

HEALTH STATISTICS

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Health workforce

From June 2010 to June 2014, the percentage of 'clinical staff' (i.e. medical, nursing, allied health professionals, other professionals and para-professionals, scientific and technical, oral health practitioners & ambulance clinicians), as a proportion of total staff increased by 0.9% from 72.8% to 73.7% with an additional 11,143 staff (9,049 clinical staff) working in the public health system.

Corporate services figures for the public health system (excluding NSW Ministry of Health, pillars and Health System Support Group) has increased by 288 full-time equivalent or

7% of the corporate service workforce. Taking into account the increase in total workforce, the corporate services ratio has increased to 4.18% compared to 3.96% in 2012-13. The largest increase is in HealthShare NSW (134 full-time equivalent) which transitioned a number of contractors in payroll to full time positions. Corporate Services figures including the NSW Ministry of Health and pillars have increased to 5.25% compared to 4.76% in 2012-13.

Number of full time equivalent staff employed in the NSW public health system

	June 2010	June 2011	June 2012	June 2013	June 2014
Medical	8517	8933	9614	10,297	10,687
Nursing	39,347	40,300	42,195	43,492	44,046
Allied health	8084	8672	9019	9297	9410
Other professional and para professionals	3042	3054	3097	3152	3114
Scientific and technical clinical support staff	5618	5738	5820	5965	5996
Oral health practitioners and therapists	1106	1083	1170	1233	1259
Ambulance clinicians	3663	3804	3913	3916	3915
Sub-total clinical staff	69,377	71,584	74,829	77,353	78,426
Corporate services	3678	3793	3960	4157	4445
IT project implementation staff	143	181	247	153	123
Hospital support workers	12,411	12,645	13,129	13,633	13,860
Hotel services	8210	8326	8293	8266	8230
Maintenance and trades	1073	1032	1011	974	964
Other	357	364	410	406	342
Sub-total other staff	25,870	26,340	27,049	27,589	27,964
Total	95,247	97,924	101,879	104,942	106,390

Source: Health Information Exchange and Health Service local data. Notes: 1. Full-time equivalent (FTE) calculated as the average for the month of June, paid productive and paid unproductive hours. 2. Includes FTE salaried staff employed with local health districts, Sydney Children's Hospitals Network, Justice Health & Forensic Mental Health Network, NSW Health Pathology, HealthShare NSW, NSW Ambulance and Albury Base Hospital. All non-salaried Staff such as Visiting Medical Officer (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 Health's Annual Report. 4. There was a significant transfer of Public Health System staff to LifeHouse Cancer Centre in 2013/14. 5. Albury Base Hospital transferred to the management of Victoria from July 2009 and has been included in all years for reporting consistency. 6. There was an increase in corporate services employees in HealthShare NSW due to a combination of providing additional services as requested, extra temporary resources to maintain customer support and the conversion of contractors to employees. 7. Rounding of staff numbers to the nearest whole number in this table may cause minor differences in totals. 8. The capacity to report on backdated FTE information, previously excluded from the reporting system, commenced from June 2012 and has been included in the reported figures from June 2012. Backdated FTE adjustments represent an estimated 1% of total FTE.

NSW public health system Proportion of Clinical Staff

Medical, nursing, allied health, other health professionals, scientific and technical officers, oral health practitioners and ambulance clinicians as a proportion of all staff %	June 2010	June 2011	June 2012	June 2013	June 2014
	72.80%	73.10%	73.40%	73.70%	73.70%

Source: Health Information Exchange and Health Service local data. Note: The data for clinical staff does not include all of the categories of staff engaged in frontline support such as ward clerks, clinical support officers, wards persons, surgical dressers.

Number of full time equivalent staff employed in other NSW Health organisations

Medical, nursing, allied health, other health professionals, scientific and technical officers, oral health practitioners and ambulance clinicians as a proportion of all staff %	June 2012	June 2013	June 2014
NSW Health organisations supporting the public health system	712 ¹	916 ²	1232 ³
Health Professional Councils Authority	88	75	82
Mental Health Review Tribunal	34	34	29

Notes: **1** June 2012 includes Clinical Excellence Commission, Bureau of Health Information, Health Education and Training Institute, Agency for Clinical Innovation, Health Administration Corporation – Health Infrastructure and NSW Ministry of Health. **2** June 2013 includes Clinical Excellence Commission, Bureau of Health Information, Health Education and Training Institute, Agency for Clinical Innovation, NSW Kids and Families, Health Administration Corporation – Health Infrastructure and Health System Support and NSW Ministry of Health. **3** June 2014 includes Clinical Excellence Commission, Bureau of Health Information, Health Education and Training Institute, Agency for Clinical Innovation, NSW Kids and Families, Health Administration Corporation – Health Infrastructure and Health System Support and NSW Ministry of Health and Cancer Institute NSW. Source: Health Information Exchange and Health Service local data.

Registered health professionals in NSW

Profession	No. of registrants as at 30 June 2014 ¹
Aboriginal and Torres Strait Islander Health Practitioner ²	36
Chinese medicine practitioner ²	1737
Chiropractor	1619
Dental practitioner	6361
Medical practitioner	31,269
Medical radiation practitioner ²	4812
Midwife	699
Nurse	89,946
Nurse and midwife ³	9795
Occupational therapist ²	4592
Optometrist	1632
Osteopath	529
Pharmacist	8769
Physiotherapist	7578
Podiatrist	1076
Psychologist	10,575

Source: Australian Health Practitioner Regulation Agency, June 2014. Notes: **1** Data is based on registered practitioners as at 30 June 2014. **2** Regulation of four new professions, Aboriginal and Torres Strait Islander, Chinese medicine, medical radiation and occupational Therapy practitioners, commenced on 1 July 2012. **3** Practitioners who hold dual registration as both a nurse and a midwife.

Workplace health and safety

In accordance with the Work Health Safety Act (NSW) 2011 and the Work Health and Safety Regulation (NSW) 2011, the NSW Ministry of Health maintains its commitment to the health, safety and welfare of workers and visitors to its workplace.

Strategies to improve work health and safety include the development and implementation of *Work Health Safety: Better Practice Procedures* and *Injury Management & Return to Work* policy frameworks; ongoing commitment to the NSW Ministry of Health Work Health Safety Mission Statement; and ongoing promotion of healthy lifestyle campaigns to staff and managers on general health and wellbeing strategies.

Workers compensation

In accordance with the *Workers Compensation Act 1987* and *Workplace Injury Management and Workers Compensation Act 1998*, the NSW Ministry of Health provided access to workers compensation, medical assistance and rehabilitation for employees who sustained a work-related injury.

During 2013-14, five new workers compensation claims from a total of 54 reportable injury/illness incidents were lodged. This is an average of one claim for every 10.8 reported injury/

illness incidents. The number of new claims accepted decreased by five from the previous year (in 2012-13 there were 10 claims accepted).

Slip, trip and fall related injuries accounted for three of the five claims (compared to two of the 10 in 2012-13). The remainder of claims were body stress related injuries (compared to eight of the 10 in 2012-13). The abolition of Journey claims contributed to the overall reduction in claims.

Strategies to improve workers compensation and return to work performance included:

- a focus on timely return to work strategies and effective rehabilitation programs for employees sustaining work-related injuries
- frequent claims reviews between the NSW Ministry of Health and the insurer to monitor claim activity, return to work strategies, industry performance and compensation costs
- ongoing commitment to promoting risk management and injury prevention strategies including conducting workplace assessments, ergonomic information available on the intranet, investigating and resolving identified hazards in a timely manner.

NSW Ministry of Health – categories of workers compensation claims, 2009-10 to 2013-14

Injury/Illness	2009-10	2010-11	2011-12	2012-13	2013-14
Body stress	4	2	3	8	2
Slip/trip/fall	3	4	7	2	3
Psychological	3	5	3	2	0
Object-hit	0	1	0	0	0
Vehicle	5	4	2	0	0
Other	0	3	2	1	0
TOTAL	15	19	17	13	5

NSW Ministry of Health – number of new claims, 2009-10 to 2013-14

Year	2009-10	2010-11	2011-12	2012-13	2013-14
Claims	15	19	17	13	5

NSW Ministry of Health – categories of workplace injuries, 2009-10 to 2013-14

Injury/Illness	2009-10	2010-11	2011-12	2012-13	2013-14
Body stress	10	18	12	11	5
Slip/trip/fall	22	35	41	20	18
Psychological	0	2	3	3	2
Object-hit	5	5	3	8	6
Vehicle	6	17	7	0	1
Other	15	18	24	24	22
Hazard	0	2	9	1	0
TOTAL	58	97	99	67	54

Workforce diversity at the NSW Ministry of Health

The NSW Ministry of Health has a strong commitment to workforce diversity and recruits and employs staff on the basis of merit. The Ministry has a number of key plans to promote and

support workforce diversity including the *Disability Action Plan*, the *NSW Aboriginal Health Plan 2013-2023* and the *NSW Health Aboriginal Workforce Strategic Framework 2011-2015*.

Workforce Diversity Management Plan 2014-15

Representation of all workforce diversity groups in Ministry employment has increased in the last 12 months. The following initiative is proposed for the *Workforce Diversity Management Plan 2014-15* and in line with *NSW Health Aboriginal Health Plan 2013-2023*:

- ensure opportunities for Aboriginal people to work in the Ministry
- implement a cultural competency framework that integrates with existing performance and planning processes.

A. NSW Ministry of Health – trends in the representation of workforce diversity groups

WD Group	Benchmark or target	Percentage of Total Staff %			
		2011	2012	2013	2014
Women	50.00	61.00	61.00	64.00	67.60
Aboriginal people and Torres Strait Islanders	2.60	1.00	1.17	1.24	1.43
People whose first language was not English	19.00	10.32	13.21	11.14	24.89
People with disability	N/A	2.61	2.46	1.38	2.28

B. NSW Ministry of Health – Trends in the distribution of workforce diversity groups

WD Group	Benchmark or target	Percentage of Total Staff %			
		2011	2012	2013	2014
Women	100	93	94	97	97
Aboriginal people and Torres Strait Islanders	100	100	94	100	N/A*
People whose first language was not English	100	92	98	86	92
People with disability	100	97	100	91	N/A*

Source: Public Service Commission. Note: Staff numbers are as at 30 June 2014 and exclude casual staff. A distribution index of 100 indicates that the centre of the distribution of the workforce diversity (WD) group across salary levels is equivalent to that of other staff. Values less than 100 mean that the WD group tends to be more concentrated at lower salary levels than is the case for other staff. The more pronounced this tendency is, the lower the index will be. In some cases the index may be more than 100, indicating that the WD group is less concentrated at lower salary levels. *Note: The Distribution Index is not calculated where workforce diversity group or non-workforce diversity group members are less than 20.

Overseas visits by NSW Ministry of Health staff

The schedule of overseas visits is for NSW Ministry of Health 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.

Margo Barr – Manager, Health Behaviour Surveillance, Epidemiology and Biostatistics, Population and Public Health. *8th Global Conference of the World Alliance for Risk Factor Surveillance 2013*. (Part sponsorship – National Institute for Applied Statistics Research, University of Wollongong). Beijing, China.

Mary Foley – Secretary. *Ministerial Study Trip to the United States*. International healthcare and medical research study trip accompanying the Hon Jillian Skinner MP, Minister for Health and Minister for Medical Research. New York and San Francisco, United States of America.

Rohan Hammett – Deputy Secretary, Strategy and Resources. *2013 World Executive Forum – Healthcare Systems* and undertake meetings with New York City Health & Hospital Corporation and senior health officials. Montreal, Canada and New York, United States of America.

Bruce Imhoff – Senior Systems Administrator, Public Health Intelligence, Centre for Epidemiology and Evidence, Population and Public Health. *Consilience Software Users Group Meeting*. Austin Texas, United States of America.

Leona McGrath – Acting Manager, Aboriginal Nursing & Midwifery Strategy, Nursing and Midwifery Office, Governance, Workforce and Corporate. *30th Triennial Congress International*

Confederation of Midwives 2014. Prague, Czech Republic.

David Muscatello – Principal Epidemiologist and Manager, Rapid Surveillance Systems, Centre for Epidemiology and Evidence, Population and Public Health. *International Society for Disease Surveillance Conference*. (Part sponsorship – School of Public Health and Community Medicine, University of New South Wales). New Orleans, United States of America.

Victoria Pye – Biostatistical Officer Trainee, Centre for Epidemiology and Evidence, Population and Public Health. *Health Services Research Association 2013 Conference*. (Sponsorship – Centre for Health Research, University of Western Sydney). Wellington, New Zealand.

Ken Whelan – Deputy Secretary, System Purchasing and Performance. *What Works? KPMG Global Health Conference* and site visits. London, United Kingdom.

Jan White – Principal Advisor, Midwifery Nursing and Midwifery Office, Governance, Workforce and Corporate. *30th Triennial Congress International Confederation of Midwives 2014*. Prague, Czech Republic.

Geraldine Wilson – Acting Deputy Director, Centre for Aboriginal Health, Population and Public Health. *Australian and New Zealand School of Government Executive Master of Public Administration Residential School*. Wellington, New Zealand.

Key workforce policies released in 2013-14

Key Human Resource and Industrial Relations policies released during the year include:

Work Health and Safety: Other Workers Engagement (GL2013_011)

The purpose of this document is to assist managers and supervisors in NSW Health to fulfil their legal obligations when engaging 'other workers' for example contractors, sub-contractors, volunteers, consultants, labour hire and student placements.

Employment Checks: Criminal Record Checks and Working with Children Checks (PD2013_028)

This document outlines the mandatory requirements for National Criminal Record Checks and Working with Children Checks for persons engaged or employed, or seeking to be employed or engaged, in NSW Health, either in a paid or unpaid capacity or as a student on clinical placement.

Visiting Medical Officers: Remuneration Rates (PD2013_030)

This document prescribes the remuneration rates for Visiting Medical Officers engaged under the Health Services Act 1997 effective 1 July 2013.

Hospital Car Parking Fees Policy: Campuses which are subject to car parking development (PD2013_031)

The purpose of this policy is to set out the hospital car parking fees, including for staff, to be applied to hospital campuses subject to car parking development for NSW Health staff and members of the public.

Managing for Performance (PD2013_034)

This document identifies the key features to be reflected in all NSW Health performance management systems, and builds on the essential elements outlined in the NSW Public Sector Performance Development Framework.

Service Check Register for NSW Health (PD2013_036)

This policy details the mandatory requirements around the creation, maintenance and deletion of records on the NSW Health Service Check Register when dealing with misconduct matters involving NSW Health staff members. It also outlines the mandatory requirement for all preferred applicants for positions across NSW Health to be checked against the Service Check Register as part of the recruitment process.

Staff Specialist Rights of Private Practice Arrangements: Medical Indemnity (PD2013_040)

The purpose of this policy is to provide clarification about the availability of Treasury Managed Fund indemnity to staff specialists, having regard for the differing levels of rights of private practice arrangements that have been elected.

Recruitment of Overseas Health Professionals – Panel of Overseas Recruitment Agencies (PD2013_041)

This policy provides guidance on the recruitment and selection of overseas trained health professionals using selected commercial recruitment agencies forming part of the Panel of Overseas Recruitment Agencies.

Restructuring Policy and Procedures (PD2013_042)

This document sets out the mandatory steps that apply when implementing a restructure in the NSW Ministry of Health.

VMOs in Rural Doctors Settlement Package Hospitals – Indexation of Fees from 1 August 2013 (PD2013_052)

This policy sets out the schedule of Rural Doctors' Settlement Package fees effective from 1 August 2013.

Appointment of Visiting Practitioners in the NSW Public Health System (PD2014_001)

The purpose of this policy is to assist public health organisations when appointing visiting practitioners. It sets out the appropriate standards to be applied, and the procedural and regulatory requirements.

Payment to Medical Officers Undertaking a Clinical Appraisal Remotely (PD2014_002)

The purpose of this policy is to set out the requirements and procedures which accompany variations made to the Public Hospital Medical Officers Award concerning medical officers who undertake a clinical appraisal remotely.

Non-Standard Remuneration or Conditions of Employment (PD2014_006)

This policy reiterates that public health organisations are not permitted to provide staff employed in the NSW Health Service with over-award ('non-standard') remuneration or conditions of employment (including by way of the settlement of claims or litigation), without written approval from the Secretary or authorised delegate.

Model Service Contracts: VMOs and HMOs (PD2014_008)

This policy provides model service contracts to be used by public health organisations when engaging Visiting Medical Officers and Honorary Medical Officers.

Staff Specialist Employment Arrangements Across More than One Public Health Organisation (PD2014_014)

This policy has been developed to provide for consistent arrangements where staff specialists are required to work across local health districts.

Award changes and industrial relations claims

All industrial negotiations in 2013-14 were conducted under the provisions of the NSW Public Sector Wages Policy 2011. The ultimate outcomes of these negotiations were increases of 2.5 per cent per annum for salaries and salary-related allowances (including increases to superannuation contributions arising from application of Commonwealth legislation) for NSW Health Service employees.

For the reporting period, industrial negotiations occurred within the context of judicial proceedings as to whether or not the 2.5 per cent per annum increase allowable under the Industrial Relations (Public Sector Conditions of Employment) Regulation 2011 (the Regulation) was to be discounted by the 0.25 per cent increase in superannuation contributions under Commonwealth legislation effective from 1 July 2013, and the proper application of s146C of the Industrial Relations Act 1996.

In May 2014, the Court of Appeal found that compliance with the policy contained in the Regulation involved an inquiry as to whether any increase awarded by the Industrial Relations Commission, taken together with any other increases in employee-related costs, had the effect of increasing employee-related costs by more than 2.5 per cent per annum for the award period. As it could be established that the superannuation payment to be made for the benefit of employees led to an increase compared to the period immediately prior to the award, it was necessary for it to be taken into account in calculating the 2.5 per cent per annum limit. Although the Union parties filed an Application for Special Leave to Appeal in the High Court of Australia in June, that Application was subsequently discontinued in August 2014.

In September 2012, the Health Services Union lodged a claim in the Industrial Relations Commission concerning the applicability of the 'remote recall' provisions of the Medical Officers' Award for duties undertaken by medical officers while they are on call. In March 2013, the Industrial Court made a declaration that medical officers who provide a clinical appraisal over a telephone or by email rather than via a computer were entitled to an hour's overtime. The decision was appealed by the NSW Ministry of Health. The matter was settled by consent in January 2014 on the basis of a policy directive from the Ministry setting out the circumstances and procedures that must apply for a medical officer to be able to claim an allowance for providing a clinical appraisal remotely. Policy Directive PD2014_002 refers.

In March 2014, the Health Services Union filed an application in the Industrial Relations Commission to insert a new classification of Critical Care Paramedic (Aeromedical) into the Ambulance Operational Officers Award. This would apply to around 55 current paramedic staff who work on helicopters and would increase salaries by up to 42 per cent. The Union's application was part heard in the Industrial Relations Commission on 14 and 15 October. The matter has been adjourned till February 2015 for further hearing. The provisions of the Industrial Relations Act and Regulation requiring achieved employee related cost savings to fund pay increases over 2.5 per cent will be an important factor in the outcome of the matter.

Public hospital activity levels

Selected data for the year ended June 2014 Part 1^{1, 2, 10}

Local health districts and specialty networks	Separations	Planned Sep %	Same Day Sep %	Total Bed Days	Average Length of Stay (acute) ^{3, 6}	Daily Average of Inpatients ⁴
Justice Health & Forensic Mental Health Network	437	88.6	28.6	68,983	154.5	189
The Sydney Children's Hospitals Network	50,704	50.2	46.9	153,151	3.0	420
St Vincent's Health Network	43,432	48.7	50.9	181,494	3.3	497
Sydney Local Health District	154,490	47.6	46.7	606,078	3.6	1660
South Western Sydney Local Health District	213,450	41.0	45.5	752,517	3.1	2062
South Eastern Sydney Local Health District	170,385	43.4	44.7	640,053	3.3	1754
Illawarra Shoalhaven Local Health District	92,803	37.0	43.0	381,360	3.4	1045
Western Sydney Local Health District	174,573	41.2	46.6	610,235	3.0	1672
Nepean Blue Mountains Local Health District	83,813	38.2	36.4	287,100	3.0	787
Northern Sydney Local Health District	136,796	33.5	37.7	612,549	3.6	1678
Central Coast Local Health District	80,549	42.9	41.5	307,290	3.3	842
Hunter New England Local Health District	217,890	43.4	42.0	784,298	3.2	2149
Northern NSW Local Health District	104,330	42.2	49.8	318,331	2.8	872
Mid North Coast Local Health District	70,394	43.9	47.3	240,652	3.1	659
Southern NSW Local Health District	50,989	43.3	52.2	157,555	2.5	432
Murrumbidgee Local Health District	70,946	36.9	46.7	229,198	2.5	628
Western NSW Local Health District	79,550	40.5	40.7	290,653	2.9	796
Far West Local Health District	7927	50.1	47.9	29,153	2.7	80
2013-14 Total NSW	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
Percentage change (%)⁹	3.8	0.3	0.7	1.5	-2.7	1.5
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
2008-09 Total	1,555,480	41.4	42.6	6,368,298	3.7	17,447

Selected data for the year ended June 2014 Part 2^{1, 2, 10}

Local health districts and specialty networks	Occupancy Rate ⁵ June 14	Acute Bed Days ⁶	Acute Overnight Bed Days ⁶	Non-admitted Patient Services ⁷	Emergency Dept. Attendances ⁸
Justice Health & Forensic Mental Health Network	n/a	66,607	66,482	4,634,453	n/a
The Sydney Children's Hospitals Network	95.6	149,596	125,814	826,514	92,431
St Vincent's Health Network	96.1	135,679	113,611	520,629	46,436
Sydney Local Health District	89.5	545,159	473,095	1,984,861	159,880
South Western Sydney Local Health District	97.8	653,286	556,877	2,063,779	249,770
South Eastern Sydney Local Health District	94.5	511,981	445,389	3,055,583	209,044
Illawarra Shoalhaven Local Health District	93.3	293,342	253,464	1,164,251	144,687
Western Sydney Local Health District	90.7	510,926	430,278	1,810,994	165,762
Nepean Blue Mountains Local Health District	90.6	248,232	217,784	746,685	114,670
Northern Sydney Local Health District	89.5	464,467	414,649	1,472,258	192,564
Central Coast Local Health District	94.8	253,944	220,733	932,704	116,812
Hunter New England Local Health District	79.2	672,413	580,938	2,734,934	392,738
Northern NSW Local Health District	91.7	284,228	232,339	741,406	185,944
Mid North Coast Local Health District	93.3	209,629	176,560	455,290	106,976
Southern NSW Local Health District	72.1	119,721	93,174	582,639	101,548
Murrumbidgee Local Health District	71.3	172,679	139,623	870,635	134,504
Western NSW Local Health District	76.4	220,588	188,278	1,198,376	215,313
Far West Local Health District	55.1	21,014	17,219	124,424	27,223
2013-14 Total NSW	89.0	5,533,491	4,746,307	25,920,415	2,656,302
2012-13 Total	87.8	5,484,364	4,735,991	27,918,278	2,580,878
Percentage change (%)⁹	1.1	0.9	0.2	-7.2	2.9
2011-12 Total	88.6	5,475,789	4,757,507	27,145,876	2,537,681
2010-11 Total	89.1	5,449,313	4,757,219	26,302,057	2,486,026
2009-10 Total	88.3	5,549,809	4,869,508	26,291,232	2,442,982
2008-09 Total	87.4	5,523,318	4,874,799	27,808,772	2,416,774

Notes: **1** Health Information Exchange (HIE) data was used. The number of separations include care type changes. **2** Activity includes services contracted to private sector. Data reported is as of 31/8/2014. **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 A1a 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. Unqualified baby bed days were included from 2002-03. **6** Acute activity is defined by a service category of acute or newborn. **7** Due to changes in reporting and recording NAPS data, figures are not directly comparable to previous years. Source: EDWARD as of 9/10/14. **8** Source: HIE, Webnap and webDOHRS as at 31/08/2014. Pathology and radiology services performed in emergency departments have been excluded since 2004-05. **9** Planned Separations, Same Day Separations and Occupancy Rates are percentage point variance from 2012-13. **10** As Albury Base Hospital transferred on 1 July 2009 to the integrated Albury-Wodonga Health Service managed by Victoria, caution is required when comparing NSW State numbers to previous years.

Public mental health hospitals and co-located psychiatric units in public hospitals funded and average beds, NSW 2013-14.

Local health districts and speciality networks	Hospital Beds			
	Funded Beds ¹ at 30 June 2014		Average Available Beds ² In 2013-14	
	Acute	Non-Acute	Acute	Non-Acute
Justice Health & Forensic Mental Health Network	152	79	152	79
The Sydney Children's Hospitals Network	16		13	
St Vincent's Health Network ³	48		52	
Sydney Local Health District ⁴	170	71	165	64
South Western Sydney Local Health District	154	34	154	34
South Eastern Sydney Local Health District ⁵	136	50	131	38
Illawarra Shoalhaven Local Health District ⁶	93	40	93	21
Western Sydney Local Health District ^{7,8}	167	212	163	188
Nepean Blue Mountains Local Health District ⁹	65	0	56	0
Northern Sydney Local Health District ¹⁰	161	196	153	192
Central Coast Local Health District	84	0	84	0
Hunter New England Local Health District	201	170	201	170
Northern NSW Local Health District	73	0	73	0
Mid North Coast Local Health District	52	20	52	20
Southern NSW Local Health District ¹¹	38	70	34	59
Murrumbidgee Local Health District ^{12,13}	54	36	50	19
Western NSW Local Health District	78	195	78	129
Far West Local Health District	6	10	6	9
2013-14 Total NSW	1748	1183	1709	1021
2012-13 Total	1701	1107	1674	974
2011-12 Total	1689	1083	1649	952
2010-11 Total	1664	1098	1616	960
2009-10 Total	1618	1018	1573	902

Notes: **1** "Funded beds" are those funded by NSW Ministry of Health (MoH). **2** "Average available beds" is the daily (nightly) count of the number of occupied and unoccupied beds averaged over the reporting period (2013-14). This data is extracted from the Bed Reporting System by Health System Information and Performance Reporting Branch in the MoH. Average available beds may be less than funded beds due to temporary bed closures for maintenance or staffing reasons, or during the commissioning of new units. Higher numbers of available beds than funded are sometimes reported, due to the use of "surge" beds in high demand periods or data errors in LHD bed reporting systems. **3** Components may not add to total in some local health districts due to rounding error. **4** St Joseph's Hospital, Auburn has four beds funded outside the Mental Health program resulting in higher number of average available beds. **5** The non-acute C&A beds (Thomas Walker Hospital) are opened Monday to Friday and closed on weekends, public holidays, some school holidays and regular program review weeks hence the reduced number of average available beds. **6, 7, 12** New non-acute mental health beds opened in: St George Hospital (16 beds), Shoalhaven Hospital (20 beds), Blacktown Hospital (20 beds) and Wagga Wagga Hospital (20 beds). The new beds in these facilities are sub-acute beds funded under the Commonwealth (COAG) Sub-acute Program and are included in the non-acute totals. **8** The non-acute C&A beds (Red Bank House at Westmead Hospital) are opened Monday to Friday and closed on weekends, public holidays, some school holidays and regular program review weeks hence the reduced number of average available beds. **9, 10, 11, 13** Additional acute beds opened in: Nepean Hospital (11 beds), Hornsby Ku-ring-gai Hospital (10 beds), Goulburn Base Hospital (12 beds) and Wagga Wagga Base Hospital (10 beds). A new 10 bed mental health C&A unit opened in Hornsby Ku-ring-gai Hospital. Note: As most new beds were opened at the end of the reporting year (March - June 2014), local health districts are expecting availability and occupancy of these beds to increase across 2014-15.

Average available beds and treatment spaces¹, June 2014² and estimated bed/treatment space equivalence being purchased to 2014-15

Local health districts and specialty networks	Hospital Beds				Estimated bed/treatment space equivalents purchased from Local Health Districts/ Networks in 2014-15 ^{A,B}	
	Beds Available for Admission from Emergency Department ³	Other Hospital Beds ⁴	Other Beds ⁵	Treatment Spaces ⁶	Additional Acute Admitted patient activity (costweighted separations) purchased in 2014-15	Total Acute bed equivalents of additional activity
The Sydney Children's Hospitals Network	328	101	16	31	1,503	11
St Vincent's Health Network	314	176	0	33	1,092	10
Sydney Local Health District	1,237	456	21	257	4,254	39
South Western Sydney Local Health District	1,388	475	149	366	6,945	72
South Eastern Sydney Local Health District	1,182	520	137	261	4,327	42
Illawarra Shoalhaven Local Health District	723	294	55	169	2,549	27
Western Sydney Local Health District	962	578	154	326	5,036	46
Nepean Blue Mountains Local Health District ⁷	586	268	33	190	2,319	21
Northern Sydney Local Health District	1,076	589	144	288	4,815	46
Central Coast Local Health District	682	134	50	138	2,240	25
Hunter New England Local Health District	1,726	810	400	551	6,328	61
Northern NSW Local Health District	624	192	74	198	2,333	22
Mid North Coast Local Health District	459	154	21	147	3,054	29
Southern NSW Local Health District	374	138	94	149	2,190	22
Murrumbidgee Local Health District	685	178	522	219	1,340	12
Western NSW Local Health District	682	337	466	326	1,694	16
Far West Local Health District	97	39	24	36	178	2
Justice Health & Forensic Mental Health Network	190	155	0	1	na	na
2013-14 Total NSW^{8,9,10,11,12,13}	13,314	5,594	2,360	3,686	52,197	503
2012-13 Total	13,444	5,409	2,335	3,670		
2011-12 Total	13,519	5,312	2,213	3,661		
2010-11 Total	13,466	5,203	2,082	3,598		
2009-10 Total	13,452	5,090	2,150	3,566		

Notes: **1** Source is NSW Health Bed Reporting System. **2** Results are reported as average for the month of June, being the last month of each financial year. During the course of a year, average available bed numbers vary from month to month, depending on the underlying activity. **3** 'Beds available for admission from emergency department' include adult acute overnight; paediatric acute overnight; mental health acute overnight; critical care; emergency short stay units, and medical oncology beds. These are the types of beds usually used for admission from emergency departments. **4** 'Other hospital beds' include day only; mental health other (including drug and alcohol); sub and non-acute beds (including rehabilitation); statewide specialist services (including transplant, specialist spinal injury and severe burns unit); neonatal intensive care unit; maternity (obstetrics), and palliative care beds. These beds are the types of beds usually used for selected specialty care and day only services or for sub/non-acute services. A smaller proportion of admissions from emergency departments may occur in the 'other hospital beds' category. **5** Other Beds include 'Hospital in the Home' and Residential/Community Aged Care & Respite beds. An increasing number of admissions from emergency department are being treated through 'Hospital in the Home' services for appropriate conditions. **6** Treatment Spaces include Same Day Therapy/Dialysis, Emergency Departments, Operating Theatre/Recovery, Delivery Suites, Bassinets and Transit Lounges. **7** Beds for Hawkesbury District Health Service have been included to reflect contractual arrangements for the treatment of public patients in that facility. **8** Totals exclude Albury Base Hospital (managed by Victoria as part of the integrated Albury-Wodonga Health Service since 1 July 2009). Data for all previous years has been excluded for this facility to enable more accurate comparisons. **9** Beds temporarily unavailable due to essential maintenance and refurbishment (CCLHD-7; HNELHD-8; ISLHD-7; MLHD-10; NSLHD-28; SCHN-7; SWSLHD-13; WNSWLHD-3). **10** Beds temporarily unavailable – used for surge beds during busier months (CCLHD-4; MLHD-12 treatment spaces; NNSW-15; NSLHD-29; WSLHD-40 beds, 4 treatment spaces). **11** Data adjusted following local review and correction of a data quality issue identified (WNSWLHD-5). **12** Beds now available as other hospital beds or other beds, including residential aged care beds (HNELHD-14; SESLHD-12; WNSWLHD-26). **13** New models of care increasing out of hospital services (CCLHD-3; SCHN-5; SNSWLHD-10).

Notes: The following assumptions have been used to estimate the impact of additional purchased activity:

A Overall: Overnight bed occupancy rate of 85%; Same Daybed occupancy rate of 120%; Same Day units operational 5 days per week; Proportion of additional activity converted to additional capacity (100%).

B Specific to each local health district: % of acute admissions as Same Day; Average cost weight per Same Day episode; Average cost weight per Overnight episode; Average length of stay per Overnight acute episode.

Available beds/treatment spaces and Activity Based Reporting

Local health districts and specialty health networks are funded to provide an agreed level of health service activity to meet local needs, utilising a funding and purchasing model consistent with National Health Reform arrangements.

For 2014-15, the NSW Ministry of Health has purchased increased levels of activity from all local health districts.

In addition to funding new infrastructure in 2014-15, local health districts and specialty health networks are using innovative approaches to service delivery including enhancement of ambulatory care, new and expanded hospital in the home

services, increases in day surgery, expansion of discharge support through purchase of community packages and improved models of care.

The above Table outlines the additional acute admitted patient activity purchased for 2014-15 from each local health district and specialty health network and the related bed equivalents. The estimation model assumes that the majority of this additional patient activity outlined will require accommodation in either 'hospital beds' or 'other beds'.

Mental Health Act Section 108

In accordance with Section 108 of the NSW Mental Health Act (2007) this report provides an overview of mental health activities for 2013-14 in relation to:

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

Historical tables are presented in this report with the latest updates of 2013-14 data. Yearly aggregated bed numbers and hospital activity are presented as 5 year time series (2009-10 to 2013-14).

This report 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 Report).

A table of 'funded and average available beds' in 2013-14 by local health district is shown on page 154.

Total Beds and Activity

There were 2931 funded mental health beds in NSW on 30 June 2014, an increase of 123 (4.4 per cent) beds from 30 June 2013 (2808).

Funded capacity	2009-10	2010-11	2011-12	2012-13	2013-14
Funded beds at 30 June	2,636	2,762	2,772	2,808	2,931
Increase since 30 June 2010	-	126	136	172	295

Source: NSW Mental Health Bed Survey, InforMH.

Average availability (full year)	2009-10	2010-11	2011-12	2012-13	2013-14
Average available beds	2,475	2,576	2,601	2,648	2,730
Increase since 30 June 2010		101	126	173	255
Average availability (%) of funded beds		93%	94%	94%	93%

Source: NSW Bed Reporting System, Health Service Information and Performance Reporting Branch, NSW Ministry of Health.

Average occupancy (full year)	2009-10	2010-11	2011-12	2012-13	2013-14
Average occupied beds	2,163	2,198	2,224	2,274	2,268
Increase since 30 June 2010		35	61	111	105
Average occupancy (%) of available beds		85%	86%	86%	83%

Source: NSW Health Information Exchange.

On average funded bed numbers increased by 2.8 per cent over the years between 2009-10 and 2013-14.

Average available beds are always less than funded beds due to: (i) commissioning periods between the completion of construction and full operation of new units/beds; (ii) temporary closures due to renovation or operational issues; (iii) the effect of non-acute Child and Adolescent Mental Health Services beds which only operate during the week and school terms.

Average availability is calculated by dividing the total average available beds by the total funded beds (expressed as a percentage). The average availability of funded beds across NSW in 2013-14 was stable at 93 per cent, (94 per cent in 2012-13).

Average occupancy is calculated by dividing the total average occupied beds by the total average available beds (expressed as a percentage). A number of new beds opened at the end of the 2013-14 financial year contributing to the decline in average occupancy from 86 per cent in 2012-13 to 83 per cent in 2013-14. It is anticipated that the occupancy rates of these new beds will increase across 2014-15.

Acute and non-acute inpatient care

Mental health inpatient services provide care under two main care types – acute care and non-acute care.

Mental health acute inpatient care (separations from overnight stays)

Acute inpatient care	2009-10	2010-11	2011-12	2012-13	2013-14
Acute overnight separations	29,016	29,829	30,208	31,555	32,722
Increase since 30 June 2010		813	1,192	2,539	3,706
Increase (%) since 30 June 2010		3%	4%	9%	13%

Source: NSW Health Information Exchange

Over the past 5 years there has been an increase each year in mental health acute bed numbers and overnight acute separations. On average between 2009-10 and 2013-14, funded acute beds increased by 1.8 per cent and acute overnight separations by 3.2 per cent.

Funded acute beds increased from 1701 in 2012-13 to 1748 in 2013-14. New acute beds were opened in Nepean Blue Mountains Local Health District (11 additional beds for adults in Nepean Hospital), Northern Sydney Local Health District (10 additional beds for adults and a 12 bed mental health unit for children and adolescents in Hornsby Ku-ring-gai Hospital),

Southern NSW Local Health District (12 additional beds for adults in Goulburn Base Hospital) and Murrumbidgee Local Health District (10 additional beds for adults in Wagga Wagga Base Hospital).

The increase in acute beds in 2013-14 was slightly offset by the transfer of eight acute beds for adults out of the Mental Health program in Western NSW Local Health District (Orange Health Service) into the Drug and Alcohol Program as involuntary drug and alcohol treatment beds. Overall in 2013-14, there were 47 (2.8 per cent) additional acute new beds across public mental health facilities in NSW compared with 2012-13.

Mental health non-acute inpatient care occupied bed-days

Non-acute inpatient care	2009-10	2010-11	2011-12	2012-13	2013-14 ¹
Non-acute overnight OBDs	278,112	279,034	284,689	285,993	281,077
Increase since 30 June 2010		922	6,577	7,881	2,965
Increase (%) since 30 June 2010		0%	2%	3%	1%

Source: NSW Health Information Exchange. Note: ¹The non-acute bed day data has been influenced by HIE data quality issues at selected local health districts.

Funded non-acute beds increased from 1107 in 2012-13 to 1183 in 2013-14, an increase of almost 7 per cent or 76 additional beds. The additional beds were opened in new mental health units in South Eastern Sydney Local Health District (16 beds for older persons in St George Hospital), Illawarra Shoalhaven Local Health District (20 beds for adults at Shoalhaven Hospital), Western Sydney Local Health District (20 beds for adults at Blacktown Hospital), and Murrumbidgee Local Health District (20 beds for adults in Wagga Wagga Hospital).

All newly opened beds are sub-acute beds that are funded under the Commonwealth (Council of Australian Governments) Sub-acute Program and are included in the non-acute totals.

Ambulatory mental healthcare

Ambulatory mental healthcare includes all care provided by specialist mental health services for people who are not inpatients of mental health units at the time of care. It includes care provided in community settings (homes and community

health centres) and in hospital outpatients and emergency departments. It also includes a small number of contacts provided by mental health consultation-liaison services for people who are hospital inpatients.

Ambulatory contacts	2009-10	2010-11	2011-12	2012-13	2013-14
Ambulatory contacts	1,962,430	2,212,711	2,326,170	2,757,412	3,272,641
Increase since 30 June 2010		250,281	363,740	794,982	1,310,211
Increase (%) since 30 June 2010		13%	19%	41%	67%

Source – NSW Health Information Exchange (HIE). Note: The number of contacts for 2012-13 in the table above has been revised from 2,326,170 to 2,757,412.

NSW mental health services report more than two million contacts each year. In 2013-14, the number of contacts increased by 18.7 per cent from 2,757,412 in 2012-13 to 3,272,641 in 2013-14 however, the 2013-14 contacts number is an underestimate of actual contacts. Problems with the functioning of a new community mental health data collection system has led to

understated reporting of contacts from several local health districts for the later months of 2013-14 in the NSW Health Information Exchange.

Ambulatory contacts will be revised and updated in the 2014-15 Annual Report following resolution of data issues in the NSW Health Information Exchange.

Seclusion in acute mental health facilities

Seclusion is defined as the confinement of a consumer at any time of the day or night alone in a room or area from which free exit is prevented. The NSW Health Policy Directive on Aggression, Seclusion & Restraint in Mental Health Facilities in NSW (PD 2012_035) aims to reduce and, where possible, eliminate the use of seclusion and restraint in public mental

health services. Like other states and territories, NSW uses the KPI Acute Seclusion Rate, which is defined as the number of seclusion episodes per 1000 bed days in acute mental health units. The indicator includes acute beds for all age groups (i.e. child and adolescent, adult, older persons) and excludes non-acute beds.

Seclusion rate – trend over time

Financial sub program	2009-10	2010-11	2011-12	2012-13	2013-14
General & adult care	13.8	11.3	11.1	10.1	8.9
Child & adolescent care	10.7	9.6	13.0	6.1	6.3
Forensic psychiatric care	2.3	1.9	2.0	4.0	2.4
NSW total	11.5	9.4	9.2	8.5	7.4

Source: Manual collection from local health districts, InforMH. Rate = Seclusion episodes per 1000 occupied bed days. Notes: **1** Includes acute beds for all sub programs (Adult, Older, Child and Adolescent Mental Health Services, Forensic) from facilities with or without seclusion. **2** There is only one acute unit for older people: Lachlan Older Acute unit which commenced reporting in Jan-Jun 2011. The unit is not reported separately in the table but is included in the NSW total rate. **3** Data from Justice Health & Forensic Mental Health was collected/reported since Jul-Dec 2009. JH beds are excluded from the NSW rate for 2008-09.

There has been an overall decline in the seclusion rate in NSW acute mental health units. The *Supplementary seclusion indicators* table on page 161 provides additional information on duration (average hours per seclusion episode) and frequency (per cent of hospitalisations where a person is secluded at least once) of seclusion for NSW acute mental health facilities.

Mental health – public hospital activity levels

Public psychiatric hospitals and co-located psychiatric units in public hospitals with beds gazetted under the Mental Health Act 2007 and other non-gazetted psychiatric units

Local health districts and speciality networks	Funded ¹ beds at 30 June		Average available ² beds in year		Average occupied ³ beds in year		Sameday ⁴ separations in 12 mths to 30/6/14	Overnight ⁵ separations in 12 mths to 30/6/14
	2013	2014	2012-13	2013-14	2012-13	2013-14		
X700 Sydney Local Health District	241	241	228	229	205	193	555	3151
Acute beds – adult	140	140	135	135	134	126	541	2588
Acute beds – older	30	30	30	30	31	29	5	244
Non-acute beds – adult	35	35	35	35	27	24	2	27
Non-acute beds – child/adolescent ⁶	36	36	28	29	13	14	7	292
X710 South Western Sydney Local Health District	188	188	183	188	169	173	105	3476
Acute beds – adult	144	144	144	144	139	138	103	3258
Acute beds – child/adolescent	10	10	10	10	7	7		100
Non-acute beds – adult	34	34	29	34	23	29	2	118
X720 South Eastern Sydney Local Health District	170	186	159	169	149	155	134	3095
Acute beds – adult	124	124	113	125	109	114	123	2835
Acute beds – older ⁷	12	12	12	6	10	6	2	69
Non-acute beds – adult	34	34	34	32	30	28	9	122
Non-acute beds – older ⁸		16		6		6		69
X730 Illawarra Shoalhaven Local Health District	113	133	113	113	97	97	28	1920
Acute beds – adult	73	73	73	73	67	66	27	1669
Acute beds – older	14	14	14	14	11	12		133
Acute beds – child/adolescent	6	6	6	6	4	4	1	73
Non-acute beds – adult ⁹	20	40	20	21	15	15		45
X740 Western Sydney Local Health District	359	379	342	352	292	297	2281	3494
Acute bed – adult	148	148	144	144	135	136	123	3041
Acute beds – older	10	10	10	10	9	9	19	84
Acute beds – child/adolescent	9	9	9	9	7	7		118
Non-acute bed – adult ¹⁰	135	155	135	136	111	112		54
Non-acute beds – older	16	16	7	16	4	7	2	69
Non-acute beds – child/adolescent ⁶	17	17	12	12	2	4	2137	125
Non-acute beds – forensic	24	24	24	24	23	22		3
X750 Nepean Blue Mountain Local Health District	54	65	54	56	52	53	3	1383
Acute beds – adult ¹¹	54	65	54	56	52	53	3	1383
X760 Northern Sydney Local Health District	335	357	328	345	284	284	133	3326
Acute beds – adult ¹²	109	119	108	118	97	103	121	2713
Acute beds – older	30	30	30	29	27	26	8	255
Acute beds – child/adolescent ¹³		12		6		4	3	78
Non-acute beds – adult	151	151	150	151	127	120	1	59
Non-acute beds – older	30	30	30	30	30	28		1
Non-acute beds – child/adolescent ⁶	15	15	10	11	3	2		220
X770 Central Coast Local Health District	84	84	84	84	64	66	241	1508
Acute beds – adult	69	69	69	69	51	53	240	1409
Acute beds – older	15	15	15	15	12	13	1	99
X800 Hunter New England Local Health District	371	371	371	371	318	276	155	4632
Acute beds – adult	167	167	167	167	146	137	151	3927
Acute beds – older	22	22	22	22	22	22		144
Acute beds – child/adolescent	12	12	12	12	10	10	3	288
Non-acute beds – adult	81	81	81	81	67	46		149
Non-acute beds – older	59	59	59	59	44	46	1	120
Non-acute beds – forensic	30	30	30	30	29	16		4
X810 Northern NSW Local Health District	73	73	73	73	65	68	8	1479
Acute beds – adult	65	65	65	65	59	63	7	1377
Acute beds – child/adolescent	8	8	8	8	6	4	1	102

Local health districts and specialty networks	Funded ¹ beds at 30 June		Average available ² beds in year		Average occupied ³ beds in year		Sameday ⁴ separations in 12 mths to 30/6/14	Overnight ⁵ separations in 12 mths to 30/6/14
	2013	2014	2012-13	2013-14	2012-13	2013-14		
X820 Mid North Coast Local Health District	72	72	72	72	65	63	9	1248
Acute beds – adult	52	52	52	52	50	49	9	1161
Non-acute beds – adult	20	20	20	20	15	15		87
X830 Southern NSW Local Health District	96	108	96	92	70	65	60	1046
Acute beds – adult ¹⁴	26	38	26	34	22	25	57	729
Non-acute beds – adult	22	22	22	18	15	13	1	65
Non-acute beds – older	48	48	48	41	33	27	2	252
X840 Murrumbidgee Local Health District	60	90	60	70	48	53	97	1183
Acute beds – adult ¹⁵	44	54	44	50	37	40	94	1094
Non-acute beds – adult ¹⁶		20		3		2		18
Non-acute beds – older	16	16	16	16	11	11	3	71
X850 Western NSW Local Health District	281	273	180	207	137	156	36	1727
Acute beds – adult ¹⁷	64	56	56	56	42	40	31	1092
Acute beds – older	12	12	12	12	10	11	1	109
Acute beds – child/adolescent	10	10	10	10	5	7	3	149
Non-acute beds – adult	159	159	70	93	52	68		352
Non-acute beds – older	16	16	16	16	13	13	1	19
Non-acute beds – forensic	20	20	16	20	15	18		6
X860 Far West Local Health District	16	16	9	15	6	10	5	213
Acute beds – adult	6	6	6	6	5	4	5	121
Non-acute beds – adult	10	10	3	9	1	6		92
X690 St Vincent's and Mater Health Network	48	48	52	52	45	46	35	1560
Acute beds – adult	33	33	33	33	30	30	35	1447
Acute beds – older ¹⁸	15	15	19	19	15	16		113
X630 The Sydney Children's Hospital Network	16	16	13	13	10	10	10	165
Acute beds – child/adolescent	16	16	13	13	10	10	10	165
X170 Justice Health & Forensic Mental Health	231	231	231	231	198	201	4	548
Acute beds	152	152	152	152	119	122	4	537
Non-acute beds	79	79	79	79	79	79		11
NSW – Total	2808	2931	2648	2730	2274	2268	3899	35,154

Summary – Bed type and sub-program

Adult acute	1318	1353	1289	1327	1175	1177	1670	29,844
Older acute	160	160	164	157	147	144	36	1250
C&A acute	71	83	68	74	49	54	21	1073
Forensic acute	152	152	152	152	119	122	4	537
Adult non-acute	701	761	599	633	483	478	15	1188
Older non-acute	185	201	176	183	135	138	9	601
C&A non-acute	68	68	50	52	18	20	2144	637
Forensic non-acute	153	153	149	152	146	135		24

Notes: **1** "Funded beds" are those funded by NSW Ministry of Health (MoH). **2** "Average Available beds" are the average of 365 nightly census counts. This data is extracted from the Bed Reporting System by Health System Information and Performance Reporting Branch in the MoH. Average available beds may be less than funded beds due to temporary bed closures for maintenance or staffing reasons, or during the commissioning of new units. Higher numbers of available beds than funded are sometimes reported, due to the use of "surge" beds in high demand periods or data errors in LHD bed reporting systems. **3** "Average occupied beds" are calculated from the total Occupied Overnight bed days for the year. **2,3** Components may not add to total in some local health districts (LHDs) due to rounding error. **4** "Sameday Separations" refers to those separations when the patient is admitted and separates on the same date from the hospital. **5** "Overnight Separations" (i.e. admitted and separated on different dates) refers to the process by which an admitted patient completes an episode of care by being discharged, dying, transferring to another hospital or changing type of care. **6** The availability and occupancy of beds in the non-acute Child & Adolescent units are complicated by the fact that they operate mainly during the week days (excluding public holidays) and in school terms causing their beds availability to be lower than the funded beds. **7** Negotiations are currently under way between South Eastern Sydney Local Health District and the Mental Health and Drug and Alcohol Office to transition six older acute beds to adult acute beds. Due to reporting issues the available beds between older adult acute units cannot be separated. This has led to reporting of one more available than funded bed for the adult acute units and under-reporting of older acute available beds in this report. **8** A 16 bed older person sub-acute unit opened in St George Hospital in November 2013. **9** Twenty additional adult sub-acute beds opened in Shoalhaven Hospital in June 2014. **10** A 20 bed adult sub-acute unit opened in Blacktown Hospital in June 2014. **11** Eleven additional adult acute beds opened in Nepean Blue Mountain Hospital in March 2014. **12** Eleven additional adult acute beds opened in Hornsby Ku-ring-gai Hospital in June 2014. **13** A 12 bed acute child and adolescent unit opened in Hornsby Ku-ring-gai Hospital in September 2013. **14** Twelve additional adult acute beds opened in Goulburn Base Hospital in March 2014. **15** Ten additional adult acute beds opened in Wagga Wagga Base Hospital in November 2013. **16** A 20 bed adult sub-acute unit opened at Wagga Wagga Base Hospital in March 2014. **8, 9, 10, 16** The new beds in these facilities are sub-acute beds funded under the Commonwealth (COAG) Sub-Acute Program and are included in the non-acute totals. **17** Eight adult acute beds were transferred out of Mental Health Program in Orange Health Service and converted to involuntary drug and alcohol treatment beds. **18** St Joseph's Hospital has four beds funded outside the Mental Health Program. Note: All average availability and occupancy rates of the newly opened beds, especially those that were opened at the end of 2013-14 (March to June 2014) are expected to increase across 2014-15.

Mental health – seclusion activity levels

Supplementary seclusion indicators

Measuring seclusion in NSW acute mental health inpatient units

FACILITY ¹	Seclusion Rate ²			Average Duration ³			Hospitalisation (%) ⁴		
	2011-12	2012-13	2013-14	2011-12	2012-13	2013-14	2011-12	2012-13	2013-14
Albury	3.0	2.3	1.1	4.0	5.6	4.8	3%	2%	1%
Bankstown	25.7	10.8	7.9	1.7	1.4	2.2	16%	8%	8%
Bega	10.0	1.6	2.0	2.1	1.7	2.0	6%	2%	2%
Blacktown	15.3	17.1	12.0	2.8	2.8	3.6	12%	11%	8%
Blue Mountains	0.4	3.0	3.4	5.1	2.5	2.3	1%	4%	4%
Broken Hill	5.5	2.4	1.5	3.3	1.8	2.0	4%	1%	1%
Campbelltown	7.7	6.8	7.2	1.6	1.5	1.7	5%	5%	5%
Coffs Harbour	16.4	8.8	12.0	7.2	5.1	5.1	14%	10%	9%
Concord	11.8	10.4	13.8	4.3	3.7	5.8	9%	9%	8%
Cumberland	16.2	15.5	15.6	16.8	29.1	18.3	13%	12%	14%
Dubbo	17.7	25.1	8.9	2.4	2.9	3.1	9%	14%	6%
Forensic Hospital	7.0	13.4	6.9	21.4	31.0	137.8	21%	25%	31%
Gosford	9.7	10.3	7.0	2.1	1.9	2.2	8%	9%	6%
Goulburn	11.9	11.3	5.8	2.8	2.3	1.7	6%	6%	5%
Hornsby	9.4	14.1	10.8	3.1	6.1	4.1	6%	7%	6%
James Fletcher (Mater)	8.0	10.5	6.7	3.0	2.7	1.6	4%	5%	3%
John Hunter	16.8	9.1	16.6	1.3	1.3	1.6	11%	6%	6%
Lismore	28.2	10.9	10.9	7.9	7.2	6.1	16%	7%	7%
Liverpool	11.4	8.2	7.5	3.1	4.2	3.9	6%	5%	5%
Macquarie	3.0	5.2	4.0	4.3	3.1	4.4	7%	7%	7%
Maitland	3.8	4.7	2.6	1.7	2.3	2.6	3%	3%	1%
Manly	2.7	2.1	2.5	2.2	2.0	1.9	2%	2%	2%
Manning	1.8	4.4	3.6	3.1	2.9	1.4	1%	3%	3%
Morisset	1.7	2.9	0.0	1.1	1.6		5%	11%	0%
Nepean	13.6	8.0	4.4	4.3	5.3	4.3	6%	6%	3%
Orange/Bloomfield	8.8	8.2	10.9	2.3	1.4	1.4	5%	5%	4%
Port Macquarie	4.5	2.3	1.4	5.5	7.1	4.4	6%	4%	2%
Prince of Wales	10.0	10.3	9.0	6.0	9.2	5.4	6%	5%	5%
Royal North Shore	7.0	4.9	4.2	3.1	3.8	2.5	4%	3%	3%
Royal Prince Alfred	6.2	5.5	2.5	2.5	2.4	2.3	5%	5%	3%
Shellharbour	6.6	7.5	8.8	5.2	10.5	12.1	5%	6%	7%
St George	1.1	1.2	0.7	3.1	5.5	1.8	1%	1%	1%
St Vincents	15.7	29.1	11.6	3.3	3.5	1.5	5%	9%	5%
Sutherland	2.4	3.4	3.7	2.6	1.9	1.5	2%	3%	3%
Sydney Children's Hospital Randwick ⁶			1.7			0.7			2%
Tamworth	7.8	7.6	13.4	3.3	2.7	3.4	3%	3%	4%
The Children's Hospital Westmead	22.1	9.9	1.4	0.6	0.5	0.4	16%	11%	3%
Tweed	12.2	8.4	9.1	6.1	4.5	5.4	9%	6%	8%
Wagga Wagga	16.0	14.5	7.9	3.2	3.4	3.5	8%	7%	6%
Westmead	3.2	2.4	1.4	2.4	2.4	1.6	2%	2%	1%
Wollongong	2.5	1.5	2.4	2.1	1.1	2.0	2%	2%	2%
Wyong	12.4	12.2	9.5	3.3	2.7	3.2	8%	9%	9%
NSW Total⁵	10.4	9.5	8.2	5.7	7.8	9.4	7%	6%	6%

Notes: **1** Includes acute beds for all subprograms (Adult, Older, Child and Adolescent Mental Health Services, Forensic) ONLY from facilities which have seclusion. **2** Seclusion episodes per 1000 acute bed days. **3** Average duration (hours) per seclusion episode. **4** Percent of persons hospitalised who experienced at least one episode of seclusion. **5** NSW average rate differs from the seclusion rate over time (refer to the seclusion rate – trend over time table on page 158), as this table does not include facilities with acute beds but no seclusion. **6** This facility commenced reporting seclusion in 2013-14.

Data sources for the annual report

The funded beds data for public health facilities was compiled from the June 2014 Bed Survey. The Survey collects data on bed numbers against bed types by financial-sub-program at ward/unit level in mental health facilities in local health districts twice a year.

Data for average available beds was compiled from the Bed Reporting System maintained by the Health System Information and Performance Reporting Branch of the NSW Ministry of Health. Average occupied beds, non-acute occupied bed days and overnight separations in public health facilities was extracted and compiled from data tables in the NSW Health Information Exchange in late August 2014.

Seclusion data is collected manually by local health districts and speciality networks and collated by InforMH.

Ambulatory contact data was extracted in August 2014 from the Mental Health Ambulatory tables in the NSW Health Information Exchange.

