APPENDIX

Health statistics

Workforce statistics

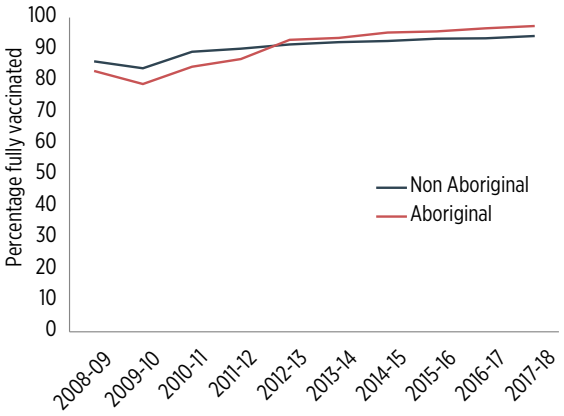
Public hospital activity levels

Mental health

APPENDIX 1
HEALTH STATISTICS

EARLY DISEASE MANAGEMENT

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

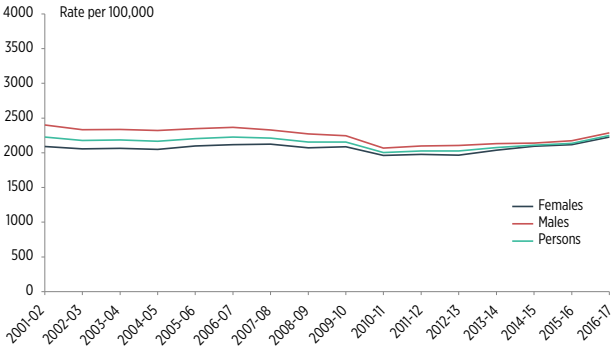


Source: Health Protection NSW

Interpretation

Immunisation coverage has improved significantly for Aboriginal and non-Aboriginal children in NSW since 2012. The Aboriginal Immunisation Healthcare Worker Program uses targeted interventions to improve the timely vaccination of Aboriginal children, which has closed the gap in coverage rates and resulted in Aboriginal children having higher coverage than non-Aboriginal children. At 30 June 2018, 94.4 per cent of Aboriginal children were fully vaccinated at one year of age and 97.3 per cent fully vaccinated at five years of age, compared with 94 per cent and 94.2 per cent of non-Aboriginal children.

Potentially preventable hospitalisations by sex



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

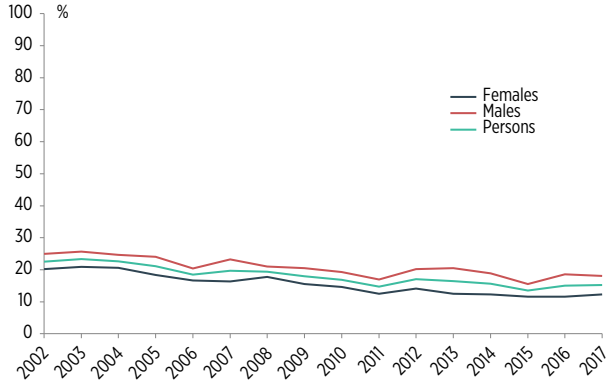
Interpretation

Potentially Preventable Hospitalisations (PPH) are those conditions for which hospitalisation is considered potentially avoidable through preventive care and early disease management, usually delivered in an ambulatory (walk-in) setting, such as primary 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, it means 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



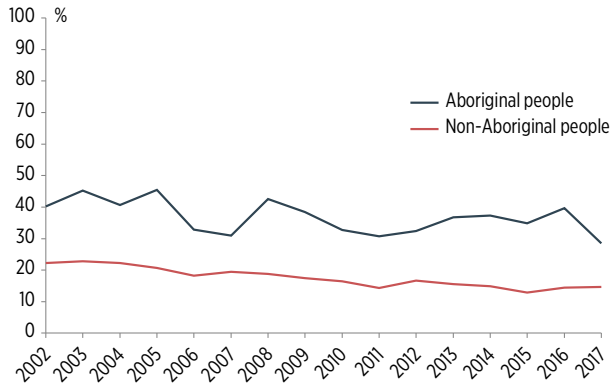
Source: HealthStats NSW, Centre for Epidemiology and Evidence, NSW Ministry of Health.

Interpretation

Over the period 2002 to 2017, the rate of current smoking declined from 22.5 per cent to 15.2 per cent. In 2017, the NSW Adult Population Health Survey found that 15.2 per cent of adults aged 16 years and over (18.1 per cent of men and 12.3 per cent 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



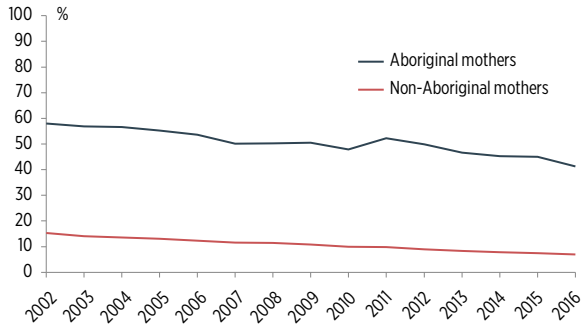
Source: HealthStats NSW, Centre for Epidemiology and Evidence, NSW Ministry of Health.

Interpretation

Aboriginal people are about twice as likely to smoke as non-Aboriginal people. In 2017, the rate of current (daily or occasional) smoking in people aged 16 years and over in NSW was 28.5 per cent for Aboriginal people, and 14.7 per cent for non-Aboriginal people. Between 2002 and 2017,

there was a steeper overall decline in the percentage of adults who were current smokers among non-Aboriginal people than among Aboriginal people.

Smoking during pregnancy by Aboriginal and non-Aboriginal mothers



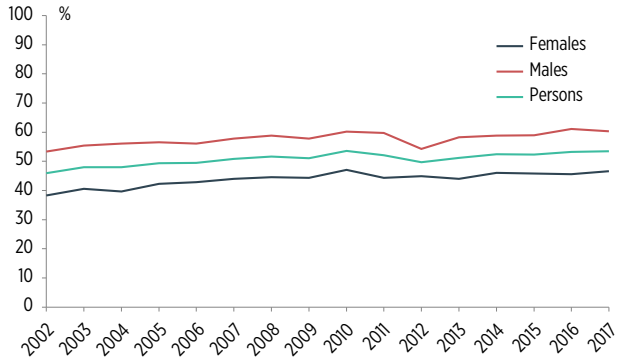
Source: HealthStats NSW, Centre for Epidemiology and Evidence, NSW Ministry of Health

Interpretation

While Aboriginal women are around six times more likely to report smoking during pregnancy than non-Aboriginal women, the trend shows that, in 2016, the percentage of non-Aboriginal mothers and Aboriginal mothers smoking at all during pregnancy was the lowest it has been in 20 years. In 2016, the percentage of non-Aboriginal mothers reporting smoking during pregnancy was 6.9 per cent (declining from around 20 per cent 20 years ago); and that for Aboriginal mothers was 41.3 per cent (declining from just over 60 per cent 20 years ago).

OVERWEIGHT AND OBESITY

Overweight or obesity in adults aged 16 years and over



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

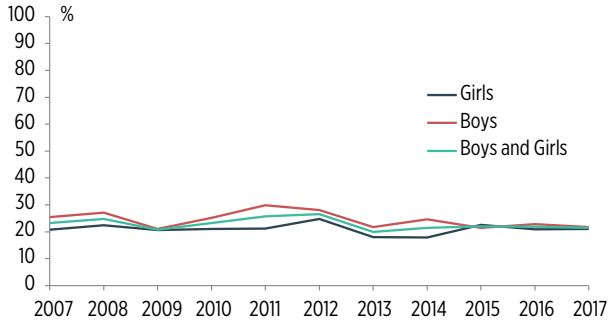
Interpretation

Between 2008 and 2017, the rate of overweight and obesity in the population has gradually increased from 51.7 per cent to 53.5 per cent of adults in NSW. Underlying this trend, the rate of overweight has remained fairly stable (33.6 per cent in 2008 compared with 32.5 per cent in 2017). However, the obesity rate has increased from 18.1 per cent to 21 per cent over this 10 year period.

In 2017, 53.5 per cent of adults aged 16 years and over (60.3 per cent of men and 46.6 per cent of women) were overweight or obese in NSW. Further, 32.5 per cent of adults (39.8 per cent of males and 25.3 per cent of females) were overweight in 2017 and 21 per cent (20.6 per cent of males and 21.4 per cent 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



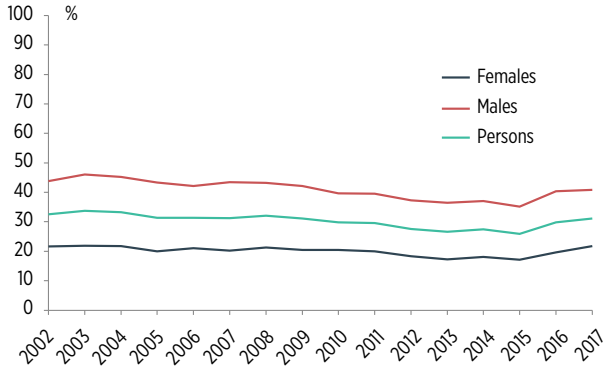
Source: HealthStats NSW, Centre for Epidemiology and Evidence, NSW Ministry of Health

Interpretation

The prevalence of overweight and obesity in children has been relatively stable in NSW since 2007, with a current prevalence of 21.4 per cent in children aged 5-16 years (2017). However, the prevalence remains high and is a cause for concern.

ALCOHOL

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



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

Interpretation

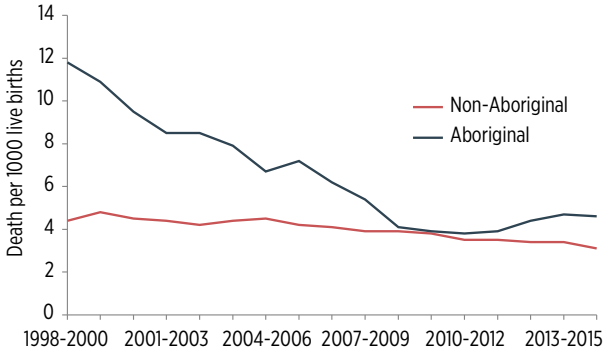
Excessive alcohol consumption is the leading contributor to the burden of illness and deaths in Australia for people aged up to 44 years and the third overall contributor to total burden of disease and illness for all ages, behind tobacco and high body mass.

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 2017, the NSW Population Health Survey found that 31.1 per cent of adults aged 16 years and over (40.8 per cent of men and 21.8 per cent of women) consumed more than two standard alcoholic drinks on a day when they drank alcohol.

While alcohol consumption at levels that pose a long-term health risk has been in decline over the last 10 years in NSW to 2015, prevalence estimates increased in 2016 to levels observed 4-5 years previously. Additional years of data will be required to determine if the 2016 and 2017 estimates represent a change in the trend or random fluctuation in the long-term trend.

ABORIGINAL HEALTH

Infant mortality rates by Aboriginality



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

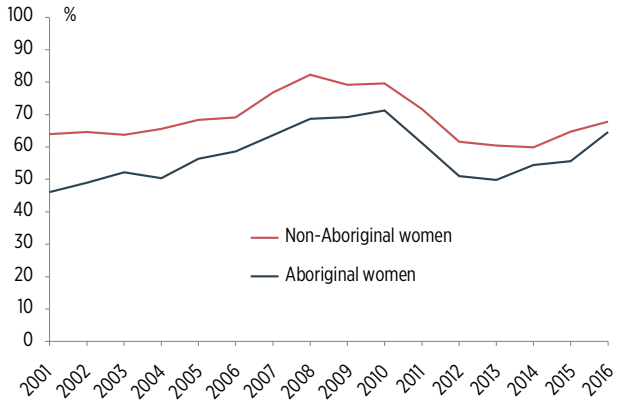
Interpretation

The infant mortality rate is the number of infant deaths per 1000 births. During the 2014-2016 period, an average of 26 deaths per year of Aboriginal infants under one year of age were registered in NSW. Over the period 2001-2003 to 2014-2016, there was 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 number of missing registrations of births for 2014 has caused fluctuations in annual mortality rates as shown in the trend line on the chart.

The mortality rate among Aboriginal infants in NSW is low compared to other jurisdictions. Similarly, the gap in mortality rates between Aboriginal and non-Aboriginal infants is less pronounced in NSW compared to other jurisdictions.

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



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

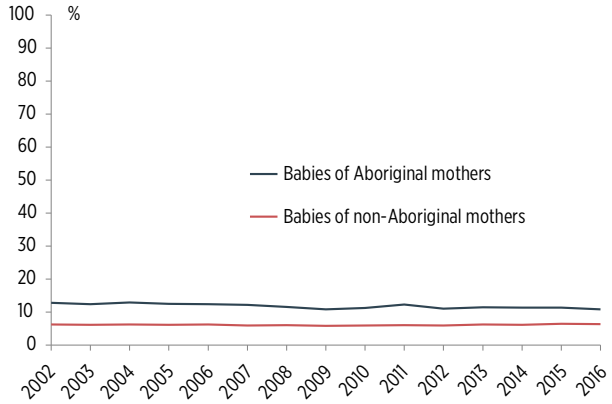
Interpretation

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 2016, the proportion of Aboriginal mothers who attended their first antenatal visit before 14 weeks of pregnancy was 64.6 per cent, compared to 67.8 per cent 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 of Aboriginal mothers attending their first antenatal visit before 14 weeks has increased over the last three years.

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



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

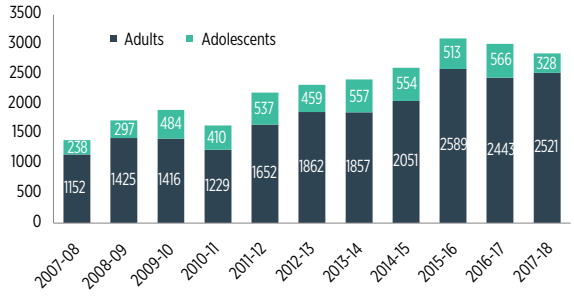
Interpretation

In NSW in 2016, the proportion of low birth weight babies born to Aboriginal mothers was less than double the proportion among non-Aboriginal mothers. Between 2002 and 2016, the proportion of low birth weight babies among Aboriginal mothers has decreased from 12.8 per cent to 10.8 per cent.

Smoking in pregnancy and being a teenage (under 20 years) or older (over 35 years) mother are risk factors for low birth weight babies. The prevalence rates of smoking in pregnancy and teenage mothers are higher 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.

MENTAL HEALTH

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

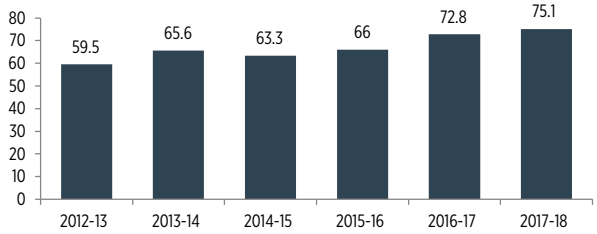


Source: Justice Health and Forensic Mental Health Network

Interpretation

There were 2541 adults and 328 young people with mental illness 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 seven days of that discharge

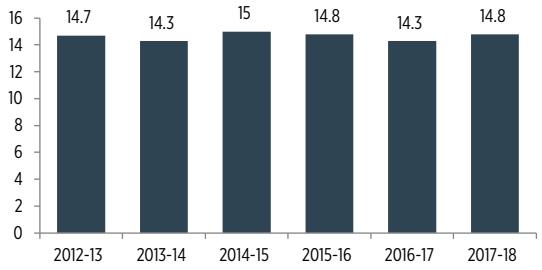


Source: Health Information Exchange, NSW Ministry of Health

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. Target is 70 per cent.

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



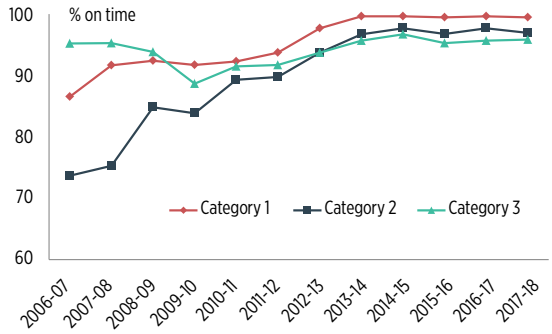
Source: Health Information Exchange, NSW Ministry of Health

Interpretation

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

NSW HOSPITAL PERFORMANCE

Elective Surgery Access Performance (ESAP) Target – Percentage of patients admitted for elective surgery within clinically recommended timeframe

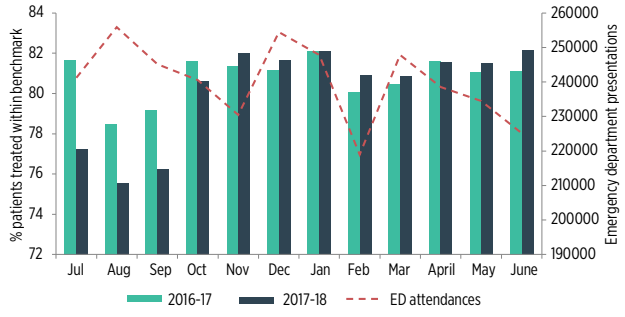


Source: Waiting List Collection Online System, NSW Ministry of Health

Interpretation

There were over 226,000 admissions from the elective surgery waiting list in NSW public hospitals during 2017-18. The percentage of patients who receive their elective surgery within clinically recommended timeframes remains strong in NSW. Overall, 97 per cent of patients received their surgery on time, with 100 per cent on time for category 1 (urgent surgery), 97 per cent for category 2 (semi-urgent surgery), and 96 per cent for category 3 (non-urgent surgery).

Percentage of patients treated within benchmark times, by triage category

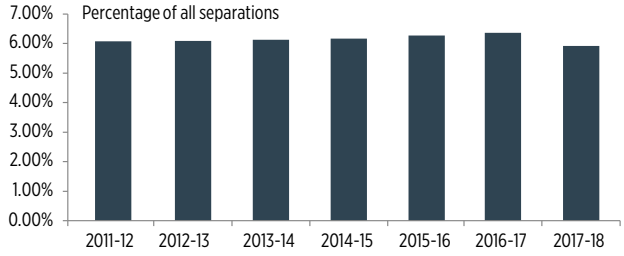


Source: Health Information Exchange, NSW Ministry of Health

Interpretation

In 2017-18, over 2.88 million patients presented a NSW public emergency department, nearly 96,000 more than in 2016-17. The 2017-18 flu season was the worst ever experienced in NSW, with record numbers of patients presenting to hospitals. Despite increasing numbers of patients presenting to NSW emergency departments, 80 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 within 28 days of separation

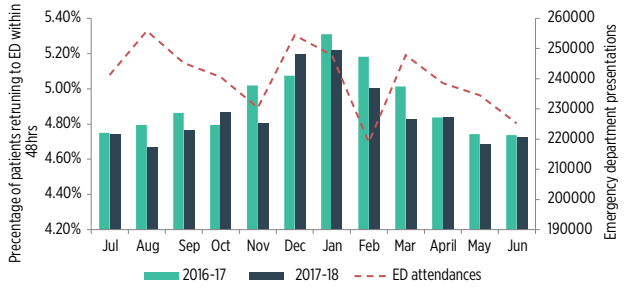


Source: Health Information Exchange, NSW Ministry of Health

Interpretation

Unplanned re-admissions have remained relatively stable over the years, with only a 0.15 per cent decrease since 2011-12. This has been achieved despite overall increasing demand for health services and continued growth in the ageing population and in those with complex and chronic conditions. Local health districts invest considerably into investigating and understanding unplanned readmissions so strategies can be established to address this. It should be noted that this data reflects the volume of unplanned readmissions within 28 days. It does not provide an indication of whether or not these readmissions were preventable or unexpected.

Re-presentation to the same emergency department within 48 hours

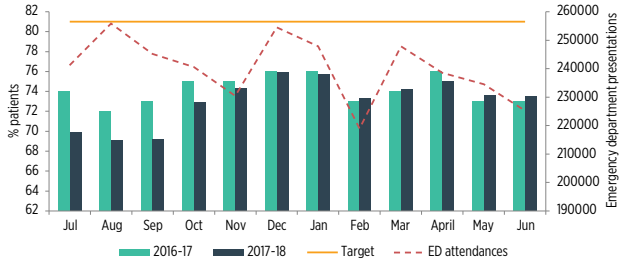


Source: Health Information Exchange, NSW Ministry of Health

Interpretation

Despite the record flu season and unprecedented demand on health services in 2017-18, the rate of unplanned re-presentations to emergency departments in 2017-18 was relatively stable compared to prior years. This shows that emergency departments are maintaining high levels of clinical care whilst caring for more and more patients. Local health districts and networks continue to focus on improving patient flow in both emergency department and hospital wards, and investments in specific models of care are contributing to continual improvements in patient care.

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



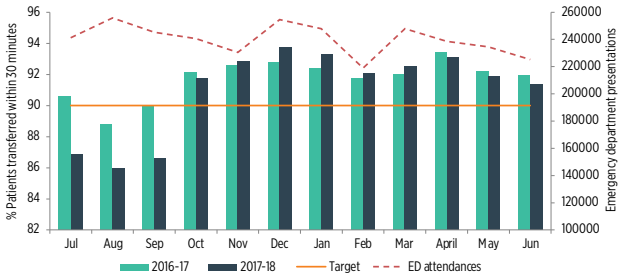
Source: Health Information Exchange, NSW Ministry of Health

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 is aligned to the Premier's Priority of Improving service levels in hospitals.

In 2017-18, 73 per cent of patients who presented to a NSW emergency department left the emergency department within four hours following treatment. This is a small reduction on the result for 2016-17, due in part to the worst flu season ever recorded for the state, and unprecedented emergency department demand. While there was a slight decrease in overall performance, there were more than 36,000 additional patients moving through within four hours due to increases in demand. The state's emergency departments worked incredibly well to achieve this result while seeing record patient numbers in 2017-18.

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

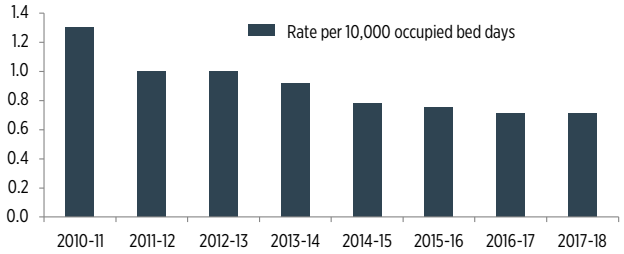


Source: Health Information Exchange, NSW Ministry of Health

Interpretation

NSW emergency departments and NSW Ambulance continue to achieve improvements in the percentage of patients whose care is transferred from Ambulance staff to emergency department staff within 30 minutes. In 2017-18, 90.9 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



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

Interpretation

The rate of Staphylococcus Aureus Bloodstream Infections in NSW has consistently declined year-on-year. The 2017-18 rate of 0.71 per 10,000 occupied bed days is significantly lower than the benchmark of 2 per 10,000 occupied bed days.

APPENDIX 2

WORKFORCE STATISTICS

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

	JUNE 2018
Medical	12,137
Nursing	48,286
Allied Health	10,445
Other Professionals and Para Professionals	3057
Scientific and Technical Clinical Support	6650
Oral Health Practitioners and Therapists	1332
Ambulance Officers	4150
SUB-TOTAL CLINICAL STAFF	**86,056**
Corporate Services	5248
IT Project Implementation	292
Clinical Support	16,048
Hotel Services	8,189
Maintenance and Trades	865
Other	349
SUB-TOTAL OTHER STAFF	**30,991**
TOTAL	**117,047**

Source: Statewide Management Reporting Service (SMRS). Notes: **1**. FTE calculated as the last fortnight in June, paid productive and paid unproductive hours. **2**. Includes full-time equivalent (FTE) salaried staff employed with Local Health Districts, Sydney Children's Hospitals Network, Justice Health and Forensic Mental Health Network, NSW Health Pathology, HealthShare NSW, Ambulance Service of New South Wales, eHealth 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 2018
NSW Health organisations supporting the public health system*	1584
Health Professional Councils Authority	112
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, Health Administration Corporation - Health Infrastructure, Health System Support Group and Cancer Institute

Historical figures

	JUNE 2015	JUNE 2016	JUNE 2017
Medical	10,823	11,137	11,705
Nursing	44,762	45,796	47,282
Allied Health	9576	9898	10,240
Other Professionals and Para Professionals	3135	3055	3086
Scientific and Technical Clinical Support	6057	6390	6607
Oral Health Practitioners and Therapists	1253	1270	1272
Ambulance Officers	3997	3789	3947
SUB-TOTAL CLINICAL STAFF	**79,604**	**81,336**	**84,138**
Corporate Services	4592	4961	5148
IT Project Implementation	161	190	257
Clinical Support	14,370	15,138	15,556
Hotel Services	8248	8278	8254
Maintenance and Trades	939	925	912
Other	364	350	333
SUB-TOTAL OTHER STAFF	**28,674**	**29,841**	**30,459**
TOTAL	**108,278**	**111,177**	**114,597**

Source: June 2015 - Health Information Exchange and Health Service local data, June 2016 - June 2017 State Management Reporting Service (SMRS). Notes: **1**. June 2015 FTE calculated as the average for the month of June, June 2016 - June 2017 FTE is last fortnight in June - paid productive and paid unproductive hours. **2**. Includes full-time equivalent (FTE) salaried staff employed with Local Health Districts, Sydney Children's Hospitals Network, Justice Health and Forensic Mental Health Network, NSW Health Pathology, HealthShare NSW, Ambulance Service of New South Wales, 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. **5**. Albury Base Hospital transferred to the management of Victoria from July 2009 and has been included in all years for reporting consistency. **6**. Rounding of staff numbers to the nearest whole number in this table may cause minor differences in totals. **7**. Backdated Adjustments are included in all years. **8**. In 2015-16, Patient Transport Officers moved from the 'Ambulance Officers' and 'Hotel Services' staff categories to the 'Clinical Support' staff category.

NUMBER OF FULL TIME EQUIVALENT STAFF (FTE) EMPLOYED IN OTHER NSW HEALTH ORGANISATIONS	JUNE 2015	JUNE 2016	JUNE 2017
NSW Health organisations supporting the Public Health System	1279*	1325**	1458**
Health Professional Councils Authority	87	82	104
Mental Health Review Tribunal	29	30	29

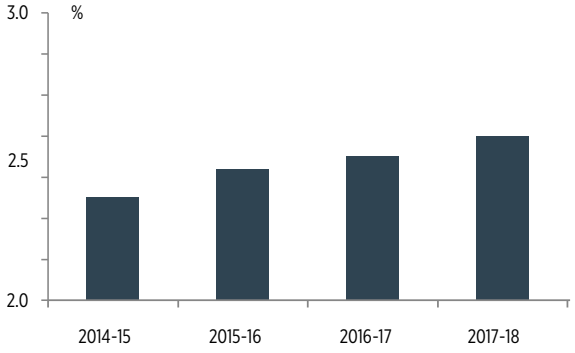
Source: *June 2015 - Health Information Exchange and Health Service local data, June 2016 - June 2017 State Management Reporting Service (SMRS). *June 2015 includes Ministry of Health, Clinical Excellence Commission, Bureau of Health Information, Health Education & Training Institute, Agency for Clinical Innovation, NSW Kids and Families, Health Administration Corporation - Health Infrastructure, Health System Support and Cancer Institute. ** June 2016 - June 2017 includes Ministry of Health, Clinical Excellence Commission, Bureau of Health Information, Health Education and Training Institute, Agency for Clinical Innovation, Health Administration Corporation - Health Infrastructure, Health System Support and Cancer Institute.

Registered practitioners in NSW

PROFESSION	NSW[1]
Aboriginal and Torres Strait Islander Health Practitioner	129
Chinese medicine practitioner	1992
Chiropractor	1813
Dental practitioner	6981
Medical practitioner	35,303
Medical radiation practitioner	5413
Midwife	1199
Nurse	100,734
Nurse and midwife[2]	8024
Occupational therapist	5881
Optometrist	1857
Osteopath	582
Pharmacist	9443
Physiotherapist	9279
Podiatrist[3]	1447
Psychologist	11,956

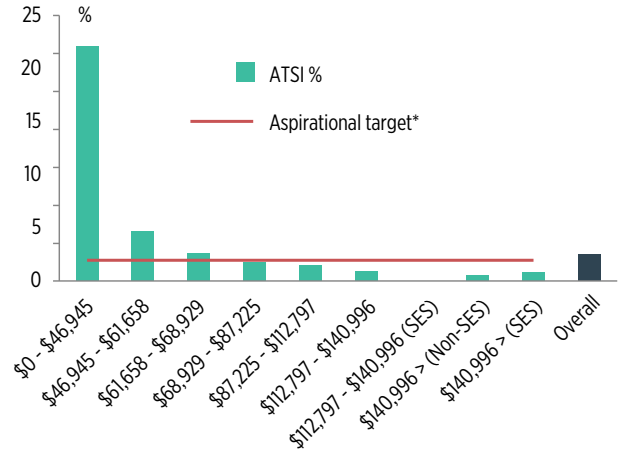
Source: Australian Health Practitioner Regulation Agency, June 2018. Notes: **1**. Data are based on the number of registered practitioners as at 30 June, 2018. **2**. Registrants who hold dual registration as both a nurse and a midwife. **3**. Throughout this report, the term 'podiatrist' refers to both podiatrists and podiatric surgeons unless otherwise specified.

Aboriginal staff as a proportion of total staff



Source: Public Service Commission EEO Report 2018. 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 per cent by 2021 for each of the sector's salary bands. If the aspirational target of 1.8 per cent is achieved in salary bands not currently at or above 1.8 per cent, the cumulative representation of Aboriginal employees in the sector is expected to reach 3.3 per cent. (Original overall target is 2.6 per cent).

Aboriginal staff by salary band

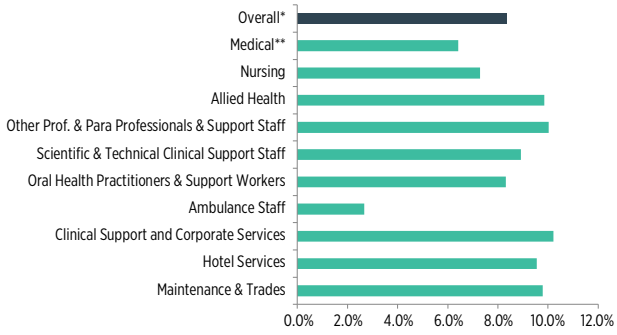


Source: PSC Data Collection 2018.

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.

Non-casual staff turnover rate by treasury group – FY 2017-18

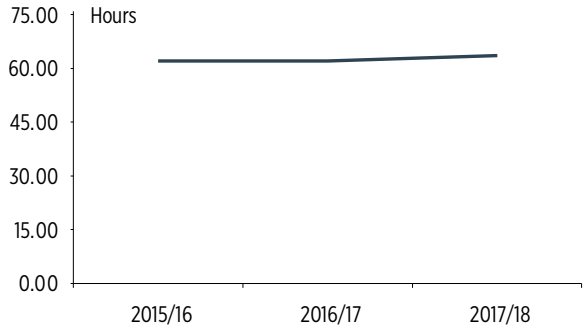


Source: PSC Data Collection 2018. Note: *Excludes Third Schedule Facilities, "Other" Treasury Group and Junior Medical Officers. **Excluding Junior Medical Officers (JMOs are on a term contract). Health system average inclusive of all health districts, Ministry of Health, Health pillars, HealthShare 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 and monitoring helps reduce the amount of sick leave staff take. This in turn helps reduce the need for, and cost of, replacing staff and prevents the potential negative effect on service delivery where replacement staff are not readily available.

Between 2014 and 2016, sick leave use per employee remained constant. Sick leave per FTE has increased from 62.12 hours per FTE in 2016-17 to 63.53 hours per FTE in 2017-18.



Source: MOH-Statewide Management Reporting System (SMRS). Note: Excludes Third Schedule Facilities, casual and agency employees. 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.

Elizabeth Koff, Secretary, NSW Health – Accompanying the Minister on a business focused mission, China

Dr Kerry Chant, Chief Health Officer and Deputy Secretary of Population and Public Health – Accompanying the Minister to develop collaboration with overseas partners in translational research and clinical trials, Israel

Susan Pearce, Deputy Secretary, System Purchasing and Performance – Consumer Experience International Study Tour, USA

Andrew Milat, Director, Evidence and Evaluation – Presenting at the Think Tank hosted by the Department of Family Practice Faculty of Medicine at the University of British Columbia, Canada

Anne O'Neil, Associate Director, Office for Health and Medical Research – Investment Review Committee Meeting, New Zealand

Joanne Holden, Director, Population Health Strategy and Performance – Presenting at the 2018 International AIDS Conference, USA

Joanne Mitchell, Associate Director, Office for Health and Medical Research – Investment Review Committee Meeting, New Zealand

Judith Mackson, Chief Pharmacist – Pharmaceutical Policy Analysis Course, The Netherlands

Katrina Blazek, Trainee Biostatistician, Population Health – To receive a professional award at the SAS Global Forum, USA

Sarah Thackway, Executive Director, Centre for Epidemiology and Evidence – Fuse International Conference on Knowledge Exchange in Public Health, Canada

Simon Willcox, Principal Policy Officer, Centre for Epidemiology and Evidence – Accompanying the Minister to enhance existing international partnerships in Medtech and Health Research, China

Dr Jo Mitchell, Executive Director, Centre for Population Health – ANZSOG Executive Leadership Program, Singapore

WORKERS' COMPENSATION

In accordance with the *Workers Compensation Act 1987* and Workplace Injury Management and Workers Compensation Act 1998, the Ministry of Health provided access to workers compensation, medical assistance and rehabilitation for employees who sustained a work-related injury. In 2017-18, no workers compensation claims were made.

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

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

KEY POLICIES 2017-18

Leave Matters for the NSW Health Service (PD2017_028)

This Policy Directive sets out all leave provisions for workers employed in the NSW Health Service.

NSW Health Service Senior Executive Arrangements (PD2017_029)

This policy directive details the statutory and other requirements governing the employment of Health Service Senior Executives under the *Health Services Act 1997*, as amended by the *Government Sector Employment Legislation Amendment Act 2016*.

Recruitment and Selection of Staff to the NSW Health Service (PD2017_040)

The policy directive outlines the mandatory standards to be applied when recruiting and selecting staff for employment in the NSW Health Service. Module One applies to the recruitment and selection of all staff. Module Two outlines additional or differing standards for staff specialists and clinical academics.

Employment Arrangements for Medical Officers in the NSW Public Health Service (PD2017_042)

This policy directive outlines the employment arrangements to be applied by NSW Health agencies when engaging medical officers under the Public Health 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 and vocational training program.

Violence Prevention and Management Training Framework for NSW Health Organisations (PD2017_043)

This policy specifies the minimum standards for training delivered to staff across NSW Health and provides a consistent framework that enables staff to respond effectively to difficult, challenging, disturbed and/or violent behaviour of patients and visitors in the workplace.

Staff Specialist Emergency Physicians Remuneration Arrangements for the Period to June 2019 (PD2018_003)

The Policy Directive details the remuneration arrangements applying to staff specialist emergency physicians.

Physical Incidents Involving Staff Data Collection (PD2018_004)

This policy directive sets out the mandatory requirements for collecting and reporting of data on physical incidents involving staff.

Oral Health Practitioners' Private Practice Scheme (PD2018_005)

This policy directive updates PD2009_059. It provides an arrangement within which oral health practitioners can be approved to operate private dental practices in public health facilities.

Continuing Education Allowances Public Health System Nurses and Midwives (PD2018_008)

The purpose of this policy directive and accompanying procedures is to ensure staff employed in the NSW Health Service are aware of the provisions applying to the Continuing Education Allowances ('CEA') for nurses and midwives and to set out the requirements for continuing implementation of the CEA provisions within the NSW public health system.

Work Health and Safety: Better Practice Procedures (PD2018_013)

This policy directive, and more specifically, the attached Better Practice Procedures supports agencies in implementing an effective work health and safety management system that is consistent with NSW Work Health and Safety (WHS) legislation; and provides information that clarifies the duties and responsibilities of officers and managers/supervisors in contributing to a safe and healthy work environment.

Prevention and Management of Workplace Bullying in NSW Health (PD2018_016)

Provides guidelines for prevention and management of workplace bullying in NSW Health workplaces.

Employment of Assistants in Nursing (AIN) in NSW Health Acute Care (PD2018_017)

The purpose of this policy is to facilitate uniform practices for employing, expanding and developing the Assistant in Nursing role in Public Health acute care facilities. It outlines the education, qualification (or equivalency), scope of practice and skills recognition processes to be applied to those in this employment category. It also refers employers to assessment processes for identifying the appropriate clinical environments for Assistants in Nursing allocation in acute care.

Work Health and Safety – Management of Patients with Bariatric Needs (GL2018_012)

Assist agencies in managing patients with bariatric needs, by providing tools to develop a facility/service and individual patient bariatric management plan, assess individual patient risk for transportation and hospital admission and have appropriate equipment and staff available to manage staff safely.

Work Health and Safety – Blood and Body Substances Occupational Exposure Prevention (GL2018_013)

Provides guidance on preventing risk to staff from occupational exposure to contaminated blood, body substances and needlestick/sharps injuries, supports NSW Health agencies in their primary duty of care obligations under the *Work Health and Safety Act 2011* and *Work Health and Safety Regulation 2017*.

AWARD CHANGES AND INDUSTRIAL RELATIONS CLAIMS

All industrial negotiations in 2017-18 were conducted under the provisions of the Public Sector Wages Policy 2011. The negotiations resulted in increases of 2.5 per cent per annum for salaries and salary-related allowances for most Health Service employees.

Applications for the 2.5 per cent increases in awards were filed in the Industrial Relations Commission (IRC). New awards were made by the Industrial Relations Commission.

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 Ministry of Health appealed this decision, on the grounds that the new Award will result in an increase in remuneration of more than 2.5 per cent a year, and no employee related cost savings had been identified to allow such an increase. The Full Bench will hear the matter in October 2018.

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 IRC made its decision in February 2018 in favour of the Ministry.

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 costs savings have been achieved to facilitate the remuneration increases over 2.5 per cent. The IRC made its decision and found in favour of the Health Services Union (HSU). The Ministry is considering appealing the decision.

In November 2016, the HSU made an application seeking a declaration concerning long service leave provisions for casuals. In November 2017 the Supreme Court found employees with prior continuous casual service who transfer immediately from casual employment to permanent employment are entitled to long service leave under the Health Employees (Conditions of Employment) Award.

On 16 May 2018, a dispute filed by the Australian Paramedics Association (NSW) in relation to the correct application of a 'disturbance allowance' in the Operational Ambulance Officers (State) Award 2017 was heard in the Industrial Relations Commission. The Health Services Union (NSW) was also granted restricted access to participate in the proceedings. Both unions claimed the payment of an additional one hour at ordinary rates should apply in all circumstances when an off duty and not on-call paramedic was contacted to perform a minimum four hour call back. The Commission's decision is pending.

SENIOR EXECUTIVE SERVICE

BAND	2017		2018	
	FEMALE	MALE	FEMALE	MALE
Band 4	1		1	
Band 3	4	1	3	3
Band 2	15	4	13	5
Band 1	35	26	44	19
TOTALS	**55**	**31**	**61**	**27**
	86		**88**	

BAND	RANGE	AVERAGE REMUNERATION	
		2017	2018
Band 4	$463,551 - $535,550	541,600	555,150
Band 3	$328,901 - $463,550	463,621	461,213
Band 2	$261,451 - $328,900	299,445	301,987
Band 1	$183,300 - $261,450	202,274	206,583

From 22.01 per cent of employee related expenditure in 2017, the Ministry of Health's spending on senior executives fell to 20 per cent.

APPENDIX 3

PUBLIC HOSPITAL ACTIVITY LEVELS

Selected data for the year ended June 2018 Part 1[1,2,10]

LOCAL HEALTH DISTRICTS	SEPARATIONS	PLANNED SEPARATION PER CENT	SAME DAY SEPARATION PER CENT	TOTAL BED DAYS	AVERAGE LENGTH OF STAY (ACUTE)[3,6]	DAILY AVERAGE OF INPATIENTS[4]
Justice and Forensic Mental Health Network	1,047	93.2	56.5	69,671	13.9	191
Sydney Children's Hospitals Network	49,831	53.1	46.6	185,924	3.6	509
St Vincent's Health Network	45,435	35.5	54.3	215,712	4.2	591
Sydney Local Health District	175,122	48.8	47.9	664,973	3.2	1,822
South Western Sydney Local Health District	238,137	43.5	45.6	832,248	2.9	2,280
South Eastern Sydney Local Health District	178,357	44.7	44.6	655,398	3.0	1,796
Illawarra Shoalhaven Local Health District	93,115	37.2	39.9	386,969	3.1	1,060
Western Sydney Local Health District	184,623	41.4	46.7	651,604	2.8	1,785
Nepean Blue Mountains Local Health District	85,999	37.3	37.5	324,203	3.1	888
Northern Sydney Local Health District	157,427	33.6	40.1	730,753	3.5	2,002
Central Coast Local Health District	92,147	37.7	42.9	325,367	2.8	891
Hunter New England Local Health District	225,864	43.8	41.6	817,692	2.9	2,240
Northern NSW Local Health District	101,231	44.6	47.1	338,597	2.8	928
Mid North Coast Local Health District	78,098	49.0	49.6	318,060	3.6	871
Southern NSW Local Health District	50,525	50.8	47.5	156,365	2.3	428
Murrumbidgee Local Health District	70,292	45.2	41.9	224,990	2.5	616
Western NSW Local Health District	82,378	42.2	40.6	290,120	2.7	795
Far West Local Health District	8,691	53.3	50.9	32,152	2.7	88
TOTAL NSW	**1,918,319**	**42.9**	**44.3**	**7,220,798**	**3.0**	**19,783**
2016-17 Total	1,961,400	41.3	45.2	6,982,063	3.0	19,129
PERCENTAGE CHANGE (%)[9]	**-2.2**	**1.6**	**-0.8**	**3.4**	**0.7**	**3.4**
2015-16 Total	1,886,668	41.5	44.9	6,983,473	3.2	19,133
2014-15 Total	1,840,632	41.9	44.8	6,815,650	3.3	18,673
2013-14 Total	1,803,458	41.8	44.4	6,650,650	3.2	18,221

Selected Data for the year ended June 2018 Part 2[1,2,10]

LOCAL HEALTH DISTRICTS	OCCUPANCY RATE[5] JUNE 18	ACUTE BED DAYS[6]	ACUTE OVERNIGHT BED DAYS[6]	NON-ADMITTED PATIENT SERVICE EVENTS[7]	EMERGENCY DEPT. ATTENDANCES[8]
Justice and Forensic Mental Health Network	n/a	12,299	11,707	2,040,917	n/a
Sydney Children's Hospitals Network	94.2%	175,539	152,810	440,545	95,658
St Vincent's Health Network	89.2%	177,912	153,957	351,219	48,395
Sydney Local Health District	88.3%	521,053	441,924	1,316,622	164,421
South Western Sydney Local Health District	98.5%	656,898	548,960	1,129,620	284,379
South Eastern Sydney Local Health District	95.5%	483,112	412,339	1,278,989	227,845
Illawarra Shoalhaven Local Health District	96.1%	260,883	224,031	653,474	159,718
Western Sydney Local Health District	99.1%	491,034	406,780	1,360,101	192,506
Nepean Blue Mountains Local Health District	92.8%	247,743	215,678	649,155	127,684
Northern Sydney Local Health District	93.8%	508,146	447,494	1,066,542	218,260
Central Coast Local Health District	92.5%	249,244	209,940	657,964	136,105
Hunter New England Local Health District	76.0%	633,096	539,904	2,119,776	418,963
Northern NSW Local Health District	88.3%	271,064	223,514	547,539	206,851
Mid North Coast Local Health District	94.8%	264,339	226,375	552,832	126,363
Southern NSW Local Health District	80.4%	107,065	83,172	320,525	112,768
Murrumbidgee Local Health District	83.1%	164,365	135,711	431,703	147,964
Western NSW Local Health District	80.7%	213,434	180,063	675,082	187,113
Far West Local Health District	46.7%	22,329	17,919	108,848	25,715
TOTAL NSW	**90.2%**	**5,459,555**	**4,632,278**	**15,701,453**	**2,880,708**
2016-17 Total	90.7%	5,631,650	4,768,339	15,212,465	2,784,731
PERCENTAGE CHANGE (%)[9]	**-0.4%**	**-3.1**	**-2.9**	**3.2**	**3.4**
2015-16 Total	85.2	5,675,482	4,865,590		2,692,838
2014-15 Total	89.0	5,533,491	4,746,307		2,656,302
2013-14 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 include care type changes. **2** Activity includes services contracted to private sector. Data reported are as at 4/09/2018. **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. Unqualified baby bed days were included from 2002/03. **6** Acute activity is defined by a service category of acute or newborn. Results for Acute separations and bed days for 2017/18 may not be directly comparable to previous years due to the impact of the implementation of the Mental Health Care Type classification. **7** Service events measured from aggregate of patient level and summary data submissions for each non admitted service/clinic. Pathology services are not included. Data for previous years is not comparable. **8** Source: HIE as at 4/09/2018. 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 2016/17. **10** 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.

APPENDIX 4

MENTAL HEALTH

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

In accordance with Section 108 of the *NSW Mental Health Act (2007)* the tables presented here provide an overview of mental health activities and performance in mental health public hospitals for 2017-18 in relation to:

a) achievements during the reporting period in mental health service performance;

b) 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 readmission rate), appropriateness (seclusion rate) and continuity (seven day post discharge community care) of care in acute mental health service.

Table 1 includes indicators only for services directly funded through the Mental Health program. National reports on mental health also include data from a small number of services funded by other funding programs (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, Co-located Psychiatric Units in Public and Specialist Mental Health Community Team Activity.

LOCAL HEALTH DISTRICT/ NETWORK/HOSPITAL	SAME-DAY SEPARATIONS[1] 2017-18	OVERNIGHT SEPARATIONS[2] 2017-18	SPECIALIST MENTAL HEALTH COMMUNITY CONTACTS[3] 2017-18
X170 Justice Health	11	574	222,271
X630 Sydney Childrens HN	31	286	54,983
X690 St Vincent HN	60	1461	52,944
X700 Sydney LHD	900	3901	290,191
X710 South Western Sydney LHD	220	4556	422,175
X720 South Eastern Sydney LHD	93	3056	690,596
X730 Illawarra Shoalhaven LHD	41	2211	247,701
X740 Western Sydney LHD	1132	3418	338,705
X750 Nepean Blue Mountain LHD	120	2156	130,579
X760 Northern Sydney LHD	441	4517	809,847
X770 Central Coast LHD	111	1485	532,959
X800 Hunter New England LHD	167	5152	453,252
X810 Northern NSW LHD	18	1655	358,615
X820 Mid North Coast LHD	25	1470	170,785
X830 Southern NSW LHD	75	1206	169,840
X840 Murrumbidgee LHD	34	1246	175,795
X850 Western NSW LHD	26	1660	324,696
X860 Far West LHD	6	244	55,061
NSW – TOTAL	**3,511**	**40,254**	**5,500,995**
2016-17 Total	4,056	42,008	5,227,475
2015-16 Total	3,198	38,214	4,637,955
2014-15 Total	3,091	36,868	3,784,408
2013-14 Total	3,899	35,154	3,332,294

Definitions: **1**. 'Same-day Separations' are those where the hospital episode begins and ends on the same day. **2**. 'Overnight Separations' are episodes of hospital care where the person stays at least one night in hospital, and are concluded by discharged, death, transfer to another hospital or change to a different type of care at the same hospital. **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. **Notes:** Ambulatory contacts figure for 2016-2017 has been revised upwards from 4,989,031 reported in the NSW Health Annual Report, 2016-17 to 5,227,475, due to updating of data in the NSW Health Information Exchange.

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 2017-18 (%)[1]	7 DAY POST-DISCHARGE COMMUNITY CARE RATE 2017-18 (%)[2]	SECLUSION RATE 2017-18 [3]	SECLUSION AVERAGE DURATION 2017-18 [4]	SECLUSION FREQUENCY 2017-18 (%)[5]
X170 Justice Health[6]	**19.9**	**19.2**			
Forensic Hospital	10.5	42.1			
Long Bay	22.9	28.1			
Metropolitan Remand and Reception Centre	20.0	14.2			
Mulawa	18.2	17.0			
X630 Sydney Children's Hospitals Network	**20.2**	**89.7**	**0.7**	**0.3**	**1.0**
Children's Hospital at Westmead	21.7	94.2	0.4	0.1	0.5
Sydney Children's	18.1	83.1	1.5	0.4	1.8
X690 St Vincent's Health Network	**15.7**	**63.4**	**4.4**	**2.3**	**2.7**
St Joseph's	4.9	81.4			
St Vincent's	16.6	61.8	6.1	2.3	2.9
X700 Sydney Local Health District	**17.1**	**74.3**	**9.9**	**5.9**	**6.0**
Concord	18.1	74.8	11.7	6.6	8.0
Royal Prince Alfred	15.9	73.8	6.2	3.2	3.0
X710 South Western Sydney Local Health District	**14.4**	**69.1**	**6.7**	**4.5**	**4.3**
Bankstown	17.3	61.0	8.3	1.6	5.6
Bowral	11.1	66.7			
Braeside	5.0	80.0			
Campbelltown	13.5	70.4	5.4	1.5	3.7
Liverpool	14.5	70.9	9.0	7.8	4.7
X720 South Eastern Sydney Local Health District	**14.9**	**84.4**	**4.2**	**3.3**	**2.6**
Prince Of Wales	15.0	81.1	5.4	3.6	3.3
St George	15.2	87.7	2.3	2.8	1.6
Sutherland	14.3	86.6	2.9	2.2	2.3
X730 Illawarra Shoalhaven Local Health District	**12.4**	**88.2**	**6.5**	**4.6**	**4.9**
Shellharbour	11.6	86.6	8.5	5.4	6.1
Wollongong	13.5	90.8	3.9	2.4	2.9
X740 Western Sydney Local Health District	**16.5**	**76.1**	**6.9**	**9.5**	**5.7**
Blacktown	17.2	80.6	6.3	5.2	4.3
Cumberland	17.6	71.5	9.2	10.6	7.3
Westmead	9.2	81.6	0.0	0.0	0.0
X750 Nepean Blue Mountain Local Health District	**18.5**	**65.2**	**4.6**	**4.5**	**3.1**
Blue Mountains	15.2	57.3	2.5	2.8	1.7
Nepean	19.3	67.0	5.0	4.7	3.4
X760 Northern Sydney Local Health District	**11.3**	**84.2**	**2.7**	**2.8**	**2.3**
Greenwich	7.3	77.4			
Hornsby	10.9	89.5	5.6	2.8	4.8
Macquarie	15.6	86.6	0.8	7.3	1.4
Manly	10.0	81.6	1.2	2.6	1.0
Royal North Shore	12.3	80.8	1.6	2.1	1.4
X770 Central Coast Local Health District	**10.2**	**83.3**	**5.5**	**3.3**	**5.9**
Gosford	8.9	80.4	4.0	1.6	4.0
Wyong	10.9	84.8	6.4	3.9	7.0

LOCAL HEALTH DISTRICT/ NETWORK/HOSPITAL	28 DAY READMISSION RATE 2017-18 (%)[1]	7 DAY POST-DISCHARGE COMMUNITY CARE RATE 2017-18 (%)[2]	SECLUSION RATE 2017-18 [3]	SECLUSION AVERAGE DURATION 2017-18 [4]	SECLUSION FREQUENCY 2017-18 (%)[5]
X800 Hunter New England Local Health District	**13.9**	**71.3**	**5.9**	**2.7**	**3.4**
Armidale	14.7	91.6			
Hunter New England Mater	14.1	70.4	3.7	4.1	2.3
John Hunter	14.2	92.3	2.4	1.4	1.7
Maitland	11.9	54.0	13.7	2.0	5.7
Manning	12.6	81.7	12.0	1.2	7.4
Morisset	0.0	75.7	0.6	2.3	1.9
Tamworth	16.6	68.9	9.3	2.5	5.6
X810 Northern NSW Local Health District	**17.0**	**72.5**	**6.1**	**3.4**	**5.3**
Byron Central	6.0	76.9			
Lismore	17.9	71.3	9.2	3.3	7.8
Tweed	18.5	72.9	4.0	3.9	3.1
X820 Mid North Coast Local Health District	**17.4**	**84.7**	**4.7**	**3.9**	**3.8**
Coffs Harbour	16.0	88.6	5.4	4.5	4.7
Kempsey	18.8	85.1			
Port Macquarie	19.3	74.8	6.8	2.7	5.0
X830 Southern NSW Local Health District	**12.1**	**81.4**	**1.4**	**1.0**	**1.1**
Goulburn	13.0	82.1	0.7	0.7	0.6
South East Regional	10.2	79.7	2.9	1.2	2.4
X840 Murrumbidgee Local Health District	**10.3**	**82.8**	**6.5**	**2.0**	**3.8**
Wagga Wagga	10.3	82.8	6.5	2.0	3.8
X850 Western NSW Local Health District	**14.8**	**66.4**	**4.7**	**0.6**	**2.8**
Bathurst	8.6	75.5			
Dubbo	19.3	67.8	2.1	1.3	1.6
Orange Health Service	14.7	61.8	6.4	0.6	3.8
X860 Far West Local Health District	**10.5**	**80.0**	**4.9**	**1.3**	**2.9**
Broken Hill	10.5	80.0	4.9	1.3	2.9
NSW – TOTAL	**14.8**	**75.1**	**5.8**	**4.7**	**4.0**
2016-17	14.2	68.9	7.0	5.5	4.9
2015-16	14.8	66.0	8.8	5.3	6.0
2014-15	15.0	63.3	8.3	5.8	5.8
2013-14	14.3	65.6	7.9	6.0	5.5

Definitions: 1 Overnight separations from acute psychiatric inpatient units that are followed by readmission to the same or another acute psychiatric unit. **2** Overnight separations from acute psychiatric inpatient units for which a community mental health contact, in which the client participated, was recorded in the seven day following that separation. **3** Rate: Acute Seclusion episodes per 1,000 bed days. **4** Duration: Average duration of acute seclusion episodes (Hours per episode). **5** Frequency: Percent of acute mental health hospital stays where seclusion occurred.
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 LHDs/SHNs and State Seclusion figures. **6** Forensic beds are not included in Acute Seclusion, NSW figures. Data for indicators presented in this table will be revised in later reports as updated data becomes available in NSW data warehouses.