

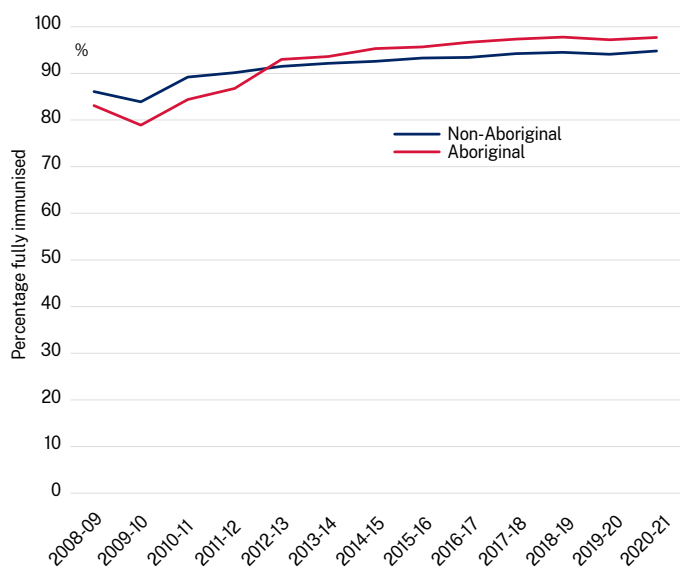
Appendix

Appendix 1

Health statistics

Early disease management

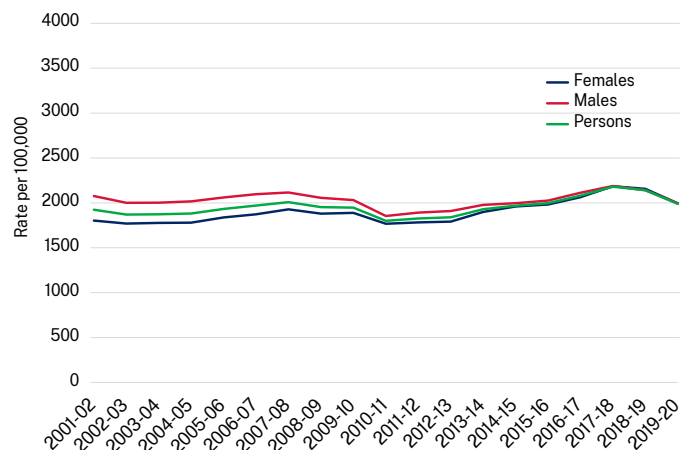
Aboriginal and non-Aboriginal children fully vaccinated at five years of age



Source: Health Protection NSW.

Immunisation coverage has improved significantly for Aboriginal and non-Aboriginal children in NSW since 2012. The Aboriginal Immunisation Healthcare Worker Program uses targeted interventions to improve the timely vaccination of Aboriginal children. This has closed the gap in coverage rates and resulted in Aboriginal children having higher coverage at 97.7 per cent than non-Aboriginal children at 94.8 per cent in 2020-21.

Potentially preventable hospitalisations



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

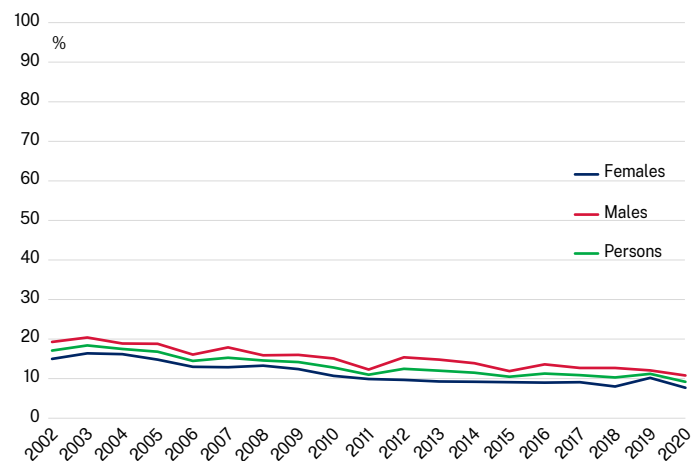
Conditions for which hospitalisation is considered potentially avoidable through preventive care and early disease management, usually delivered in an ambulatory (walk-in) setting, such as primary healthcare.

The term does not mean that a patient admitted for that condition did not need to be hospitalised at the time of admission. Rather, the hospitalisation may have been prevented by timely and appropriate provision of primary or community-based healthcare. Reducing hospitalisations might involve vaccination, early diagnosis and treatment, and/or good ongoing management of risk factors and conditions in community settings.

Rates of potentially preventable hospitalisations have been fairly stable over time, with rates for males and females converging in recent years. In 2019-20 in NSW, the rate of potentially preventable hospitalisations was 1995 per 100,000 population for both males and females or 180,305 hospital episodes in total.

Smoking

Daily smoking in adults aged 16 years and over

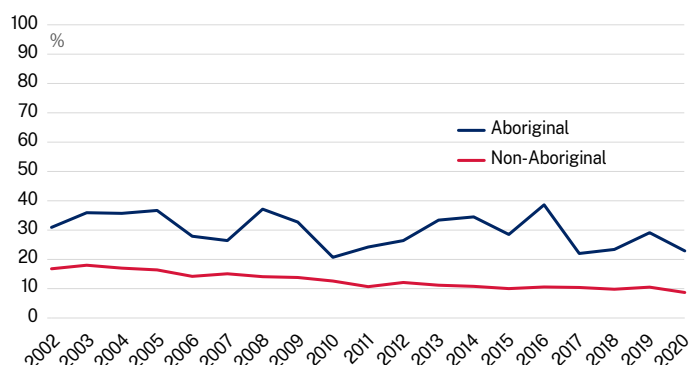


Source: HealthStats NSW, Centre for Epidemiology and Evidence, NSW Ministry of Health.

There has been a long-term reduction in smoking over the last 10 years, with 9.2 per cent of adults (10.8 per cent of males and 7.7 per cent of females) in NSW reporting daily smoking in 2020.

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

Daily smoking by Aboriginality, people aged 16 years and over

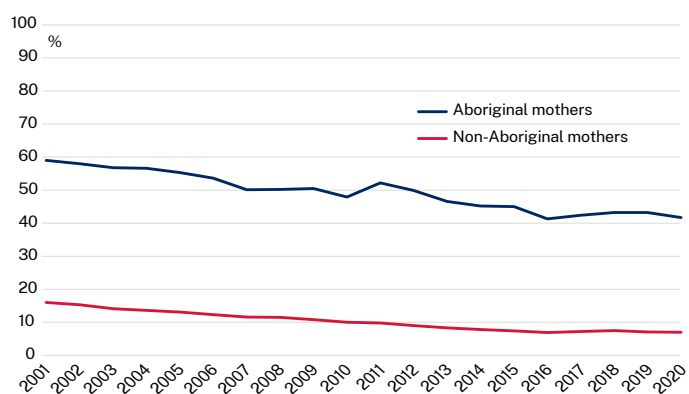


Source: HealthStats NSW, Centre for Epidemiology and Evidence, NSW Ministry of Health.

Aboriginal people are more than twice as likely to be daily smokers as non-Aboriginal people. In NSW in 2020, the rate of daily smoking in adults was 22.9 per cent among Aboriginal people, and 8.7 per cent among non-Aboriginal people.

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

Smoking during pregnancy by Aboriginal and non-Aboriginal mothers

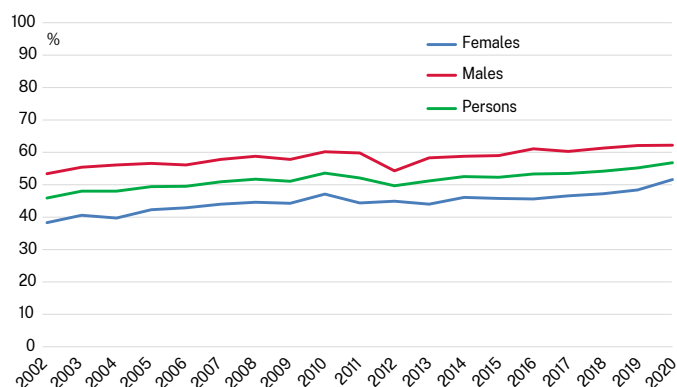


Source: HealthStats NSW, Centre for Epidemiology and Evidence, NSW Ministry of Health.

The proportion of mothers that reported smoking at some time during pregnancy has remained stable in recent years at around nine per cent. In 2020, 41.7 per cent of Aboriginal mothers reported smoking at some time during pregnancy, compared with 7.0 per cent of non-Aboriginal mothers. In 2020, 8.6 per cent of mothers reported any smoking during pregnancy. Of those mothers who smoked during pregnancy in 2020, 21.3 per cent stopped smoking in the first half of pregnancy (11.3 per cent of Aboriginal mothers and 24.4 per cent of non-Aboriginal mothers who smoked).

Overweight and obesity

Overweight or obesity in adults aged 16 years and over



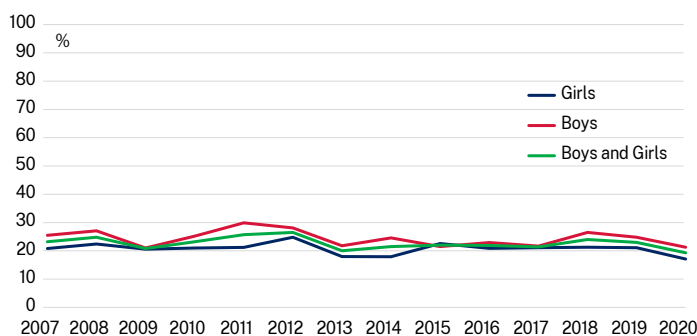
Source: HealthStats NSW, Centre for Epidemiology and Evidence, NSW Ministry of Health.

In NSW over the 10 years between 2011 and 2020, the rate of overweight and obesity in the population has gradually increased from 52.1 per cent to 56.8 per cent of adults. Underlying this trend, the rate of increase in overweight was lower than that of obesity (between 2011 and 2020, overweight rates increased from 33.1 per cent to 34.3 per cent whereas obesity rates increased from 19.1 per cent to 22.5 per cent).

In 2020, 56.8 per cent of adults aged 16 years and over (62.2 per cent of men and 51.6 per cent of women) were overweight or obese. Further, 34.3 per cent of adults (40.2 per cent of males and 28.4 per cent of females) were overweight and 22.5 per cent (22.0 per cent of males and 23.1 per cent of females) were obese.

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

Overweight or obesity in children five to 16 years

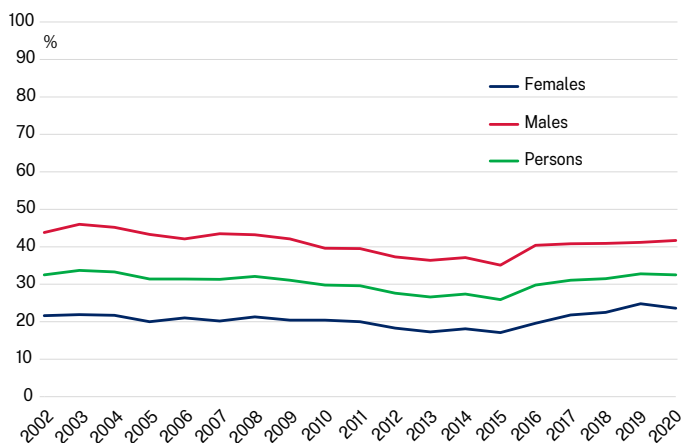


Source: HealthStats NSW, Centre for Epidemiology and Evidence, NSW Ministry of Health.

In NSW, the prevalence of overweight and obesity in children has been relatively stable over the 10-year period from 2011 to 2020. In 2020, 19.3 per cent of children aged five to 16 years (21.3 per cent of boys and 17.1 per cent of girls) were overweight or obese. However, the prevalence remains high and is a cause for concern.

Alcohol

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



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

In 2020 in NSW, 32.5 per cent of adults (41.7 per cent of men and 23.6 per cent of women) consumed more than two standard alcoholic drinks on a day when they drank alcohol, posing a long-term risk to their health.

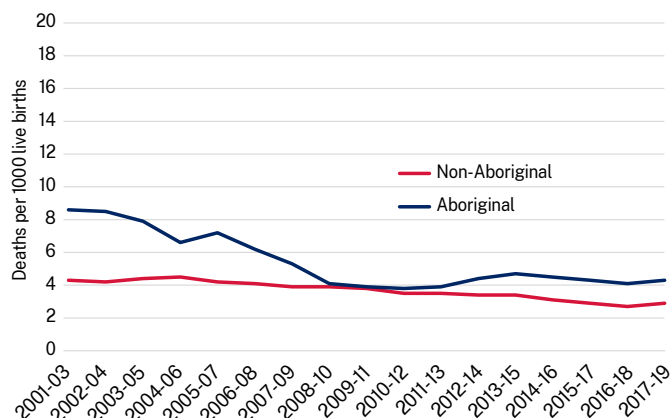
While alcohol consumption at levels that pose a long-term health risk was in decline over the 10 years prior to 2015 in NSW, rates have increased since then.

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

The guidelines to reduce the health risks from drinking alcohol, published by the National Health and Medical Research Council in 2009, state that the lifetime risk of harm from alcohol-related disease or injury is reduced by drinking no more than two standard drinks on any day when drinking alcohol. The measure of lifetime risk of harm is defined as more than two standard drinks on a day when alcohol is consumed, and is referred to as ‘long-term risk of harm’ from alcohol consumption. As this definition is based on usual alcohol consumption, therefore representing an overall pattern of drinking, it reflects alcohol use related to health risk over the long term.

Aboriginal health

Infant mortality rates by Aboriginality

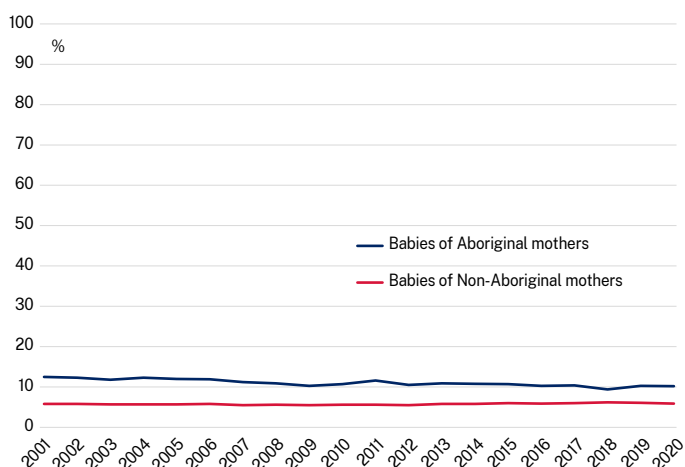


Source: Australian Bureau of Statistics. Deaths. Catalogue number 3302.0. Canberra: ABS and HealthStats NSW, Centre for Epidemiology and Evidence, NSW Ministry of Health.

The infant mortality rate is the number of infant deaths (up to one year of age) per 1000 births. During 2017-19, an average of 30 deaths of Aboriginal infants under one year of age per year were registered in NSW. Over the period 2001-03 to 2017-19, the infant mortality rate among Aboriginal infants halved from 8.6 to 4.3 deaths per 1000 births, while the rate among non-Aboriginal infants reduced by around one-third from 4.3 to 2.9 infant deaths per 1000 births.

The mortality rate among Aboriginal infants in NSW is lower than in other Australian states and territories. From 2017-19, the infant mortality rate for all Aboriginal infants in Australia was 5.4 compared with a rate of 4.3 deaths per 1000 births for Aboriginal infants in NSW.

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



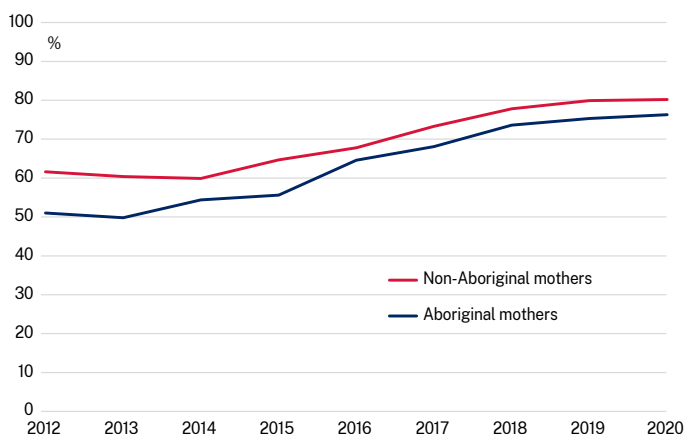
Source: HealthStats NSW, Centre for Epidemiology and Evidence, NSW Ministry of Health.

In NSW in 2020, the proportion of low birth weight babies born to Aboriginal mothers was around two-thirds higher than the proportion born to non-Aboriginal mothers. Between 2001 and 2020, the proportion of low birth weight babies among Aboriginal mothers decreased from 12.5 per cent to 10.2 per cent.

Smoking in pregnancy is associated with an increased risk of having a low birth weight baby.

The proportion of Aboriginal mothers who reported smoking at some time during pregnancy fell from 59.0 per cent in 2001 to 41.7 per cent in 2020. In 2020, 11.3 per cent of Aboriginal mothers who smoked quit during the first half of their pregnancy.

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



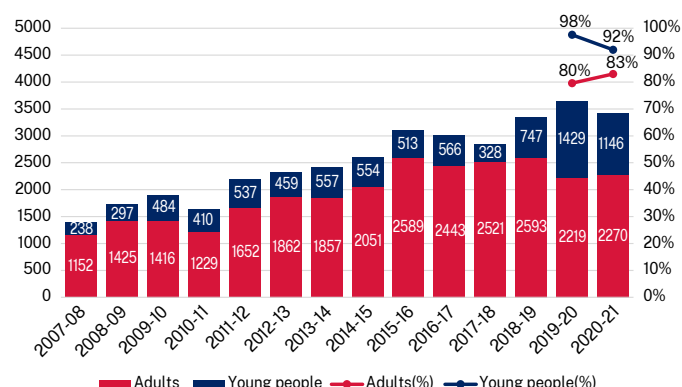
Source: HealthStats NSW, Centre for Epidemiology and Evidence, NSW Ministry of Health.

The purpose of antenatal visits is to monitor the health of the mother and baby, provide advice to promote the health of the mother and baby, and identify antenatal complications so that appropriate intervention can be provided at the earliest time.

The first comprehensive antenatal assessment should be carried out as early as possible in pregnancy. In NSW in 2020, the proportion of Aboriginal mothers who attended their first antenatal visit before 14 weeks of pregnancy was 76.3 per cent, compared with 80.2 per cent of non-Aboriginal mothers.

Mental health

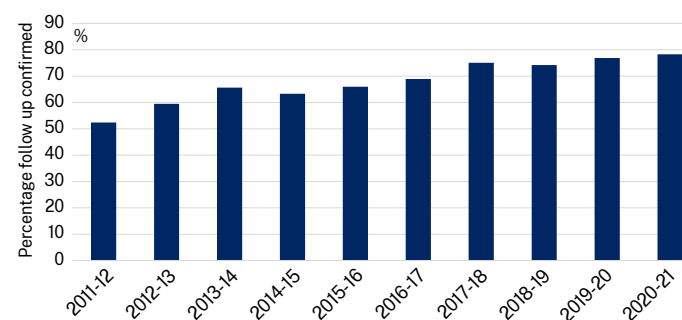
Adults and young people with mental health illness or issues diverted into community-based treatment



Source: Justice Health and Forensic Mental Health Network.

In 2020-21, 2270 (83 per cent) adults in the criminal justice system with mental health illness were diverted away from custody into community-based treatment by the Justice Health and Forensic Mental Health Network (excludes diversions by Hunter New England Local Health District). Over the same period, there were 1146 (92 per cent) young people in contact in the criminal justice system identified as having mental health issues and referred to community-based treatment.

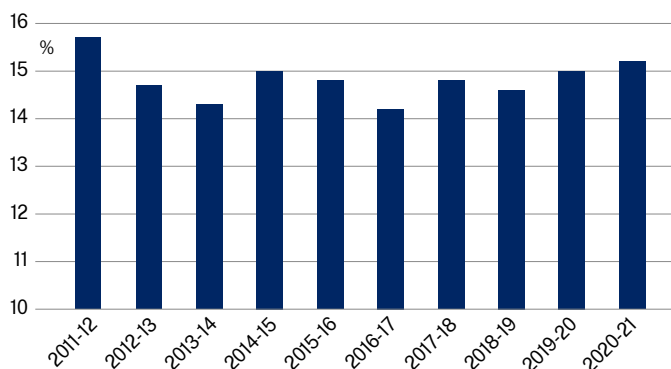
Proportion of clients discharged from an Acute Public Mental Health Unit who are seen by a Community Mental Health Team within seven days of that discharge



Source: Health Information Exchange, InforMH.

This indicator shows the proportion of clients discharged from an Acute Public Mental Health Unit who are seen by a Community Mental Health Team within seven days of that discharge. It reflects the effectiveness of acute inpatient discharge planning and the integration of acute inpatient and community mental health services. In 2020-21, the rate of follow-up within seven days increased from the previous year to 78.3 per cent.

Readmission to a mental health acute service within 28 days

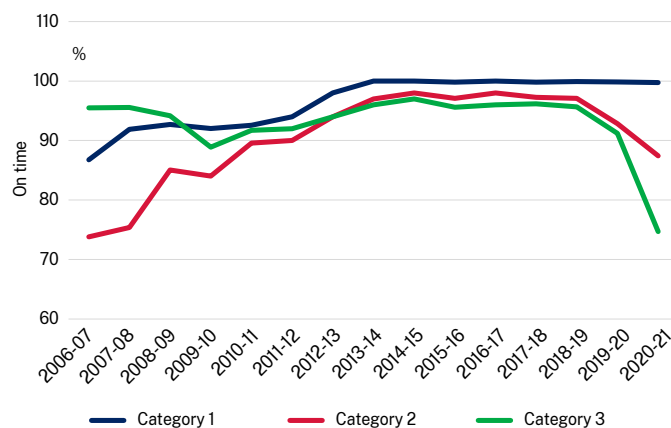


Source: Health Information Exchange, System Information and Analytics Branch, InforMH.

This indicator shows the proportion of separations from an Acute Public Mental Health Unit which were followed by a readmission within 28 days to any NSW Acute Public Mental Health Unit. The readmission rate increased slightly by 0.2 per cent from 2019-20 to 15.2 per cent.

NSW hospital performance

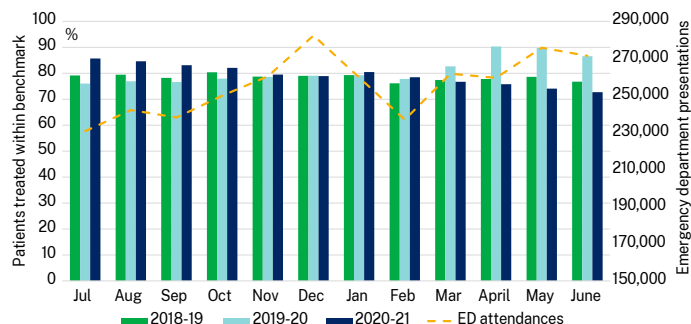
Elective Surgery Access Performance target – percentage of patients admitted for elective surgery within clinically recommended timeframes



Source: Waiting List Collection Online System, NSW Ministry of Health.

The percentage of patients who received their elective surgery within clinically recommended timeframes declined in NSW. In 2020-21, the number of patients receiving their surgery on time remained at 100 per cent for category 1 (urgent surgery), with category 2 (semi-urgent surgery) at 87 per cent and category 3 (non-urgent surgery) at 75 per cent. Elective surgery activity and performance has been impacted by COVID-19 with restrictions placed on non-urgent elective surgery for a substantial portion in early 2020.

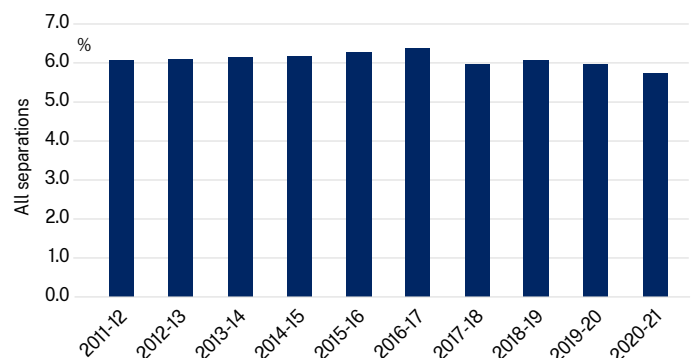
Percentage of emergency department patients treated within benchmark times across three triage categories



Source: NSW Ministry of Health, Health Information Exchange.

In 2020-21, over 3 million patients attended a NSW public emergency department, over 148,000 more than in 2019-20. While presentations peaked in December 2020, the percentage of patients seen within clinically appropriate timeframes across all triage categories remained similar to those overall in 2019-20.

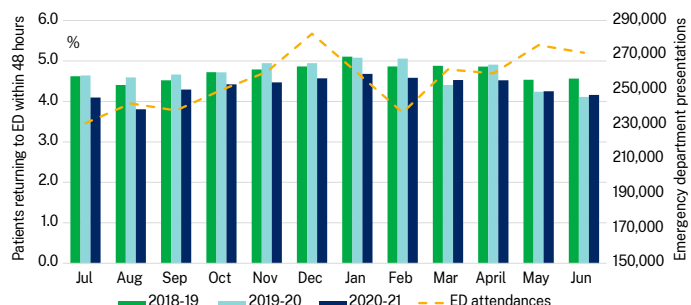
Unplanned readmission within 28 days of separation



Source: Health Information Exchange, NSW Ministry of Health.

Unplanned readmissions in 2020-21 have decreased 0.3 percentage points from the previous year and the number is the lowest it has been in the last decade. This data reflects the volume of unplanned readmissions within 28 days but does not provide an indication of whether these readmissions were preventable or unexpected.

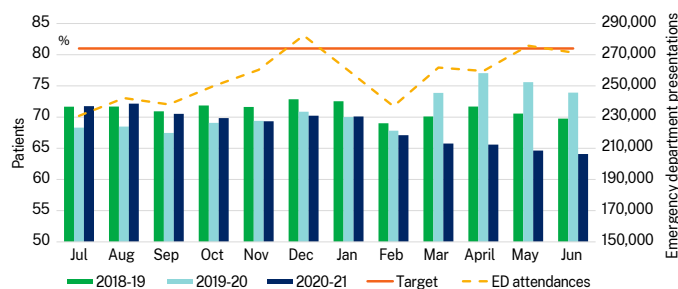
Re-presentation to the same emergency department within 48 hours



Source: NSW Ministry of Health, Health Information Exchange.

The percentage of re-presentations decreased in 2020-21 compared with 2019-20. Emergency departments are maintaining high levels of care while caring for an increased volume of patients. Districts and networks continue their efforts towards improving patient flow in emergency department and hospital wards despite the additional pressures brought on by the COVID-19 pandemic.

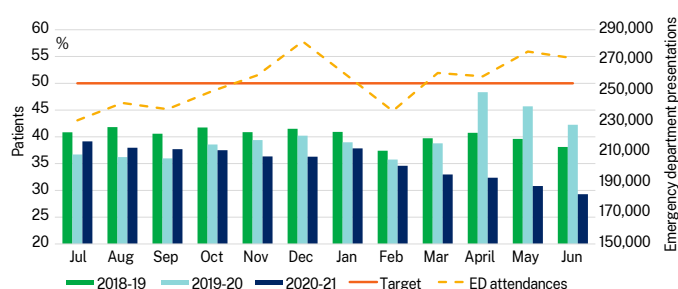
Emergency Treatment Performance – percentage of patients with total time in an emergency department ≤ four hours



Source: NSW Ministry of Health, Health Information Exchange.

NSW continues its commitment to ensuring patients who present to emergency departments complete their treatment in a timely and clinically appropriate manner. Despite additional clinical protocols brought on by the COVID-19 pandemic, 68.3 per cent of patients who presented to a NSW emergency department left within four hours following treatment in 2020-21.

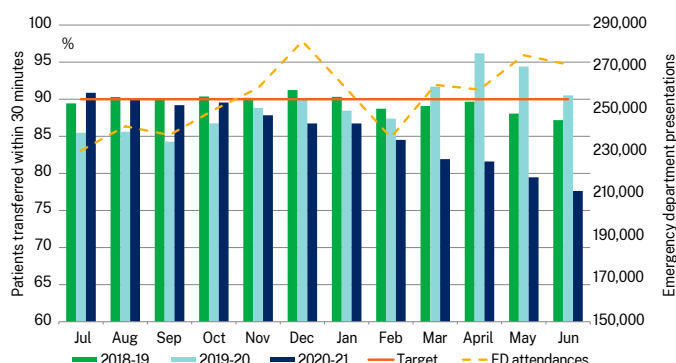
Admitted Emergency Treatment Performance – percentage of patients with total time in an emergency department ≤ four hours



Source: NSW Ministry of Health, Health Information Exchange.

Emergency treatment performance for patients admitted to a ward, intensive care unit or operating suite followed a decreasing trend in 2020-21 as the health system experienced higher activity levels and impacts of the pandemic. The proportion of admitted patients in 2020-21 who spent four hours or less in the emergency department was 35.2 per cent.

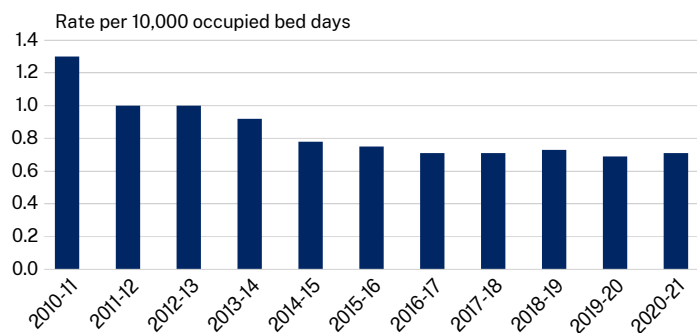
Transfer of Care (TOC) Performance – percentage of patients whose care was transferred from ambulance staff to emergency department staff within 30 minutes



Source: NSW Ministry of Health, Health Information Exchange.

In 2020-21, NSW public hospitals experienced an increase in volume of patients attending the emergency department and the proportion of patients whose care was transferred from ambulance staff to hospital staff within 30 minutes followed a decreasing trend. The state target of 90 per cent was achieved in the July to October 2020 period with the subsequent months falling below target.

Staphylococcus aureus bloodstream infections



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

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

The data includes both methicillin-resistant and methicillin-sensitive isolates. The rate of SA-BSI has decreased from 1.3 per 10,000 occupied bed days in 2010-11 to 0.71 per 10,000 occupied bed days in 2020-21. The overall rate of SA-BSI in NSW has remained below the national benchmark of less than two cases per 10,000 bed days.

Appendix 2

Workforce statistics

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

	June 2021
Medical	13,350
Nursing	51,794
Allied health	11,462
Other professionals and paraprofessionals	3,179
Scientific and technical clinical support	6,810
Oral health practitioners and therapists	1,316
Ambulance officers	4,764
Sub-total clinical staff	92,675
Corporate services	5,441
Clinical support	19,170
Hotel services	8,681
Maintenance and trades	857
Other	332
Sub-total other staff	34,481
Total	127,156

Source: Statewide Management Reporting Service (SMRS).

Notes: **1.** FTE calculated as the last fortnight in June, paid productive and paid unproductive hours. **2.** Includes full-time equivalent (FTE) salaried staff employed with local health districts, Sydney Children's Hospitals Network, Justice Health and Forensic Mental Health Network, NSW Health Pathology, HealthShare NSW, NSW Ambulance, eHealth NSW and Albury Wodonga Health. All non-salaried staff such as Visiting Medical Officers (VMO) and other contracted staff are excluded. **3.** Staff employed by Third Schedule affiliated health organisations, non-government organisations and other service providers funded by NSW Health are not reported in the NSW Ministry of Health's annual report. **4.** Rounding of staff numbers to the nearest whole number in this table may cause minor differences in totals. **5.** IT project implementation staff are included in clinical support. **6.** The COVID-19 pandemic may result in additional or alternate care delivery requirements, which may affect the current reporting of NSW Health workforce numbers in lieu of normal variations. **7.** Non-Emergency Patient Transport Officers (NEPTO) were realigned to the treasury group 'clinical support' from 'scientific and technical clinical support' (approximately 230 FTE).

Number of full-time equivalent staff (FTE) employed in other NSW Health organisations

	June 2021
NSW Health organisations supporting the public health system*	2,071
Health Professional Councils Authority	168
Mental Health Review Tribunal	35

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

Historical figures NSW public health system

	June 2018	June 2019	June 2020
Medical	12,137	12,503	12,997
Nursing	48,286	49,353	49,889
Allied health	10,445	10,697	11,084
Other professionals and paraprofessionals	3,057	3,093	3,064
Scientific and technical clinical support	6,650	6,758	6,909
Oral health practitioners and therapists	1,332	1,337	1,369
Ambulance officers	4,150	4,241	4,644
Sub-total clinical staff	86,056	87,983	89,956
Corporate services	5,248	5,219	5,428
Clinical support	16,340	17,118	17,389
Hotel services	8,189	8,271	8,579
Maintenance and trades	865	864	856
Other	349	330	329
Sub-total other staff	30,991	31,801	32,582
Total	117,047	119,784	122,538

Source: Statewide Management Reporting Service (SMRS).

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

Number of full-time equivalent staff (FTE) employed in other NSW Health organisations

	June 2018	June 2019	June 2020
NSW Health organisations supporting the public health system*	1,584	1,787	1,797
Health Professional Councils Authority	112	134	143
Mental Health Review Tribunal	29	31	34

Source: Statewide Management Reporting Service (SMRS).

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

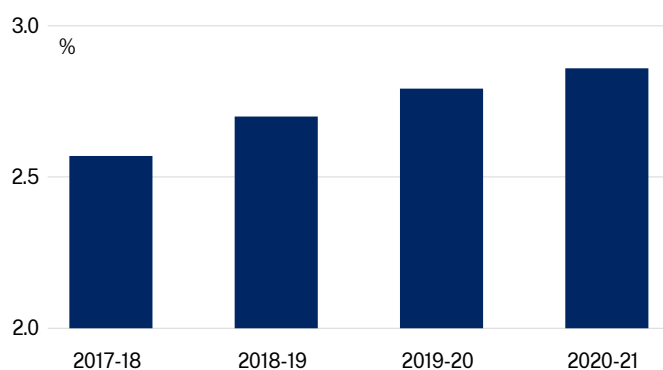
Registered practitioners

Profession	NSW ¹
Aboriginal and Torres Strait Islander health practitioner	179
Chinese medicine practitioner	1,959
Chiropractor	1,945
Dental practitioner	7,420
Medical practitioner	38,874
Medical radiation practitioner	5,931
Midwife	1,677
Nurse	115,353
Nurse and midwife ¹	8,123
Occupational therapist	7,015
Optometrist	2,064
Osteopath	632
Paramedic	5,525
Pharmacist	10,509
Physiotherapist	11,009
Podiatrist ²	1,631
Psychologist	13,541

Source: Australian Health Practitioner Regulation Agency, June 2021.

Notes: **1.** Registrants who hold dual registration as both a nurse and a midwife. **2.** Throughout this report, the term 'podiatrist' refers to both podiatrists and podiatric surgeons unless otherwise specified. **3.** The 2020-21 data includes practitioners registered on the temporary pandemic sub-register created in response to the COVID-19 pandemic.

Aboriginal staff as a proportion of total staff



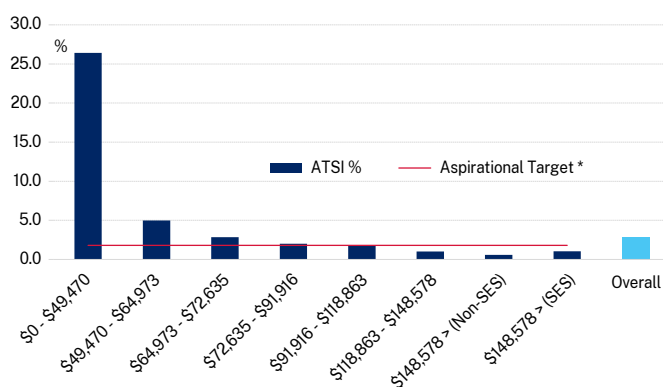
Source: Public Service Commission data collection 2020-21.

Note: NSW Public Health System.

Excludes Third Schedule facilities.

*Note from the PSC Diversity Report 2020: The NSW Public Sector Aboriginal Employment Strategy 2014-17 introduced an aspirational target of 1.8 per cent by 2021 for each of the sector's salary bands. If the aspirational target of 1.8 per cent is achieved in salary bands not currently at or above 1.8 per cent, the cumulative representation of Aboriginal employees in the sector is expected to reach 3.3 per cent (original overall target is 2.6 per cent).

Aboriginal staff by salary band



Source: Public Service Commission data collection 2020-21.

Note: NSW public health system.

Excludes Third Schedule facilities.

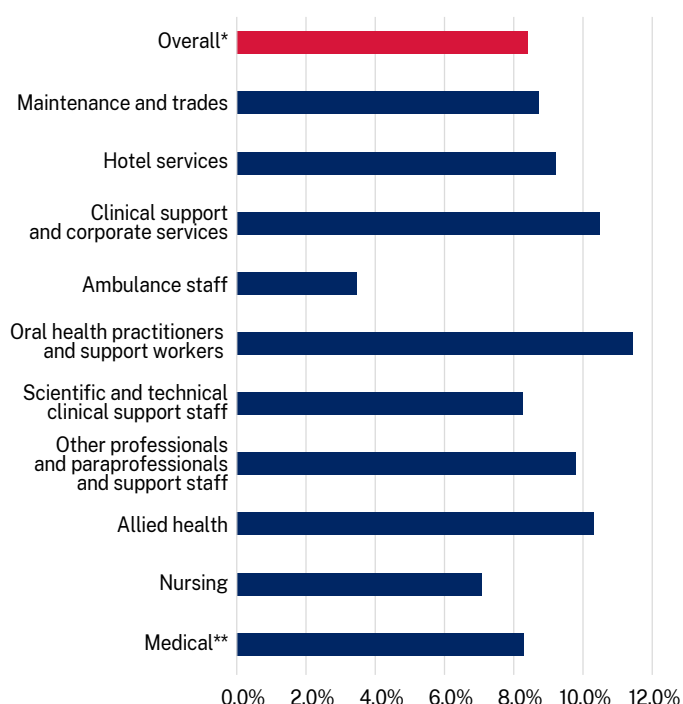
*Note from the PSC Diversity Report 2020: The NSW Public Sector Aboriginal Employment Strategy 2014-17 introduced an aspirational target of 1.8 per cent by 2021 for each of the sector's salary bands. If the aspirational target of 1.8 per cent is achieved in salary bands not currently at or above 1.8 per cent, the cumulative representation of Aboriginal employees in the sector is expected to reach 3.3 per cent (original overall target is 2.6 per cent).

Staff turnover

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

The desired outcome is to reduce turnover rates within acceptable limits to increase staff stability. For June 2021, the staff turnover rate was 8.4 per cent – an increase from 7.9 per cent in June 2020.

Non-casual staff turnover rate by treasury group – FY 2020-21



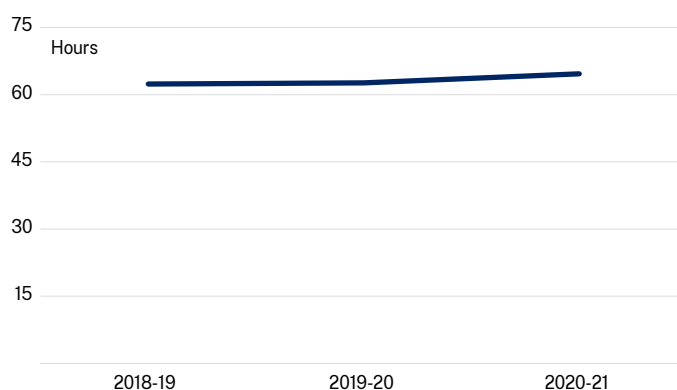
Source: Public Service Commission data collection.

Note: *Excludes Third Schedule facilities, 'Other' treasury group and Junior Medical Officers. **Excluding Junior Medical Officers (JMOs are on a term contract). Health system average inclusive of all health districts, NSW Ministry of Health, Health pillars, HealthShare NSW, eHealth NSW, Justice Health and Forensic Mental Health Network, NSW Health Pathology, Cancer Institute NSW, Albury Wodonga Health and NSW Ambulance.

Sick leave

Effective people management and monitoring helps reduce the amount of sick leave staff take. This in turn helps reduce the need for, and cost of, replacing staff and prevents the potential negative effect on service delivery where replacement staff are not readily available. Sick leave per FTE increased slightly from 62.65 hours per FTE in 2019-20 to 64.65 hours per FTE in 2020-21.

Sick leave hours per full-time equivalent



Source: MOH-Statewide Management Reporting System (SMRS).

Note: Excludes Third Schedule facilities and casual employees. Health system average inclusive of all health districts, NSW Ministry of Health, Health pillars, HealthShare NSW, eHealth NSW, Justice Health and Forensic Mental Health Network, NSW Health Pathology, Cancer Institute NSW, Albury Wodonga Health and NSW Ambulance.

Overseas visits

Due to the COVID-19 pandemic, there have been no overseas visits for Ministry employees travelling on Ministry-related activities.

Key policies 2020-21

The following policies were implemented in 2020-21.

Policy number	Policy name
PD2020_023	Staff Specialist Emergency Physicians – Remuneration Arrangements for the Period to June 2021
PD2020_040	Prevention and Management of Workplace Bullying in NSW Health
PD2020_041	Prevention and Management of Unacceptable Workplace Behaviours in NSW Health JMO Module
PD2020_044	Managing Child Related Allegations, Charges and Convictions Against NSW Health Staff
PD2021_17	Service Check Register for NSW Health

Workers compensation

NSW Ministry of Health – Categories of accepted workers compensation claims

Injury or illness	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
Body stressing	8	2	3	1	0	0	0	2	2
Slip, trip, fall	2	3	3	1	2	0	6	3	0
Hitting objects	0	0	1	1	0	0	1	0	0
Psychological	2	0	2	5	2	0	6	4	6
Motor vehicle	0	0	0	0	0	0	0	1	0
Other	1	0	0	2	0	0	0	0	0
Total	13	5	9	10	4	0	13	10	8

NSW Ministry of Health – Number of new claims each year

Year	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
New claims	13	5	9	10	4	0	13	10	8

Award changes and industrial relations claims

Wage increases

Unions sought a wage increase for NSW Health staff of 2.5 per cent for the period 1 July 2020 to 30 June 2021, as the NSW Government submitted that wage increases should not occur due to the economic impacts of the COVID-19 pandemic.

The NSW Industrial Relations Commission awarded a 0.3 per cent wage increase to NSW Health Awards following arbitration. For paramedics, the Commission also awarded an additional bonus amount being the difference between \$1000 and the 0.3 per cent wage increase.

Nursing hours per patient day

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

Patient Transport Officer training arrangements

The Ministry made an application for the Award to be varied to modernise and clarify its qualification and training requirements for Patient Transport Officers. If not settled beforehand, this dispute will be arbitrated in the Industrial Relations Commission in late September 2021.

Paramedics Claim for a New Transitional Benefits Award

The NSW Industrial Relations Commission rejected the union claim, which sought a new Award for Paramedics, providing a new allowance to compensate employees for reduced overtime as a result of enhanced staffing numbers as part of the Statewide Enhancement Program.

Broken Hill Award application

The Ministry filed an award application for the staff of the Broken Hill Health Service, with the Award seeking to grandfather beneficial conditions existing staff presently have while employing new staff under the relevant state award.

In January 2021, the Industrial Relations Commission issued its decision, setting down the principles for the new Award. The new Award is subject to ongoing discussions between the Ministry, the Health Services Union and the Barrier Industrial Council. The new Award will provide clarity around conditions of employment and replace an outdated 1997 Industrial agreement between the parties, which continues to be the cause of ongoing disputation between the parties.

ASMOF claim for Registrar classification dispute mechanism

The Australian Salaried Medical Officers Federation of NSW (ASMOF) lodged a dispute in the NSW Industrial Relations Commission about the classification of Registrars in local health districts. ASMOF seek to vary the Medical Officers' Award to remove the requirement of three years' postgraduate experience for a Medical Officer to be classified as a Registrar. The matter is listed for hearing in November 2021.

ASMOF claim to maintain non-standard arrangements for Western Sydney Local Health District Radiologists

NSW Ministry of Health is seeking to remove unauthorised industrial arrangements covering radiology staff specialists at Western Sydney Local Health District dating back to 1999. The arrangements are being maintained until the matter is determined by the NSW Industrial Relations Commission as the status quo provisions of the Award have been invoked.

Excess travel allowance dispute

On 8 March 2021, the Industrial Relations Commission determined that staff who were transferred temporarily to a new location were entitled under the Award to the excess fare and travel provisions for the duration of the transfer.

Section 19 Award Reviews and further action on the Infectious Cleaning Allowance

The Ministry filed submissions and evidence and participated in a full bench arbitration in November 2020. Further conciliation efforts after the arbitration were unsuccessful.

On 30 June 2021, the Full Bench handed down its decision and proposed an updated infectious cleaning cause. The parties have an opportunity to raise comments or concerns about the proposed clause and file a further variation application if necessary.

Restructuring processes with redundancy/excess staff implications

Ongoing advice and management has been provided to local health districts and public health organisations relating to their workforce change proposals. Major change processes included the Bulli Hospital restructure, Illawarra Shoalhaven Local Health District Anatomical Pathology Commissioning, Gloucester Aged Care transition to AnglicanCare, the closure of Liverpool Aged Care Respite Care Centre, the Mental Health Line outsourcing to MediBank and the restructure in Southern NSW Local Health District.

Appeal of NSW Industrial Relations Commission decision in relation to On Call Allowance

The Secretary, NSW Health appealed the NSW Industrial Relations Commission's decision which required the continued payment of an on-call allowance to staff that were not required to be on call as per the Award. The Commission's decision has not yet been handed down.

Public Service senior executives 2020-21

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

Band	2020		2021	
	Female	Male	Female	Male
Band 4	1	0	1	0
Band 3	4	3	2	4
Band 2	16	9	15	11
Band 1	48	27	44	25
Totals	69	39	62	40
	108		102	

Band	Range	Average remuneration	
		2020	2021
Band 4	\$487,051 - \$562,650	\$599,000	\$599,000
Band 3	\$345,551 - \$487,050	\$476,182	\$480,338
Band 2	\$274,701 - \$345,550	\$308,744	\$305,777
Band 1	\$192,600 - \$274,700	\$221,628	\$221,603

Twenty per cent of the NSW Ministry of Health's employee-related expenditure in 2021 was related to senior executives, compared with 22 per cent in 2020*.

*Total employee-related expenses have been calculated adjusting the expense for the Agency Performance Adjustment (APA) for Workers Compensation Insurance to reflect the NSW Ministry of Health portion only.

Appendix 3

Public hospital activity levels

Selected data for the year ended June 2021 Part 1^{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	1,013	94.2	60.8	25,088	9.8	69
Sydney Children's Hospitals Network	56,132	50.2	49.9	150,866	2.5	413
St Vincent's Health Network	44,552	55.6	58.0	165,115	3.0	452
Sydney Local Health District	166,554	48.4	47.8	598,411	2.9	1,639
South Western Sydney Local Health District	244,083	46.7	47.6	806,987	2.7	2,211
South Eastern Sydney Local Health District	196,523	42.8	48.2	659,700	2.8	1,807
Illawarra Shoalhaven Local Health District	93,720	41.4	41.6	389,468	3.1	1,067
Western Sydney Local Health District	183,358	45.6	48.5	625,370	2.8	1,713
Nepean Blue Mountains Local Health District	85,830	40.5	39.3	318,645	3.0	873
Northern Sydney Local Health District	117,880	36.5	40.3	495,166	3.2	1,357
Central Coast Local Health District	92,529	39.0	42.3	342,532	3.0	938
Hunter New England Local Health District	225,875	46.2	43.1	787,624	3.0	2,158
Northern NSW Local Health District	101,505	47.0	48.1	313,684	2.5	859
Mid North Coast Local Health District	78,732	47.9	50.1	247,163	2.6	677
Southern NSW Local Health District	49,883	52.5	49.7	144,749	2.2	397
Murrumbidgee Local Health District	66,859	54.5	43.9	207,534	2.4	569
Western NSW Local Health District	87,038	43.3	43.6	280,286	2.6	768
Far West Local Health District	8,653	53.9	50.7	25,175	2.2	69
Total NSW	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
Percentage change (%)	3.9	1.8	1.1	-3.2	-4.9	-3.2
2018-19 Total	1,912,489	43.2	44.2	7,276,803	3.1	19,936
2017-18 Total	1,918,130	42.9	44.3	7,219,575	3.0	19,780
2016-17 Total	1,961,400	41.3	45.2	6,982,063	3.0	19,129
2015-16 Total	1,886,668	41.5	44.9	6,983,473	3.2	19,133
2014-15 Total	1,840,632	41.9	44.8	6,815,650	3.3	18,673
2013-14 Total	1,803,458	41.8	44.4	6,650,650	3.2	18,221
2012-13 Total	1,737,103	41.5	43.7	6,551,065	3.3	17,948
2011-12 Total	1,682,685	41.3	43.3	6,490,848	3.4	17,783
2010-11 Total	1,629,572	41.6	43.1	6,389,471	3.5	17,505
2009-10 Total	1,598,991	41.6	43.2	6,429,314	3.6	17,615

Selected data for the year ended June 2021 Part 2 ^{1,2}

Local health districts	Occupancy rate ⁵ June 21	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	8,302	7,687	329,208	n/a
Sydney Children's Hospitals Network	89.0%	137,986	110,824	592,989	97,698
St Vincent's Health Network	102.5%	125,470	99,928	389,138	45,497
Sydney Local Health District	84.4%	475,233	396,626	3,109,988	164,184
South Western Sydney Local Health District	94.6%	657,159	541,265	1,475,156	288,600
South Eastern Sydney Local Health District	98.2%	501,151	414,175	1,569,482	227,130
Illawarra Shoalhaven Local Health District	96.1%	275,000	236,094	880,608	168,371
Western Sydney Local Health District	97.3%	508,192	419,874	1,598,472	199,231
Nepean Blue Mountains Local Health District	88.2%	245,565	211,962	849,188	132,101
Northern Sydney Local Health District	94.1%	346,044	299,728	1,302,031	278,106
Central Coast Local Health District	92.7%	265,184	226,203	764,506	153,163
Hunter New England Local Health District	75.7%	658,697	561,666	2,523,517	450,113
Northern NSW Local Health District	91.0%	244,395	195,660	711,573	210,291
Mid North Coast Local Health District	90.0%	197,667	158,361	586,571	140,095
Southern NSW Local Health District	79.9%	101,348	76,715	417,646	114,529
Murrumbidgee Local Health District	80.8%	156,468	127,163	503,489	139,262
Western NSW Local Health District	72.0%	220,761	182,954	735,194	237,777
Far West Local Health District	78.3%	17,897	13,524	120,344	22,739
Total NSW	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
Percentage change (%)	0.6%	0.4	-0.7	25.1	5.1
2018-19 Total	0.9	5,536,493	4,706,766	16,367,143	2,980,872
2017-18 Total	90.3	5,459,506	4,632,188	15,701,453	2,880,708
2016-17 Total	90.7	5,631,650	4,768,339	15,212,465	2,784,731
2015-16 Total	89.9	5,840,865	5,009,910	13,478,446	2,733,853
2014-15 Total	85.2	5,675,482	4,865,590		2,692,838
2013-14 Total	89.0	5,533,491	4,746,307		2,656,302
2012-13 Total	87.8	5,484,364	4,735,991		2,580,878
2011-12 Total	88.6	5,475,789	4,757,507		2,537,681
2010-11 Total	89.1	5,449,313	4,757,219		2,486,026
2009-10 Total	88.3	5,549,809	4,869,508		2,442,982

Note: 1. Data sourced from Health Information Exchange (HIE). The number of separations includes care type changes. **2.** Activity includes services contracted to private sector. Data reported are as at 08/08/2021. **3.** Acute average length of stay = (Acute bed days/ Acute separations). **4.** Daily average of inpatients = Total Bed Days/365. **5.** Bed occupancy rate is based on June data only. Facilities with peer groups other than A1 to C2 are excluded. The following bed types are excluded from all occupancy rate calculations: emergency departments, delivery suites, operating theatres, hospital in the home, recovery wards, residential aged care, community residential and respite activity. **6.** Acute activity is defined by a service category of acute or newborn. Results for Acute separations and bed days from 2018-19 onwards may not be directly comparable to previous years due to the impact of the implementation of the Mental Health Care Type classification. **7.** Service events measured from aggregate of patient level and summary data submissions for each non-admitted service/clinic. Pathology services are not included. Data for previous years is not comparable. Data as at 27/08/21. Source: EDWARD.

Appendix 4

Mental Health

Section 108 of the NSW Mental Health Act 2007

In accordance with section 108 of the *NSW Mental Health Act 2007* the tables presented here provide an overview of mental health activities and performance in mental health public hospitals for 2020-21 in relation to:

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

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

Table 2 provides rates for three national key performance indicators (KPIs). These indicators measure effectiveness (28 days readmission rate), appropriateness (seclusion rate, duration and frequency) and continuity (seven days post discharge community care) of care in acute mental health service.

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

Table 1. Mental Health – hospital and community activity 2020-21

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

Local health districts and health networks	Average available beds ¹	Average occupied beds ²	Same-day separations ³	Overnight separations ⁴	Specialist mental health community contacts ⁵
Justice Health and Forensic Mental Health Network	231	208	4	540	426,158
Sydney Children's Hospitals Network	15	13	23	443	52,813
St Vincent's Health Network	47	41	62	1,230	51,435
Sydney Local Health District	249	225	790	3,526	343,154
South Western Sydney Local Health District	203	193	268	4,217	578,643
South Eastern Sydney Local Health District	177	158	157	3,168	722,504
Illawarra Shoalhaven Local Health District	125	101	52	2,404	325,192
Western Sydney Local Health District	320	277	465	4,092	408,663
Nepean Blue Mountains Local Health District	85	77	71	2,108	169,292
Northern Sydney Local Health District	323	267	254	2,850	881,643
Central Coast Local Health District	84	68	46	1,590	602,098
Hunter New England Local Health District	324	263	143	5,113	504,553
Northern NSW Local Health District	89	81	18	1,653	352,567
Mid North Coast Local Health District	72	72	33	1,506	183,772
Southern NSW Local Health District	70	47	108	1,324	155,120
Murrumbidgee Local Health District	62	42	15	961	187,174
Western NSW Local Health District	170	134	45	1,663	295,545
Far West Local Health District	16	11	9	269	93,703
NSW – Total	2,663	2,278	2,563	38,657	6,334,029
2019-20 ⁶	2,683	2,282	2,613	38,048	5,936,566
2018-19	2,744	2,340	2,512	39,244	5,828,793
2017-18	2,782	2,409	3,511	40,254	5,676,819
2016-17	2,803	2,392	4,056	42,008	5,227,475

Definitions: 1. 'Average available beds' are the average of 365 nightly census counts. This data is extracted from the Bed Reporting System by System Information and Analytics (SIA) Branch, NSW Health. An available bed is one that is staffed, open and available for admission of a patient. 2. 'Average occupied beds' are calculated from the total Occupied Overnight Bed Days for the year. Higher numbers of occupied beds than available can sometimes be reported due to use of surge beds to cope with high demands. 1,2. Components may not add to total in NSW due to rounding error. 3. 'Same-day separations' are those where the hospital episode begins and ends on the same day. 4. 'Overnight separations' are episodes of hospital care where the person stays at least one night in hospital, and are concluded by discharge, death, transfer to another hospital or change to a different type of care at the same hospital. 5. Ambulatory mental health care includes all care provided by specialist mental health services for people who are not inpatients of mental health units at the time of care. 6. Revised ambulatory contacts, NSW 2019-20.

Table 2. Mental Health – Acute Indicators 2020-21

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

Local health district, network and hospital	28 days readmission rate (%) ¹	7 days post-discharge community care rate (%) ²	Seclusion rate ³	Seclusion average duration ⁴	Seclusion frequency (%) ⁵
Justice Health and Forensic Mental Health Network	23	19.1	23.7	11.9	46.8
Forensic Hospital	21.1	5.3	23.7	11.9	46.8
Long Bay ⁶	13.8	27.5			
MRRC ⁶	28.3	17.5			
Silverwater Women's Correctional Centre ⁶	21.8	16.8			
Sydney Children's Hospitals Network	21.7	82.7	5.4	0.5	1.1
Children's Hospital at Westmead	20	83	0	0	0
Sydney Children's Hospital Randwick	23.8	82.3	10.1	0.5	1.5
St Vincent's Health Network	19.1	64.9	1.8	1.1	1.6
St Joseph's	6.5	91.3	0	0	0
St Vincent's	19.7	63.8	2.2	1.1	1.6
Sydney Local Health District	15.3	78.6	9.2	12.7	5.8
Concord	17	79.3	12.1	14.4	9
Royal Prince Alfred	13.3	77.7	3.9	3	2.2
South Western Sydney Local Health District	17.2	78.6	6.8	6.6	4.3
Bankstown	18.3	81	8.1	4	5.8
Braeside	7.9	80.9	0	0	0
Campbelltown	17.8	81.1	2	1.4	1.5
Liverpool	16.6	74	13.4	8.4	6.8
South Eastern Sydney Local Health District	17.1	83.6	2.4	5	1.7
Prince of Wales	15.5	77.1	1.4	7.1	1.1
St George	18.2	88.2	2.7	6.8	1.5
Sutherland	18.4	89.2	5	2.3	3.5
Illawarra Shoalhaven Local Health District	13.6	84.6	5.7	3.7	4.1
Shellharbour	14.4	83.5	7	3.8	4.7
Wollongong	12.5	86	4.1	3.5	3.3
Western Sydney Local Health District	16	83.6	6.5	10.5	5
Blacktown	18	85.4	4.3	5.9	2.5
Cumberland	15.5	80.5	9.4	11.3	7.6
Westmead	11.3	90.5	0	0	0
Nepean Blue Mountains Local Health District	20.3	76.3	5.6	7.6	4.4
Blue Mountains	14.1	84.5	1	4.4	1
Nepean	21.3	75	6.5	7.7	4.9
Northern Sydney Local Health District	11.5	87.9	2.6	2.4	1.8

Local health district, network and hospital	28 days readmission rate (%) ¹	7 days post-discharge community care rate (%) ²	Seclusion rate ³	Seclusion average duration ⁴	Seclusion frequency (%) ⁵
Greenwich	8.7	87.4	0	0	0
Hornsby	11.9	86.9	4.9	2.2	3
Macquarie	13.5	89.4	0.4	3.3	0.9
Royal North Shore	11.2	88.9	1.3	3.2	1.2
Central Coast Local Health District	9.4	77.5	5	2.5	5.4
Gosford	7.8	70.7	5.1	1.5	5.3
Wyong	10.3	81.1	5	3.1	5.4
Hunter New England Local Health District	13.9	77.3	8.9	4.6	4.4
Armidale	12.5	92	0	0	0
HNE Mater	13.6	75.7	11	5.7	5
John Hunter	15.5	94.6	3.6	3.1	0.6
Maitland	13	68.1	11.8	2.4	8.2
Manning	11.3	78.6	2.8	1.2	2.2
Morisset	15.4	61.5	3.1	3.2	13.6
Tamworth	16.7	75.4	6.5	2.2	3.3
Northern NSW Local Health District	12.6	71.6	3	3.5	2.8
Lismore	11.2	69.4	4	3.7	4.1
Tweed	14.1	74	1.3	2.6	1.4
Mid North Coast Local Health District	16.1	77.5	3.2	7.9	2.1
Coffs Harbour	14.6	76.4	3.6	8.4	2.7
Kempsey	16.1	81.8	0	0	0
Port Macquarie	19.6	76.1	4.2	6.6	2.7
Southern NSW Local Health District	13	74.9	1.8	1.2	1
Goulburn	13.2	77.2	2.5	1.3	1
South East Regional	12.7	69.3	0.7	0.6	0.9
Murrumbidgee Local Health District	10.5	78.1	1.4	0.7	1.1
Wagga Wagga	10.5	78.1	1.4	0.7	1.1
Western NSW Local Health District	12.5	75.7	1.7	0.7	1.6
Bathurst	0	85.7	0	0	0
Dubbo	11.2	65	0.4	2.2	0.3
Orange Health Service	13.2	77.8	2	0.7	1.9
Far West Local Health District	21.3	90	12.4	2.3	7.6
Broken Hill	21.3	90	12.4	2.3	7.6
NSW - Total	15.2	78.3	5.6 (6.1)	7.3 (7.8)	3.7 (3.8)
2019-20	15	76.9	6.1 (7.9)	6.3 (8.9)	4.1 (4.2)
2018-19	14.6	75.1	5.5 (6.0)	5.6 (12.7)	3.7 (3.8)
2017-18	14.8	75.1	5.8 (6.0)	4.7 (11.1)	4.0 (4.1)
2016-17	14.2	68.9	7.0 (6.9)	5.5 (11.1)	4.9 (5.0)

Definitions: **1.** Overnight separations from acute psychiatric inpatient units that are followed by readmission to the same or another acute psychiatric unit. **2.** Overnight separations from acute psychiatric inpatient units for which a community mental health contact, in which the client participated, was recorded in the seven days following that separation. **3.** Rate: Acute Seclusion episodes per 1000 occupied bed days. **4.** Duration: Average duration of acute seclusion episodes (hours per episode). **5.** Frequency: Percent of acute mental health hospital stays where seclusion occurred.

Note: **3,4,5.** NSW rate, duration and frequency for seclusion is calculated by including or excluding Justice Health and Forensic Mental Health Network. Figures in parentheses include Justice Health and Forensic Mental Health Network. **6.** Use of seclusion is not reported by NSW Health due to shared model of service delivery with Corrective Services NSW.

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