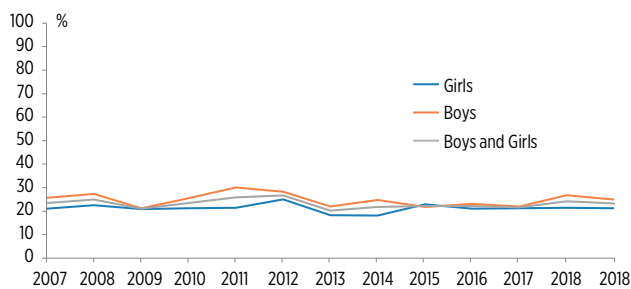
Source: HealthStats NSW, Centre for Epidemiology and Evidence, NSW Ministry of Health.

Between 2010 and 2019, the rate of overweight and obesity in the population has gradually increased from 53.6 per cent to 55.2 per cent of adults in NSW. Underlying this trend, the rate of overweight has remained fairly stable (32.8 per cent in both 2010 and 2019). However, the obesity rate has increased from 20.8 per cent to 22.4 per cent over this 10-year period.

In 2019, 55.2 per cent of adults aged 16 years and over (62.1 per cent of men and 48.4 per cent of women) were overweight or obese in NSW. Further, 32.8 per cent of adults (39.6 per cent of males and 26.1 per cent of females) were overweight in 2019 and 22.4 per cent (22.5 per cent of males and 22.3 per cent of females) were obese.

Excess body weight is one of the main public health problems in Australia. The risk of developing chronic health conditions such as diabetes and heart disease increases with increasing levels of excess weight.

Overweight or obesity in children 5 to 16 years

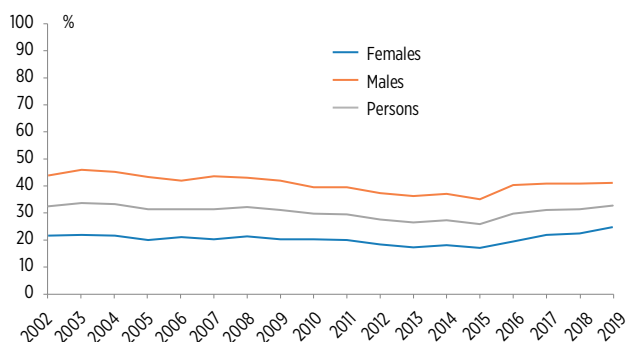


Source: HealthStats NSW, Centre for Epidemiology and Evidence, NSW Ministry of Health.

The prevalence of overweight and obesity in children has been relatively stable in NSW since 2009, with a current prevalence of 23 per cent in children aged five to 16 years (2019). However, the prevalence remains high and is a cause for concern.

Alcohol

Alcohol consumption at levels posing a lifetime risk to health, adults aged 16 years and over



Source: HealthStats NSW, Centre for Epidemiology and Evidence, NSW Ministry of Health.

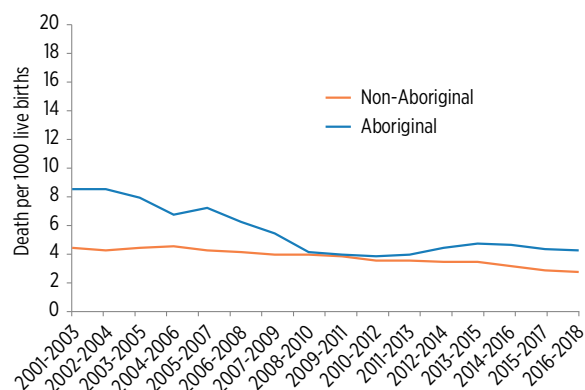
In 2019, the NSW Population Health Survey found that 32.8 per cent of adults aged 16 years and over (41.2 per cent of men and 24.8 per cent of women) consumed more than two standard alcoholic drinks on a day when they drank alcohol. While alcohol consumption at levels that pose a long-term health risk has been in decline over the last ten years in NSW to 2015, since 2015 rates have increased.

Excessive alcohol consumption is the leading contributor to the burden of illness and deaths in Australia for people aged up to 44 years and the third overall contributor to total burden of disease and illness for all ages, behind tobacco and high body mass.

The guidelines to reduce the health risks from drinking alcohol, published by the National Health and Medical Research Council (NHMRC) in 2009, state that the lifetime risk of harm from alcohol-related disease or injury is reduced by drinking no more than two standard drinks on any day when drinking alcohol.

Aboriginal health

Infant mortality rates by Aboriginality



Source: Australian Bureau of Statistics. Deaths. Catalogue number 3302.0. Canberra: ABS, latest available year. HealthStats NSW, Centre for Epidemiology and Evidence, NSW Ministry of Health.

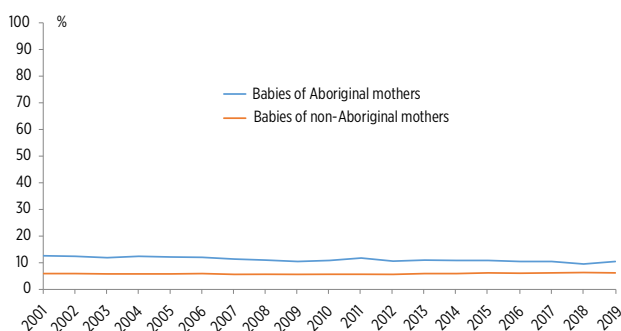
The infant mortality rate is the number of infant deaths per 1000 births. During 2016-18, an average of 27 deaths per year for Aboriginal infants under one year of age were registered in NSW. Over the period 2001-03 to 2016-18, there was a substantial fall in Aboriginal infant mortality and a reduction in the gap in mortality between Aboriginal and non-Aboriginal infants.

The slight widening of the gap in mortality between Aboriginal and non-Aboriginal infants in recent years is not statistically significant. Rather, small changes in the number of infant deaths, combined with delays with birth registrations in NSW (affecting the denominator) can cause fluctuations in annual mortality rates as shown in the trend line on the chart. The mortality rate among Aboriginal infants in NSW is low compared to other Australian states and territories.

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

See page 13.

Low birth weight babies born to Aboriginal and non-Aboriginal mothers



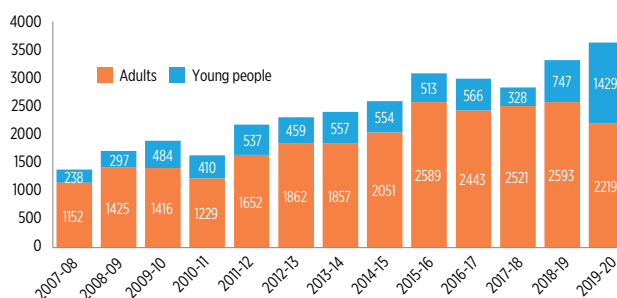
Source: HealthStats NSW, Centre for Epidemiology and Evidence, NSW Ministry of Health.

In NSW in 2019, the proportion of low birth weight liveborn babies among Aboriginal mothers was 1.7 times higher than the proportion among non-Aboriginal mothers. Between 2001 and 2019, the proportion of low birth weight babies born to Aboriginal mothers has decreased from 12.5 per cent to 10.3 per cent.

Smoking in pregnancy is associated with an increased risk of low birth weight. Over the same period, the proportion of Aboriginal mothers who reported smoking at some time during pregnancy fell from 59 per cent in 2001 to 43.2 per cent in 2019.

Mental Health

Adults and young people with mental illness diverted from custody into community treatment



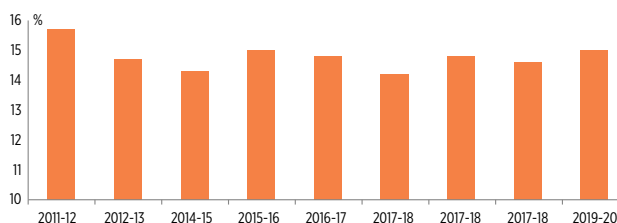
Source: Justice Health and Forensic Mental Health Network

In 2019-20, 2219 (80 per cent) of recommended adults and 1429 (98 per cent) of recommended young people with mental illness were diverted from custody to community-based care by the Justice Health and Forensic Mental Health Network (excludes diversions by Hunter New England Local Health District).

Proportion of clients discharged from an acute public mental health unit who are seen by a Community Mental Health Team within seven days of that discharge

See page 29.

Re-admission to a mental health acute service within 28 days



Source: Health Information Exchange, NSW Ministry of Health

This indicator shows the proportion of separations from an Acute Public Mental Health unit which were followed by a readmission within 28 days to any NSW Acute Public Mental Health unit.

NSW hospital performance

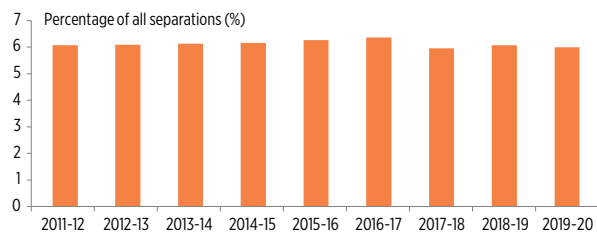
Elective Surgery Access Performance target – percentage of patients admitted for elective surgery within clinically recommended timeframe

See page 25.

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

See page 23.

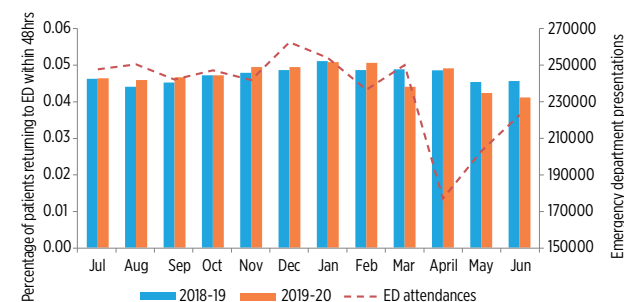
Unplanned re-admission within 28 days of separation



Source: Health Information Exchange, NSW Ministry of Health

Unplanned readmissions in 2019-20 have remained stable with a very small reduction on the results of the previous year. Districts and networks continue to investigate to further understand why readmissions occur, so that strategies can be established to address this. This data reflects the volume of unplanned readmissions within 28 days and does not provide an indication of whether or not these readmissions were preventable or unexpected.

Re-presentation to the same emergency department within 48 hours



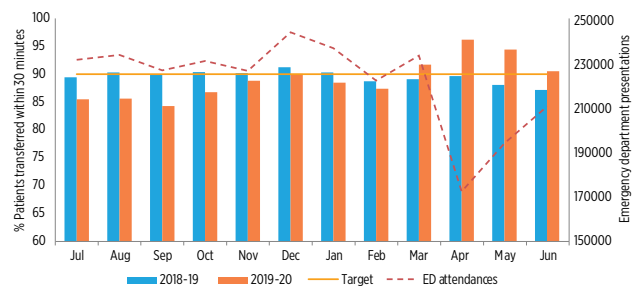
Source: Health Information Exchange, NSW Ministry of Health

The percentage of re-presentations increased slightly in 2019-20 compared to 2018-19. This shows that emergency departments are maintaining high levels of clinical care. Districts and networks continued to focus on improving patient flow in both emergency department and hospital wards, and investments in specific models of care are contributing to continual improvements in patient care.

Emergency Treatment Performance (ETP) – percentage of patients with total time in an emergency department of ≤ four hours

See page 23.

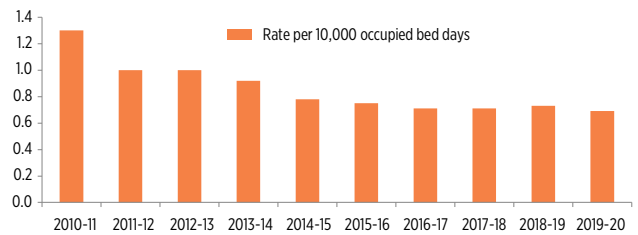
Transfer of Care (TOC) Performance – percentage of patients whose care was transferred from ambulance staff to emergency department staff within 30 minutes



Source: Health Information Exchange, NSW Ministry of Health

In 2019-20, the state target of 90 per cent of patients whose care is transferred from ambulance staff to hospital staff within 30 minutes was achieved in the period from March to June 2020 with prior months falling just below target.

Staphylococcus aureus bloodstream infections



Source: System Information and Analytics Branch, NSW Ministry of Health.

The above graph shows the aggregate rate of healthcare associated *Staphylococcus aureus* bloodstream infections (SA-BSI) for NSW.

The data includes both methicillin-resistant and methicillin-sensitive isolates. The rate of SA-BSI has decreased from 1.3 per 10,000 occupied bed days in 2010-11 to 0.69 per 10,000 occupied bed days in 2019-20. The overall rate of SA-BSI in NSW has remained below the national benchmark of less than two cases per 10,000 bed days.

Appendix 2

Workforce statistics

Number of full-time equivalent staff (FTE) employed in the NSW public health system

	JUNE 2020
Medical	12,997
Nursing	49,889
Allied health	11,084
Other professional and paraprofessionals	3,064
Scientific and technical clinical support	6,909
Oral health practitioners and therapists	1,369
Ambulance officers	4,644
SUB-TOTAL CLINICAL STAFF	89,956
Corporate services	5,428
Clinical support	17,389
Hotel services	8,579
Maintenance and trades	856
Other	329
SUB-TOTAL OTHER STAFF	32,582
TOTAL	122,538

Source: Statewide Management Reporting Service (SMRS). **Notes:** **1.** FTE calculated as the last fortnight in June, paid productive and paid unproductive hours. **2.** Includes full-time equivalent (FTE) salaried staff employed with local health districts, Sydney Children's Hospitals Network, Justice Health and Forensic Mental Health Network, NSW Health Pathology, HealthShare NSW, Ambulance Service of New South Wales, eHealth NSW and Albury Base Hospital. All non-salaried staff such as visiting medical officers (VMO) and other contracted staff are excluded. **3.** Staff employed by Third Schedule affiliated health organisations, non-government organisations and other service providers funded by NSW Health are not reported in the NSW Ministry of Health's annual report. **4.** Rounding of staff numbers to the nearest whole number in this table may cause minor differences in totals. **5.** IT project implementation staff are included in clinical support.

Number of full-time equivalent staff (FTE) employed in other NSW Health organisations	JUNE 2020
NSW Health organisations supporting the public health system*	1,797
Health Professional Councils Authority	143
Mental Health Review Tribunal	34

*Includes the NSW Ministry of Health, Clinical Excellence Commission, Bureau of Health Information, Health Education and Training Institute, Agency for Clinical Innovation, Health Administration Corporation - Health Infrastructure, Health System Support Group and Cancer Institute NSW.

Historical figures NSW public health system

	JUNE 2017	JUNE 2018	JUNE 2019
Medical	11,705	12,137	12,503
Nursing	47,282	48,286	49,353
Allied health	10,240	10,445	10,697
Other professional and paraprofessionals	3,086	3,057	3,093
Scientific and technical clinical support	6,607	6,650	6,758
Oral health practitioners and therapists	1,272	1,332	1,337
Ambulance officers	3,947	4,150	4,241
SUB-TOTAL CLINICAL STAFF	84,138	86,056	87,983
Corporate services	5,148	5,248	5,219
Clinical support	15,812	16,340	17,118
Hotel services	8,254	8,189	8,271
Maintenance and trades	912	865	864
Other	333	349	330
SUB-TOTAL OTHER STAFF	30,459	30,991	31,801
TOTAL	114,597	117,047	119,784

Source: State Management Reporting Service (SMRS). **Notes:** **1.** FTE calculated as the last fortnight in June, paid productive and paid unproductive hours. **2.** Includes full-time equivalent (FTE) salaried staff employed with local health districts, Sydney Children's Hospitals Network, Justice Health and Forensic Mental Health Network, NSW Health Pathology, HealthShare NSW, Ambulance Service of New South Wales, eHealth NSW and Albury Base Hospital. All non-salaried staff such as visiting medical officers (VMO) and other contracted staff are excluded. **3.** Staff employed by Third Schedule Affiliated Health Organisations, non-government organisations and other service providers funded by NSW Health are not reported in the Ministry of Health's Annual Report. **4.** Albury Base Hospital transferred to the management of Victoria from July 2009 and has been included in all years for reporting consistency. **5.** Rounding of staff numbers to the nearest whole number in this table may cause minor differences in totals. **6.** Backdated adjustments are included in all years. **7.** IT project implementation staff are included in clinical support.

Number of full time equivalent staff (FTE) employed in the NSW public health system	JUNE 2017	JUNE 2018	JUNE 2019
NSW Health organisations supporting the public health system*	1,458	1,584	1,787
Health Professional Councils Authority	104	112	134
Mental Health Review Tribunal	29	29	31

Source: State Management Reporting Service (SMRS). *June 2017 to June 2019 includes NSW Ministry of Health, Clinical Excellence Commission, Bureau of Health Information, Health Education and Training Institute, Agency for Clinical Innovation, Health Administration Corporation - Health Infrastructure, Health System Support Group and Cancer Institute NSW.

Registered practitioners in NSW

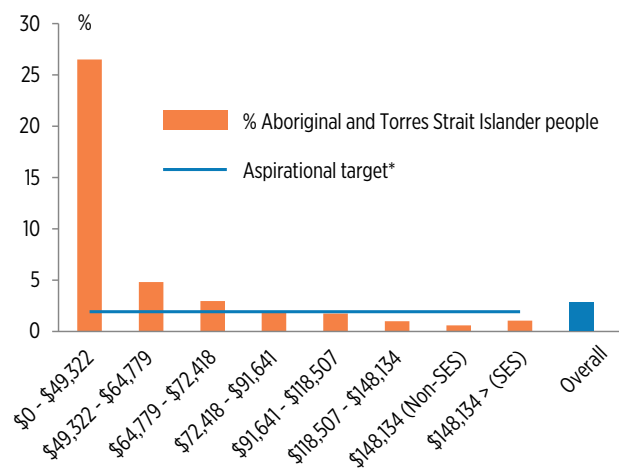
PROFESSION	NSW ¹
Aboriginal and Torres Strait Islander Health Practitioner	179
Chinese medicine practitioner	1,989
Chiropractor	1,886
Dental practitioner	7,272
Medical practitioner	38,003
Medical radiation practitioner	6,025
Midwife	1,506
Nurse	112,094
Nurse and midwife ²	8,300
Occupational therapist	6,643
Optometrist	2,001
Osteopath	607
Paramedic	5,089
Pharmacist	10,335
Physiotherapist	10,850
Podiatrist ³	1,565
Psychologist	13,186

Source: Australian Health Practitioner Regulation Agency, June 2020. Notes: 1. The 2019-20 data includes practitioners registered on the temporary pandemic sub-register created in response to the COVID-19 pandemic. 2. Registrants who hold dual registration as both a nurse and a midwife. 3. Throughout this report, the term 'podiatrist' refers to both podiatrists and podiatric surgeons unless otherwise specified.

Aboriginal staff as a proportion of total staff

See page 33.

Aboriginal staff by salary band



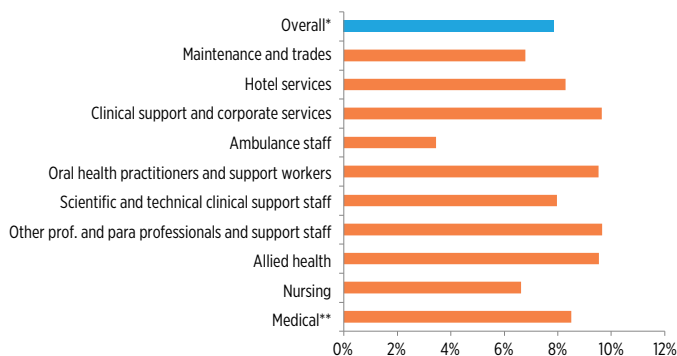
Source: PSC data collection 2019-20. Note: NSW Public Health System. Excludes Third Schedule Facilities. *Note from the PSC Diversity Report 2019 – the NSW Public Sector Aboriginal Employment Strategy 2014-17 introduced an aspirational target of 1.8 per cent Aboriginal employment by 2021 for each of the sector's salary bands. If the aspirational target of 1.8 per cent is achieved in salary bands not currently at or above 1.8 per cent, the cumulative representation of Aboriginal employees in the sector is expected to reach 3.3 per cent (original overall target is 2.6 per cent).

Staff turnover

Factors influencing staff turnover include remuneration and recognition, employer/employee relations and practices, workplace culture and organisational structure. Monitoring turnover rates over time enable the identification of areas of concern and development of strategies to reduce turnover.

The desired outcome is to reduce turnover rates within acceptable limits to increase staff stability. For June 2020, the staff turnover rate was 7.9 per cent – a decrease from 8.1 per cent in June 2019.

Non-casual staff turnover rate by treasury group – FY 2019-20

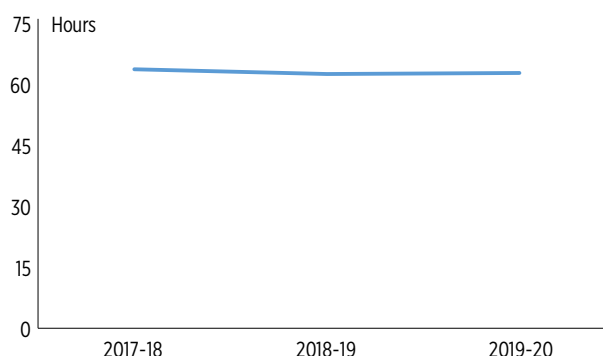


Source: PSC Data Collection. Note: * Excludes Third Schedule Facilities, 'Other' Treasury Group and Junior Medical Officers. ** Excluding Junior Medical Officers (JMOs are on a term contract). Health system average inclusive of all local health districts, the NSW Ministry of Health, Health Pillars, HealthShare NSW, eHealth NSW, Justice Health and Forensic Mental Health Network, Sydney Children's Hospitals Network, NSW Health Pathology, Cancer Institute NSW, Albury Hospital and NSW Ambulance.

Sick leave

Effective people management and monitoring helps reduce the amount of sick leave staff take. This in turn helps reduce the need for, and cost of, replacing staff and prevents the potential negative effect on service delivery where replacement staff are not readily available. Sick leave per FTE increased slightly from 62.37 hours per FTE in 2018-19 to 62.65 hours per FTE in 2019-20.

Sick leave hours per FTE



Source: MOH-Statewide Management Reporting System (SMRS). Note: Excludes Third Schedule Facilities and casual employees. Average inclusive of all local health districts, the NSW Ministry of Health, Health Pillars, HealthShare NSW, eHealth NSW, the Justice Health and Forensic Mental Health Network, Sydney Children's Hospitals Network, NSW Health Pathology, Cancer Institute NSW, Albury Hospital and NSW Ambulance.

Overseas visits

The schedule of overseas visits is for Ministry employees travelling on Ministry-related activities. The reported instances of travel are those sourced from general operating funds or from sponsorship arrangements, both of which require Ministry approval.

NAME	POSITION	REASON FOR TRAVEL
Ms Elizabeth Koff	Secretary, NSW Health	Leading the Healthcare Innovation Trade Delegation, Israel and accompanying the Minister for Health and Medical Research on a Study Tour, Scandinavia.
Ms Susan Pearce	Deputy Secretary, Patient Experience and System Performance	Attending and presenting at the Australian British Health Catalyst 2019, UK.
Mr Michael Gendy	Chief Procurement Officer, Strategic Procurement	ANZSOG Executive Fellows Program, New Zealand and Singapore.
Ms Cathryn Cox	Executive Director, Strategic Reform and Planning	ANZSOG Executive Fellows Program, New Zealand and Singapore.
Ms Jacqueline Worsley	Executive Director, Government Relations	ANZSOG Executive Fellows Program, New Zealand and Singapore.
Ms Meredith Claremont	A/Executive Director, Population Health	Acting as Minister Hazzard's proxy to attend the meeting of the Australian and New Zealand Ministerial Forum on Food Regulation, New Zealand.
Ms Anne O'Neill	Director, Office for Health and Medical Research	Attending the Investment Review Committee meeting of the Medical Research Commercialisation Fund, New Zealand.
Mr Andrew Milat	Director, Evidence and Evaluation	Presenting at the Irish Physical Activity Research Collaboration Project Workshop and Symposium, Ireland.
Ms Louise Fisher	Director, Systems Integration Monitoring and Evaluation	Attending a study tour organised by Ernst and Young, New Zealand.
Ms Samantha Moubarak	Senior Manager, Systems Integration Monitoring and Evaluation	Attending a study tour organised by Ernst and Young, New Zealand.
Mr Dennis Meijer	Senior Policy Analyst, Health Protection	Attending core subjects of the Executive Master's in Public Administration program, Singapore and New Zealand.

Workers' compensation

NSW Ministry of Health – Categories of accepted workers compensation claims

INJURY OR ILLNESS	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20
Body stress	8	2	3	1	0	0	0	2
Slip, trip, fall	2	3	3	1	2	0	6	3
Hitting objects	0	0	1	1	0	0	1	0
Psychological	2	0	2	5	2	0	6	4
Motor vehicle	0	0	0	0	0	0	0	1
Other	1	0	0	2	0	0	0	0
TOTAL	13	5	9	10	4	0	13	10

NSW Ministry of Health – Number of new claims each year

INJURY OR ILLNESS	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20
New claims	13	5	9	10	4	0	13	10

Key policies 2019–20

The following policies were implemented in 2019-20.

POLICY NUMBER	POLICY NAME
PD2019_042	Staff Specialist Emergency Physicians – Remuneration Arrangements for the Period to June 2020
PD2019_043	Training, Education and Study Leave (TESL) for Staff Specialists
PD2019_027	Employment Arrangements for Medical Officers in the NSW Public Health Service
PD2019_044	Work Health and Safety – Limiting Staff Exposure to Ionising Radiation
PD2019_055	Clinical Academics Employed in the NSW Health Service
PD2019_059	Industrial Consultative Arrangements in the NSW Health Service
PD2019_010	Leave Matters for the NSW Health Service

Award changes and industrial relations claims

Wage increases

The Ministry conducted all industrial negotiations under the provisions of the Public Sector Wages Policy 2011. The negotiations resulted in increases of 2.5 per cent per annum for salaries and salary-related allowances for most health service employees.

In June 2020, the NSW Government sought to implement a 12-month pause on wage increases for public sector employees. Industrial negotiations under the provisions of the Public Sector Wages Policy 2011 are continuing.

Nursing hours per patient day

The NSW Government committed to increase the 'Nursing Hours per Patient Day' minimum award staffing requirements over four years from 2019-20. NSW Health implemented the first year of the commitment this year.

Patient Transport Service–Crib Break arbitration

Following an application by the Health Services Union for a \$28 allowance, the NSW Industrial Relations Commission granted HealthShare NSW Patient Transport Officers a 'Crib Away Allowance' of \$22 when employees are required to take their paid crib break at a location other than the station at which they commenced work. The Commission held there were changes to work practices and productivity savings to fund the allowance.

Ambulance new classifications – Non-Clinical Duty Operations Manager (Call Centre) arbitration

The NSW Industrial Relations Commission granted the Ministry's application for a new Non-Paramedic Duty Operations Manager award classification and associated pay rate.

Ambulance – major industrial case for enhanced pay and conditions for NSW paramedics

In December 2019, the Australian Paramedic Association lodged a major industrial case for a wage increase of approximately 20 per cent for paramedics (over three years), as well as enhanced conditions (eight weeks annual leave instead of six, a claim for 49 hours per annum for mental wellbeing leave, and an additional 8.5 hours of sick leave), enhanced break provisions, upgraded classifications, and additional allowances and enhanced facilities in stations, such as beds.

Ambulance – disturbance allowance

The NSW Industrial Relations Commission declined to grant the Australian Paramedic Association's application for a recommendation for the disturbance allowance to be paid where an officer is on call and recalled. The Commission held that the award does not provide for such benefit.

Broken Hill Award application

The Ministry filed an award application for the staff of the Broken Hill Health Service which was the subject of an eight-day hearing in the Industrial Relations Commission in May 2020 with closing submissions on 14 August 2020. The award seeks to grandfather beneficial conditions existing staff presently have while employing new staff under the relevant state award. The award will replace an unregistered 1997 industrial agreement between the parties.

Sexual Assault Workers dispute

In August 2019, the Industrial Relations Commission handed down its decision concerning the application of the 'on call' and 'call out' provisions in the Public Hospitals (Professional and Associated Staff) Conditions of Employment (State) Award 2019 for Sexual Assault Workers. The Commission determined staff were reasonably compensated for work done while on call but that the recall payment should start at time of leaving home rather than arrival at hospital. The Health Services Union appealed the decision. Leave to appeal was not granted.

NSW Health Pathology classifications

Following negotiations with the Health Services Union, the Ministry introduced two new classifications to the Health Employees (State) Award. The award variation was completed in April 2020 to include the Forensic Mortuary Technician and the Senior Forensic Mortuary Technician, its descriptors and its rates applicable from 1 January 2020.

Security trials in hospitals

The Health Services Union threatened industrial action across NSW Health on 1 August 2019 in the form of work stoppages. An Industrial Relations Commission dispute was notified and conciliated, resulting in more limited stop-work action and the government trialling additional proactive security arrangements at three NSW Health hospitals (Blacktown, Gosford and Wyong). The results of these arrangements are being considered alongside the recommendations from the review into security in hospitals.

Assistants in Medicine determination

The Ministry successfully implemented an Assistants in Medicine determination in April 2020, to assist in the response to the COVID-19 pandemic. The determination was made after discussion with multiple unions which led to an amicable outcome. This determination created a new position with accompanying conditions of employment for final year medical students to assist Medical Officers in local health districts.

VMO determination (pandemic leave and telehealth)

The Ministry recognised that Visiting Medical Officers (VMOs) as contractors did not have access to paid sick leave during the COVID-19 pandemic. After discussions with the Australian Medical Association, the Ministry implemented a determination in March 2020 that provided paid pandemic leave for VMOs as well as the ability for VMOs to be remunerated when using telehealth.

ASMOF Accommodation Policy dispute

The Australian Salaried Medical Officers Federation of NSW (ASMOF) lodged a dispute in the NSW Industrial Relations Commission seeking to prevent changes to the NSW Health accommodation provisions and looking to mandate dedicated enclosed offices be provided to staff specialists. The matter proceeded to arbitration and a decision was issued by the Commission in September 2019, in favour of the Ministry enabling the changes to the accommodation provisions.

Public Service senior executives 2019-20

The table below details the number of senior executives employed, and those temporarily assigned, seconded or acting in a senior executive role at the end of the reporting year.

BAND	2019		2020	
	FEMALE	MALE	FEMALE	MALE
Band 4	1	0	1	0
Band 3	3	3	4	3
Band 2	16	4	16	9
Band 1	43	26	48	27
TOTALS	63	33	69	39
	96		108¹	

1. The figures include those who provided backfill for executives on leave or on secondment, as well as the incumbent. For 2020, there were 12 additional Public Service senior executive (PSSE) assignments in support of the COVID-19 pandemic response. There were 99 PSSE roles (including three term roles created for COVID-19), and nine additional temporary senior executive assignments as a consequence of the pandemic response. The 108 roles represent 0.09 per cent of the NSW Health workforce.

BAND	RANGE 2020	AVERAGE REMUNERATION	
		2019	2020
Band 4	\$487,051 – \$562,650	\$559,000	\$599,000
Band 3	\$345,551 – \$487,050	\$467,518	\$476,182
Band 2	\$274,701 – \$345,550	\$307,052	\$308,744
Band 1	\$192,600 – \$274,700	\$215,411	\$221,628

22 per cent of the Ministry of Health's employee related expenditure in 2020 was related to senior executives, compared with 21 per cent in 2019.

Appendix 3

Public hospital activity levels

Selected data for the year ended June 2020 Part 1^{1,2}

LOCAL HEALTH DISTRICTS	SEPARATIONS	PLANNED SEPARATION PER CENT	SAME DAY SEPARATION PER CENT	TOTAL BED DAYS	AVERAGE LENGTH OF STAY (ACUTE) ^{3,6}	DAILY AVERAGE OF INPATIENTS ⁴
Justice Health and Forensic Mental Health Network	1,054	96.0	63.9	68,427	13.1	187
Sydney Children's Hospitals Network	50,209	50.8	48.6	209,081	4.0	573
St Vincent's Health Network	43,933	53.2	57.6	182,750	3.5	501
Sydney Local Health District	164,378	48.0	47.4	611,685	3.0	1,676
South Western Sydney Local Health District	234,795	44.5	46.3	835,358	2.9	2,289
South Eastern Sydney Local Health District	185,491	41.5	46.7	643,669	2.8	1,763
Illawarra Shoalhaven Local Health District	91,755	37.9	39.7	380,855	3.1	1,043
Western Sydney Local Health District	175,077	45.3	47.8	652,119	2.9	1,787
Nepean Blue Mountains Local Health District	84,573	36.3	38.4	334,678	3.3	917
Northern Sydney Local Health District	115,445	35.0	39.5	524,422	3.1	1,437
Central Coast Local Health District	89,239	38.0	41.7	322,382	3.0	883
Hunter New England Local Health District	216,645	44.7	42.3	774,775	3.0	2,123
Northern NSW Local Health District	99,057	45.7	47.6	315,785	2.6	865
Mid North Coast Local Health District	72,942	46.4	47.0	268,674	3.1	736
Southern NSW Local Health District	48,551	50.4	48.2	149,115	2.3	409
Murrumbidgee Local Health District	63,935	48.2	41.4	212,728	2.5	583
Western NSW Local Health District	84,499	41.0	43.6	289,592	2.6	793
Far West Local Health District	8,484	51.8	50.4	26,020	2.4	71
TOTAL NSW	1,830,062	43.7	45.0	6,802,115	3.0	18,636
2018-19 Total	1,912,489	43.2	44.2	7,276,803	3.1	19,936
PERCENTAGE CHANGE (%)⁸	-4.3	0.5	0.8	-6.5	-3.5	-6.5
2017-18 Total	1,918,130	42.9	44.3	7,219,575	3.0	19,780
2016-17 Total	1,961,400	41.3	45.2	6,982,063	3.0	19,129
2015-16 Total	1,886,668	41.5	44.9	6,983,473	3.2	19,133
2014-15 Total	1,840,632	41.9	44.8	6,815,650	3.3	18,673
2013-14 Total	1,803,458	41.8	44.4	6,650,650	3.2	18,221
2012-13 Total	1,737,103	41.5	43.7	6,551,065	3.3	17,948
2011-12 Total	1,682,685	41.3	43.3	6,490,848	3.4	17,783
2010-11 Total	1,629,572	41.6	43.1	6,389,471	3.5	17,505
2009-10 Total	1,598,991	41.6	43.2	6,429,314	3.6	17,615

Selected data for the year ended June 2020 Part 2^{1,2}

LOCAL HEALTH DISTRICTS	OCCUPANCY RATE ⁵ JUNE 20	ACUTE BED DAYS ⁶	ACUTE OVERNIGHT BED DAYS ⁶	NON-ADMITTED PATIENT SERVICE EVENTS ⁷	EMERGENCY DEPARTMENT ATTENDANCES
Justice Health and Forensic Mental Health Network	n/a	12,113	11,448	34,076	n/a
Sydney Children's Hospitals Network	92.1%	197,477	173,467	528,120	88,788
St Vincent's Health Network	103.8%	139,164	114,512	366,166	51,243
Sydney Local Health District	87.4%	469,764	392,921	1,574,261	169,170
South Western Sydney Local Health District	95.3%	663,221	554,933	1,206,375	291,080
South Eastern Sydney Local Health District	95.9%	475,349	396,787	1,338,907	242,128
Illawarra Shoalhaven Local Health District	84.6%	259,377	223,106	713,240	156,735
Western Sydney Local Health District	99.7%	492,240	409,366	1,382,296	193,710
Nepean Blue Mountains Local Health District	87.7%	261,329	229,028	671,623	127,079
Northern Sydney Local Health District	96.8%	333,558	289,389	1,064,822	229,632
Central Coast Local Health District	93.6%	250,964	213,908	695,237	141,592
Hunter New England Local Health District	73.2%	614,134	522,905	2,388,676	417,738
Northern NSW Local Health District	90.6%	247,950	200,914	623,463	205,830
Mid North Coast Local Health District	90.3%	213,525	179,487	562,088	131,589
Southern NSW Local Health District	67.7%	102,897	79,648	335,237	110,905
Murrumbidgee Local Health District	73.0%	157,049	130,659	444,183	146,315
Western NSW Local Health District	79.0%	210,385	173,625	713,948	192,132
Far West Local Health District	67.5%	19,281	15,026	117,965	24,817
TOTAL NSW	88.4%	5,119,777	4,311,129	14,760,683	2,920,483
2018-19 Total	93.6%	5,536,493	4,706,766	16,367,143	2,980,872
PERCENTAGE CHANGE (%)⁸	-5.2%	-7.5	-8.4	-9.8	-2.0
2017-18 Total	90.3	5,459,506	4,632,188	15,701,453	2,880,708
2016-17 Total	90.7	5,631,650	4,768,339	15,212,465	2,784,731
2015-16 Total	89.9	5,840,865	5,009,910	13,478,446	2,733,853
2014-15 Total	85.2	5,675,482	4,865,590		2,692,838
2013-14 Total	89.0	5,533,491	4,746,307		2,656,302
2012-13 Total	87.8	5,484,364	4,735,991		2,580,878
2011-12 Total	88.6	5,475,789	4,757,507		2,537,681
2010-11 Total	89.1	5,449,313	4,757,219		2,486,026
2009-10 Total	88.3	5,549,809	4,869,508		2,442,982

Notes to tables: 1. Data sourced from Health Information Exchange (HIE). The number of separations include care type changes. 2. Activity includes services contracted to private sector. Data reported as at 09/09/2020. 3. Acute average length of stay = (Acute bed days/Acute separations). 4. Daily average of inpatients = Total Bed Days/365. 5. Bed occupancy rate is based on June data only. Facilities with peer groups other than A1 to C2 are excluded. The following bed types are excluded from all occupancy rate calculations: emergency departments, delivery suites, operating theatres, hospital in the home, recovery wards, residential aged care, community residential and respite activity. 6. Acute activity is defined by a service category of acute or newborn. Results for Acute separations and bed days from 2018-19 onwards may not be directly comparable to previous years due to the impact of the implementation of the Mental Health Care Type classification. 7. Service events measured from aggregate of patient level and summary data submissions for each non-admitted service/clinic. The low volume for Justice Health and Forensic Mental Health Network is based on definitional changes from previous years. Pathology services are not included. Source: EDWARD. 8. Planned separations, same day separations and occupancy rates are percentage point variance from 2018-19.

Appendix 4

Mental Health

Section 108 of the *NSW Mental Health Act (2007)*

In accordance with Section 108 of the *NSW Mental Health Act (2007)*, the tables presented here provide an overview of mental health activities and performance in mental health public hospitals for 2019-20 in relation to:

- achievements during the reporting period in mental health service performance
- data relating to the use of mental health resources.

Table 1 provides data against a set of measures for hospital activities related to hospital separations (same day and overnight) and community contacts. Activity measure is based on all acute, sub-acute and non-acute mental health facilities.

Table 2 provides rates for three national key performance indicators. These indicators measure

effectiveness (28-day readmission rate), appropriateness (seclusion rate) and continuity of care (seven-day post-discharge community care) in acute mental health services.

Table 1 includes indicators only for services directly funded through the Mental Health program. National reports on mental health also include data from a small number of services funded by other funding programs (e.g. Primary Care, Rehabilitation and Aged Care). Therefore, the numbers reported here may differ from those in national reports (for example Report on Government Services, Mental Health Services in Australia, National Mental Health Report).

Table 1. Mental Health – hospital and community activity

Public psychiatric hospitals, co-located psychiatric units in public and specialist mental health community team activity.

LOCAL HEALTH DISTRICT/ NETWORK/HOSPITAL	SAME-DAY SEPARATIONS ³	OVERNIGHT SEPARATIONS ⁴	SPECIALIST MENTAL HEALTH COMMUNITY CONTACTS ⁵
	2019-20	2019-20	2019-20
Justice Health and Forensic Mental Health Network	2	476	400,480
Sydney Children's Hospitals Network	26	424	46,355
St Vincent's Health Network	69	1,370	44,797
Sydney Local Health District	953	3,659	325,939
South Western Sydney Local Health District	227	3,998	525,374
South Eastern Sydney Local Health District	97	3,041	603,998
Illawarra Shoalhaven Local Health District	54	2,417	283,820
Western Sydney Local Health District	425	3,837	401,110
Nepean Blue Mountain Local Health District	129	1,987	177,160
Northern Sydney Local Health District	249	2,796	860,513
Central Coast Local Health District	44	1,613	547,810
Hunter New England Local Health District	160	5,047	466,683
Northern NSW Local Health District	27	1,600	334,601
Mid North Coast Local Health District	20	1,599	134,112
Southern NSW Local Health District	79	1,389	183,365
Murrumbidgee Local Health District	10	929	173,138
Western NSW Local Health District	34	1,647	340,848
Far West Local Health District	8	219	68,985
NSW - TOTAL	2,613	38,048	5,919,088
2018-19	2,512	39,244	5,828,793
2017-18	3,511	40,254	5,676,819
2016-17	4,056	42,008	5,227,475
2015-16	3,198	38,214	4,637,955

Source: Health Information Exchange, NSW Ministry of Health. **Definitions:** **1.** 'Average available beds' are the average of 365 nightly census counts. This data is extracted from the Bed Reporting System by System Information and Analytics (SIA) Branch, NSW Health. An available bed is one that is staffed, open and available for admission of a patient. **2.** 'Average occupied beds' are calculated from the total Occupied Overnight Bed Days for the year. Higher numbers of occupied beds than available can sometime be reported due to use of surge beds to cope with high demands. **3.** 'Same-day Separations' are those where the hospital episode begins and ends on the same day. **4.** 'Overnight Separations' are episodes of hospital care where the person stays at least one night in hospital, and are concluded by discharged, death, transfer to another hospital or change to a different type of care at the same hospital. **5.** Ambulatory mental health care includes all care provided by specialist mental health services for people who are not inpatients of mental health units at the time of care.

Table 2. Mental Health – Acute Indicators

Rates of 28 days readmission, 7 days post discharge community care, seclusion rate, duration and frequency in mental health service

LOCAL HEALTH DISTRICT/ NETWORK/HOSPITAL	28 DAY READMISSION RATE 2019-20 (%) ¹	7 DAY POST- DISCHARGE COMMUNITY CARE RATE 2019-20 (%) ²	SECLUSION RATE 2019-20 ³	SECLUSION AVERAGE DURATION 2019-20 ⁴	SECLUSION FREQUENCY 2019-20 (%) ⁵
Justice Health and Forensic Health Network	21.0	20.7	67.9	16.3	56.8
Forensic Hospital	7.7	15.4	67.9	16.3	56.8
Long Bay ⁶	10.8	27.0			
MRRC ⁶	24.5	20.3			
Mulawa ⁶	23.2	17.9			
Sydney Children's Hospitals Network	20.6	81.7	2.3	2.5	1.7
Children's Hospital at Westmead	22.8	84.8	1.4	0.4	1.2
Sydney Children's Hospital Randwick	18.3	78.4	3.1	3.3	2.2
St Vincent's Health Network	20.4	71.1	2.5	1.4	1.7
St Josephs	25.6	74.4	0.0	0.0	0.0
St Vincents	20.0	70.9	3.3	1.4	1.8
Sydney Local Health District	15.6	75.0	10.6	8.8	6.8
Concord	17.8	72.8	13.7	9.2	9.4
Royal Prince Alfred	12.4	78.4	4.2	6.5	2.8
South Western Sydney Local Health District	16.6	73.9	7.7	6.9	4.9
Bankstown	18.6	75.1	6.7	2.6	5.0
Braeside	7.0	59.2	0.0	0.0	0.0
Campbelltown	15.8	75.0	5.1	1.4	3.5
Liverpool	17.0	72.7	13.3	10.4	6.7
South Eastern Sydney Local Health District	15.5	85.3	2.2	3.2	1.5
Prince of Wales	16.1	84.6	1.1	7.0	1.0
St George	14.7	83.9	2.0	1.5	1.4
Sutherland	15.5	89.0	5.6	2.1	3.3
Illawarra Shoalhaven Local Health District	14.3	85.0	9.7	3.9	5.9
Shellharbour	15.7	84.5	12.0	4.1	7.3
Wollongong	12.7	85.7	6.5	3.6	4.2
Western Sydney Local Health District	17.3	81.2	6.0	11.9	4.9
Blacktown	15.0	84.5	3.0	9.4	1.9
Cumberland	19.3	77.6	8.8	12.2	7.2
Westmead	14.6	88.9	0.0	0.0	0.0
Nepean Blue Mountain Local Health District	17.8	69.8	4.4	4.0	3.6
Blue Mountains	11.7	70.7	0.4	0.5	0.6
Nepean	18.9	69.7	5.3	4.0	4.1
Northern Sydney Local Health District	11.1	85.4	2.7	2.1	2.6
Greenwich	3.4	84.6	0.0	0.0	0.0
Hornsby	13.3	84.4	4.5	1.6	3.8
Macquarie	11.0	87.7	0.7	1.9	1.3
Royal North Shore	9.5	86.4	2.1	3.7	1.8
Central Coast Local Health District	11.6	82.9	7.5	3.7	5.4
Gosford	13.1	81.1	7.4	3.2	5.3
Wyong	10.7	83.8	7.5	4.0	5.5

LOCAL HEALTH DISTRICT/ NETWORK/HOSPITAL	28 DAY READMISSION RATE 2019-20 (%) ¹	7 DAY POST- DISCHARGE COMMUNITY CARE RATE 2019-20 (%) ²	SECLUSION RATE 2019-20 ³	SECLUSION AVERAGE DURATION 2019-20 ⁴	SECLUSION FREQUENCY 2019-20 (%) ⁵
Hunter New England Local Health District	13.4	74.0	5.9	4.5	3.8
Armidale	11.6	92.4	0.0	0.0	0.0
HNE Mater	13.6	71.0	7.0	5.6	4.7
John Hunter	20.1	96.8	1.5	3.5	0.7
Maitland	8.5	69.8	8.9	2.5	6.2
Manning	10.1	75.3	2.9	3.1	2.7
Morisset	0.0	88.5	0.0	0.0	0.0
Tamworth	17.3	69.3	5.6	2.2	2.4
Northern NSW Local Health District	11.3	69.9	5.3	6.5	3.5
Lismore	8.0	67.8	6.6	6.9	4.1
Tweed	14.6	71.9	3.5	5.6	2.8
Mid North Coast Local Health District	17.4	77.3	2.0	9.7	1.9
Coffs Harbour	17.1	74.2	2.3	12.3	2.5
Kempsey	14.0	82.8	0.0	0.0	0.0
Port Macquarie	20.8	79.8	2.4	1.9	1.8
Southern NSW Local Health District	15.5	76.7	6.4	1.9	2.7
Goulburn	16.4	78.3	9.2	1.6	3.2
South East Regional	12.8	72.1	0.9	6.9	1.0
Murrumbidgee Local Health District	11.0	84.8	4.1	1.3	2.2
Wagga Wagga	11.0	84.8	4.1	1.3	2.2
Western NSW Local Health District	9.2	71.6	4.1	1.0	2.2
Bathurst	5.5	81.2	0.0	0.0	0.0
Dubbo	12.7	67.7	1.9	1.3	1.7
Orange Health Service	9.5	69.1	5.4	1.0	2.8
Far West Local Health District	13.6	92.8	19.7	4.9	8.2
Broken Hill	13.6	92.8	19.7	4.9	8.2
NSW - TOTAL	15.0	76.9	6.1 (7.9)	6.3 (8.9)	4.1 (4.2)
2018-19	14.6	75.1	5.5 (6.0)	5.6 (12.7)	3.7 (3.8)
2017-18	14.8	75.1	5.8 (6.0)	4.7 (11.1)	4.0 (4.1)
2016-17	14.2	68.9	7.0 (6.9)	5.5 (11.1)	4.9 (5.0)
2015-16	14.8	66	8.8 (8.7)	5.3 (9.5)	6.0 (6.0)

Definitions: **1.** Overnight separations from acute psychiatric inpatient units that are followed by readmission to the same or another acute psychiatric unit. **2.** Overnight separations from acute psychiatric inpatient units for which a community mental health contact, in which the client participated, was recorded in the seven days following that separation. **3.** Rate: Acute Seclusion episodes per 1,000 occupied bed days. **4.** Duration: Average duration of acute seclusion episodes (hours per episode). **5.** Frequency: Percent of acute mental health hospital stays where seclusion occurred. Note: **3,4,5.** NSW rate, duration and frequency for seclusion is calculated by including or excluding Justice Health. Figures in parentheses include Justice Health. **6.** Use of seclusion is not reported by NSW Health due to shared model of service delivery with Corrective Services NSW.