APPENDICES

HEALTH STATISTICS

EARLY DISEASE MANAGEMENT

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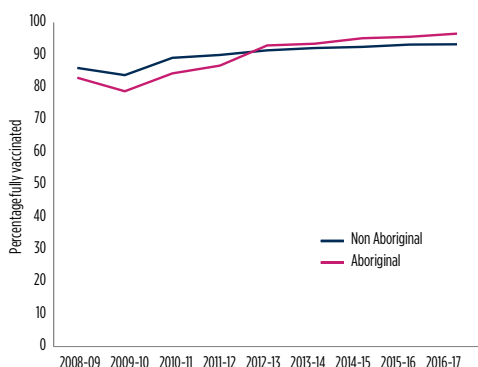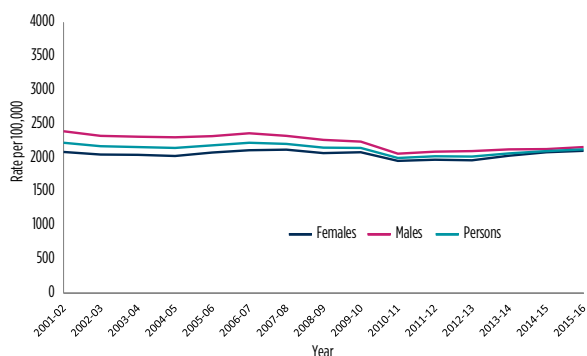

Source: Health Protection NSW

Interpretation

Aboriginal children were 94.3% and 96.7% fully vaccinated at one and five years of age compared with 93.6% and 93.4% of non-Aboriginal children at 30 June 2017.

### Potentially preventable hospitalisations by sex, NSW

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

Interpretation

Potentially Preventable Hospitalisations are conditions for which hospitalisation is considered avoidable through preventive care and early disease management, usually delivered in a walk-in setting, such as primary health care. The term does not mean that a patient admitted for that condition did not need to be hospitalised at the time of admission. Rather, the hospitalisation may have been prevented by timely and appropriate provision of primary or community-based health care. Reducing hospitalisations might involve vaccination, early diagnosis and treatment, and/or good ongoing management of risk factors and conditions in community settings. Rates of potentially preventable hospitalisations have been fairly stable over time, with rates for males and females converging in recent years.

SMOKING

Current (daily or occasional) smoking in adults aged 16 years and over, NSW
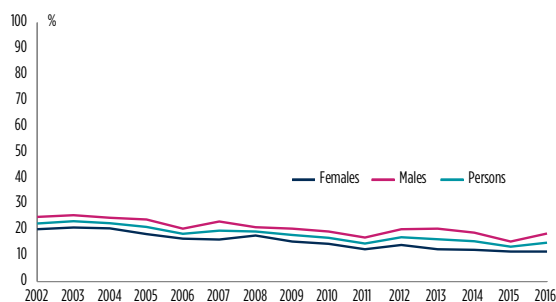
Source: HealthStats NSW, Centre for Epidemiology and Evidence, NSW Ministry of Health.

Interpretation

Between 2002 and 2016, the rate of smoking significantly declined from 22.5% to 15%. In 2016, the NSW Adult Population Health Survey found that 15% of adults aged 16 years and over (18.6% of men and 11.6% of women) were current (daily or occasional) smokers in NSW. Tobacco use is the leading contributor to the burden of illness and deaths in Australia, followed closely by high body mass and excessive alcohol consumption. Australia has one of the most comprehensive tobacco control policies and programs in the world. The aim of these tobacco control programs in NSW is to contribute to a continuing reduction of smoking prevalence rates in the community.

Current (daily or occasional) smoking by Aboriginality, people aged 16 years and over, NSW

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

Interpretation

Aboriginal people are more than twice as likely to smoke as non-Aboriginal people. In 2016, the rate of current (daily or occasional) smoking in people aged 16 years and over in NSW was 39.7% for Aboriginal people, and 14.4% for non-Aboriginal people. Between 2002 and 2016 there was a more substantial decline in the percentage of adults who were current smokers among non-Aboriginal people than Aboriginal people.

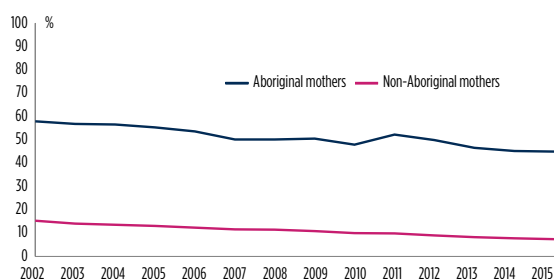## Smoking during pregnancy by Aboriginal and non-Aboriginal mothers, NSW

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

Interpretation

Aboriginal women are over six times more likely to report smoking during pregnancy than non-Aboriginal women. In NSW in 2015, 45% of Aboriginal women reported smoking in pregnancy, compared with 7.4% 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% in 2002.

OVERWEIGHT AND OBESITY

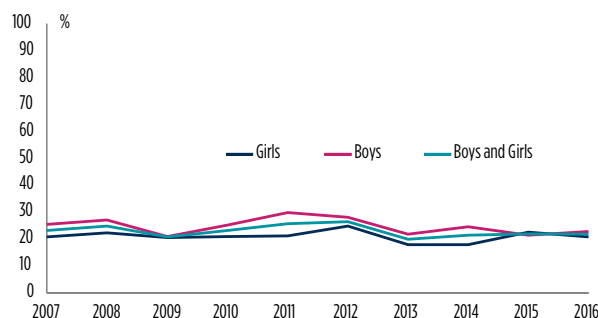## Overweight or obesity in adults aged 16 years and over, NSW

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

Interpretation

Between 2007 and 2016, the rate of overweight and obesity in the population has gradually increased from 50.9% to 53.3% of adults in NSW. Underlying this trend, the rate of overweight has remained fairly stable (33.1% in 2007 compared with 31.9% in 2016). However, the obesity rate has increased from 17.8% to 21.4% over this 10 year period. In 2016, 53.3% of adults aged 16 years and over (61.1% of men and 45.6% of women) were overweight or obese in NSW. Further, 31.9% of adults (39.6% of males and 24.4% of females) were overweight in 2016 and 21.4% (21.5% of males and 21.2%of females) were obese. Excess body weight is one of the main public health problems in Australia. The risk of developing chronic disorders increases with increasing levels of excess weight.

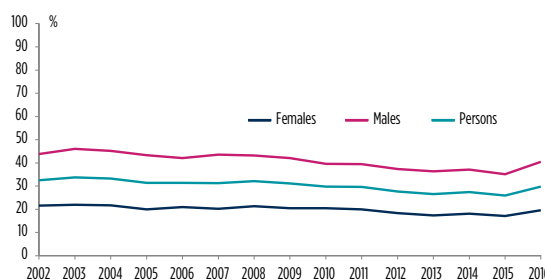## Overweight or obesity in children 5 to 16 years, NSW

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

Interpretation

The prevalence of overweight and obesity in children has been relatively stable in NSW since 2007, with a current prevalence of 21.9% in children aged 5-16 years (2016). However, the prevalence remains high and is a cause for concern.

ALCOHOL

Alcohol consumption and lifetime risk

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

Interpretation

Excessive alcohol consumption is the leading contributor to the burden of illness and deaths in Australia for people aged up to 44 years and the third overall contributor to total burden of disease and illness for all ages, behind tobacco and high body mass. The measure of lifetime risk of harm is defined as more than two standard drinks on a day when usually drinking, and is referred to as 'long-term risk of harm' from alcohol consumption. In 2016, the NSW Population Health Survey found that 29.8% of adults aged 16 years and over (40.4% of men and 19.6% of women) consumed more than two standard alcoholic drinks on a day when they drank alcohol. While alcohol consumption at levels that pose a long-term health risk has been in decline in NSW over the 10 years to 2015, prevalence estimates increased in 2016 to levels observed four to five years earlier. Further years of data will be required to determine if this is due to random fluctuation in the estimate for 2016 or a change in the trend.

ABORIGINAL HEALTH

Infant mortality rates by Aboriginality, NSW
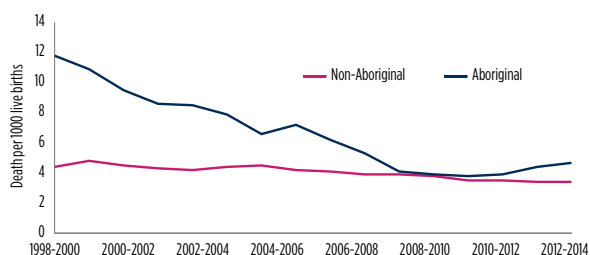
Source: HealthStats NSW, Centre for Epidemiology and Evidence, NSW Ministry of Health

Interpretation

The infant mortality rate (number of infant deaths per 1000 births) among Aboriginal babies in NSW is low compared to other Australian jurisdictions. Similarly, the gap in infant mortality rate between Aboriginal and non-Aboriginal babies is less pronounced in NSW, compared with other Australian jurisdictions. Since 2000 there has been a substantial fall in Aboriginal infant mortality and a statistically significant reduction in the gap in mortality between Aboriginal and non-Aboriginal infants. While there appears to be a slight widening of the gap in mortality between Aboriginal and non-Aboriginal infants in recent years, this is not statistically significant. Rather, small changes in the number of infant deaths in recent years, combined with a substantial under-reporting of NSW births to the Australian Bureau of Statistics in 2014 has caused fluctuations in reported mortality rates.

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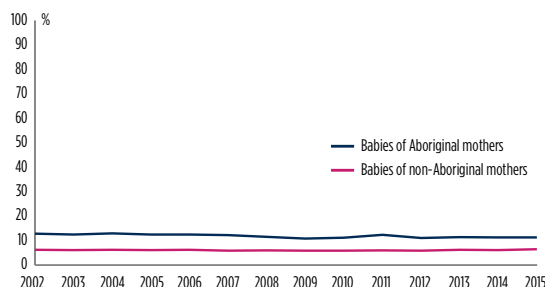

Source: HealthStats NSW, Centre for Epidemiology and Evidence, NSW Ministry of Health

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. The first comprehensive antenatal assessment should be carried out as early as possible in pregnancy. In NSW in 2015, the proportion of Aboriginal mothers who attended their first antenatal visit before 14 weeks gestation was 55.6%, compared with 64.7% of non-Aboriginal mothers. Up to 2010, the question asked at data collection was 'Duration of pregnancy at first antenatal visit'. From 2011, the question asked is: 'Duration of pregnancy at first comprehensive booking or assessment by clinician'. The new question has more specifically defined the type of visit to be reported and resulted in a substantial decrease in the reported proportion of mothers who commenced pre-natal care before 14 weeks gestation between 2010 and 2011.

The proportion was 10.1% lower among Aboriginal mothers and 7.9% lower among non-Aboriginal mothers in 2011 than in 2010. Before the change in definition, between 1996 and 2010, the attendance at the first antenatal visit before 14 weeks gestation substantially increased among both Aboriginal (by almost 63%) and non-Aboriginal mothers (by almost 24%).

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

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

Interpretation

In NSW in 2015, the proportion of low birth weight babies among Aboriginal mothers was almost double the proportion among non-Aboriginal mothers. Between 2001 and 2015, the proportion of low birth weight babies among Aboriginal mothers decreased from 13.5% to 11.3%. Smoking in pregnancy and being a teenage (under 20 years) or older (over 35 years) mother are risk factors for low birth weight babies. Smoking in pregnancy and teenage mothers were much more likely in the Aboriginal population than in the non-Aboriginal population in NSW. In comparison, the higher risk of low birth weight babies due to a higher proportion of older mothers in the non-Aboriginal population was small.

Number of patients accessing the Aboriginal Chronic Care Program
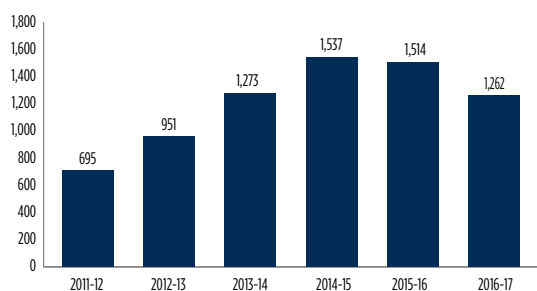
Source: Centre for Epidemiology and Evidence.

Interpretation

In 2016-2017 there were 1262 patients who accessed the Aboriginal Chronic Care Program, 26.2 per cent above the annual target. This program provides screening, health education, health promotion and early intervention strategies for this vulnerable population. The decline in numbers who accessed the program in 2016-2017 can be attributed to variances in activity and access.

MENTAL HEALTH

Number of adults and adolescents with mental illness diverted from custody into community treatment
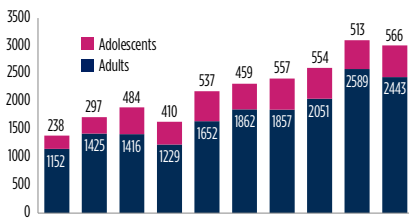

Source: Justice Health and Forensic Mental Health Network

Interpretation

There were 2443 adults and 566 young people with mental illness were diverted from custody in the Justice Health and Forensic Mental Health Network to community-based care.

Proportion of clients discharged from an acute public mental health unit who are seen by a Community Mental Health Team within 7 days of that discharge
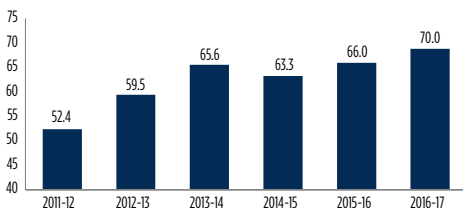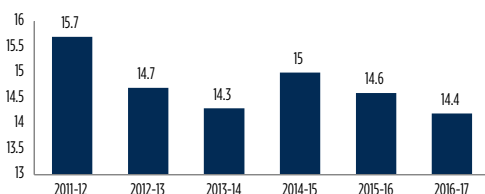

Source: NSW Health Information Exchange.

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 health services. The post discharge community care rate has increased from 66 per cent in 2015-16 to 70 per cent in 2016-17. There has been an improvement of 17.6 percentage points since 2011-12.

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

Source: NSW Health Information Exchange.

Interpretation

This indicator shows the proportion of separations from an acute public mental health unit which were followed by re-admission within 28 days to any NSW acute public mental health unit. The acute 28 day re-admission rate has improved from 14.6 per cent in 2015-16 to 14.4 per cent in 2016-17. There has been an improvement of 1.3 percentage points from 2011-12.

NSW HOSPITAL PERFORMANCE

Elective Surgery Access Performance (ESAP) Target – Percentage of patients admitted for elective surgery within clinically recommended timeframe
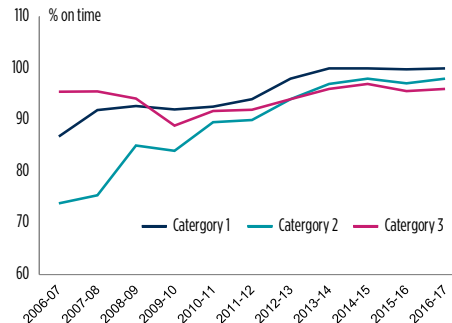
Source: Waiting List Collection Online System, NSW Ministry of Health.

Interpretation

More than 220,000 elective surgeries were performed in NSW public hospitals during 2016-17. The percentage of patients who received their elective surgery within clinically recommended timeframes remains strong in NSW. Overall, 98 per cent of patients received their surgery on time, with 100 per cent on time for category 1 (urgent surgery), 98 per cent for category 2 (semi-urgent surgery), and 96 per cent for category 3 (non-urgent surgery).

Percentage of emergency department patients treated within benchmark times, all triage categories
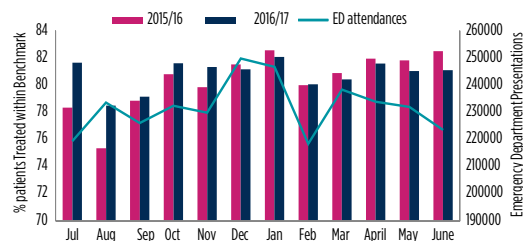
Source: NSW Health Information Exchange.

Interpretation

In 2016-17, nearly 2.78 million patients presented to a NSW public emergency department, nearly 51,000 more than in 2015-16. Despite increasing numbers, 81 per cent of patients were treated within clinically appropriate timeframes. This result is similar to previous years, and maintains NSW Health's position as the best performing jurisdiction for this performance indicator.

Unplanned re-admission of a patient within 28 days following discharge, to the same facility

Percentage of all separations

Year	Value
2011/2012	6.07
2012/2013	6.09
2013/2014	6.13
2014/2015	6.16
2015/2016	6.27
2016/17	6.36
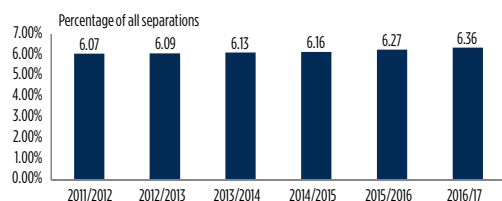
Source: NSW Health Information Exchange.

Interpretation

Unplanned re-admissions have remained relatively stable over the years, with only a 0.29 per cent increase since 2011-12. This has been achieved despite overall increasing demand for health services and continued growth in the ageing population and those with complex and chronic conditions. Local health districts invest considerably in investigating and understanding unplanned re-admissions so strategies can be established to address this. It should be noted that this data reflects the volume of unplanned re-admissions within 28 days. It does not provide an indication of whether these re-admissions were preventable or unexpected.

Re-presentation to the same emergency department within 48 hours
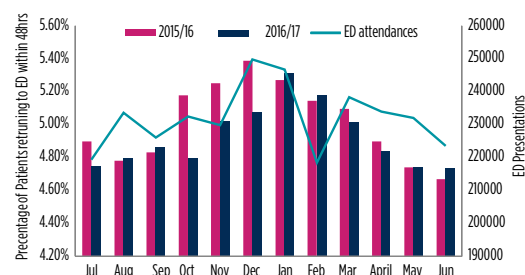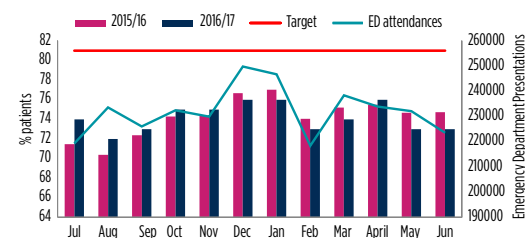
Source: NSW Health Information Exchange.

Interpretation

The rate of unplanned representations to emergency departments in 2016-17 was relatively stable compared to other years. This shows that emergency departments are maintaining high levels of clinical care while caring for more and more patients. Local health districts continue to focus on improving patient flow in emergency department and hospital wards, and investments in specific models of care are contributing to continual improvements in patient care.

Emergency Treatment Performance (ETP) – percentage of patients with total time in ED < = 4 hours

Source: NSW Health Information Exchange.

Interpretation

NSW remains committed to ensuring patients who present to emergency departments are treated in a timely and clinically appropriate way. The Emergency Treatment Performance (ETP) indicator (previously known as the National Emergency Access Target) is aligned to the Premier's Priority of improving service levels in hospitals. In 2016-17, 74.2 per cent of patients who presented to a NSW emergency department left the emergency department within four hours following treatment. This is the same result as 2015-16, however, equates to more than 37,000 additional patients moving through within four hours due to increases in demand.

Transfer of Care (TOC) Performance
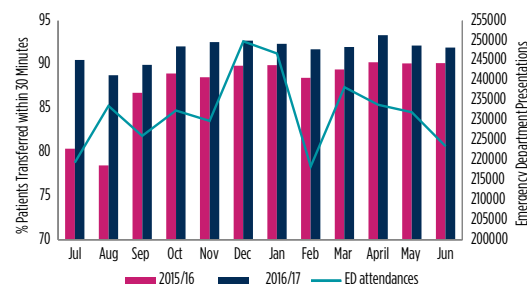
Source: NSW Health Information Exchange.

Interpretation

NSW emergency departments and NSW Ambulance continue to achieve improvements in the percentage of patients whose care is transferred from ambulance staff to hospital staff within 30 minutes. In 2016-17, 91.7 per cent of patients had their care transferred within this benchmark time, which is above the state target of 90 per cent.

Staphylococcus Aureus Bloodstream Infections

Year	Value
2010/11	1.24
2011/12	1.08
2012/13	1.01
2013/14	0.93
2014/15	0.83
2015/16	0.75
2016/17	0.72

Rate per 10,000 occupied bed days
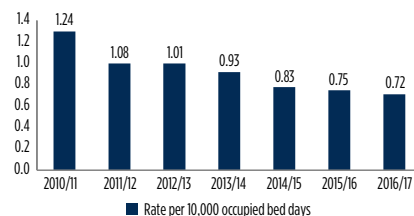
Source: NSW Health Hospital Acquired Infections System.

Interpretation

The rate of Staphylococcus Aureus Bloodstream Infections in NSW has consistently declined year-on-year. The 2016-17 rate of 0.72 per 10,000 occupied bed days is significantly lower than the benchmark of 2.0 per 10,000 occupied bed days.

Note: the rate of 0.63 per 10,000 bed days reported for 2015-16 in the NSW Health Annual Report 2015-16 was a preliminary figure and has been updated in the 2016-17 Annual Report.

WORKFORCE STATISTICS

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

	JUNE 2017
Medical	11,705
Nursing	47,282
Allied Health	10,240
Other Prof. and Para Professionals	3,086
Scientific and Technical Clinical Support	6,607
Oral Health Practitioners and Therapists	1,272
Ambulance Officers	3,947
SUB-TOTAL CLINICAL STAFF	**84,138**
Corporate Services	5,148
IT Project Implementation	257
Clinical Support	15,556
Hotel Services	8,254
Maintenance and Trades	912
Other	333
SUB-TOTAL OTHER STAFF	**30,459**
TOTAL	**114,597**

Source: Statewide Management Reporting Service (SMRS)

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, NSW Ambulance, eHealth 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.

NUMBER OF FULL TIME EQUIVALENT STAFF (FTE) EMPLOYED IN OTHER NSW HEALTH ORGANISATIONS	JUNE 2017
NSW Health organisations supporting the Public Health System*	1,458
Health Professional Councils Authority	104
Mental Health Review Tribunal	29

*includes Ministry of Health, 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, Health System Support and Cancer Institute

Historical figures

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

	JUNE 2014	JUNE 2015	JUNE 2016
Medical	10,687	10,823	11,137
Nursing	44,046	44,762	45,796
Allied Health	9,410	9,576	9,898
Other Prof. and Para Professionals	3,114	3,135	3,055
Scientific and Technical Clinical Support	5,996	6,057	6,390
Oral Health Practitioners and Therapists	1,259	1,253	1,270
Ambulance Officers	3,915	3,997	3,789
SUB-TOTAL CLINICAL STAFF	**78,426**	**79,604**	**81,336**
Corporate Services	4,445	4,592	4,961
IT Project Implementation	123	161	190
Hospital Support	13,860	14,370	15,138
Hotel Services	8,230	8,248	8,278
Maintenance and Trades	964	939	925
Other	342	364	350
SUB-TOTAL OTHER STAFF	**27,964**	**28,674**	**29,841**
TOTAL	**106,390**	**108,278**	**111,177**

NUMBER OF FULL TIME EQUIVALENT STAFF (FTE) EMPLOYED IN OTHER NSW HEALTH ORGANISATIONS	JUNE 2014	JUNE 2015	JUNE 2016
NSW Health organisations supporting the public health system	1,232*	1,279*	1,325**
Health Professional Councils Authority	82	87	82
Mental Health Review Tribunal	29	29	30

Registered practitioners in NSW

PROFESSION	NSW[1]
Aboriginal Health Practitioner	120
Chinese Medicine Practitioner	1,984
Chiropractor	1,771
Dental Practitioner	6,765
Medical Practitioner	34,255
Medical Radiation Practitioner	5,217
Midwife	1,043
Nurse	98,130
Nurse and Midwife[2]	8,371
Occupational Therapist	5,516
Optometrist	1,807
Osteopath	564
Pharmacist	9,270
Physiotherapist	8,900
Podiatrist	1,370
Psychologist	11,522

Source: Australian Health Practitioner Regulation Agency, June 2017. Notes: 1. Data is based on the number of registered practitioners as at 30 June 2017 in both public and private sectors. 2. Practitioners who hold dual registration as both a nurse and a midwife.

Aboriginal staff

Aboriginal people as a proportion of staff (%) and by salary band
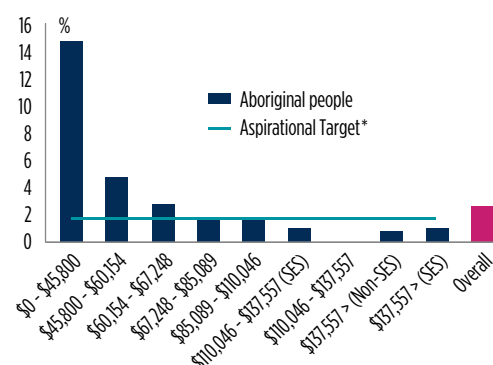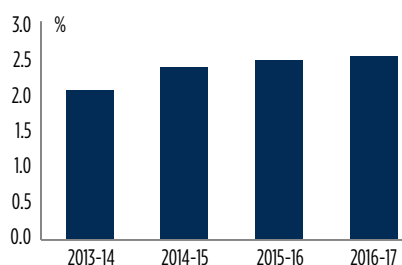
Source: *Public Service Commission EEO Report*. Note: NSW Public Health System. Excludes Third Schedule Facilities. *Note from the *PSC Diversity Report: The NSW Public Sector Aboriginal Employment Strategy 2014-17* introduced an aspirational target of 1.8% by 2021 for each of the sector's salary bands. If the aspirational target of 1.8% is achieved in salary bands not currently at or above 1.8%, the cumulative representation of Aboriginal employees in the sector is expected to reach 3.3%. (Original overall target is 2.6%.).

Staff turnover

Factors influencing staff turnover include remuneration and recognition, employer/employee relations, workplace culture and organisational structure. Monitoring of turnover rates identifies areas of concern and development of strategies to increase staff stability.
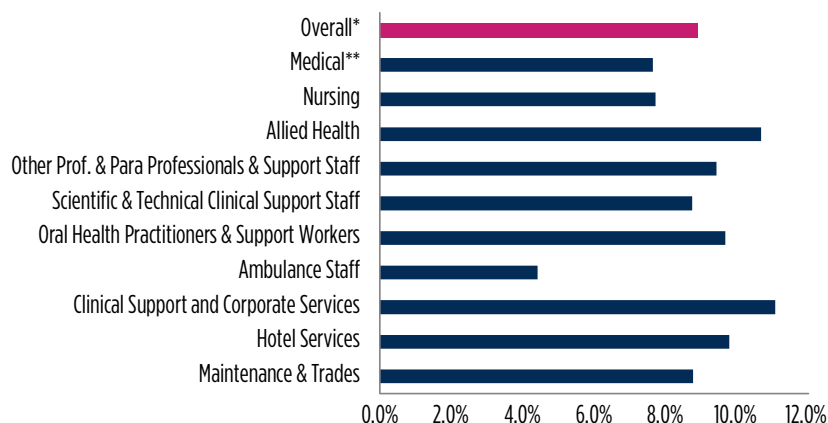
Source: PSC Data Collection. Note: *Excludes Third Schedule Facilities, "Other" Treasury Group and Junior Medical Officers **Excluding Junior Medical Officers (JMOs are on a term contract). Health system average inclusive of all health districts, Ministry of Health, Health pillars, HealthShare NSW, eHealth NSW, Justice Health and Forensic Mental Health, NSW Health Pathology, Cancer Institute NSW, Albury Hospital and Ambulance Service of NSW.

Sick leave

Effective people management helps reduce the amount of sick leave taken by staff. In turn, this reduces the expense of replacement staff and the potential effect on service delivery when replacement staff are not available. From 2014 to 2017 the use of sick leave per employee has remained constant.
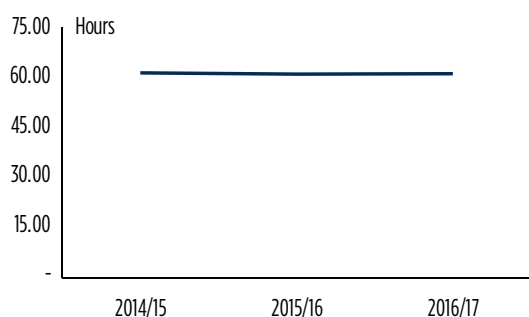
Source: MOH-Statewide Management Reporting System (SMRS). Note: Excludes Third Schedule Facilities. Average inclusive of all health districts, Ministry of Health, Health pillars, HealthShare NSW, eHealth NSW, Justice Health and Forensic Mental Health, NSW Health Pathology, Cancer Institute NSW, Albury Hospital 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.

Paul de Carlo, Principal Advisor, Mental Health – International Forum on Quality and Safety in Healthcare, United Kingdom.

Michele Murphy, Manager Insurance and Risk – International Forum on Disability Management, Malaysia.

Erin Lilley, Manager, Integrated Care – Fourth World Congress on Integrated Care, New Zealand.

Dr Kerry Chant, Chief Health Officer and Deputy Secretary of Population and Public Health – Public Service Commission's NSW Leadership Academy Executive Education Program; the Harvard Kennedy School of Government's Applied Risk Communication for the 21st Century; and site visits to the Centre for Disease Control and Prevention, USA.

Anne O'Neil, Associate Director, Office for Health and Medical Research – US-Australia Med Tech Workshops; BIO2017 Conference; Rosenman Symposium; meetings with the National Cancer Institute and Gates Foundation, USA and Canada.

Elizabeth Koff, Secretary, NSW Health – Public Service Commission's NSW Leadership Academy Executive Education Program; the Harvard Kennedy School of Government's Driving Government Performance: Leadership Strategies that Produce Results, USA.

Joanne Holden, Acting Director, Population Health Programs – International AIDS conference, South Africa.

Katie Irvine, Manager, Centre for Health Record Linkage – International Population Data Linkage Network Conference, Wales.

Workers compensation

NSW Ministry of Health – Categories of accepted workers compensation claims

INJURY/ILLNESS	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17
Body Stress	3	8	2	3		1
Slip/Trip/Fall	7	2	3	1	1	1
Psychological	3	2	0	1	2	1
Object-hit	0	0	0	0		
Vehicle	2	0	0	0	1	
Other	2	1	0	2	3	1
TOTAL	**17**	**13**	**5**	**7**	**7**	**4**

NSW Ministry of Health – Number of new claims each year

YEAR	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17
Claims	17	13	5	7	7	4

NSW Ministry of Health – Categories of workplace injuries each year

INJURY/ILLNESS	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17
Body Stress	12	11	5	7	3	5
Slip/Trip/Fall	41	20	18	16	12	10
Psychological	3	3	2	1	5	1
Object-hit	3	8	6	7	7	3
Vehicle	7	0	1	0	2	
Other	24	24	22	12	12	3
Hazard	9	1	0	1	0	
TOTAL	**99**	**67**	**54**	**44**	**41**	**22**

Key policies 2016-17

Managing for Performance (PD2016_040)

This Policy Directive identifies the key features to be reflected in all NSW Health organisation policies on performance management, including requirements for managing unsatisfactory performance.

Training, Education and Study Leave (TESL) for Staff Specialists (PD2016_043)

The Policy Directive outlines the requirements governing Training, Education and Study Leave (TESL) for Staff Specialists.

Prevention and Management of Unacceptable Workplace Behaviours in NSW Health – JMO Module (PD2016_044)

The purpose of this Policy Directive is to prevent and combat workplace bullying in all NSW Health workplaces and to outline the additional considerations and specific processes in the management of unacceptable workplace behaviour complaints arising from the junior medical officer workforce.

Employee Assistance Programs (PD2016_045)

This Policy Directive outlines standards for employee assistance programs (EAPs) to ensure employees have access to professional employee assistance services.

Resolving Workplace Grievances (PD2016_046)

This Policy Directive ensures that NSW Health has an effective system in place to resolve workplace grievances in a prompt, fair and confidential manner.

Employment Checks – Criminal Record Checks and Working with Children Checks (PD2016_047)

This Policy Directive outlines the mandatory requirements for National Criminal Record Checks and Working with Children Checks for persons employed or engaged, or seeking to be employed or engaged, within NSW Health.

Visiting Practitioner Appointments in the NSW Public Health System (PD2016_052)

This Policy Directive sets out the regulatory and procedure requirements for public health organisations when appointing visiting practitioners.

Employment Arrangements for Medical Officers in the NSW Public Health Service (PD 2016_059)

This Policy Directive covers the employment arrangements applying to medical officers in public health organisations. The policy includes arrangements for rotation of medical officers between facilities as part of training programs.

Staff Specialist Rights of Private Practice Arrangements (PD2017_002)

This Policy Directive addresses the rights of private practice arrangements for Staff Specialists in respect of fees that can be charged where medical gap cover insurance is held, the availability of medical indemnity, and the disbursement of funds from the No. 1 Account.

Award changes and industrial relations claims

All industrial negotiations in 2016-17 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 for most NSW Health Service employees. Applications to facilitate the 2.5 per cent increases in awards were filed in the Industrial Relations Commission (IRC).

In June 2016, the Health Services Union made an application for a new Crib Break Award for Patient Transport Officers in HealthShare NSW. On 11 May 2017 the IRC made a decision in favour of the Health Services Union. The NSW Ministry of Health has appealed this decision as the new Award will result in an increase in remuneration of more than 2.5% per annum and no employee related cost savings had been identified to allow such an increase.

In June 2017, the Health Services Union's dispute about the interpretation of the Infectious Cleaning Allowance in the Health Employees' Conditions of Employment (State) Award was heard. Important factors in this case were 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 also before the Industrial Relations Commission to determine whether employee related cost savings have been achieved to facilitate the remuneration increases over 2.5 per cent.

In April 2017, the Operational Ambulance Award was varied to enable shift lengths of up to 12 hours and 15 minutes in certain situations.

Senior executive service

From 1 January 2017 the provisions under the *Health Services Act 1997* relating to the employment of all NSW Health Service senior executives were amended by the *Government Sector Employment Legislation Amendment Act* 2016 to:

- align employment arrangements for senior executives in the NSW Health Service generally with the new employment arrangements for senior executives in the Public Service under the *Government Sector Employment Act 2013*
- ensure that existing executives are employed as senior executives under the new employment arrangements and retain their existing remuneration packages and allowances
- transfer employer functions for chief executives of local health districts and specialty network governed health corporations from the Secretary to the board of those local health districts and specialty network governed health corporations
- transfer the employer functions for senior executives in those local health districts and specialty networks from the Secretary to the chief executive of those local health districts and specialty network governed health organisations.

All NSW Health executives transitioned into roles as Health Service senior executives (HSSE) from 1 January 2017 and are remunerated within the same pay bands as Public Service senior executives (PSSE).

Senior executive remuneration bands and average remuneration

BAND	2016		2017	
	FEMALE	**MALE**	**FEMALE**	**MALE**
Band 4	1		1	
Band 3	4	1	3	2
Band 2	15	4	13	5
Band 1	35	26	39	20
TOTALS	**55**	**31**	**56**	**27**
	86		**83**	

BAND	RANGE	AVERAGE REMUNERATION	
		2016	**2017**
Band 4	$452,251 – $522,500	$509,750	$541,600
Band 3	$320,901 – $452,250	$424,454	$463,621
Band 2	$255,051 – $320,900	$284,605	$299,445
Band 1	$178,850 – $255,050	$195,124	$202,274

Note: 22.01% of the Ministry of Health's employee related expenditure in 2017 was related to senior executives, compared with 23.32% in 2016.

PUBLIC HOSPITAL ACTIVITY LEVELS

Selected data for the year ended June 2017 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	1,022	85.4	47.3	68,658	43.2	188
Sydney Children's Hospitals Network	52,527	50.8	47.9	153,273	2.9	420
St Vincent's Health Network	46,062	33.2	51.8	186,974	3.4	512
Sydney Local Health District	172,769	48.6	47.7	640,431	3.3	1,755
South Western Sydney Local Health District	244,249	42.3	47.0	809,213	2.9	2,217
South Eastern Sydney Local Health District	182,859	43.1	45.0	652,059	3.1	1,786
Illawarra Shoalhaven Local Health District	98,366	36.5	42.8	395,793	3.1	1,084
Western Sydney Local Health District	185,670	39.2	45.6	651,377	3.0	1,785
Nepean Blue Mountains Local Health District	87,832	35.1	37.4	316,894	3.2	868
Northern Sydney Local Health District	156,729	33.0	40.5	667,049	3.3	1,828
Central Coast Local Health District	92,353	36.4	42.9	325,521	2.9	892
Hunter New England Local Health District	226,086	43.1	41.7	813,020	3.1	2,227
Northern NSW Local Health District	108,301	41.2	50.3	317,239	2.6	869
Mid North Coast Local Health District	78,099	48.1	49.3	267,310	3.0	732
Southern NSW Local Health District	58,109	45.8	53.9	157,912	2.2	433
Murrumbidgee Local Health District	76,697	40.4	46.6	228,678	2.4	627
Western NSW Local Health District	84,667	40.5	41.2	295,677	2.9	810
Far West Local Health District	9,003	49.6	48.8	34,985	3.0	96
TOTAL NSW	**1,961,400**	**41.3**	**45.2**	**6,982,063**	**3.0**	**19,129**
2015-16 Total	1,886,668	41.5	44.9	6,983,473	3.2	19,133
PERCENTAGE CHANGE (%)[9]	**4.0**	**-0.2**	**0.2**	**0.0**	**-6.7**	**0.0**
2014-15 Total	1,840,632	41.9	44.8	6,815,650	3.3	18,673
2013-14 Total	1,803,458	41.8	44.4	6,650,650	3.2	18,221
2012-13 Total	1,737,103	41.5	43.7	6,551,065	3.3	17,948

Selected data for the year ended June 2017 Part 2[1,2,10]

LOCAL HEALTH DISTRICTS	OCCUPANCY RATE[5] JUNE 17	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	36,352	35,876	1,602,274	n/a
Sydney Children's Hospitals Network	95.1%	148,116	123,534	425,142	94,426
St Vincent's Health Network	100.7%	145,982	123,013	359,155	47,635
Sydney Local Health District	90.7%	548,692	469,919	1,260,084	160,073
South Western Sydney Local Health District	98.1%	681,360	566,771	1,050,977	271,025
South Eastern Sydney Local Health District	97.7%	514,186	441,129	1,271,644	219,686
Illawarra Shoalhaven Local Health District	95.2%	279,169	237,150	723,308	152,800
Western Sydney Local Health District	93.0%	537,490	453,737	1,225,085	181,868
Nepean Blue Mountains Local Health District	91.5%	266,797	233,996	680,541	121,772
Northern Sydney Local Health District	92.9%	483,153	424,152	1,049,421	209,122
Central Coast Local Health District	95.1%	256,973	217,479	656,565	131,001
Hunter New England Local Health District	79.0%	676,323	582,562	2,166,997	410,418
Northern NSW Local Health District	91.0%	270,425	215,971	514,582	198,644
Mid North Coast Local Health District	94.6%	228,328	190,367	568,817	122,386
Southern NSW Local Health District	74.7%	118,515	87,233	311,654	105,684
Murrumbidgee Local Health District	80.1%	178,289	143,187	587,195	145,913
Western NSW Local Health District	80.1%	235,298	200,449	659,968	184,528
Far West Local Health District	62.7%	26,202	21,814	99,056	27,750
TOTAL NSW	**90.7%**	**5,631,650**	**4,768,339**	**15,212,465**	**2,784,731**
2015-16 Total	89.9%	5,840,865	5,009,910	13,478,446	2,733,853
PERCENTAGE CHANGE (%)[9]	**0.0**	**-3.6**	**-4.8**	**12.9**	**1.9**
2014-15 Total	85.2	5,675,482	4,865,590		2,692,838
2013-14 Total	89.0	5,533,491	4,746,307		2,656,302
2012-13 Total	87.8	5,484,364	4,735,991		2,580,878

Note: **1** Data sourced from Health Information Exchange (HIE). The number of separations includes care type changes. **2** Activity includes services contracted to private sector. Data reported are as at 3/10/2017. **3** Acute average length of stay = (Acute bed days/Acute separations). **4** Daily average of inpatients = Total Bed Days/365. **5** Bed occupancy rate is based on June data only. Facilities with peer groups other than A1 to C2 are excluded. The following bed types are excluded from all occupancy rate calculations: emergency departments, delivery suites, operating theatres, hospital in the home, recovery wards, residential aged care, community residential and respite activity. **6** Acute activity is defined by a service category of acute or newborn. Results for Acute separations and bed days for 2016/17 may not be directly comparable to previous years due to the impact of the implementation of the Mental Health Care Type classification. **7** Service events measured from aggregate of patient level and summary data submissions for each non admitted service/clinic. Data for JH&FMHN is not included in 2015-16 result. Pathology services are not included. Data for previous years is not comparable. **8** Excludes pathology and radiology services performed in emergency departments. **9** Planned separations, Same day separations and occupancy rates are percentage point variance from 2015-16. **10** Excludes Albury Hospital which is managed by Victoria as part of the integrated Albury-Wodonga Health Service.

Average available beds and treatment spaces[1], June 2017[2,8]

LOCAL HEALTH DISTRICT / SPECIALIST HEALTH NETWORK	HOSPITAL BEDS		OTHER BEDS[5]	TREATMENT SPACES[6]
	BEDS AVAILABLE FOR ADMISSION FROM EMERGENCY DEPARTMENT[3]	OTHER HOSPITAL BEDS[4]		
Sydney Children's Hospitals Network	327	105	16	32
St Vincent's Health Network	321	172	10	33
Sydney Local Health District	1,254	507	25	247
South Western Sydney Local Health District	1,485	475	85	369
South Eastern Sydney Local Health District	1,205	505	138	261
Illawarra Shoalhaven Local Health District	754	283	63	180
Western Sydney Local Health District	1,078	609	156	329
Nepean Blue Mountains Local Health District[7]	600	249	33	197
Northern Sydney Local Health District	1,058	636	77	292
Central Coast Local Health District	715	133	51	151
Hunter New England Local Health District	1,789	807	420	598
Northern NSW Local Health District	650	184	75	207
Mid North Coast Local Health District	490	158	21	150
Southern NSW Local Health District	377	143	85	160
Murrumbidgee Local Health District	642	170	484	240
Western NSW Local Health District	646	310	526	346
Far West Local Health District	89	38	54	48
Justice Health/Forensic Mental Health Network	190	155		1
TOTAL NSW	**13,669**	**5,638**	**2,318**	**3,841**
2015-16 Total	13,472	5,693	2,336	3,810
2014-15 Total	13,393	5,697	2,366	3,718
2013-14 Total	13,266	5,594	2,360	3,686
2012-13 Total	13,420	5,409	2,335	3,670

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 from June 2015 exclude Albury Base Hospital Acute services (managed by Victoria as part of the integrated Albury-Wodonga Health Service from 1 July 2009) and Mental Health services (managed by Victoria as part of the integrated Albury-Wodonga Health Service from 1 July 2014). Results for prior years have been adjusted to reflect this change.

Future years' NSW Health annual reports may no longer include reporting on average available beds, as bed numbers in isolation do not reflect the volume and quality of health services delivered to patients in our hospitals and our communities. The NSW Ministry of Health works closely with local health districts and specialty health networks to ensure the right mix of services is available for all patients, co-ordinating care across the health system under the NSW Integrated Care Strategy and using Activity Based Funding to support the number and mix of patient services required. The volume, quality and funding of all patient services is explained extensively elsewhere in this annual report.

MENTAL HEALTH

Section 108 of the NSW Mental Health Act (2007)

In accordance with Section 108 of the *NSW Mental Health Act (2007)* the tables presented here provide an overview of mental health activities and performance in mental health public hospitals for 2016-17 in relation to:

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

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

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

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

Table 1. Mental Health – hospital and community activity. Public psychiatric hospitals and co-located psychiatric units in public hospitals

LOCAL HEALTH DISTRICT/NETWORK/ HOSPITAL	SAMEDAY SEPARATIONS[1] 2016-17	OVERNIGHT SEPARATIONS[2] 2016-17	SPECIALIST MENTAL HEALTH COMMUNITY CONTACTS[3] 2016-17	AVERAGE AVAILABLE BEDS[4] 2016-17
X170 Justice Health	1	580	576,166	231
X630 Sydney Childrens Hospitals Network	4	282	35,763	16
X690 St Vincent Hospitals Network	38	1,408	45,197	48
X700 Sydney Local Health District	918	4,086	275,245	239
X710 South Western Sydney Local Health District	343	4,670	450,591	189
X720 South Eastern Sydney Local Health District	117	3,129	738,808	178
X730 Illawarra Shoalhaven Local Health District	141	2,642	186,521	130
X740 Western Sydney Local Health District	1,173	3,705	234,435	372
X750 Nepean Blue Mountain Local Health District	126	2,309	94,443	83
X760 Northern Sydney Local Health District	548	4,607	631,310	359
X770 Central Coast Local Health District	263	1,724	304,951	84
X800 Hunter New England Local Health District	230	5,295	458,028	369
X810 Northern NSW Local Health District	20	1,605	354,076	74
X820 Mid North Coast Local Health District	18	1,537	173,915	72
X830 Southern NSW Local Health District	60	1,397	12,994	88
X840 Murrumbidgee Local Health District	18	1,076	150,175	61
X850 Western NSW Local Health District	30	1,701	218,525	196
X860 Far West Local Health District	8	255	47,888	16
NSW – TOTAL	**4,056**	**42,008**	**4,989,031**	**2,803**
2015-2016 Total	3,198	38,214	4,637,955	2,817
2014-2015 Total	3,091	36,868	3,784,408	2,790
2013-2014 Total	3,899	35,154	3,332,294	2,730
2012-2013 Total	3,858	33,861	2,757,412	2,648

Definitions: **1** 'Sameday separations' refers those separations when the patient is admitted and separates on the same date from the hospital. **2** '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. **3** Ambulatory mental health care includes all care provided by specialist mental health services for people who are not inpatients of mental health units at the time of care. Ambulatory contacts figure for 2015-2016 is revised from 4,544,152 (published in the 2015-16 Annual Report) to 4,637,955. **4** '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, Ministry of Health.

Table 2. Rates of 28 day re-admission, seven day post discharge and seclusion rate, duration and frequency in mental health service

LOCAL HEALTH DISTRICT/NETWORK/ HOSPITAL	28 DAY READMISSION RATE 2016–17 (%)[1]	7 DAY POST-DISCHARGE COMMUNITY CARE RATE 2016–17 (%)[2]	SECLUSION RATE 2016–17[3]	SECLUSION AVERAGE DURATION 2016–17[4]	SECLUSION FREQUENCY 2016–17(%)[5]
X170 Justice Health[6]	**15.1**	**23.4**			
Forensic Hospital	5.0	40.0			
Long Bay	14.1	26.6			
Metropolitan Remand and Reception Centre	16.7	22.7			
Mulawa	13.4	19.8			
X630 Sydney Children's Hospitals Network	**20.0**	**68.5**	**3.3**	**0.6**	**2.5**
Children's Hospital at Westmead	18.2	70.3	0.8	0.2	1.1
Sydney Children's	23.2	65.3	5.8	0.6	4.8
X690 St Vincent's Health Network	**14.7**	**57.9**	**6.1**	**2.4**	**4.2**
St Joseph's	9.6	67.5			
St Vincent's	15.1	57.1	8.1	2.4	4.6
X700 Sydney Local Health District	**16.2**	**73.9**	**8.0**	**6.4**	**5.6**
Concord	15.2	73.1	9.4	7.2	7.4
Royal Prince Alfred	17.7	75.2	4.8	2.7	2.7
X710 South Western Sydney Local Health District	**14.9**	**67.3**	**9.4**	**2.9**	**6.1**
Bankstown	14.7	70.2	12.5	2.2	10.6
Bowral[7]	0	66.7			
Campbelltown	15.1	67.8	6.8	1.7	4.7
Liverpool	14.7	65.5	10.8	4.1	5.8
X720 South Eastern Sydney Local Health District	**14.8**	**83.9**	**5.7**	**2.9**	**3.8**
Prince Of Wales	12.0	78.5	6.9	3.5	4.7
St George	18.8	88.2	1.4	2.6	1.3
Sutherland	13.6	86.5	7.8	1.5	5.5
X730 Illawarra Shoalhaven Local Health District	**13.3**	**80.8**	**5.6**	**4.2**	**4.4**
Shellharbour	13.9	78.7	7.4	5.0	5.4
Wollongong	12.4	83.9	3.3	1.9	2.8
X740 Western Sydney Local Health District	**15.1**	**64.7**	**10.4**	**11.4**	**8.6**
Blacktown	15.6	63.9	14.1	7.7	7.2
Cumberland	16.1	66.4	11.2	13.6	10.9
Westmead	9.9	60.6	2.7	2.7	1.4
X750 Nepean Blue Mountain Local Health District	**16.1**	**58.8**	**5.1**	**4.0**	**3.4**
Blue Mountains	15.9	57.3	1.8	1.1	1.9
Nepean	16.2	59.2	5.8	4.3	3.7
X760 Northern Sydney Local Health District	**13.0**	**83.5**	**3.8**	**3.9**	**3.5**
Greenwich	6.6	77.0			
Hornsby	11.1	87.1	7.5	4.1	6.4
Macquarie	19.0	77.6	1.3	5.1	2.4
Manly	14.5	82.9	2.8	3.6	2.6
Royal North Shore	13.6	82.2	2.0	2.5	1.6
X770 Central Coast Local Health District	**12.8**	**79.4**	**4.8**	**2.6**	**5.1**
Gosford	15.1	77.9	4.6	1.1	4.4
Wyong	11.5	80.4	5.0	3.3	5.6
X800 Hunter New England Local Health District	**13.2**	**74.3**	**7.8**	**4.6**	**3.9**
Armidale	12.0	96.7			
Hunter New England Mater	14.9	75.6	9.8	5.5	3.9
John Hunter	10.3	88.0	6.7	0.4	4.7
Maitland	10.1	58.8	8.6	3.1	6.0
Manning	9.3	83.6	1.4	2.0	2.1

LOCAL HEALTH DISTRICT/NETWORK/ HOSPITAL	28 DAY READMISSION RATE 2016-17 (%)[1]	7 DAY POST- DISCHARGE COMMUNITY CARE RATE 2016-17 (%)[2]	SECLUSION RATE 2016-17[3]	SECLUSION AVERAGE DURATION 2016-17[4]	SECLUSION FREQUENCY 2016-17(%)[5]
Morisset	6.1	81.8	1.6	1.9	2.1
Tamworth	14.7	64.7	7.2	2.3	4.3
X810 Northern NSW Local Health District	**15.6**	**69.7**	**8.0**	**7.7**	**6.8**
Byron Central	17.4	60.9			
Lismore	16.7	67.0	8.4	9.3	6.4
Tweed	13.9	74.1	9.6	5.7	7.9
X820 Mid North Coast Local Health District	**17.0**	**80.4**	**6.5**	**10.5**	**5.4**
Coffs Harbour	14.8	87.0	8.7	10.5	8.1
Kempsey	22.4	77.6			
Port Macquarie	17.3	69.1	6.8	10.4	4.4
X830 Southern NSW Local Health District	**13.7**	**11.4**	**1.7**	**0.9**	**1.1**
Goulburn	13.4	13.8	1.6	0.8	0.9
South East Regional	14.5	6.2	2.0	1.1	1.6
X840 Murrumbidgee Local Health District	**9.7**	**81.6**	**9.2**	**2.8**	**5.4**
Wagga Wagga	9.7	81.6	9.2	2.8	5.4
X850 Western NSW Local Health District	**11.4**	**60.2**	**6.5**	**1.2**	**4.0**
Bathurst	5.6	62.8			
Dubbo	11.6	69.5	4.4	2.2	2.8
Orange Health Service	13.8	52.4	8.7	1.0	5.3
X860 Far West Local Health District	**14.8**	**70.4**	**6.3**	**3.3**	**5.1**
Broken Hill	14.8	70.4	6.3	3.3	5.1
NSW – TOTAL	**14.4**	**70.0**	**7.0**	**5.5**	**4.9**
2015-2016	14.8	66.0	8.8	5.3	6.0
2014-2015	15.0	63.3	8.3	5.8	5.8
2013-2014	14.3	65.6	7.9	6.0	5.5
2012-2013	14.7	59.5	8.9	6.9	6.1

Definitions: 1 Overnight separations from acute psychiatric inpatient units that are followed by re-admission to the same or another acute psychiatric unit. 2 Overnight separations from acute psychiatric inpatient units for which a community mental health contact, in which the client participated, was recorded in the seven days following that separation. 3 Rate: Acute seclusion episodes per 1000 bed days. 4 Duration: Average duration of acute seclusion episodes (hours per episode). 5 Frequency: Percentage of acute mental health hospital stays where seclusion occurred. Notes: 3, 4, 5 Some facilities with acute mental health beds do not have seclusion rooms: Bowral, Greenwich (Riverglen), Kempsey, Armidale, Bathurst, Byron Central and St Joseph's. These contribute to the calculation of Local Health Districts/Specialty Health Networks and State Seclusion figures. 6 Forensic beds are not included in Acute Seclusion, NSW figures. 7 Bowral had three separations in the period with zero re-admission.