

APPENDIX

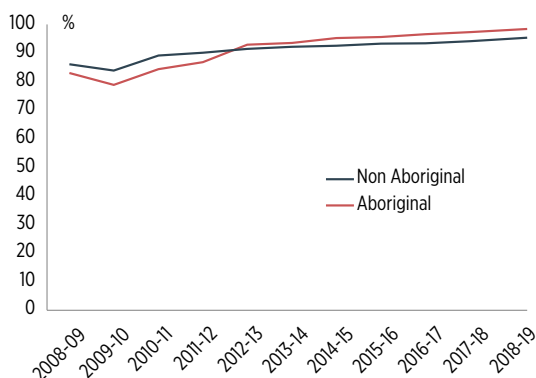


APPENDIX 1

HEALTH STATISTICS

EARLY DISEASE MANAGEMENT

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

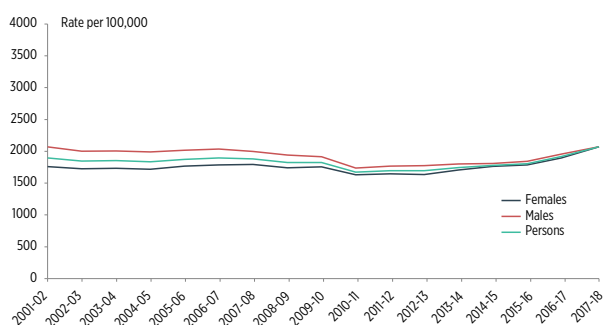


Source: Health Protection NSW

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 2019, 94.2 per cent of Aboriginal children were fully vaccinated at one year of age compared with 94 per cent of non-Aboriginal children and at five years of age, 97.8 per cent of Aboriginal children were fully vaccinated compared with 94.5 per cent of non-Aboriginal children.

Potentially preventable hospitalisations by sex



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

Interpretation

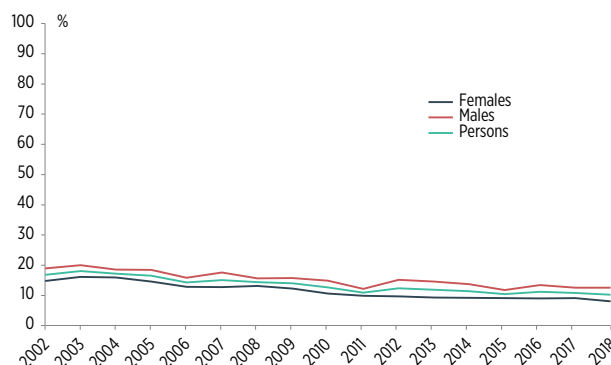
Potentially Preventable Hospitalisations (PPH) are those conditions for which hospitalisation is considered potentially avoidable through preventive care and early disease management, usually delivered in an ambulatory (walk-in) setting, such as primary health care.

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

Daily smoking in adults aged 16 years and over



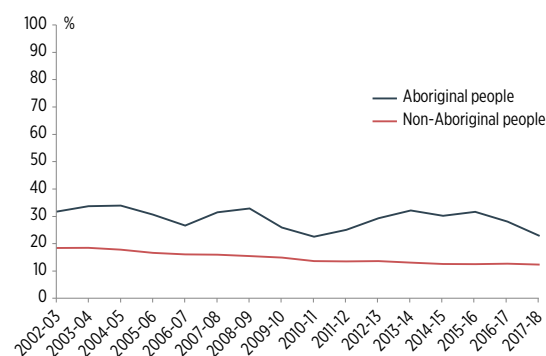
Source: HealthStats NSW, Centre for Epidemiology and Evidence, NSW Ministry of Health.

Interpretation

In 2018, 10.3 per cent of NSW adults were daily smokers. While there has been a long term reduction in smoking, since 2015, daily smoking rates have remained relatively stable. A similar long-term reduction in current (daily or occasional) smoking has also been observed, with 14.8 per cent of adults reporting either daily or occasional smoking in 2018.

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

Daily smoking by Aboriginality, people aged 16 years and over



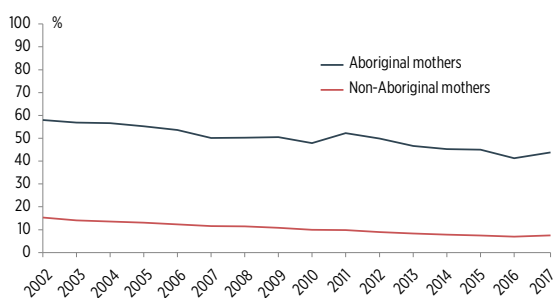
Source: HealthStats NSW, Centre for Epidemiology and Evidence, NSW Ministry of Health.

Interpretation

Aboriginal people are more than twice as likely to be daily smokers as non-Aboriginal people. During 2017-18, the rate of daily smoking in people aged 16 years and over in NSW was 22.7 per cent for Aboriginal people, and 10.1 per cent for non-Aboriginal people.

The proportion of Aboriginal adults aged 16 years and over who are current smokers (daily or occasional) has decreased from 42.5 per cent in 2008 to 28.5 percent in 2017.

Smoking during pregnancy by Aboriginal and non-Aboriginal mothers



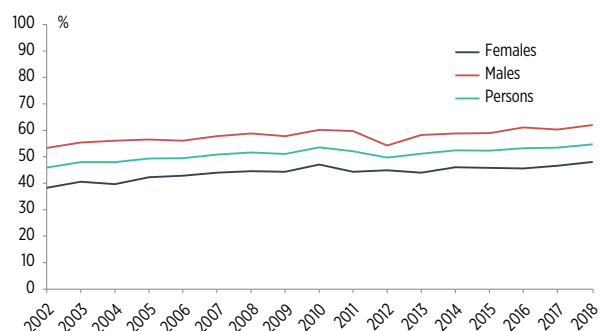
Source: HealthStats NSW, Centre for Epidemiology and Evidence, NSW Ministry of Health

Interpretation

The proportion of mothers that reported smoking at some time during pregnancy declined from 11.1 per cent in 2011 to 8.8 per cent in 2017. Of mothers who smoked during pregnancy in 2017, 24.8 per cent stopped smoking in the first half of pregnancy. In 2017, the percentage of non-Aboriginal mothers reporting smoking during pregnancy was 7.2 per cent and that for Aboriginal mothers was 42.4 per cent.

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

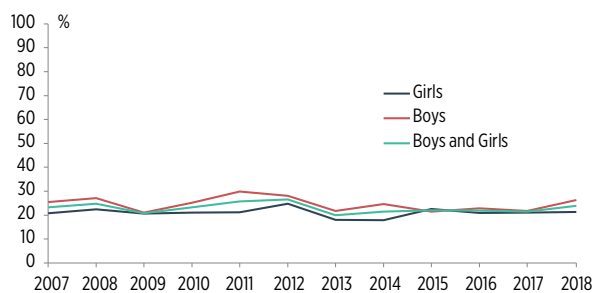
Interpretation

Between 2009 and 2018, the rate of overweight and obesity in the population has gradually increased from 51.1 per cent to 54.2 per cent of adults in NSW. Underlying this trend, the rate of overweight has remained fairly stable (32.4 per cent in 2009 compared with 32.9 per cent in 2018). However, the obesity rate has increased from 18.7 per cent to 21.4 per cent over this 10 year period.

In 2018, 54.2 per cent of adults aged 16 years and over (61.3 per cent of men and 47.2 per cent of women) were overweight or obese in NSW. Further, 32.9 per cent of adults (39.7 per cent of males and 26.1 per cent of females) were overweight in 2018 and 21.4 per cent (21.7 per cent of males and 21.1 per cent of females) were obese.

Excess body weight is one of the main public health problems in Australia. The risk of developing chronic disorders increases with increasing levels of excess weight.

Overweight or obesity in children 5 to 16 years



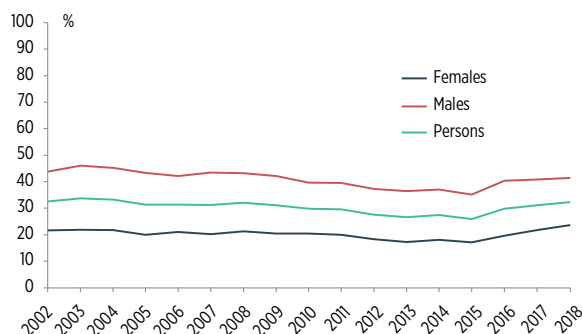
Source: HealthStats NSW, Centre for Epidemiology and Evidence, NSW Ministry of Health

Interpretation

The prevalence of overweight and obesity in children has been relatively stable in NSW since 2009, with a current prevalence of 24.0 per cent in children aged 5-16 years (2018). 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

In 2018, the NSW Population Health Survey found that 31.5 per cent of adults aged 16 years and over (40.9 per cent of men and 22.5 per cent of women) consumed more than two standard alcoholic drinks on a day when they drank alcohol.

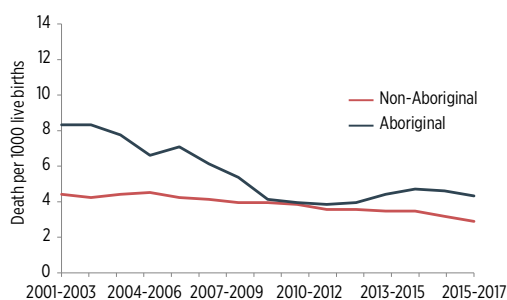
While alcohol consumption at levels that pose a long-term health risk has been in decline over the last 10 years in NSW to 2015, prevalence estimates started to increase since. Additional years of data will be required to determine if the recent increases represent a change in the trend or random fluctuation in the long-term trend.

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

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

ABORIGINAL HEALTH

Infant mortality rates by Aboriginality



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

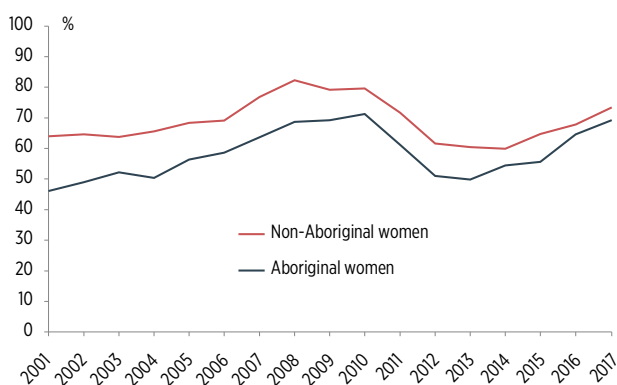
Interpretation

The infant mortality rate is the number of infant deaths per 1000 births. During 2015-2017, 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 2015-2017, 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

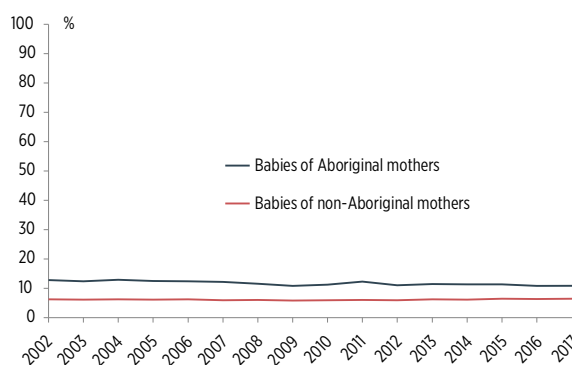
Interpretation

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 2017, the proportion of Aboriginal mothers who attended their first antenatal visit before 14 weeks of pregnancy was 68.1 per cent, compared to 73.3 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

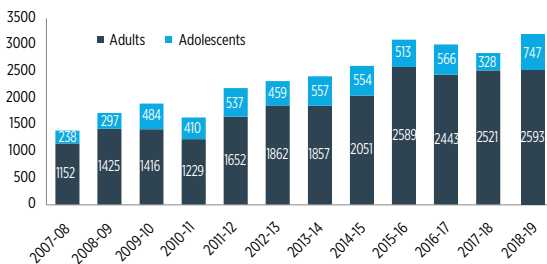
Interpretation

In NSW in 2017, the proportion of low birth weight babies among Aboriginal mothers was almost double the proportion among non-Aboriginal mothers. Between 2001 and 2017, the proportion of low birth weight babies among Aboriginal mothers has decreased from 13.5 per cent to 11.1 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. 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

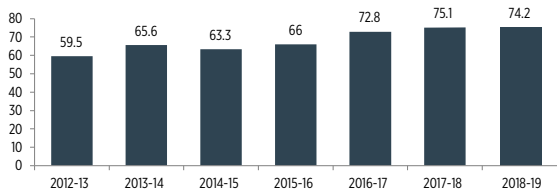


Source: Justice Health and Forensic Mental Health Network

Interpretation

In 2018-19, there were 2593 adults and 747 young people with mental illness diverted from custody by 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

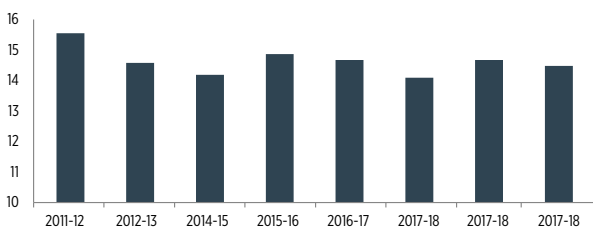


Source: Health Information Exchange, NSW Ministry of Health

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



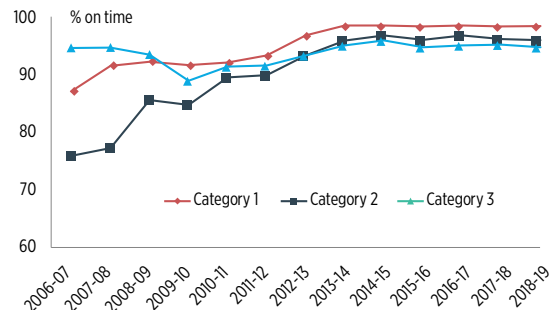
Source: Health Information Exchange, NSW Ministry of Health

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

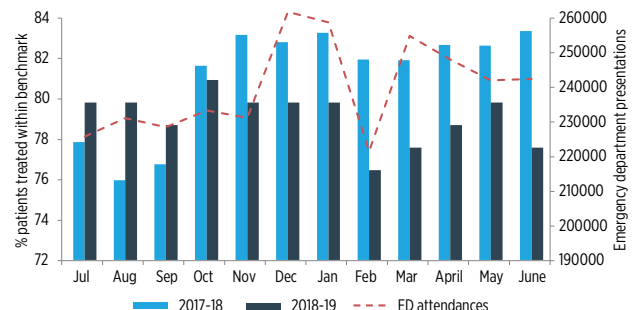


Source: Waiting List Collection Online System, NSW Ministry of Health

Interpretation

There were over 228,000 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 triage benchmark times

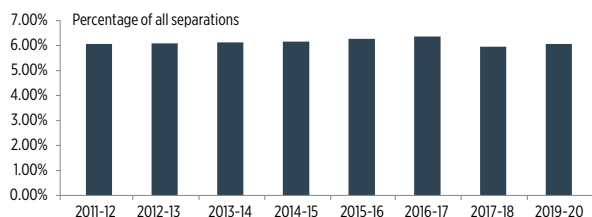


Source: Health Information Exchange, NSW Ministry of Health

Interpretation

In 2018-19, over 2.98 million patients presented to a NSW public emergency department, just over 100,000 more than 2017-18, with the majority of these additional presentations occurring in the period from April to June 2019. This significant increase in demand saw the percentage of patients seen within clinically appropriate timeframes decline slightly from 2017-18 results.

Unplanned re-admission within 28 days of separation

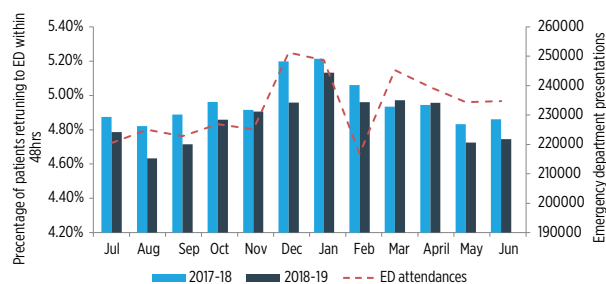


Source: Health Information Exchange, NSW Ministry of Health

Interpretation

Unplanned readmissions in 2018-19 have increased by 0.11 percentage points to 6.07 per cent when compared to 2017-18, however this measure has remained relatively stable since 2011-12. Districts and networks continue to investigate to further understand why re-admissions occur so strategies can be established to address this. It should be noted this data reflects the volume of unplanned re-admissions within 28 days and does not provide an indication of whether or not these re-admissions were preventable or unexpected.

Re-presentation to the same emergency department within 48 hours

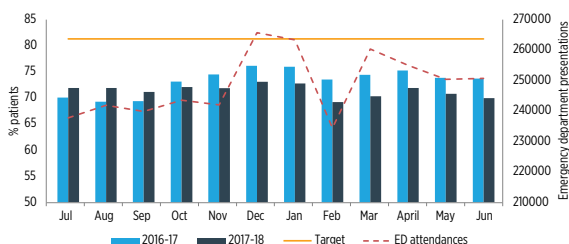


Source: NSW Health Information Exchange

Interpretation

Despite the increase in numbers of presentations to emergency departments, the percentage of re-presentations declined slightly in 2018-19 when compared to 2017-18. This shows that emergency departments are maintaining high levels of clinical care while caring for more and more patients. 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

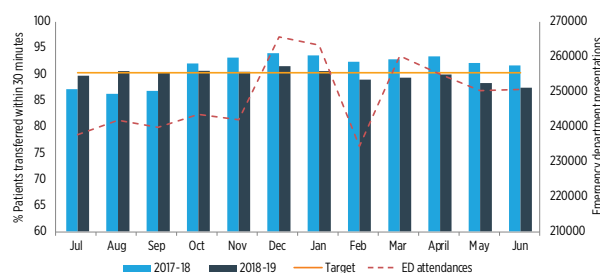


Source: Health Information Exchange, NSW Ministry of Health

Interpretation

NSW continues its commitment to ensuring patients who present to emergency departments complete their treatment in a timely and clinically appropriate way. In 2018-19, 71 per cent of patients who presented to a NSW emergency department left the department within four hours following treatment.

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

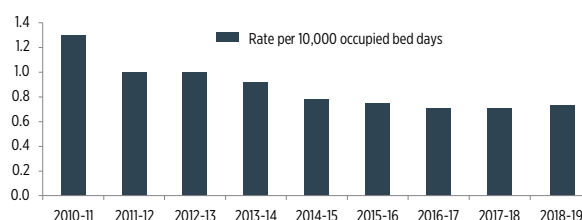


Source: Health Information Exchange, NSW Ministry of Health

Interpretation

In 2018-19, the state target of 90 per cent of patients whose care is transferred from Ambulance staff to hospital staff within 30 minutes was achieved.

Staphylococcus Aureus Bloodstream Infections



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

Interpretation

The rate of Staphylococcus Aureus Bloodstream infections in NSW consistently declined year-on-year until 2017-2018, and remained low in 2018-19. The 2018-19 rate of 0.73 per 10,000 occupied bed days is consistently lower than the National Health Agreement benchmark of 2.0 per 10,000 patient days.

APPENDIX 2

WORKFORCE STATISTICS

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

	JUNE 2019
Medical	12,503
Nursing	49,353
Allied Health	10,697
Other Professionals and Para Professionals	3,093
Scientific and Technical Clinical Support	6,758
Oral Health Practitioners and Therapists	1,337
Ambulance Officers	4,241
SUB-TOTAL CLINICAL STAFF	87,983
Corporate Services	5,219
IT Project Implementation	161
Clinical Support	16,957
Hotel Services	8,271
Maintenance and Trades	864
Other	330
SUB-TOTAL OTHER STAFF	31,801
TOTAL	119,784

Source: Statewide Management Reporting Service (SMRS). Notes: **1.** FTE calculated as the last fortnight in June, paid productive and paid unproductive hours. **2.** Includes full-time equivalent (FTE) salaried staff employed with local health districts, Sydney Children's Hospitals Network, Justice Health and Forensic Mental Health Network, NSW Health Pathology, HealthShare NSW, NSW Ambulance, eHealth NSW and Albury Base Hospital. All non-salaried staff such as Visiting Medical Officer (VMO) and other contracted staff are excluded. **3.** Staff employed by Third Schedule affiliated health organisations, Non-Government Organisations and other service providers funded by NSW Health are not reported in the Ministry of Health's Annual Report. **4.** Rounding of staff numbers to the nearest whole number in this table may cause minor differences in totals. **5.** Transfer of services to Northern Beaches Hospital - Approximate 900 FTE reduction. **6.** June 2019 FTE adjusted for Ambulance Paramedics for changes to Public Holiday Leave calculation methodology - approximately 100 FTE.

NUMBER OF FULL-TIME EQUIVALENT STAFF (FTE) EMPLOYED IN OTHER NSW HEALTH ORGANISATIONS	JUNE 2019
NSW Health organisations supporting the public health system*	1,787
Health Professional Councils Authority	134
Mental Health Review Tribunal	31

*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 NSW.

Historical figures

	JUNE 2016	JUNE 2017	JUNE 2018
Medical	11,137	11,705	12,137
Nursing	45,796	47,282	48,286
Allied Health	9,898	10,240	10,445
Other Professionals and Para Professionals	3,055	3,086	3,057
Scientific and Technical Clinical Support	6,390	6,607	6,650
Oral Health Practitioners and Therapists	1,270	1,272	1,332
Ambulance Officers	3,789	3,947	4,150
SUB-TOTAL CLINICAL STAFF	81,336	84,138	86,056
Corporate Services	4,961	5,148	5,248
IT Project Implementation	190	257	292
Clinical Support	15,138	15,556	16,048
Hotel Services	8,278	8,254	8,189
Maintenance and Trades	925	912	865
Other	350	333	349
SUB-TOTAL OTHER STAFF	29,841	30,459	30,991
TOTAL	111,177	114,597	117,047

Source: State Management Reporting Service (SMRS). Notes: **1.** FTE calculated as the last fortnight in June, paid productive and paid unproductive hours. **2.** Includes full-time equivalent (FTE) salaried staff employed with local health districts, Sydney Children's Hospitals Network, Justice Health and Forensic Mental Health Network, NSW Health Pathology, HealthShare NSW, NSW Ambulance, eHealth NSW and Albury Base Hospital. All non-salaried staff such as Visiting Medical Officer (VMO) and other contracted staff are excluded. **3.** Staff employed by Third Schedule affiliated health organisations, Non-Government Organisations and other service providers funded by NSW Health are not reported in the NSW Ministry of Health's Annual Report. **4.** Albury Base Hospital transferred to the management of Victoria from July 2009 and has been included in all years for reporting consistency. **5.** Rounding of staff numbers to the nearest whole number in this table may cause minor differences in totals. **6.** Backdated Adjustments are included in all years. **7.** 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 2016	JUNE 2017	JUNE 2018
NSW Health organisations supporting the public health system*	1,325	1,458	1,584
Health Professional Councils Authority	82	104	112
Mental Health Review Tribunal	30	29	29

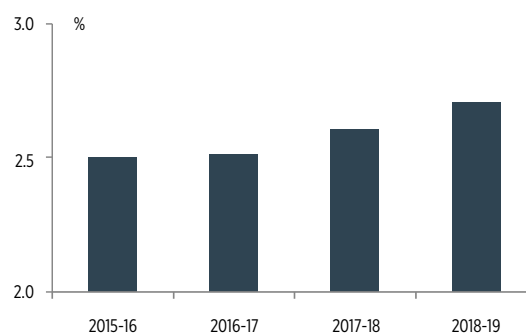
*Includes NSW Ministry of Health, Clinical Excellence Commission, Bureau of Health Information, Health Education and Training Institute, Agency for Clinical Innovation, Health Administration Corporation – Health Infrastructure, Health System Support Group and Cancer Institute NSW.

Registered practitioners in NSW

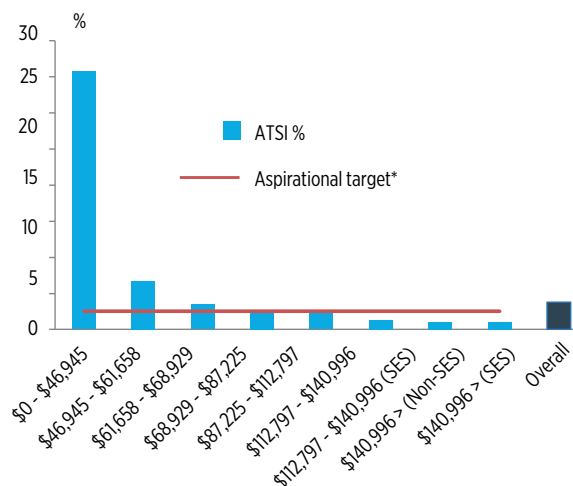
PROFESSION	NSW ¹
Aboriginal and Torres Strait Islander Health Practitioner	133
Chinese medicine practitioner	2,003
Chiropractor	1,840
Dental practitioner	7,100
Medical practitioner	36,194
Medical radiation practitioner	5,489
Midwife	1,336
Nurse	103,985
Nurse and midwife ²	7,746
Occupational therapist	6,245
Optometrist	1,933
Osteopath	586
Paramedicine	4,417
Pharmacist	9,637
Physiotherapist	9,739
Podiatrist ³	1,506
Psychologist	12,318

Source: Australian Health Practitioner Regulation Agency, June 2019. Notes: **1.** Data are based on the number of registered practitioners as at 30 June, 2019. **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



Aboriginal staff by salary band



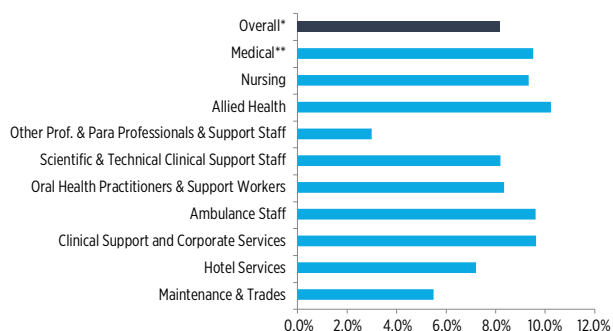
Source: Public Service Commission Diversity Report 2018-19. Note: NSW Public Health System. Excludes Third Schedule Facilities. *Note from the PSC Diversity Report – The NSW Public Sector Aboriginal Employment Strategy 2014–2017 introduced an aspirational target of 1.8 per cent by 2021 for each of the sector's salary bands. If the aspirational target of 1.8 per cent is achieved in salary bands not currently at or above 1.8 per cent, the cumulative representation of Aboriginal employees in the sector is expected to reach 3.3 per cent (original overall target is 2.6 per cent).

STAFF TURNOVER

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

The desired outcome is to reduce turnover rates within acceptable limits to increase staff stability. For June 2019, the staff turnover rate is 8.1 per cent – a decrease from 8.3 per cent from June 2018.

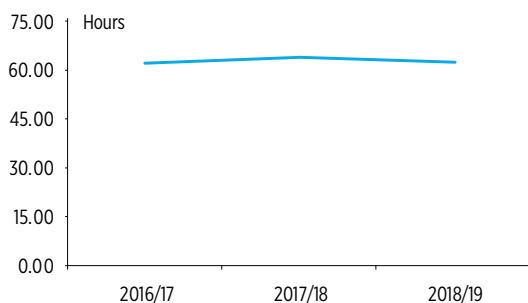
Non-casual staff turnover rate by treasury group – FY 2018-19



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

SICK LEAVE

Effective people management and monitoring helps reduce the amount of sick leave staff take. This in turn helps reduce the need for, and cost of, replacing staff and prevents the potential negative effect on service delivery where replacement staff are not readily available. Sick leave per FTE decreased from 63.53 hours per FTE in 2017-18 to 62.37 hours per FTE in 2018-19.



Source: Statewide Management Reporting System (SMRS). Note: Excludes Third Schedule Facilities and casual employees. Average inclusive of all health districts, NSW Ministry of Health, health pillars, HealthShare NSW, eHealth NSW, Justice Health and Forensic Mental Health Network, NSW Health Pathology, Cancer Institute NSW, Albury Hospital and NSW Ambulance.

OVERSEAS VISITS

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

Elizabeth Koff, Secretary, NSW Health – Attending the International Society for Quality in Health Care 35th International Conference in Malaysia and undertaking a study tour, Singapore

Dr Nigel Lyons, Deputy Secretary, Health System Strategy and Planning – Attending the International Consortium for Health Outcomes Measurement in the Netherlands and the Value Based Health Care Study Tour, Sweden and United Kingdom

Dr Kerry Chant, Chief Health Officer and Deputy Secretary, Population and Public Health – Attending the 11th European Public Health Conference in Slovenia and visiting various public health authorities, United Kingdom

Susan Pearce, Deputy Secretary, Patient Experience and System Performance – Accompanying the Minister to build relationships and explore research opportunities, India

Tish Bruce, Executive Director, Health and Social Policy Branch – ANZSOG Executive Fellowship Program, New Zealand and Singapore

Joanne Holden, Director, Population Health Strategy and Performance to travel to attend an International AIDS Conference in the Netherlands

Dr Andrew Milat, Director, Evidence and Evaluation – Attending the International Society of Behavioural Nutrition and Physical Activity Meetings and Workshops in the Czech Republic

Anne O'Neill, Director, Enterprise and International Partnerships, Office for Health and Medical Research – Attending the BIO 2019 Convention, USA

Jessamin Clissold, Manager, Executive Ministerial Services – ANZSOG Executive Masters of Public Administration program, New Zealand

Aditya Vyas, Manager, Environmental Epidemiology Unit – Presenting at the Royal Australasian College of Physicians Congress 2019, New Zealand

Michelle O'Heffernan, Principal Workplace Relations Advisor – Attending a conference for Senior Hospital Security Staff, New Zealand

Elisabeth Murphy, Senior Clinical Advisor, Strategy and Resources – Attending the National Community Child Health Council Meeting, New Zealand

Dr Christine Selvey, Medical Epidemiologist, to attend and present at a UNAIDS/WHO/Unitaid/PSI workshop in Thailand

Barry Edwards, Senior Analyst – Presenting at the International Union for Health Promotion and Education Symposium, New Zealand

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	2017-18	2018-19
Body Stressing	3	8	2	3	1	0	0	0
Slip, Trip, Fall	7	2	3	3	1	2	0	6
Hitting objects	0	0	0	1	1	0	0	1
Psychological	3	2	0	2	5	2	0	6
Motor vehicle	2	0	0	0	0	0	0	0
Other	2	1	0	0	2	0	0	0
TOTAL	17	13	5	9	10	4	0	13

NSW Ministry of Health – Number of new claims each year

INJURY/ILLNESS	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19
New claims	17	13	5	9	10	4	0	13

KEY POLICIES 2017-18

Managing Misconduct (PD2018_031)

This Policy Directive sets out the requirements for managing potential and/or substantiated misconduct by staff of the NSW Health Service and by visiting practitioners.

Managing Complaints and Concerns about a Clinician (PD2018_032)

This Policy Directive provides a standard approach for the management of serious complaints and concerns about clinicians working in NSW Health.

Nurses and Midwives – Permanent Part Time – Overtime Provisions (PD2018_033)

The purpose of this Policy Directive is to clarify the overtime provisions of Subclause 25(ii)(b) of the Public Health System Nurses' and Midwives' (State) Award (the Award) applying to permanent part-time (PPT) nurses and midwives, including those who participate in an 'on-call' roster.

Security Improvement Audits (PD2018_038)

This purpose of this Policy Directive is to provide a framework for NSW Health Agencies to undertake security improvement audits using the Security Improvement Audit Tool (SIAT).

Non-Standard Remuneration or Conditions of Employment (PD2018_040)

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

NSW Health Service Senior Executive Arrangements (PD2019_002)

The purpose of this Policy Directive is to set out 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.

Leave Matters for the NSW Health Service (PD2019_010)

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

Working with Children Checks and other Police Checks (PD2019_12)

This Policy Directive outlines the mandatory requirements for National Police Checks (NPCs) and Working with Children Checks (WWCCs) for persons engaged or employed within NSW Health and for persons seeking to be employed or engaged in NSW Health.

Recovery of Overpayments for NSW Health Service Employees (PD2019_009)

This Policy Directive references the specific provisions in industrial awards for dealing with overpayments and underpayments of salaries. It also provides direction for dealing with overpayments where there are no relevant award provisions.

Senior Career Medical Officers: Guidelines for Personal Regrading & Establishment of New Positions (GL2019_004)

This guideline is intended to assist public health organisations in the Senior Career Medical Officer application process by clearly outlining the documentation required by the Senior Medical Officer Grading Committee.

Uniforms Policy (PD2019_012)

This Policy Directive advises staff employed in the NSW Health Service of the provisions that apply to uniforms, in order to establish a consistent approach to NSW Health uniforms.

AWARD CHANGES AND INDUSTRIAL RELATIONS CLAIMS

The 2005 NSW Health policy which referred to Staff Specialists being allocated enclosed offices of 9m2 had been overtaken by new Government standards applying active/agile workspace concepts. In view of the scope of new hospital developments and the conflict between new Government standards and that policy, the 2005 policy was rescinded in April 2018. The Australian Salaried Medical Officers Federation objected and sought arbitration in a case which has significant implications for new hospital builds. The matter was arbitrated in May and June. The decision is pending.

Patient Transport Service-Crib Break Arbitration

The Health Services Union is seeking a Crib Away Allowance of approximately \$28 when employees are required to take their paid crib break at a location other than the station they commenced work. In order to fund the allowance, the Commission is required to consider the amount of productivity savings that have been achieved. Decision pending.

Sexual Assault Workers Dispute

On 11 June, the Industrial Relations Commission heard the dispute by the Health Services Union. This dispute concerns the application of the 'on call' and 'call out' provisions in the Public Hospitals (Professional and Associated Staff) Conditions of Employment (State) Award 2018 for Sexual Assault Workers. The Health Services Union submitted that staff who are on call should also receive the call out rates (overtime) for telephone calls other than counselling and that they should be paid to travel to and from work when recalled to duty. Decision pending.

Broken Hill

Conciliation in the Industrial Relations Commission has been ongoing between the NSW Ministry of Health/Far West Local Health District and the Barrier Industrial Council since 11 March 2019.

The issues relate to a number of claims the Barrier Industrial Council has, including alleged underpayments of allowances and of overtime to permanent part time staff along with issues relating to the alignment of Broken Hill conditions with state ones.

At conciliation at the Industrial Relations Commission on 19 June 2019, it was agreed that the NSW Ministry of Health will lodge a new Award by 30 June 2019 to replace the current unregistered 1997 Industrial Agreement between the parties. This is to be followed by conciliation before the Commission in Broken Hill.

Ambulance New Classifications – Non Clinical Duty Operations Manager (Call Centre) Arbitration

The NSW Ministry of Health/NSW Ambulance has been in discussions for a new non paramedic classification in the call centre. The NSW Industrial Relations Commission rejected Australian Paramedics Association's interim claim that NSW Health's application for a new classification was prohibited as it was an extra claim.

SENIOR EXECUTIVE SERVICE

BAND	2018		2019	
	FEMALE	MALE	FEMALE	MALE
Band 4	1		1	
Band 3	3	3	3	3
Band 2	13	5	16	4
Band 1	44	19	43	26
TOTALS	61	27	63	33
	88		96	

BAND	RANGE	AVERAGE REMUNERATION	
		2018	2019
Band 4	\$475,151-\$548,950	\$555,150	\$569,050
Band 3	\$337,101-\$475,150	\$461,213	\$467,518
Band 2	\$268,001-\$337,100	\$301,987	\$307,052
Band 1	\$187,900-\$268,000	\$206,583	\$215,411

Twenty-one per cent of the NSW Ministry of Health's employee related expenditure in 2019 was related to senior executives, compared with 20 per cent in 2018.

APPENDIX 3

PUBLIC HOSPITAL ACTIVITY LEVELS

Selected data for the year ended June 2019 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 & Forensic Mental Health Network	1,215	95.8	64.9	68,585	11.8	188
Sydney Children's Hospitals Network	51,885	50.7	46.8	182,718	3.3	501
St Vincent's Health Network	45,491	51.6	55.8	395,026	8.4	1,082
Sydney LHD	174,737	47.5	46.3	647,072	3.0	1,773
South Western Sydney LHD	242,600	43.2	45.1	858,843	2.9	2,353
South Eastern Sydney LHD	187,772	41.9	45.3	684,783	3.0	1,876
Illawarra Shoalhaven LHD	94,011	36.8	38.9	399,246	3.2	1,094
Western Sydney LHD	180,553	44.3	46.4	665,506	2.9	1,823
Nepean Blue Mountains LHD	88,269	36.6	37.9	332,589	3.1	911
Northern Sydney LHD	136,908	34.6	40.1	599,229	3.1	1,642
Central Coast LHD	93,092	38.2	42.4	325,643	2.9	892
Hunter New England LHD	224,637	44.5	41.7	816,065	3.0	2,236
Northern NSW LHD	99,409	46.2	47.1	314,919	2.7	863
Mid North Coast LHD	76,270	48.6	48.9	274,755	3.0	753
Southern NSW LHD	52,246	51.1	48.2	158,058	2.3	433
Murrumbidgee LHD	69,369	43.0	40.8	223,525	2.5	612
Western NSW LHD	85,346	41.0	41.7	301,625	2.7	826
Far West LHD	8,679	51.6	49.8	28,616	2.5	78
TOTAL NSW	1,912,489	43.2	44.2	7,276,803	3.1	19,936
2017/18 Total	1,918,130	42.9	44.3	7,219,575	3.0	19,780
PERCENTAGE CHANGE (%)⁹	-0.3	0.3	-0.1	0.8	1.4	0.8
2016/17 Total	1,961,400	41.3	45.2	6,982,063	3.0	19,129
2015/16 Total	1,886,668	41.5	44.9	6,983,473	3.2	19,133
2014/15 Total	1,840,632	41.9	44.8	6,815,650	3.3	18,673

Selected Data for the year ended June 2019 Part 2^{1,2,10}

LOCAL HEALTH DISTRICTS	OCCUPANCY RATE ⁵ JUNE 19	ACUTE BED DAYS ⁵	ACUTE OVERNIGHT BED DAYS ⁶	NON-ADMITTED PATIENT SERVICE EVENTS ⁷	EMERGENCY DEPT. ATTENDANCES ⁸
Justice & Forensic Mental Health Network	n/a	12,566	11,777	2,082,106	n/a
Sydney Children's Hospitals Network	106.6%	171,872	147,790	490,174	98,043
St Vincent's Health Network	108.4%	347,365	322,886	352,487	50,610
Sydney LHD	90.7%	501,965	422,044	1,387,490	171,323
South Western Sydney LHD	103.2%	685,676	576,533	1,222,160	300,867
South Eastern Sydney LHD	103.1%	507,829	430,921	1,333,249	234,838
Illawarra Shoalhaven LHD	97.8%	272,165	235,688	682,976	166,390
Western Sydney LHD	104.6%	500,614	417,756	1,404,431	201,012
Nepean Blue Mountains LHD	91.2%	260,065	226,790	642,445	131,032
Northern Sydney LHD	95.7%	389,302	336,540	1,047,043	219,838
Central Coast LHD	94.3%	260,245	220,968	689,207	144,056
Hunter New England LHD	76.8%	640,011	546,596	2,314,074	424,780
Northern NSW LHD	89.7%	249,827	203,117	584,559	213,307
Mid North Coast LHD	93.9%	218,099	181,554	574,033	131,126
Southern NSW LHD	84.7%	109,909	84,858	316,421	119,773
Murrumbidgee LHD	78.3%	164,989	136,777	448,472	157,322
Western NSW LHD	86.7%	223,166	187,641	675,635	190,247
Far West LHD	51.8%	20,828	16,530	120,181	26,308
TOTAL NSW	93.6%	5,536,493	4,706,766	16,367,143	2,980,872
2017/18 Total	90.3%	5,459,506	4,632,188	15,701,453	2,880,708
PERCENTAGE CHANGE (%)⁹	3.2%	1.4	1.6	4.2	3.5
2016/17 Total	90.7%	5,631,650	4,768,339	15,212,465	2,784,731
2015/16 Total	89.9	5,840,865	5,009,910	13,478,446	2,733,853
2014/15 Total	85.2	5,675,482	4,865,590		2,692,838

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 24/09/2019. **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 2018/19 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 was not included in 2015/16 result. Pathology services are not included. Activity was estimated for JH&FMHN as data was not available due to system issues. Data for previous years is not comparable. **8.** Source: HIE as at 24/09/2019. **9.** Planned separations, Same day separations and occupancy rates are percentage point variance from 2017/18. **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 2018-19 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 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 ³ 2018-19	OVERNIGHT SEPARATIONS ⁴ 2018-19	SPECIALIST MENTAL HEALTH COMMUNITY CONTACTS ⁵ 2018-19
Justice Health	2	519	385,068
Sydney Children's HN	11	311	35,414
St Vincent HN	67	1,371	46,443
Sydney LHD	850	4,065	304,199
South Western Sydney LHD	173	3,947	485,479
South Eastern Sydney LHD	64	3,171	646,924
Illawarra Shoalhaven LHD	51	2,398	252,320
Western Sydney LHD	484	3,712	390,731
Nepean Blue Mountain LHD	142	2,171	138,693
Northern Sydney LHD	286	3,423	847,984
Central Coast LHD	33	1,533	543,977
Hunter New England LHD	181	4,916	457,864
Northern NSW LHD	33	1,757	380,108
Mid North Coast LHD	14	1,629	146,957
Southern NSW LHD	67	1,317	233,086
Murrumbidgee LHD	23	1,097	161,303
Western NSW LHD	25	1,679	312,554
Far West LHD	6	228	59,689
NSW - TOTAL	2,512	39,244	5,828,793
2017-2018	3,511	40,254	5,676,819
2016-2017	4,056	42,008	5,227,475
2015-2016	3,198	38,214	4,637,955
2014-2015	3,091	36,868	3,784,408

Source: NSW Health Information Exchange

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.

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 2018-19 (%) ¹	7 DAY POST- DISCHARGE COMMUNITY CARE RATE 2018-19 (%) ²	SECLUSION RATE 2018-19 ³	SECLUSION AVERAGE DURATION 2018-19 ⁴	SECLUSION FREQUENCY 2018-19 (%) ⁵
Justice Health	16.1	22.9	22.7	70.2	67.0
Forensic Hospital	10.0	55.0	22.7	70.2	67.0
Long Bay ⁶	17.9	21.1			
MRRCC ⁶	18.6	22.3			
Mulawa ⁶	11.6	19.6			
Sydney Childrens HN	17.2	88.7	11.5	0.8	2.8
Childrens Hosp at Westmead	8.8	92.6	0.5	0.2	0.6
Sydney Childrens	20.9	86.9	24.2	0.8	4.8
St Vincent HN	16.5	64.2	3.4	2.3	2.4
St Josephs	13.3	87.8	0.0	0.0	0.0
St Vincents	16.8	62.2	4.8	2.3	2.6
Sydney LHD	17.3	74.7	10.7	7.8	6.4
Concord	18.9	72.3	12.7	8.9	8.4
Royal Prince Alfred	14.9	78.3	6.4	2.7	3.4
South Western Sydney LHD	14.0	73.5	5.2	3.3	3.6
Bankstown	14.5	71.5	10.8	2.2	7.6
Braeside	8.2	79.5	0.0	0.0	0.0
Campbelltown	14.5	75.7	2.9	1.1	2.2
Liverpool	13.4	71.8	6.2	5.4	3.7
South Eastern Sydney LHD	16.7	84.1	2.6	4.0	2.0
Prince Of Wales	16.0	84.8	2.6	4.6	2.4
St George	17.4	80.5	1.8	4.1	1.5
Sutherland	17.1	86.9	3.9	2.6	1.8
Illawarra Shoalhaven LHD	13.0	85.7	8.6	6.4	5.7
Shellharbour	12.7	85.6	11.9	7.7	8.1
Wollongong	13.3	85.9	4.4	2.0	3.1
Western Sydney LHD	15.8	69.6	5.7	8.2	4.9
Blacktown	14.3	73.7	5.1	4.0	3.5
Cumberland	18.3	65.1	7.7	9.2	6.4
Westmead	8.9	78.3	0.0	0.0	0.0
Nepean Blue Mountain LHD	16.2	63.7	5.0	12.4	3.2
Blue Mountains	11.9	61.9	1.7	0.8	1.6
Nepean	17.1	64.0	5.7	13.2	3.5
Northern Sydney LHD	13.6	84.0	2.4	2.6	2.3
Greenwich	4.9	82.5	0.0	0.0	0.0
Hornsby	13.9	86.3	3.8	2.3	3.4
Macquarie	17.1	86.0	1.3	4.1	2.1
Manly	10.4	73.9	1.8	4.5	1.9
Royal North Shore	14.7	83.7	2.1	3.0	1.7
Central Coast LHD	11.9	78.3	2.9	3.2	3.2
Gosford	12.4	73.0	1.9	1.4	2.5
Wyong	11.7	81.2	3.4	3.8	3.6
Hunter New England LHD	12.9	72.7	4.7	3.7	3.0
Armidale	11.5	87.1	0.0	0.0	0.0
HNE Mater	14.7	71.7	5.0	5.0	2.8
John Hunter	12.8	91.2	1.5	0.7	1.0
Maitland	7.3	63.7	5.9	2.3	4.0
Manning	12.2	79.8	5.2	1.4	5.4
Morisset	0.0	80.8	0.0	0.0	0.0
Tamworth	13.7	66.0	5.9	1.8	3.9

LOCAL HEALTH DISTRICT/ NETWORK/HOSPITAL	28 DAY READMISSION RATE 2018-19 (%) ¹	7 DAY POST- DISCHARGE COMMUNITY CARE RATE 2018-19 (%) ²	SECLUSION RATE 2018-19 ³	SECLUSION AVERAGE DURATION 2018-19 ⁴	SECLUSION FREQUENCY 2018-19 (%) ⁵
Northern NSW LHD	15.7	75.9	4.9	3.0	3.2
Lismore	11.9	70.5	4.9	2.4	3.6
Tweed	19.1	80.7	4.9	3.7	2.9
Mid North Coast LHD	14.5	74.3	4.7	5.8	2.8
Coffs Harbour	14.9	84.0	5.3	6.2	3.7
Kempsey	13.1	62.0	0.0	0.0	0.0
Port Macquarie	14.7	63.9	6.4	5.0	3.0
Southern NSW LHD	13.3	80.1	3.6	2.2	1.7
Goulburn	13.7	82.6	3.5	1.2	2.0
South East Regional	12.3	75.1	4.0	4.1	1.0
Murrumbidgee LHD	10.3	79.9	4.2	2.2	2.1
Wagga Wagga	10.3	79.9	4.2	2.2	2.1
Western NSW LHD	11.0	58.7	6.7	1.2	2.7
Bathurst	7.3	62.7	0.0	0.0	0.0
Dubbo	9.6	60.6	1.3	1.2	1.1
Orange Health Service	13.1	56.3	9.5	1.2	3.8
Far West LHD	13.0	85.9	5.9	2.0	2.1
Broken Hill	13.0	85.9	5.9	2.0	2.1
NSW - TOTAL	14.6	74.2	5.5 (6.0)	5.6 (12.7)	3.7 (3.8)
2017-2018	14.8	75.1	5.8 (6.0)	4.7 (11.1)	4.0 (4.1)
2016-2017	14.2	68.9	7.0 (6.9)	5.5 (11.1)	4.9 (5.0)
2015-2016	14.8	66.0	8.8 (8.7)	5.3 (9.5)	6.0 (6.0)
2014-2015	15.0	63.3	8.3 (8.2)	5.8 (10.7)	5.8 (5.9)

Source: NSW Health Information Exchange. 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.** NSW rate, duration and frequency for seclusion is calculated by including or excluding Justice Health. Figures in parentheses include Justice Health. **6.** Use of seclusion is not reported by NSW Health due to shared model of service delivery with Corrective Services NSW.