

Appendices

Health statistics

Workforce statistics

Public hospital activity levels

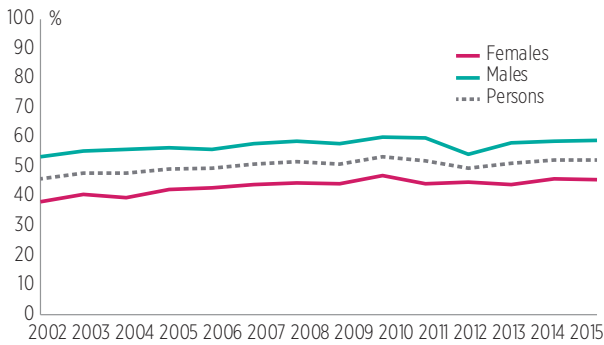
Mental health



Health statistics

Overweight and obesity

Overweight or obesity in adults aged 16 years and over, NSW

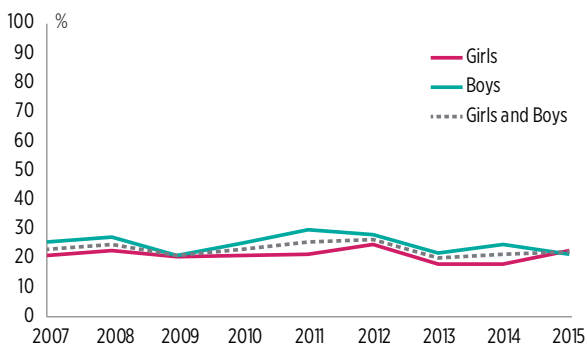


Source: HealthStats NSW, Centre for Epidemiology and Evidence

Interpretation

In 2015, 52.3 per cent of adults aged 16 years and over (59.0 per cent of men and 45.8 per cent of women) were overweight or obese in NSW, increasing from 45.9 per cent in 2002. Underlying this trend, the rate of overweight has remained fairly stable (31.2 per cent in 2002 compared with 33.4 per cent in 2015), and the obesity rate has increased from 14.7 per cent to 18.9 per cent.

Overweight or obesity in children aged 5 to 16 years, NSW



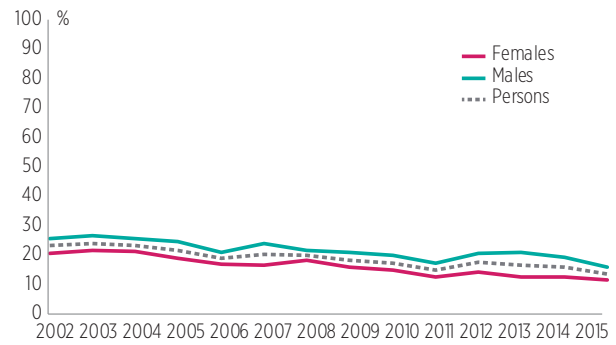
Source: HealthStats NSW, Centre for Epidemiology and Evidence

Interpretation

The rate of overweight and obesity in children has been relatively stable in NSW since 2007, and was 22.0 per cent in children aged 5-16 years in 2015. The continuing high prevalence is a cause for concern.

Smoking

Current (daily or occasional) smoking in adults aged 16 years and over, NSW

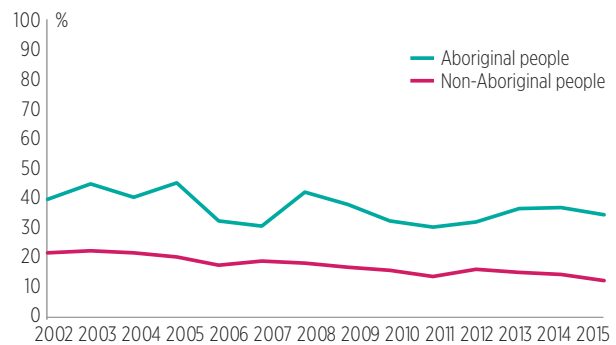


Source: HealthStats NSW, Centre for Epidemiology and Evidence

Interpretation

In 2015, the rate of daily or occasional smoking in adults, aged 16 years and over in NSW, was 13.5 per cent compared to 22.5 per cent in 2002. Males were more likely to be current smokers than females in 2015 (15.5 per cent versus 11.6 per cent).

Current smoking (daily or occasional) by Aboriginality, NSW

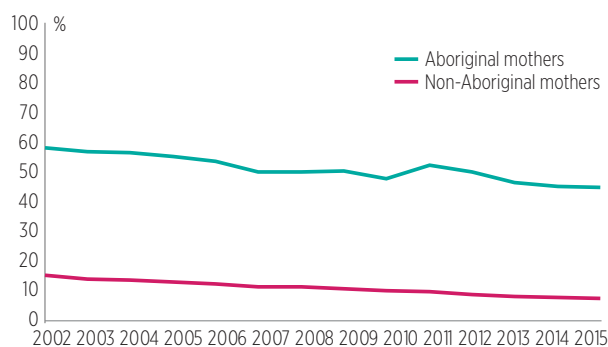


Source: HealthStats NSW, Centre for Epidemiology and Evidence

Interpretation

Aboriginal people are more than twice as likely to smoke as non-Aboriginal people. In 2015, the rate of current (daily or occasional) smoking in people aged 16 years and over in NSW was 34.9 per cent for Aboriginal people, and 12.9 per cent for non-Aboriginal people. Between 2002 and 2015 there was an overall decline in the percentage of Aboriginal adults who were current smokers.

Smoking during pregnancy by Aboriginal and non-Aboriginal mothers, NSW

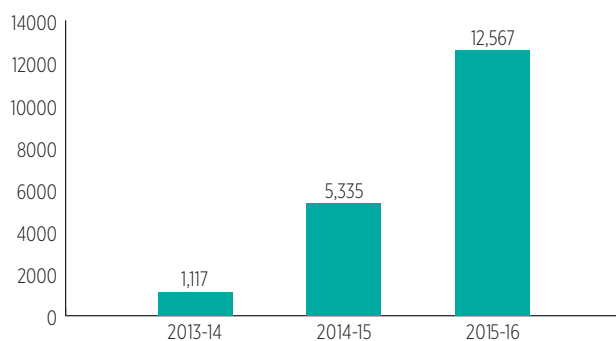


Source: HealthStats NSW, Centre for Epidemiology and Evidence

Interpretation

Aboriginal women are over six times more likely to report smoking during pregnancy than non-Aboriginal women. In NSW in 2015, 45.0 per cent of Aboriginal women reported smoking in pregnancy, compared to 7.4 per cent of non-Aboriginal women. Between 2002 and 2015, there has been a significant decrease in the proportion of Aboriginal women who reported smoking during pregnancy, from 58 per cent in 2002.

Provision of Nicotine Replacement Therapy to adults in NSW correctional centres



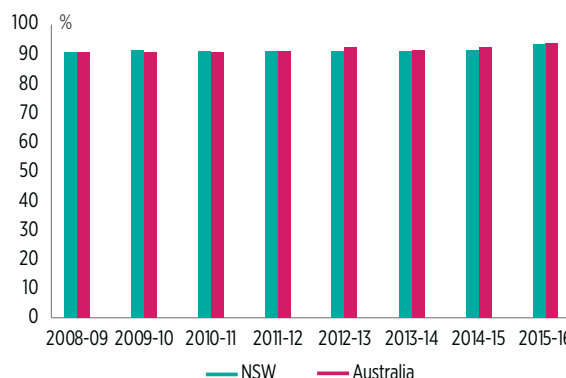
Source: Corrective Services NSW

Interpretation

On 10 August 2015, the Justice Health & Forensic Mental Health Network and Corrective Services NSW successfully implemented the Government's Smoke-free Prisons Policy throughout the NSW correctional system. As part of this policy nicotine replacement therapy was made available to all inmates identified as smokers at policy go-live and subsequent new receptions into custody.

Early disease management

Children fully immunised at one year, NSW and National

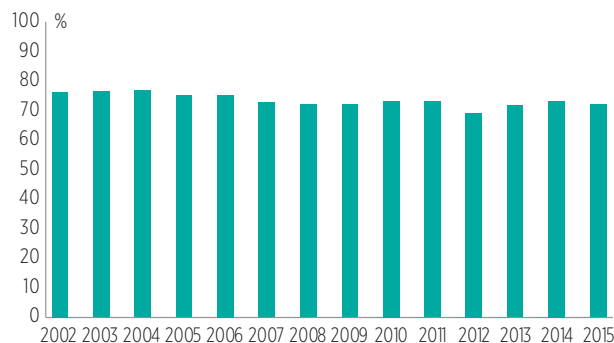


Source: The Australian Childhood Immunisation Register

Interpretation

The Australian Childhood Immunisation Register was established in 1996. Data from the Register provides information on the immunisation status of all children less than seven years of age. Aggregated data for the year 2015-16 indicate that 92.9 per cent of children in NSW were fully immunised at one year of age. This is consistent with the national average of 93 per cent and represents a two per cent increase in coverage from 2014-15.

Adults aged 65 years and over vaccinated against influenza, NSW

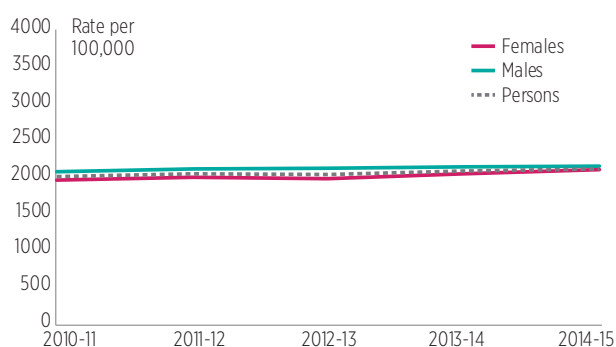


Source: HealthStats NSW, Centre for Epidemiology and Evidence

Interpretation

The percentage of adults aged 65 years and over vaccinated against influenza during the previous 12 months has remained relatively stable in the last five years to 2015.

Potentially preventable hospitalisations by sex, NSW



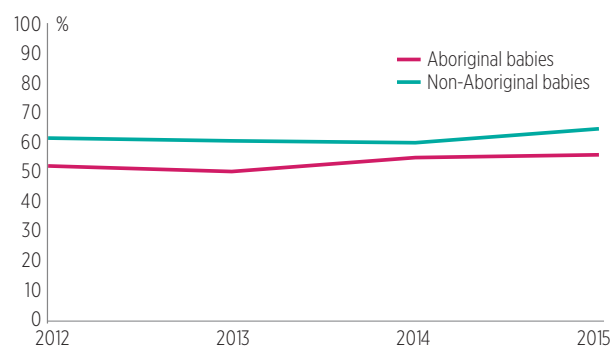
Source: HealthStats NSW, Centre for Epidemiology and Evidence

Interpretation

Potentially preventable hospitalisations are those conditions for which hospitalisation is considered potentially avoidable through preventive care and early disease management, usually delivered in an ambulatory setting, such as primary health care (for example by general practitioners or community health centres). Rates of potentially preventable hospitalisations are consistently higher in males compared with females over time and have increased by around five per cent over the five years between 2010-11 and 2014-15.

Aboriginal Health

First antenatal visit before 14 weeks by mothers of Aboriginal and non-Aboriginal babies, NSW

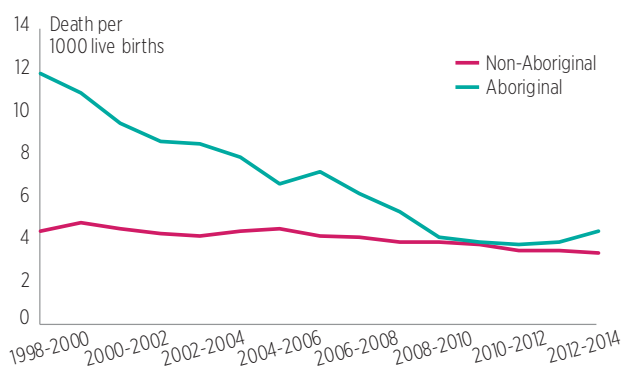


Source: HealthStats NSW, Centre for Epidemiology and Evidence

Interpretation

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. In NSW in 2015, 56.0 per cent of mothers of Aboriginal babies attended their first comprehensive visit for antenatal care before 14 weeks pregnancy, compared to 64.8 per cent of mothers of non-Aboriginal babies. There was an increasing trend in early attendance rates for both mothers of Aboriginal and non-Aboriginal babies between 2012 and 2015.

Infant deaths by Aboriginality, NSW



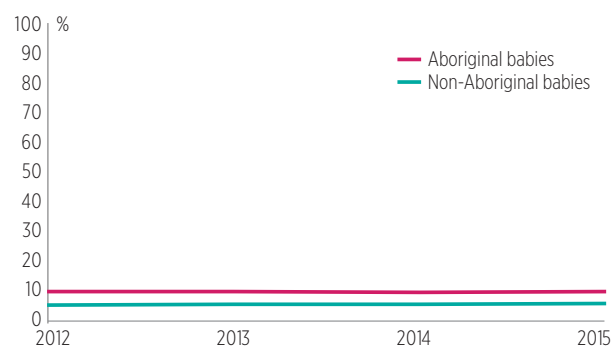
Source: HealthStats NSW, Centre for Epidemiology and Evidence

Interpretation

In the period 2012 to 2014, the mortality rate in Aboriginal infants in NSW was 4.4 deaths per 1000 live births, compared with 3.4 deaths per 1000 live births in non-Aboriginal infants.

Over the decade between 2002-2004 and 2011-2013, the mortality rate in Aboriginal infants decreased by 54 per cent (from 8.5 per 1000 in 2002-2004). The gap between Aboriginal infants and non-Aboriginal infants decreased in this decade, from 4.3 deaths per 1000 live births in 2002-2004 to 0.4 deaths per 1000 live births in 2011-2013.

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

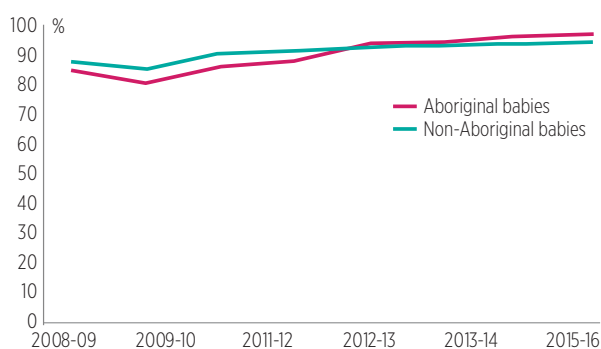


Source: HealthStats NSW, Centre for Epidemiology and Evidence

Interpretation

Low birth weight babies (weighing less than 2500 grams at birth) are at greater risk of poor health outcomes including disability and death. More Aboriginal babies are more likely to be low birth weight than non-Aboriginal babies. In NSW in 2015, 10.4 per cent of Aboriginal babies were of low birth weight, compared to 6.4 per cent of non-Aboriginal babies. Since 2012, the rate of low birth weight babies has remained stable.

Aboriginal and non-Aboriginal children fully vaccinated at 5 years of age, NSW

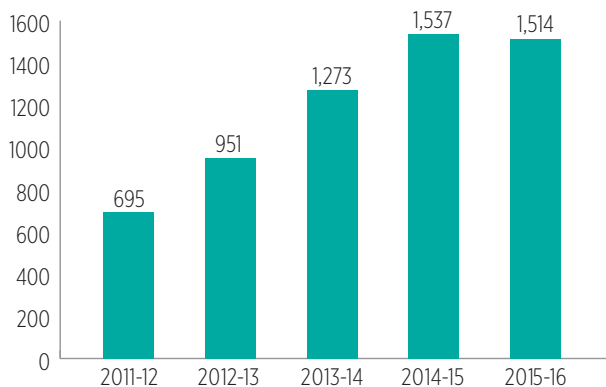


Source: The Australian Childhood Immunisation Register

Interpretation

Aggregated data for 2015-16 indicates Aboriginal children were 95.7 per cent fully vaccinated at five years of age compared to 93.3 per cent of non-Aboriginal children. This represents a 12.6 per cent increase in the Aboriginal five year old child vaccination rates achieved since 2008-09.

Patients accessing the Justice Health & Forensic Mental Health Network Aboriginal Chronic Care Program



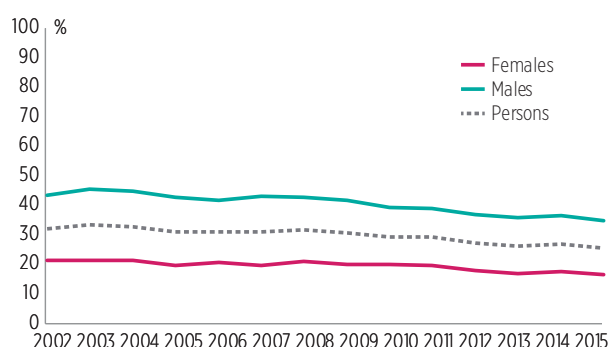
Source: HealthStats NSW, Centre for Epidemiology and Evidence

Interpretation

In 2015-16, there were 1514 adult and adolescent patients who accessed the Aboriginal Chronic Care Program. This program provides systematic screening, health education, health promotion and early intervention strategies for this vulnerable population. Access to this Program has more than doubled over the last five years.

Alcohol

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



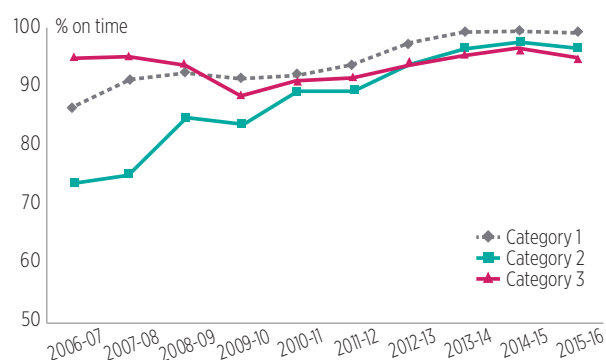
Source: HealthStats NSW, Centre for Epidemiology and Evidence

Interpretation

Long-term 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. In 2015, 25.9 per cent of adults aged 16 years and over (35.1 per cent of males and 17.1 per cent of females) consumed more than two standard alcoholic drinks on a day when they drank alcohol. Over the last 10 years in NSW (2006 to 2015) the rate of alcohol consumption at levels that pose a health risk over the long-term significantly decreased from 31.4 per cent to 25.9 per cent.

NSW hospital performance

NSW Hospital Elective Surgery Access Performance

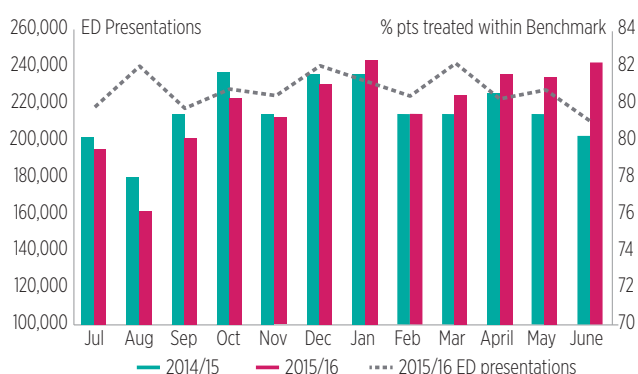


Source: NSW Ministry of Health Information Exchange

Interpretation

In 2015-16, a total of 218,942 elective surgeries were completed. The percentage of patients receiving their elective surgery on time was 99.8 per cent (Category one - Urgent), 97.1 per cent (Category two - Semi-Urgent) and 95.6 per cent (Category three - Non-Urgent), up from 93 per cent, 90 per cent and 92 per cent in 2010-11 respectively.

All triage categories percentage treated within benchmark

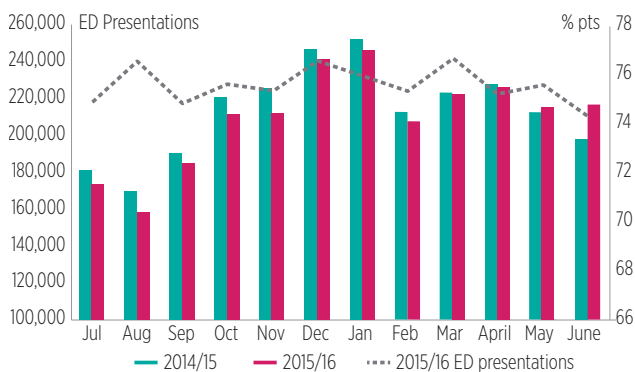


Source: NSW Ministry of Health Information Exchange

Interpretation

In 2015-16, NSW public emergency departments received 2,733,853 presentations, 41,000 more than the previous year. Despite increasing numbers of patients presenting to public emergency departments, 80 per cent of patients were treated within clinically appropriate timeframes. This result is similar to the previous year and maintains NSW Health's position as the best performing jurisdiction nationally for this performance indicator.

Percentage of patients with treatment completion time in the emergency department < or equal to 4 hours – Emergency Treatment Performance

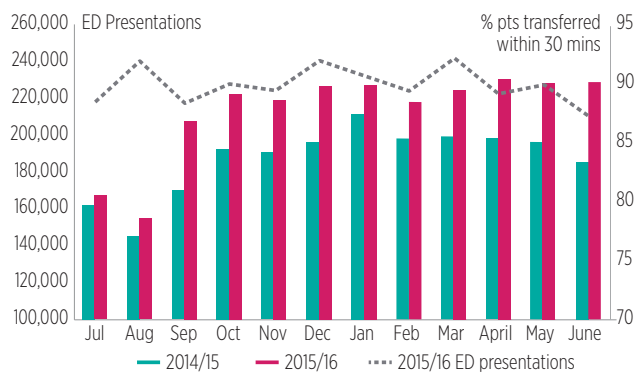


Source: NSW Ministry of Health Information Exchange

Interpretation

NSW remains committed to the four hour benchmark – previously known as National Emergency Access Targets (NEAT) and now known as the Emergency Treatment Performance (ETP) indicator. In 2015-16, local health district and specialty health network hospitals maintained their ETP performance, achieving 74.2 per cent, equating to an additional 45,000 patients leaving the emergency department in four hours or less, when compared to the previous year.

Ambulance to emergency department transfer of care

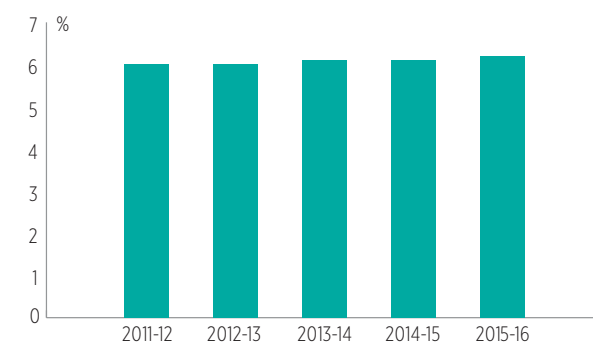


Source: NSW Ministry of Health Information Exchange

Interpretation

NSW Ambulance and public emergency departments have put considerable effort into improving the flow of patients into the emergency department through the timely handover of care from paramedics to emergency department staff. In 2014-15, the overall transfer of care in NSW emergency departments was 83.4 per cent. Since October 2015, statewide performance rose to 87.4 per cent, close to or above the 90 per cent target of patients having their care transferred from the Ambulance to the emergency department within 30 minutes.

Unplanned/unexpected readmissions within 28 days of separation



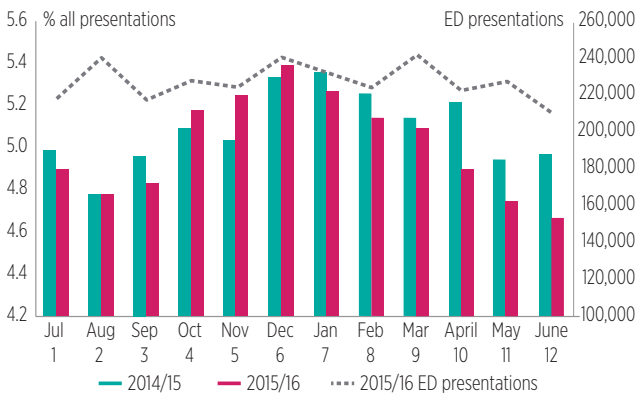
Source: NSW Ministry of Health Information Exchange

Interpretation

There has been only a very small increase in unplanned readmissions of 0.22 per cent witnessed since 2011-12. This has been achieved despite continued growth in the aging population and patients with chronic and complex conditions. There has been considerable effort on the part of local health districts into investigating, understanding and establishing strategies to address unplanned readmissions.

It should be noted that while this data reflect the volume of unplanned readmission within 28 days it does not provide an indication of whether or not these readmissions were preventable or even unexpected.

Representations to the same emergency department within 48 hours

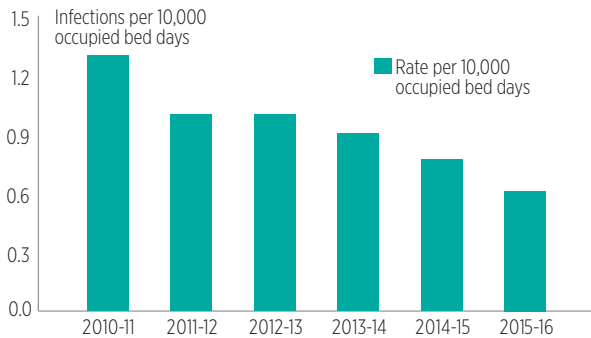


Source: NSW Ministry of Health Information Exchange

Interpretation

In 2015-16, the rates of unplanned representations to emergency departments has remained at similar levels to the previous year. Monthly rates have been consistently lower during the first six months of 2016. This result shows that the emergency departments are maintaining high levels of clinical care within the context of increasing demand and sustained focus on achieving efficiency and improved flow through the emergency and hospital. This includes the continued focus on the most appropriate model of care for the patient such as large investments in Short Stay Units which are contributing continual improvements in patient care.

Staphylococcus Aureus bloodstream infections, NSW

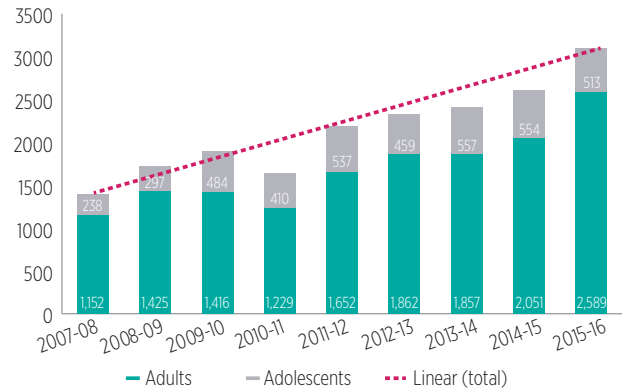


Source: NSW Health Hospital Acquired Infections reporting system

Interpretation

The rate of Staphylococcus Aureus Bloodstream Infections in NSW public hospitals has been consistently declining with the most recent rate of 0.63 significantly lower the national benchmark of 2 infections per 10,000 occupied bed days.

Number of adolescents and adults with mental illness diverted from court or custody to community treatment

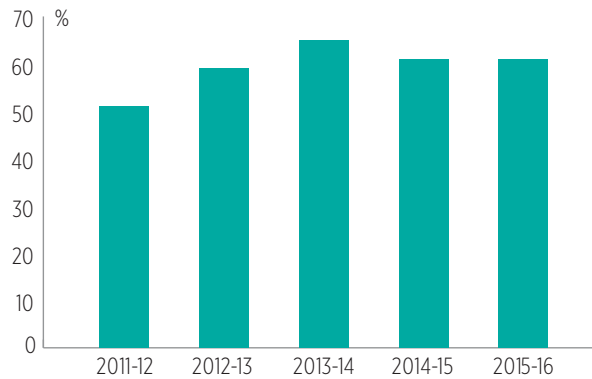


Source: Justice Health & Forensic Mental Health Network, NSW

Interpretation

This indicator shows the continued performance against the target to increase the number of people with mental illness diverted from custody into appropriate care in the community. In 2015-16, the Justice Health & Forensic Mental Health Network diverted 3102 adults and adolescents with mental illness, representing a 26 per cent increase from last financial year.

Mental health acute post-discharge community care

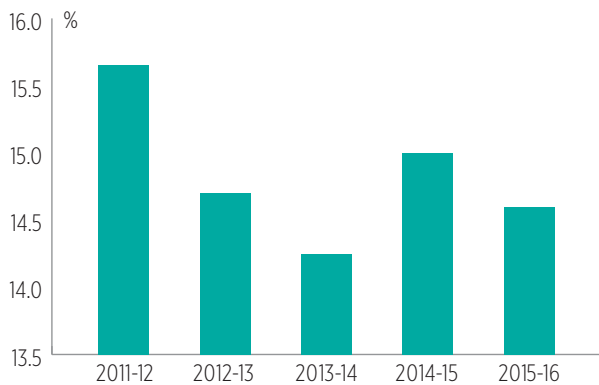


Source: NSW Ministry of Health Information Exchange

Interpretation

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. Post discharge seven day community follow-up has reduced from 63.3 per cent in 2014-15 to 63.1 per cent for 2015-16. This decline continues to reflect changes in data collection through the introduction of the Cerner System for Mental Health Ambulatory data collection.

Readmission to a mental health acute service within 28 days



Source: NSW Ministry of Health Information Exchange

Interpretation

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

This is an indicator of the effectiveness of acute hospital care and of post-discharge community care. The indicator includes readmissions to any mental health unit in NSW excluding overnight readmissions to acute units following discharge from acute units and one-day admissions for electroconvulsive therapy.

The acute 28 day readmission rate has improved from 15 per cent in 2014-15 to 14.6 per cent in 2015-16.

APPENDIX TWO

Workforce statistics

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

	JUNE 2013 [†]	JUNE 2014 [†]	JUNE 2015 [†]	JUNE 2016
Medical	10,297	10,687	10,823	11,137
Nursing	43,492	44,046	44,762	45,796
Allied Health	9297	9410	9576	9898
Other Prof. and Para Professionals	3152	3114	3135	3055
Scientific and Technical Clinical Support	5965	5996	6057	6390
Oral Health Practitioners and Therapists	1233	1259	1253	1270
Ambulance Officers [‡]	3916	3915	3997	3789
Sub-Total Clinical Staff	77,353	78,426	79,604	81,336
Corporate Services	4157	4445	4592	4961
IT Project Implementation	153	123	161	190
Clinical Support ^{**}	13,633	13,860	14,370	15,138
Hotel Services [*]	8266	8230	8248	8278
Maintenance and Trades	974	964	939	925
Other	406	342	364	350
Sub-Total Other Staff	27,589	27,964	28,674	29,841
Total	104,942	106,390	108,278	111,177

*In 2015-16, Patient Transport Officers moved from the "Ambulance Officers" and "Hotel Services" staff categories to the "Clinical Support" staff category.

Source: Statewide Management Reporting Service (SMRS). †Erratum – sources for 2013-2015 data is Health Information Exchange and Health Service local data. Notes: **1** FTE calculated as the last month in June, paid productive and paid unproductive hours. **2** Includes full-time equivalent (FTE) salaried staff employed with local health districts, Sydney Children's Hospitals Network, Justice Health and Forensic Mental Health Network, NSW Health Pathology, HealthShare NSW, Ambulance Service of New South Wales, eHealth NSW and Albury Base Hospital. All non-salaried staff such as Visiting Medical 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 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** Backdated adjustments are included in all years. **6** Erratum – Clinical Support had in previous reports been labelled Hospital Support Workers. The change in name is to more accurately reflect the services these employees provide to the health system.

NSW public health system proportion of clinical staff

	JUNE 2013	JUNE 2014	JUNE 2015	JUNE 16 [^]
Medical, Nursing & Midwifery, Allied Health, Other Health Professionals, Scientific and Technical Officers, Oral Health Practitioners and Ambulance Clinicians as a proportion of all staff %	73.7%	73.7%	73.5%	73.2%

Source: Health Information Exchange and Health Service local data. Note: †Erratum – source for 2016 data is Statewide Management Reporting Service (SMRS). The data for 'clinical staff' does not include all some of the categories of staff engaged in frontline support such as ward clerks, clinical support officers, wards person, surgical dressers.

Number of FTE staff employed in other NSW Health Organisations

	JUNE 2013	JUNE 2014	JUNE 2015	JUNE 16 [^]
NSW Health organisations supporting the public health system	916*	1232**	1279**	1325
Health Professional Councils Authority	75	82	87	82
Mental Health Review Tribunal	34	29	29	30

Source: Health Information Exchange and Health Service local data. Notes: †Erratum – source for 2016 data is Statewide Management Reporting Service (SMRS). *June 2013 includes Clinical Excellence Commission, Bureau of Health Information, Health Education & Training Institute, Agency for Clinical Innovation, NSW Kids and Families, Health Administration Corporation - Health Infrastructure and Health System Support, Ministry of Health.** June 2014 and June 2015 also includes Cancer Institute (NSW).

Number of registered health professionals in NSW

PROFESSION	NO. OF REGISTRANTS AS AT JUNE 2016 ¹
Aboriginal and Torres Strait Islander Health Practitioner	106
Chinese Medicine Practitioner	1953
Chiropractor	1736
Dental Practitioner	6580
Medical Practitioner	33,236
Medical Radiation Practitioner	5089
Midwife	903
Nurse	95,076
Nurse and Midwife ²	8742
Occupational Therapist	5167
Optometrist	1743
Osteopath	572
Pharmacist	9171
Physiotherapist	8408
Podiatrist	1268
Psychologist	11,236

Source: Australian Health Practitioner Regulation Agency, June 2016. Notes: 1 Data are based on the number of registered practitioners as at 30 June, 2016. 2 Practitioners who hold dual registration as both a nurse and a midwife.

Non-casual staff turnover rate by Treasury Group June 2016

Our Workforce represents the largest single cost component for health services. Factors influencing staff turnover include remuneration and recognition, employer/employee relations and practices, workplace culture and organisational structure. Monitoring turnover rates over time enable the identification of areas of concern and development of strategies to reduce turnover.

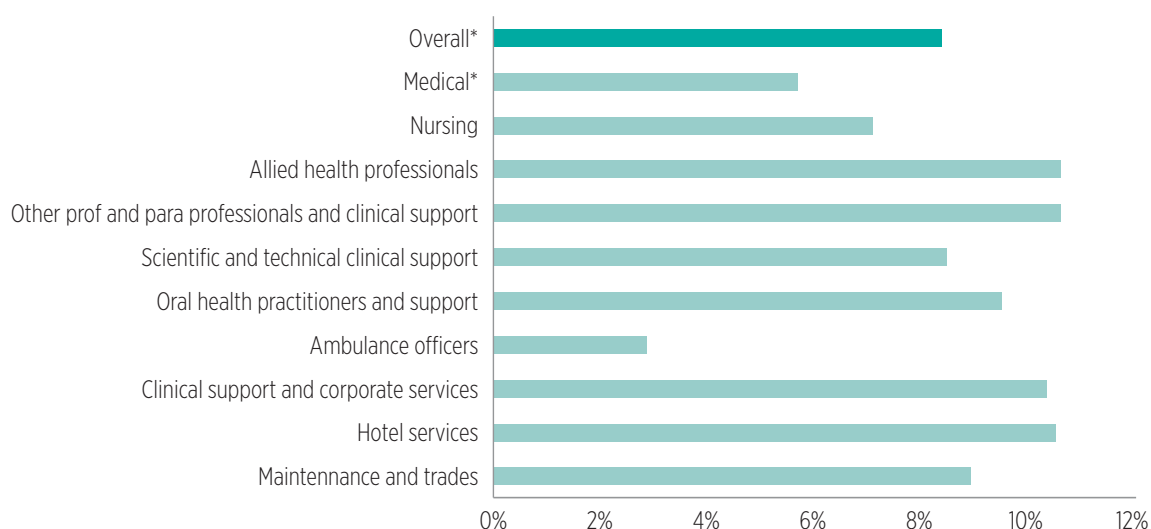
The desired outcome is to reduce turnover rates within acceptable limits to increase staff stability.

Staff turnover

Our workforce represents the largest single cost component for health services. Factors influencing staff turnover include remuneration and recognition, employer/employee relations and practices, workplace culture and organisational structure. Monitoring turnover rates over time enable the identification of areas of concern and development of strategies to reduce turnover.

The desired outcome is to reduce turnover rates within acceptable limits to increase staff stability.

Staff Turnover – Non Casual staff separation rate (%)



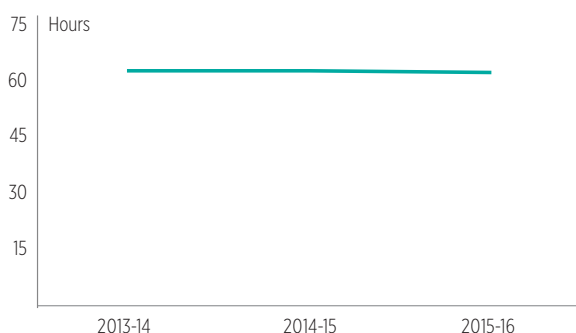
Note: *Excludes JMOs who are on a term contract. Excludes Third Schedule Facilities and "Other" Treasury group. Health System Average inclusive of all Health Services, Ministry of Health, Health Pillars, HealthShare NSW, eHealth NSW, Justice Health & Forensic Mental Health, NSW Health Pathology, Cancer Institute (NSW), Albury Hospital and Ambulance Service of NSW.

Sick leave

Effective people management and monitoring helps to reduce the amount of sick leave taken by staff. This in turn assists to reduce the need for, and additional cost of, staff replacement and prevents the potential negative effect on service delivery where replacement staff is not readily available.

Between 2013 and 2016, the use of sick leave per employee has remained constant.

Sick leave – annual average per Full Time Equivalent (hours)



Source: MOH-Statewide Management Reporting System (SMRS). Note: Excludes Third Schedule Facilities. Average inclusive of all Health Districts, Ministry of Health, Health Pillars, HealthShare NSW, eHealth NSW, Justice Health & Forensic Mental Health, NSW Health Pathology, Cancer Institute (NSW) and Ambulance Service of NSW.

Overseas Visits

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

Dr Kerry Chant, Chief Health Officer and Deputy Secretary of Population and Public Health - *Accompanying the Minister for Health on an international health focused trade delegation, China and Hong Kong.*

Karen Crawshaw, Deputy Secretary, Governance, Workforce and Corporate - site visits to Washington and Boston (*PICORI, Federation of State Medical Boards, Harvard Medical School*), *Harvard Kennedy School's Leadership in Decision Making: Optimizing Organisational Performance Course.*

Dr Mary Foley, Secretary NSW Health - Accompanying Minister Goward and her Chief of Staff on a study trip, London, United Kingdom.

Anne O'Neil, Associate Director, Office for Health and Medical Research - *Australian and New Zealand School of Government (ANZSOG), Executive Masters of Public Administration, Work Based Project residential, Wellington, New Zealand.*

Michael Peregrina, Principal Advisor, Nursing Leadership and Culture - *International Forum on Quality and Safety in Healthcare, Hong Kong.*

Anne Robertson, Associate Director, Nursing and Midwifery - *Australian and New Zealand Chief Council of Nursing and Midwifery Officers, Wellington, New Zealand.*

Workers compensation

1. NSW Ministry of Health – Categories of Accepted Workers Compensation Claims each year from 2011-12 to 2015-16

INJURY/ILLNESS	2011-12	2012-13	2013-14	2014-15	2015-16
Body Stress	3	8	2	3	
Slip/Trip/Fall	7	2	3	1	1
Psychological	3	2	0	1	2
Object-hit	0	0	0	0	
Vehicle	2	0	0	0	1
Other	2	1	0	2	3
TOTAL	17	13	5	7	7

2. NSW Ministry of Health – Number of new claims each year from 2011-12 to 2015-16 financial years

YEAR	2011-12	2012-13	2013-14	2014-15	2015-16
Claims	17	13	5	7	7

3. NSW Ministry of Health - Categories of Workplace Injuries each year from 2011-12 to 2015-16 financial years

INJURY/ILLNESS	2011-12	2012-13	2013-14	2014-15	2015-16
Body Stress	12	11	5	7	3
Slip/Trip/Fall	41	20	18	16	12
Psychological	3	3	2	1	5
Object-hit	3	8	6	7	7
Vehicle	7	0	1	0	2
Other	24	24	22	12	12
Hazard	9	1	0	1	0
TOTAL	99	67	54	44	41

Key policies in 2015/2016

Visiting Practitioner Appointments in the NSW Public Health Service (PD2015_023)

This policy directive sets out the standards and the procedural and regulatory requirements for public health organisations when appointing visiting practitioners.

Recruitment and Selection of staff to the NSW Health Service (PD2015_026)

The purpose of this policy directive is to promulgate mandatory standards to be applied when recruiting and selecting staff for employment in the NSW Health Service.

Medical Officers- Employment Arrangements in the NSW Health Service (PD2015_034)

This policy directive outlines the employment arrangements to be applied by NSW Health agencies when engaging medical officers under the Public Hospital Medical Officers Award; it is also intended to facilitate a consistent application of employment provisions by NSW Health agencies when medical officers are required to rotate between facilities as part of their pre-vocational training program.

NSW Health Code of Conduct (PD2015_049)

The Code of Conduct sets standards of ethical and professional conduct in NSW Health.

Staff Specialist Emergency Physicians – Remuneration Arrangements for the Period to June 2017 (PD2016_006)

This policy directive sets out the remuneration arrangements that are to apply to staff specialist emergency physicians.

Official Travel (PD2016_010)

This policy directive addresses official travel undertaken by employees of NSW Health. It describes the conditions applicable and administrative procedures to be followed when undertaking official travel both overseas and within Australia.

Work Health and Safety Audits (PD2016_017)

This policy directive provides a framework for NSW Health organisations to undertake Work Health and Safety audits.

Executive Performance Management (PD2016_019)

The purpose of this policy directive is to ensure that appropriate performance management processes are in place for the Ministry's Public Service Senior Executive and Health Executive Service, and to provide for changes to the annual performance assessment scale and the performance agreement templates.

Child Related Allegations, Charges and Convictions against NSW Health staff (PD2016_025)

This policy directive sets out the mandatory requirements for managing child related allegations, charges or convictions against anyone working in NSW Health, where the alleged victim was under 18 years of age at the time of the alleged conduct. This extends to child pornography, non-work related and historical matters.

Staff Specialist Employment Arrangements across more than one Public Health Organisation (PD2016_026)

This policy directive has been developed to provide for more consistent arrangements and to fill perceived gaps in arrangements when staff specialists and staff specialist pathologists are required to work across local health districts.

Award changes and industrial relations claims

All industrial negotiations in 2015-16 were conducted under the provisions of the NSW Public Sector Wages Policy 2011. The negotiations resulted in increases of 2.5 per cent per annum for salaries and salary-related allowances, which included an increase of 0.25 per cent to superannuation contributions arising from application of Commonwealth legislation for NSW Health Service employees.

Those Awards made to give effect to the increases were filed in the Industrial Relations Commission as consent Awards. The majority of Awards to which the Health Services Union was a party also included two new clauses relating to lactation breaks and family violence leave.

The Aboriginal Health Workers' (State) Award was introduced in September 2015, replacing the Aboriginal Health Education Officers' (AHEO) Determination. The Award includes the introduction of a new classification for an Aboriginal Health Practitioner role, and the introduction of a merit-based Graduate Principal role to facilitate career pathways into policy development and management. The Award also removed the existing Graduate classification to provide for more accurate role definition and to remove the potential for incorrect classification of indigenous employees, particularly those performing roles that better align with classifications in the Health Professionals' Award.

In October 2015, the Health Services Union filed a dispute notification seeking an interpretation of the application of the Infectious Cleaning Allowance of the Health Employees (Conditions of Employment) Award. Important factors in this case are the applicable conditions and eligible classifications for claiming the allowance.

The Health Services Union's application for a new award for allied health assistants was before the Industrial Relations Commission. There are around 839 allied health assistants in NSW whose role is to support and assist health professionals. The matter progressed to the stage of dealing with achieving the required employee related cost savings to fund remuneration increases over 2.5 per cent.

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. The claim applies to approximately 50 current paramedic staff who work on helicopters. The work value/special case claim of the Union was heard by the Commission which determined that the new classification should apply. The Award was varied on 2 December 2015 to include the new classification.

The Ministry of Health filed an application to introduce a new Ambulance Death and Disability scheme with revised benefits including income protections. The application was opposed by the relevant unions. The Industrial Relations Commission (IRC) determined that a two year income protection benefit will replace existing PPD and TPD lump sum benefits. An interim award of 12 months' duration has been made by the IRC consistent with the Ministry's application.

Senior executive service

BAND	2015		2016	
	FEMALE	MALE	FEMALE	MALE
Band 4	1		1	
Band 3	3	2	4	1
Band 2	12	6	15	4
Band 1	33	24	35	26
TOTALS	49	32	55	31
		81		86

BAND	RANGE	AVERAGE REMUNERATION	
		2015	2016
	\$	\$	\$
Band 4	\$441,201 - \$509,750	540,300	509,750
Band 3	\$313,051 - \$441,200	414,355	424,454
Band 2	\$248,851 - \$313,050	274,366	284,605
Band 1	\$174,500 - \$248,850	180,819	195,124

23.3 per cent of Ministry of Health's employee related expenditure in 2016 was related to senior executives, compared with 22.1 per cent in 2015.

APPENDIX THREE

Public Hospital Activity Levels

Selected Data for the year ended June 2016 Part 1^{1,2,10}

LOCAL HEALTH DISTRICTS	SEPARATIONS	PLANNED SEP %	SAME DAY SEP %	TOTAL BED DAYS	AVERAGE LENGTH OF STAY (ACUTE) ^{3,6}	DAILY AVERAGE OF INPATIENTS ⁴
Justice & Forensic Mental Health Network	755	93.8	48.6	67,833	89.3	186
The Sydney Children's Hospitals Network	50,544	48.9	46.5	173,126	3.4	474
St Vincent's Health Network	47,490	32.9	53.3	187,630	3.3	514
Sydney Local Health District	164,883	48.1	47.3	624,779	3.5	1,712
South Western Sydney Local Health District	234,555	42.2	46.8	817,057	3.1	2,239
South Eastern Sydney Local Health District	173,813	43.1	44.0	640,100	3.3	1,754
Illawarra Shoalhaven Local Health District	95,725	37.5	43.1	392,230	3.3	1,075
Western Sydney Local Health District	179,966	39.9	45.4	630,996	3.0	1,729
Nepean Blue Mountains Local Health District	83,270	37.5	37.0	303,982	3.3	833
Northern Sydney Local Health District	149,587	33.0	39.8	701,812	3.8	1,923
Central Coast Local Health District	90,028	36.3	41.5	314,036	3.0	860
Hunter New England Local Health District	220,496	43.5	42.4	797,535	3.1	2,185
Northern NSW Local Health District	107,163	41.8	50.7	354,572	3.1	971
Mid North Coast Local Health District	75,083	49.0	49.3	279,398	3.4	765
Southern NSW Local Health District	54,521	46.2	53.9	153,887	2.3	422
Murrumbidgee Local Health District	70,526	39.6	46.4	223,133	2.5	611
Western NSW Local Health District	80,015	41.0	40.5	291,854	2.9	800
Far West Local Health District	8,248	51.9	50.0	29,513	2.6	81
Total NSW	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
Percentage change (%)⁹	2.5	-0.4	0.1	2.5	-1.0	2.5
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

Selected Data for the year ended June 2016 Part 2^{1,2,10}

LOCAL HEALTH DISTRICTS	OCCUPANCY RATE ⁵ JUNE 16	ACUTE BED DAYS ⁶	ACUTE OVERNIGHT BED DAYS ⁶	NON-ADMITTED PATIENT SERVICE EVENTS ⁷	EMERGENCY DEPT. ATTENDANCES ⁸
Justice & Forensic Mental Health Network	n/a	67,355	66,988	n/a	n/a
The Sydney Children's Hospitals Network	96.6%	168,611	145,163	462,664	95,632
St Vincent's Health Network	96.5%	145,960	122,180	347,806	48,397
Sydney Local Health District	88.6%	564,310	486,419	1,272,426	156,064
South Western Sydney Local Health District	98.3%	715,459	605,712	1,154,274	267,185
South Eastern Sydney Local Health District	95.6%	516,865	448,779	1,251,045	223,245
Illawarra Shoalhaven Local Health District	91.7%	298,913	257,674	727,531	152,228
Western Sydney Local Health District	93.6%	528,317	447,206	1,148,374	176,196
Nepean Blue Mountains Local Health District	91.1%	262,273	231,508	645,649	119,545
Northern Sydney Local Health District	92.5%	534,914	480,155	1,021,386	202,739
Central Coast Local Health District	94.4%	257,783	220,550	627,228	128,234
Hunter New England Local Health District	77.6%	673,923	580,533	2,188,908	396,110
Northern NSW Local Health District	93.2%	321,283	267,074	485,365	194,618
Mid North Coast Local Health District	97.2%	249,775	213,243	435,080	116,362
Southern NSW Local Health District	74.9%	117,200	87,910	358,397	102,438
Murrumbidgee Local Health District	78.3%	167,560	134,918	530,527	139,202
Western NSW Local Health District	79.1%	230,208	197,845	711,741	189,319
Far West Local Health District	49.3%	20,156	16,053	110,045	26,339
Total NSW	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
Percentage change (%)⁹	4.7	2.9	3.0		15
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

Notes: **1** Data sourced from Health Information Exchange (HIE). The number of separations include care type changes. **2** Activity includes services contracted to private sector. Data reported are as of 12/9/2016. **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** In 2015-16 non-admitted 'patient service events' replaced 'occasions of service' to better reflect health services provided to patients rather than services provided by providers. It is a more accurate representation of activity delivered to patients by multidisciplinary teams. As a new measure data is not comparable to prior years. Data for JH&FMHN is incomplete and excluded. Pathology services are not included. **8** Source: HIE as at 9/9/2016. 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 2014/15. **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.

Average available beds and treatment spaces¹, June 2016²

LOCAL HEALTH DISTRICT / SPECIALIST HEALTH NETWORK	HOSPITAL BEDS				ESTIMATED BED/TREATMENT SPACE EQUIVALENTS PURCHASED FROM LOCAL HEALTH DISTRICTS/NETWORKS IN 2016-17 ^{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 (COST WEIGHTED SEPARATIONS) PURCHASED IN 2016-17	TOTAL ACUTE BED EQUIVALENTS OF ADDITIONAL ACTIVITY
The Sydney Children's Hospitals Network	326	110	16	32	1,366	10
St Vincent's Health Network	330	172	10	33	929	8
Sydney Local Health District	1,232	494	35	260	6,346	59
South Western Sydney Local Health District	1,439	477	159	369	5,946	61
South Eastern Sydney Local Health District	1,180	523	138	252	1,866	18
Illawarra Shoalhaven Local Health District	744	286	58	178	2,007	21
Western Sydney Local Health District	1,057	613	156	329	7,264	67
Nepean Blue Mountains Local Health District ⁷	587	258	33	194	2,245	20
Northern Sydney Local Health District	1,084	653	111	288	3,558	34
Central Coast Local Health District	708	133	43	151	4,408	49
Hunter New England Local Health District	1,713	809	398	595	6,305	61
Northern NSW Local Health District	641	185	72	214	2,581	25
Mid North Coast Local Health District	469	152	21	145	1,601	15
Southern NSW Local Health District	370	143	88	150	1,613	17
Murrumbidgee Local Health District ^{8,9}	626	167	478	237	5,107	47
Western NSW Local Health District	684	325	477	334	1,956	18
Far West LHD	93	39	43	48	17	0
Justice Health & Forensic Mental Health Network	190	155		1		
Total NSW	13,472	5,693	2,336	3,810	55,115	530
2014-15 Total ^{10, 12, 13, 14}	13,393	5,697	2,366	3,718		
2013-14 Total ^{10, 11}	13,266	5,594	2,360	3,686		
2012-13 Total	13,420	5,409	2,335	3,670		
2011-12 Total	13,495	5,312	2,213	3,661		

Notes: **1** Source: 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 ED may occur in 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 ED 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 Hospital (managed by Victoria as part of the integrated Albury-Wodonga Health Service from 1 July 2009) **9** Totals for June 2016 exclude Mount Saint Joseph's Nursing Home, Young (privately owned and operated by Mercy Care Young - 65 beds) and is no longer reported by Murrumbidgee LHD. **10** Totals from June 2014 exclude Lottie Stewart Nursing Home and Governor Phillip Residential Aged Care Facility (both no longer under Local Health District management). **11** Totals for June 2014 have been adjusted to correct an error for duplicate reporting of Mental Health beds at Albury hospital (24 beds). **12** During the month of June 2016 a number of 'Beds available for admission from ED' were unavailable due to essential maintenance and refurbishment at NSLHD (17 Beds at Ryde)

"Notes: The following assumptions have been used to estimate the impact of additional purchased activity: **A** Overall: Overnight bed occupancy rate of 85 per cent; Same Day bed occupancy rate of 120 per cent; Same Day units operational 5 days per week; Proportion of additional activity converted to additional capacity (100 per cent). **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 2016-17, the NSW Ministry of Health has purchased increased levels of activity from all local health districts. In addition to funding new infrastructure in 2016-17, 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 2016-17 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

The NSW Government is committed to improving the wellbeing of the community and ensuring better outcomes for people with mental illness, their families and carers.

The NSW Government is investing a record \$1.8 billion for mental health services in 2016-17, increasing investment by \$106 million from last year's budget. For 2016-17, the NSW Ministry of Health has purchased 2.4 per cent more mental health activity (7238 NWAU) across local health districts.

This investment supports the Government's decade long mental health reform to better shift the balance from hospital to community-based care, and to ensure people can live well with a mental illness.

The Government committed \$115 million between 2014-15 and 2016-17, and \$75 million each year ongoing for priority Government actions to commence mental health reform in NSW and build a platform for activity beyond 2017.

NSW Health's progress in strengthening mental health community care over the last twelve months includes the NSW Government's commitment to transition up to 380 people (where appropriate) with complex mental illness who are currently long stay hospital patients (over 12 months) and to decrease the number

of long stay hospitalisations in the future. The first stage of the Pathways to Community Living Initiative is to transition patients in the aged care cohort. To date, over 200 people have been screened or assessed, and already, several people have transitioned to the community.

Overall mental health activity continues to rise with a 95 per cent increase in ambulatory contacts, a 26.5 per cent increase in acute overnight separations, and an eight per cent increase in non-acute inpatient care since 2011-12. Local health districts and networks are now funded to provide an agreed level of health service activity to meet local needs.

In accordance with Section 108 of the *NSW Mental Health Act (2007)* this report provides an overview of mental health activities for 2015-16 in relation to:

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

Information on key achievements during the reporting period in mental health service performance has been reported across the Performance section of this report.

AVERAGE AVAILABILITY (FULL YEAR)	2011-12	2012-13	2013-14	2014-15	2015-16
Average Available beds	2601	2648	2730	2790	2817
Increase since 30 June 2012		47	129	189	216
AVERAGE OCCUPANCY (FULL YEAR)	2011-12	2012-13	2013-14	2014-15	2015-16
Average Occupied beds	2224	2274	2268	2344	2381
Increase since 30 June 2012		50	44	120	157
Average Occupancy (%) of available beds	86%	86% ¹	83%	84%	85%
ACUTE INPATIENT CARE	2011-12	2012-13	2013-14	2014-15	2015-16
Acute Overnight Separations	30,208	31,555	32,722	34,129	35,241
Increase since 30 June 2012		1347	2514	3921	5033
Increase (%) since 30 June 2012		4.5% ¹	8.3%	13.0%	16.7%
NON-ACUTE INPATIENT CARE	2011-12	2012-13	2013-14	2014-15	2015-16
Non-acute Overnight OBDs	284,689	285,993	281,077	303,040	307,406
Increase since 30 June 2012		1304	-3612	18,351	22,717
Increase (%) since 30 June 2012		0.5%	-1.3% ¹	6.40%	8.0%
AMBULATORY CONTACTS	2011-12	2012-13	2013-14	2014-15	2015-16
Ambulatory Contacts	2,326,170	2,757,412	3,332,294	3,784,408	4,544,152
Increase since 30 June 2012		431,242	1,006,124	1,458,238	2,217,982
Increase % since 30 June 2012		18.5%	43.3% ¹	62.7%	95.3%

Source: NSW Bed Reporting System NSW Health, NSW Health Information Exchange (HIE).

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

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 DISTRICT / HOSPITAL	AVERAGE AVAILABLE BEDS ¹ 2015-16	AVERAGE OCCUPIED ² BEDS 2015-16	SAMEDAY ³ SEPARATIONS IN 12 MONTHS TO 30/6/16	OVERNIGHT ⁴ SEPARATIONS IN 12 MONTHS TO 30/6/16
X700 Sydney Local Health District ⁵	240	207	930	3819
X710 South Western Sydney Local Health District	190	185	76	3623
X720 South Eastern Sydney Local Health District	180	165	70	2913
X730 Illawarra Shoalhaven Local Health District	130	102	31	2309
X740 Western Sydney Local Health District ⁵	372	297	1023	3773
X750 Nepean Blue Mountain Local Health District	79	71	65	1968
X760 Northern Sydney Local Health District ⁵	357	312	343	3688
X770 Central Coast Local Health District	84	74	336	1970
X800 Hunter New England Local Health District	369	312	128	4850
X810 Northern NSW Local Health District	72	68	18	1719
X820 Mid North Coast Local Health District	72	63	16	1435
X830 Southern NSW Local Health District ⁶	82	61	77	1141
X840 Murrumbidgee Local Health District ^{7,9}	60	49	14	967
X850 Western NSW Local Health District ⁸	223	147	16	1653
X860 Far West Local Health District	16	10	7	246
X690 St Vincent Health Network	48	41	40	1421
X630 The Sydney Children's Hospital Network	12	16	3	132
X170 Justice Health & Forensic Mental Health	231	203	5	587
NSW - TOTAL	2817	2383	3198	38,214

Notes: **1** "Average Available beds" are the average of 365 nightly census counts. **2** "Average occupied beds" are calculated from the total Occupied Overnight Bed Days for the year. **1,2** Components may not add to total in local health district/ NSW due to rounding error. **3** "Sameday Separations" refers those separations when the patient is admitted and separates on the same date from the hospital. **4** "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. **5** 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 school term contributing to lower average availability and occupancy in the local health district. **6** There were nine non-acute beds for adults and 16 for older people which were unavailable due to periods of low occupancy. **7** Twenty four beds at Albury Base Hospital have been removed from the NSW bed platform. Mental health services of these beds are provided and reported by VIC Health. **8** Temporary unavailability of non-acute beds over extended periods in Orange Health Service has resulted in reduced number of average available beds. **9** Eight Beds were transferred from the Older persons non-acute to Older persons acute in May 2016 leading to under-reporting of average available beds.

Seclusion in acute mental health facilities

Seclusion is the confinement of a consumer 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. NSW reports the key performance indicator 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 ¹	2011-12	2012-13	2013-14	2014-15	2015-16
General & Adult Care	11.1	10.1	8.9	9.1	9.8
Child & Adolescent Care	13.0	6.1	6.3	11.6	10.4
Forensic Psychiatric Care ²	7.0	13.4	6.9	7.1	4.8
NSW	10.0	8.9	7.9	8.3	8.8

Source: Manual collection from local health districts, InforMH. Rate = Seclusion episodes per 1000 acute bed days. Notes: **1** Includes acute beds for all subprograms (Adult, Older, Child and Adolescent Mental Health Services) from facilities with or without seclusion. **2** Acute beds from Forensic Hospital in Justice Health not included in the calculation of NSW seclusion rate. **3** Data for 2015-16 has been provided consistent with national definitions for reporting seclusion in acute mental health units. Data from previous years have been adjusted to allow comparison between years.

Mental health – seclusion activity levels

Supplementary Seclusion Indicators - measuring seclusion in NSW acute mental health inpatient units

FACILITY	SECLUSION RATE ¹				AVERAGE DURATION				FREQUENCY ²			
	2012-13	2013-14	2014-15	2015-16	2012-13	2013-14	2014-15	2015-16	2012-13	2013-14	2014-15	2015-16
Albury ³	2.3	1.1			5.6	4.8			2%	1%		
Bankstown	10.8	7.9	13.4	10.1	1.4	2.2	1.9	3.6	8%	8%	7%	8%
Blacktown	17.1	12	10.9	16.3	2.8	3.6	5.5	5.2	11%	8%	8%	9%
Blue Mountains	3	3.4	5.5	3.6	2.5	2.3	1.3	1.9	4%	4%	5%	3%
Broken Hill	2.4	1.5	2.3	7.2	1.8	2	5.1	3.1	1%	2%	3%	7%
Campbelltown	6.8	7.2	8.2	6.7	1.5	1.7	1.6	1.9	5%	6%	5%	5%
Children's Hospital Westmead	9.9	1.4	4.1	11.2	0.5	0.4	1.9	5.1	11%	3%	5%	8%
Coffs Harbour	8.8	12	11.5	7.8	5.1	5.1	11.2	12.9	10%	10%	9%	7%
Concord	10.4	13.8	9.6	11.2	3.7	5.8	6.3	6.1	9%	9%	6%	7%
Cumberland	15.5	15.6	14.3	13.1	29.1	18.3	16	10.8	12%	14%	15%	13%
Dubbo	25.1	8.9	4.9	4.9	2.9	3.1	2.6	2.4	14%	7%	4%	4%
Gosford	10.3	7	6	5.3	1.9	2.2	2.4	1.4	9%	6%	5%	4%
Goulburn	11.3	5.8	6.9	3.7	2.3	1.7	2.5	3.5	6%	5%	5%	3%
HNE Mater (James Fletcher)	10.5	6.7	9	12.6	2.7	1.6	2.6	2.8	5%	3%	5%	5%
Hornsby	14.1	10.8	10.8	8.8	6.1	4.1	3.6	4.3	7%	7%	9%	8%
John Hunter	9.1	16.6	36.5	21.5	1.3	1.6	1.2	0.4	6%	7%	6%	6%
Lismore	11	10.9	7.3	7.6	7.2	6.1	8.9	21.7	7%	7%	8%	8%
Liverpool	8.2	7.5	10	13.1	4.2	3.9	5.5	5.8	5%	5%	7%	8%
Macquarie	5.2	4	4.2	4.8	3.1	4.4	3.2	11.3	7%	7%	6%	5%
Maitland	4.7	2.6	3.9	6	2.3	2.6	2.6	3.1	3%	1%	2%	4%
Manly	2.1	2.5	2.7	3.1	2	1.9	1.4	3.8	2%	2%	2%	2%
Morisset	2.9	0	0	0	1.6				11%	0%	0%	0%
Nepean	8	4.4	3.9	8.3	5.3	4.3	11.2	6.6	6%	3%	3%	6%
Orange	8.2	10.9	7.8	10.7	1.4	1.4	0.7	1	5%	5%	4%	6%
Port Macquarie	2.3	1.4	12	5.8	7.1	4.4	7.7	3.1	4%	2%	9%	6%
Prince of Wales	10.3	9	13.5	15.9	9.2	5.4	4.5	4.4	5%	5%	8%	10%
Royal North Shore	4.9	4.2	2.8	3.2	3.8	2.5	2.6	4.2	3%	3%	2%	2%
Royal Prince Alfred	5.5	2.5	2.4	4.1	2.4	2.3	2.3	2	5%	3%	2%	2%
Shellharbour	7.5	8.8	8.1	8.7	10.5	12.1	4.5	4.1	6%	7%	7%	6%

FACILITY	SECLUSION RATE ¹				AVERAGE DURATION				FREQUENCY ²			
	2012-13	2013-14	2014-15	2015-16	2012-13	2013-14	2014-15	2015-16	2012-13	2013-14	2014-15	2015-16
South East Regional (Bega)	1.6	2	1.5	0.5	1.7	2	2.6	3.8	2%	2%	2%	1%
St George	1.2	0.7	2.6	2.8	5.5	1.8	3.8	3.8	1%	1%	1%	2%
St Vincent's	29.1	11.6	18	17.3	3.5	1.5	3.6	2.4	9%	5%	8%	8%
Sutherland	3.4	3.7	5.1	8	1.9	1.5	3.8	1.9	3%	3%	3%	5%
Sydney Children's Hospital		1.7	7.1	24.2		0.7	1.4	0.7		2%	5%	25%
Tamworth	7.6	13.4	5.1	9.2	2.7	3.4	2.5	2.1	3%	4%	3%	7%
Taree	4.4	3.6	4.9	4.3	2.9	1.4	2	1.1	3%	3%	4%	3%
Tweed	8.4	9.1	12.7	12	4.5	5.4	5.2	6	6%	9%	6%	5%
Wagga Wagga	14.5	7.9	6.5	4.7	3.4	3.5	13	5.9	7%	6%	4%	3%
Westmead	2.4	1.4	2.8	2.1	2.4	1.6	5.1	2.2	2%	1%	1%	2%
Wollongong	1.5	2.4	4.7	3	1.1	2	2.4	2.4	2%	2%	4%	3%
Wyong	12.2	9.5	9.5	8.3	2.7	3.2	3.7	3.2	9%	9%	10%	9%
Total	9.3	8.2	8.6	9.1	6.9	6	5.8	5.3	6%	6%	6%	6%

Rate: Acute Seclusion episodes per 1000 bed days (acute). Duration: Average duration of acute seclusion episodes (Hours per episode). Frequency: Per cent of acute mental health hospital stays where seclusion occurred. Notes: **1** Includes all facilities reporting seclusion (except NSW Forensic Hospital). **2** Frequency percentage is revised to all years to all facilities due to the adjustment of the number of acute mental health hospital stays. The changes to the results are minor. **3** Albury is not reported to NSW since 2014-15.

