
Appendix

1-4

Appendix 1

Health statistics

Early disease management

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

In 2021–22, 97.3% of Aboriginal and 94.2% of non-Aboriginal children aged five years were fully vaccinated. This is compared to 97.7% of Aboriginal and 94.8% of non-Aboriginal children aged five years in 2020–21.

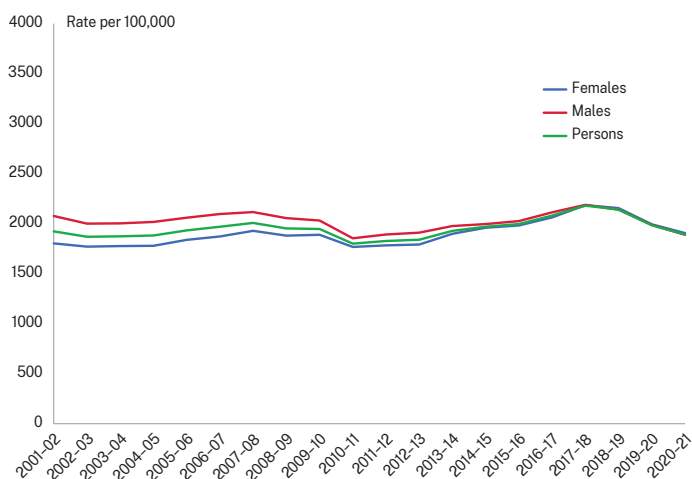
Children fully immunised at one year

In 2021–22, 94.3% of children were fully vaccinated at one year of age, compared to 94.8% in 2020–21.

Adults aged 65 years and over vaccinated against influenza in the last 12 months

The percentage of adults aged 65 years and over vaccinated against influenza for the period 1 March 2022 to 16 July 2022 was 65.9%.

Potentially preventable hospitalisations



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

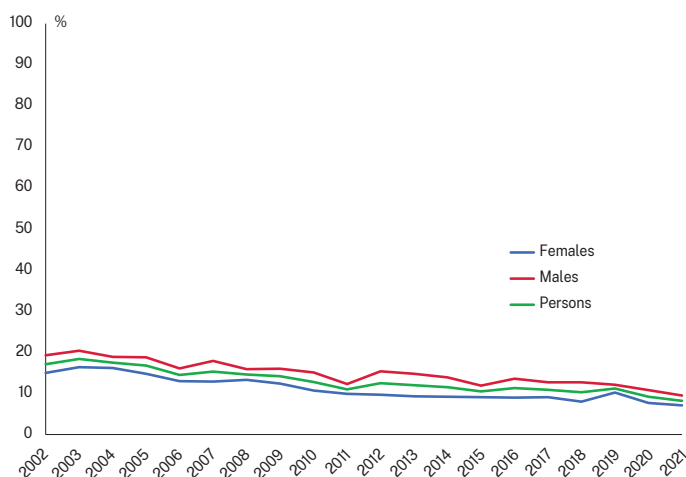
Potentially preventable hospitalisations (PPH) are those conditions for which hospitalisation is considered potentially avoidable through preventive care and early disease management, usually delivered in an ambulatory (walk-in) setting, such as primary health care.

The term does not mean that a patient admitted for that condition did not need to be hospitalised at the time of admission. Rather, the hospitalisation may have been prevented by timely and appropriate provision of primary or community-based healthcare. Reducing hospitalisations might involve vaccination, early diagnosis and treatment, 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. In 2020–21 in NSW, the rate of potentially preventable hospitalisations was 1,889 per 100,000 population for males and 1,906 per 100,000 for females or 172,578 hospital episodes in total.

Smoking

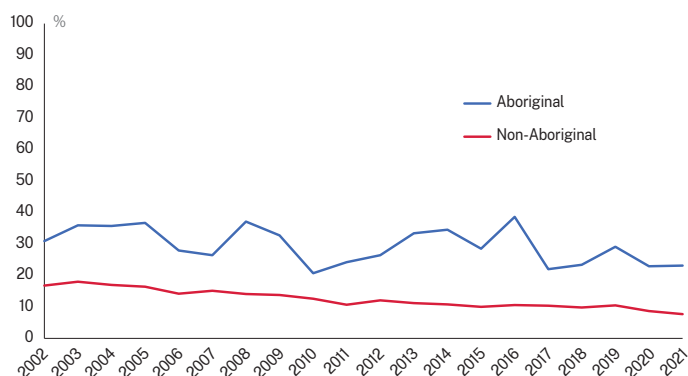
Tobacco use is the leading contributor to the burden of illness and deaths in Australia, followed closely by high body mass and excessive alcohol consumption. Australia has one of the most comprehensive tobacco control policies and programs in the world. The aim of these tobacco control programs in NSW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



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

There has been a long-term reduction in smoking over the last ten years, with 8.2% of adults (9.5% of males and 7.1% of females) in NSW reporting daily smoking in 2021.

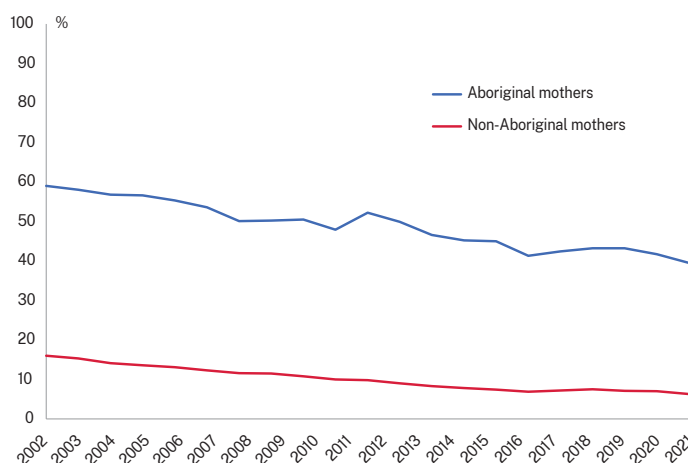
Daily smoking by Aboriginality in people aged 16 years and over



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

Aboriginal people were three times more likely to be daily smokers compared with non-Aboriginal people. In NSW in 2021, the rate of daily smoking in adults was 23.1% among Aboriginal people, and 7.7% among non-Aboriginal people.

Smoking during pregnancy by Aboriginal and non-Aboriginal mothers

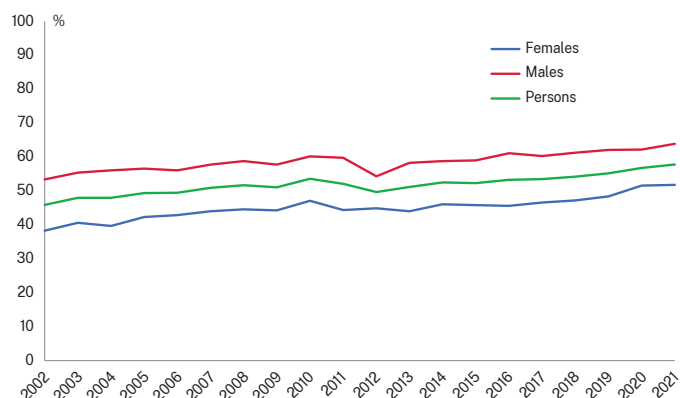


Source: HealthStats NSW, Centre for Epidemiology and Evidence, NSW Ministry of Health

The proportion of mothers that reported smoking at some time during pregnancy has remained stable in recent years at around 9%. In 2021, 39.5% of Aboriginal mothers reported smoking at some time during pregnancy, compared to 6.3% of non-Aboriginal mothers. In 2021, 7.9% of mothers reported any smoking during pregnancy. Of those mothers who smoked during pregnancy in 2021, 25.3% stopped smoking in the first half of pregnancy (14% of Aboriginal mothers and 29.2% of non-Aboriginal mothers who smoked).

Overweight and obesity

Overweight or obesity in adults aged 16 years and over



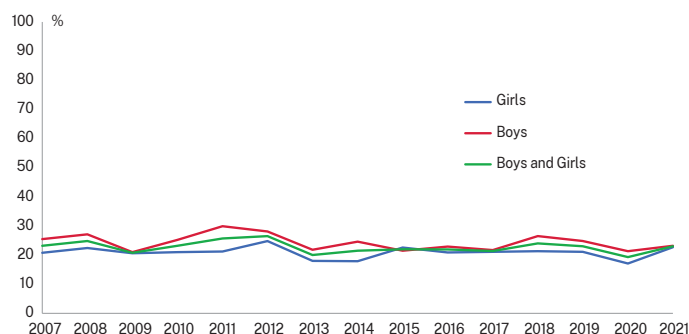
Source: HealthStats NSW, Centre for Epidemiology and Evidence, NSW Ministry of Health

In the 10 years between 2012 and 2021, the rate of overweight and obesity in the NSW population has gradually increased from 49.7% to 57.8% of adults. Underlying this trend, the rate of increase in overweight was lower than that of obesity (between 2012 and 2021 overweight rates increased from 31% to 34.6%, whereas obesity rates increased from 18.6% to 23.2%).

In 2021, 57.8% of adults aged 16 years and over (63.9% of men and 51.8% of women) were overweight or obese. Further, 34.6% of adults (41% of males and 28.4% of females) were overweight and 23.2% (22.9% of males and 23.4% of females) were obese.

Excess body weight is one of the main public health problems in Australia. The risk of developing chronic health conditions such as diabetes and heart disease increases with increasing levels of excess weight.

Overweight or obesity in children 5 to 16 years

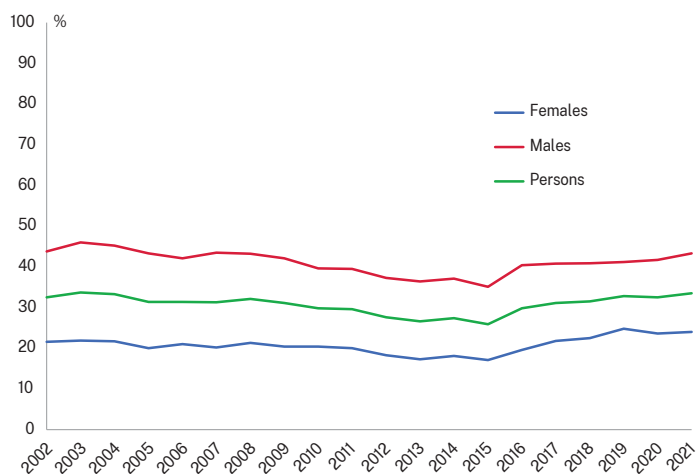


Source: HealthStats NSW, Centre for Epidemiology and Evidence, NSW Ministry of Health

In NSW, the prevalence of overweight and obesity in children has been relatively stable over the 10-year period 2012 to 2021. In 2021, 23% of children aged 5–16 years (23.2% of boys and 22.7% of girls) were overweight or obese. However, the prevalence remains high and is a cause for concern.

Alcohol

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



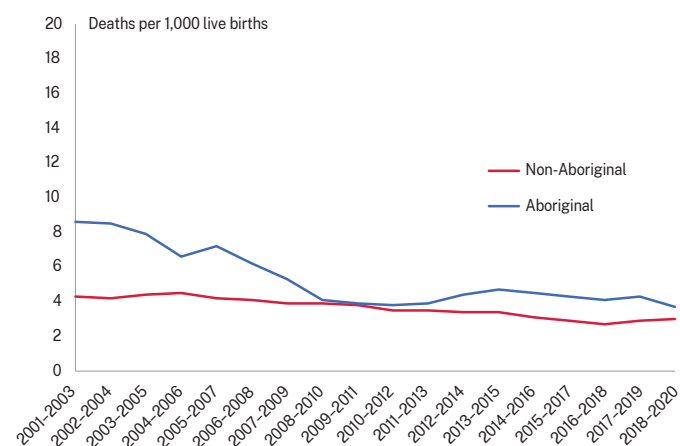
Source: HealthStats NSW, Centre for Epidemiology and Evidence, NSW Ministry of Health

In 2021 in NSW, 33.5% of adults (43.3% of men and 24% of women) consumed more than two standard alcoholic drinks on a day when they drank alcohol, posing a long-term risk to their health. While alcohol consumption at levels that pose a long-term health risk has been in decline in NSW in the 10 years prior to 2015, rates have increased since then.

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.

Aboriginal health

Infant mortality rates by Aboriginality



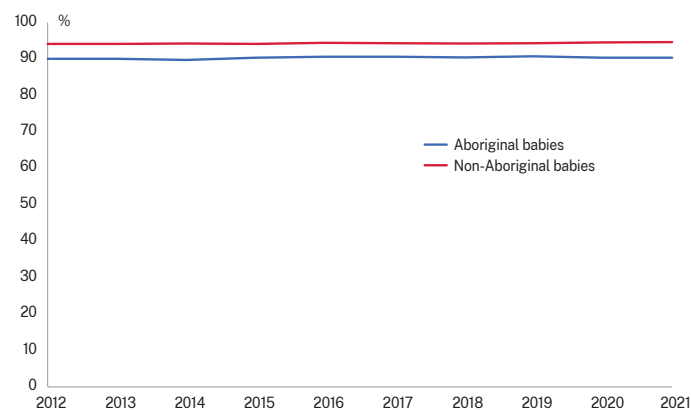
Source: Australian Bureau of Statistics. Deaths. Catalogue number 3302.0. Canberra: ABS and HealthStats NSW, Centre for Epidemiology and Evidence, NSW Ministry of Health

The infant mortality rate is the number of infant deaths (up to one year of age) per 1,000 births. During 2018–2020, there was an average of 28 deaths of Aboriginal infants under the age of one registered in NSW.

Over the period 2001–2003 to 2018–2020, the infant mortality rate among Aboriginal infants more than halved from 8.6 to 3.7 deaths per 1,000 births, while the rate among non-Aboriginal infants has reduced by just over one-third from 4.3 to 3 infant deaths per 1,000 births.

The mortality rate among Aboriginal infants in NSW is lower than in other Australian states and territories. In the 2018–2020 period, the infant mortality rate for all Aboriginal infants in Australia was 5.2 compared with a rate of 3.7 deaths per 1,000 births for Aboriginal infants in NSW.

Healthy birth weight babies by Aboriginality



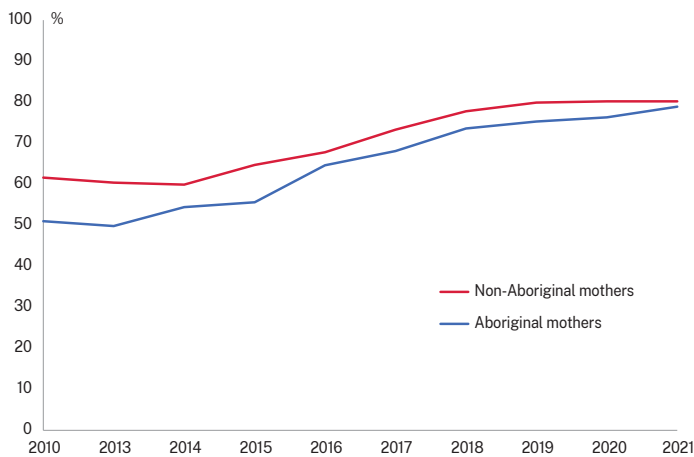
Source: HealthStats NSW, Centre for Epidemiology and Evidence, NSW Ministry of Health

Healthy birth weight is an important indicator of an infant’s future health and is defined as babies who weighed between 2,500 and 4,499 grams at birth. Based on the National Agreement on Closing the Gap, this indicator tracks the progress on the outcome – Aboriginal children are born healthy and strong. The target is that by 2031, the proportion of Aboriginal and Torres Strait Islander babies with a healthy birth weight will increase to 91%.

In 2021, 90.3% of Aboriginal babies born in NSW were a healthy weight, compared with 94.6% of non-Aboriginal babies. This proportion has been relatively stable since 2015. Smoking in pregnancy is associated with an increased risk of having a low birth weight baby.

The proportion of Aboriginal mothers who reported not smoking at any time during pregnancy has increased from 40.9% in 2001 to 58.7% in 2021. In 2021, 14% of Aboriginal mothers who smoked quit during the first half of their pregnancy.

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



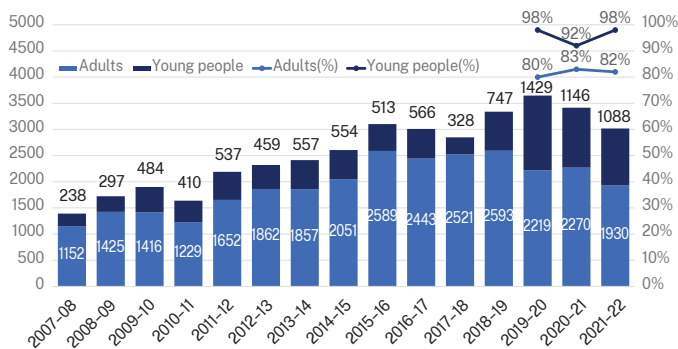
Source: HealthStats NSW, Centre for Epidemiology and Evidence, NSW Ministry of Health.

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 2021, the proportion of Aboriginal mothers who attended their first antenatal visit before 14 weeks of pregnancy was 78.9%, compared to 80.2% of non-Aboriginal mothers.

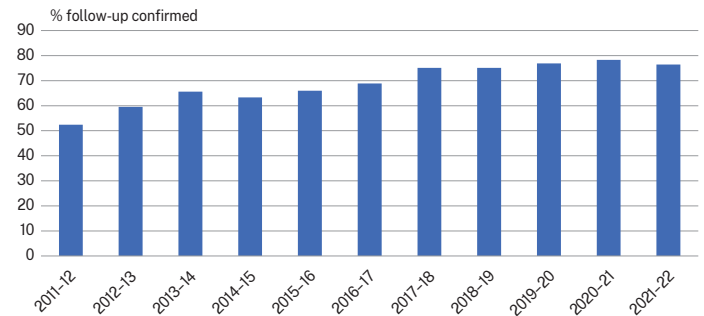
Mental health

Adults and young people with mental health illness or issues diverted into community-based treatment



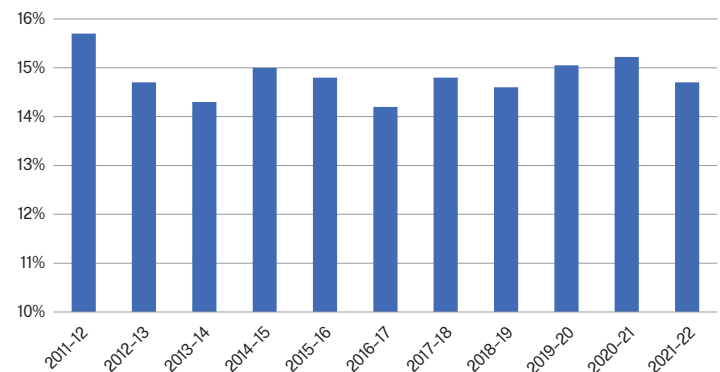
In 2021-22, adults in the criminal justice system with mental health illness who were diverted away from custody into community-based treatment by the Justice Health and Forensic Mental Health Network (excludes diversions by Hunter New England Local Health District) totalled 1,930 (82%). Over the same period, there were 1,088 (98%) young people in contact with the criminal justice system identified as having mental health issues and referred to community-based treatment.

Pan acute public mental health unit who were seen by a community mental health team within seven days of that discharge



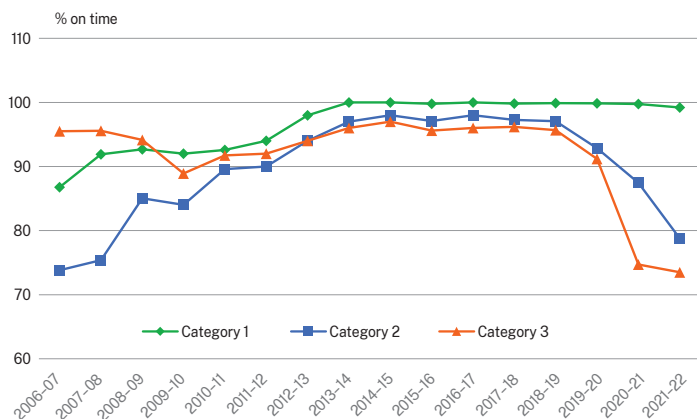
This indicator shows the proportion of clients discharged from an acute public mental health unit who are seen by a community mental health team within seven days of that discharge. It reflects the effectiveness of acute inpatient discharge planning and the integration of acute inpatient and community mental health services. In 2021-22, the rate of follow-up within seven days was 76.4%.

Racute service within 28 days



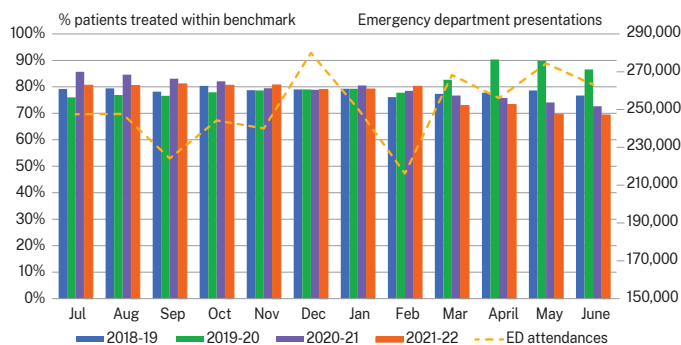
This indicator shows the proportion of separations from an Acute Public Mental Health Unit which were followed by a readmission within 28 days to any NSW Acute Public Mental Health Unit. The readmission rate decreased by 0.5% from 2020-21 to 14.7%.

NSW hospital performance



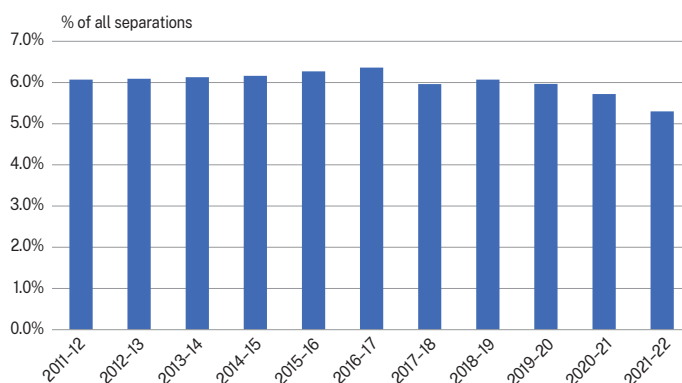
The percentage of patients who received their elective surgery within clinically recommended timeframes declined in NSW compared to the previous year. In 2021–22, the number of patients receiving their surgery on time was 99.2% for category 1 (urgent surgery), with category 2 (semi-urgent surgery) at 78.8% and category 3 (non-urgent surgery) at 73.5%. Elective surgery activity and performance have been impacted by COVID-19 with restrictions placed on non-urgent elective surgery between August and October 2021 and January and March 2022.

Percentage of emergency department patients treated within benchmark times across all triage categories



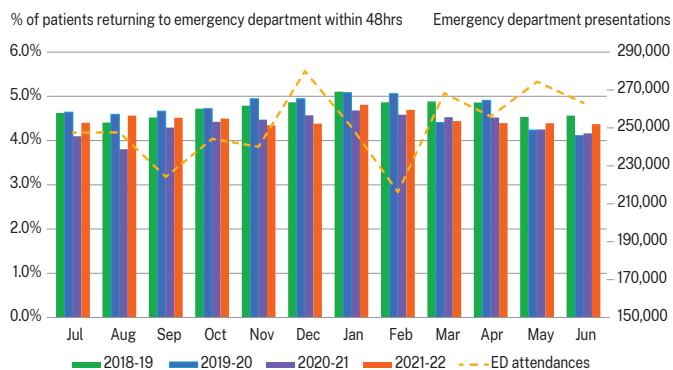
In 2021–22, more than 3 million patients attended a NSW public emergency department, slightly fewer than in 2020–21. Emergency department attendances peaked in December 2021 and May 2022. The percentage of patients seen within clinically appropriate timeframes across all triage categories decreased compared to 2020–21.

Unplanned hospital readmissions within 28 days of separation



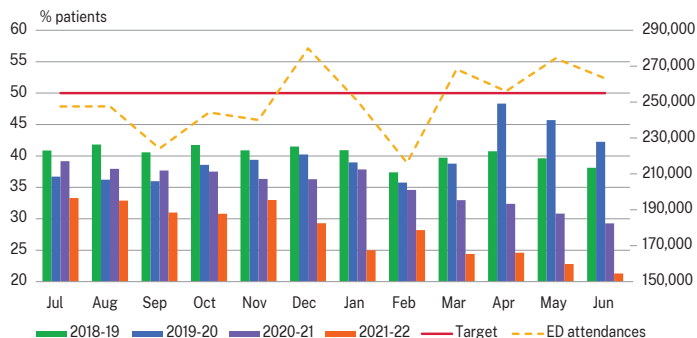
Unplanned readmissions in 2021–22 decreased by 0.4 percentage point from the previous year. This rate is the lowest it has been in the last decade. This data reflects the volume of unplanned readmissions within 28 days but does not provide an indication of whether these readmissions were preventable or unexpected.

Re-presentation to the same emergency department within 48 hours



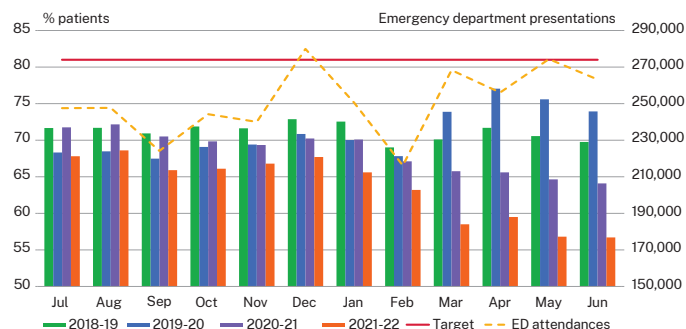
The percentage of re-presentations to emergency departments remained stable in 2021–22. Emergency departments are maintaining high levels of care while caring for fluctuating volumes of patients. Districts and networks continue their efforts towards improving patient flow in emergency departments and hospital wards despite the additional pressures brought on emergency departments by the COVID-19 pandemic.

Percentage of patients admitted from emergency departments with a total time in emergency department ≤ four hours



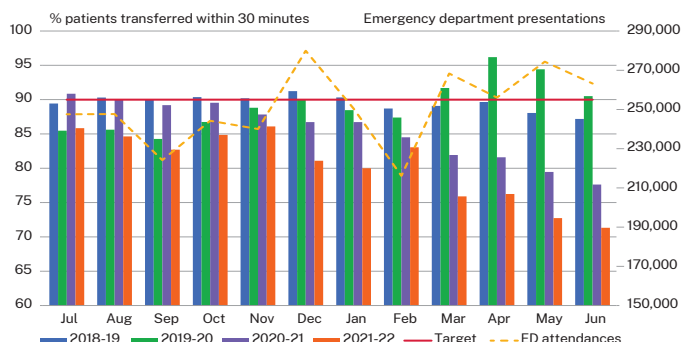
Emergency treatment performance for patients subsequently admitted to hospital decreased in 2021–22 as the health system experienced unpredictable activity levels and continued impacts of the pandemic, as well as an early influenza season. The proportion of admitted patients in 2021–22 who spent four hours or less in the emergency department was 28.1%.

Emergency treatment performance – percentage of patients with total time in emergency department ≤ four hours



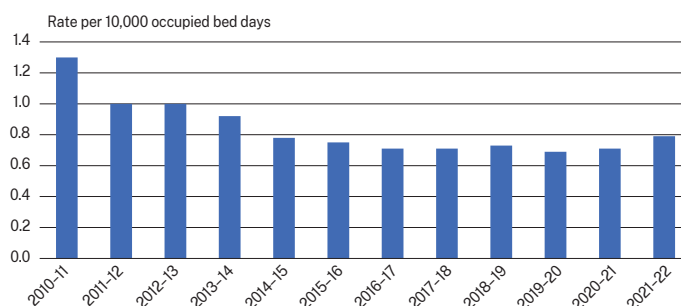
NSW Health continues its commitment to ensuring patients who present to emergency departments complete their treatment in a timely and clinically appropriate manner. Despite additional clinical protocols brought on by the COVID-19 pandemic, 63.5% of patients who presented to a NSW emergency department left within four hours following treatment in 2021–22.

Transfer of Care Performance – percentage of patients whose care was transferred from ambulance to emergency department care within 30 minutes



In 2021–22, NSW public hospitals experienced unpredictable volumes of patients attending the emergency department and the proportion of patients whose care was transferred from ambulance staff to hospital staff within 30 minutes followed a decreasing trend. Although the state target of 90% was not achieved, more than 80% of patients were transferred within benchmark times between July 2021 and February 2022.

Staphylococcus aureus bacteria bloodstream infections



The above graph shows the aggregate rate of healthcare associated staphylococcus aureus bloodstream infections (SA-BSI) for NSW public hospitals. The data includes both methicillin-resistant and methicillin-sensitive isolates. The rate of SA-BSI has decreased from 1.3 per 10,000 occupied bed days in 2010–11 to 0.79 per 10,000 occupied bed days in 2021–22. The overall rate of SA-BSI in NSW has remained below the national benchmark of less than two cases per 10,000 bed days.

Appendix 2

Workforce statistics

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

	June 2022	
	Excludes overtime	Includes overtime
Medical	13,755	15,082
Nursing	51,533	53,129
Allied health	11,512	11,703
Other professional and paraprofessionals	3,159	3,216
Scientific and technical clinical support	6,821	6,942
Oral health practitioners and therapists	1,237	1,250
Ambulance officers	5,137	5,642
Sub-total clinical staff	93,153	96,964
Corporate services	5,424	5,455
Clinical support	19,246	19,414
Hotel services	8,579	8,847
Maintenance and trades	831	873
Other	312	313
Other staff	34,392	34,903
Total	127,545	131,866

Source: Corporate Analytics.

Notes: **1.** For the FY 2021/22 workforce FTE figures, overtime FTE has been included for all workforce categories. This is to reflect workforce requirements to maintain clinical services as part of the COVID-19 pandemic response. Due to overtime inclusion, this years' FTE figures cannot be compared to any other FTE figures published in NSW Annual Reports. **2.** FTE calculated as the last fortnight in June, paid productive, unproductive and overtime hours. **3.** 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. **4.** 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. **5.** Rounding of staff numbers to the nearest whole number in this table may cause minor differences in totals. **6.** The COVID-19 pandemic may result in additional or alternate care delivery requirements which may affect the current reporting of NSW Health workforce numbers in lieu of normal variations.

Number of full-time equivalent (FTE) staff employed in other NSW Health organisations

	June 2022	
	Excludes overtime	Includes overtime
NSW Health organisations supporting the public health system*	2,206	2,208
Health Professional Councils Authority	158	158
Mental Health Review Tribunal	32	32

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

Historical figures for the NSW public health system

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

Excludes overtime

	June 2019	June 2020	June 2021
Medical	12,503	12,997	13,350
Nursing	49,353	49,889	51,794
Allied health	10,697	11,084	11,462
Other professionals and para professionals	3,093	3,064	3,179
Scientific and technical clinical support	6,758	6,909	6,810
Oral health practitioners and therapists	1,337	1,369	1,316
Ambulance officers	4,241	4,644	4,764
Sub-total clinical staff	87,983	89,956	92,675
Corporate services	5,219	5,428	5,441
Clinical support	17,118	17,389	19,170
Hotel services	8,271	8,579	8,681
Maintenance and trades	864	856	857
Other	330	329	332
Sub-total other staff	31,801	32,582	34,481
Total	119,784	122,538	127,156

Includes overtime

	June 2019	June 2020	June 2021
Medical	13,727	14,052	14,520
Nursing	50,117	50,371	52,905
Allied health	10,866	11,244	11,613
Other professionals and para professionals	3,129	3,081	3,222
Scientific and technical clinical support	6,630	6,762	6,913
Oral health practitioners and therapists	1,341	1,372	1,330
Ambulance officers	4,718	5,002	5,258
Sub-total clinical staff	90,528	91,884	95,761
Corporate services	5,393	5,477	5,472
Clinical support	17,319	17,691	19,315
Hotel services	8,446	8,718	8,895
Maintenance and trades	908	900	894
Other	330	330	333
Sub-total other staff	32,395	33,116	34,909
Total	122,924	125,000	130,670

Source: Corporate Analytics.
– Data extracted in August 2022.

Notes: **1.** FTE figures – Overtime FTE has been included for all workforce categories. This is to reflect workforce requirements to maintain clinical services as part of the COVID-19 pandemic response from March 2020. Due to overtime inclusion, this years' FTE figures cannot be compared to any other FTE figures published in NSW Annual Reports. **2.** FTE is last fortnight in June – paid productive, paid unproductive and paid overtime hours. **3.** 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. **4.** 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. **5.** Rounding of staff numbers to the nearest whole number in this table may cause minor differences in totals.

Number of full-time equivalent (FTE) staff employed in other NSW Health organisations**Excludes overtime**

	June 2019	June 2020	June 2021
NSW Health organisations supporting the public health system*	1,787	1,797	2,071
Health Professional Councils Authority	134	143	168
Mental Health Review Tribunal	31	34	35

Includes overtime

	June 2019	June 2020	June 2021
NSW Health organisations supporting the public health system*	1,790	1,888	2,088
Health Professional Councils Authority	133	143	168
Mental Health Review Tribunal	32	34	35

Source: State Management Reporting Service (SMRS). *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.

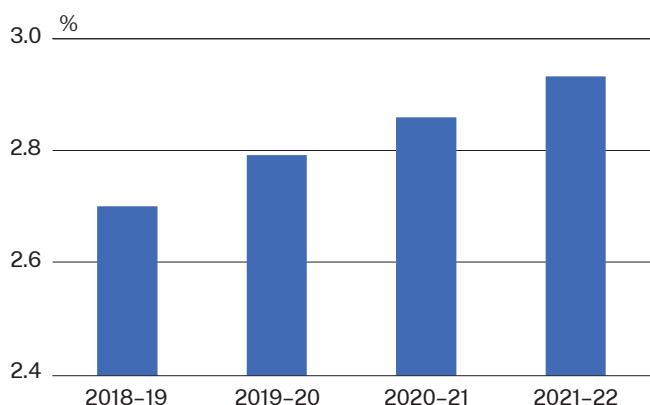
Registered practitioners

Profession	NSW ¹
Aboriginal and Torres Strait Islander health practitioner	208
Chinese medicine practitioner	1,941
Chiropractor	2,041
Dental practitioner	7,677
Medical practitioner	39,368
Medical radiation practitioner	6,148
Midwife	1,766
Nurse	117,168
Nurse and midwife ¹	7,657
Occupational therapist	7,463
Optometrist	2,101
Osteopath	651
Paramedic	5,930
Pharmacist	10,440
Physiotherapist	11,586
Podiatrist ²	1,685
Psychologist	14,539

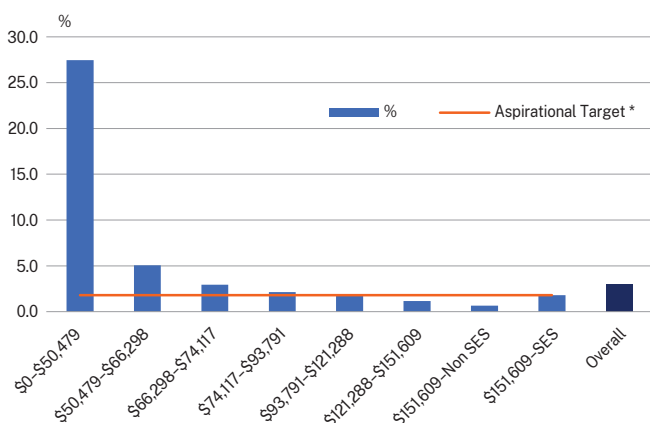
Source: Australian Health Practitioner Regulation Agency, June 2022.

Notes: **1.** Registrants who hold dual registration as both a nurse and a midwife. **2.** Throughout this report, the term 'podiatrist' refers to both podiatrists and podiatric surgeons unless otherwise specified. **3.** The 2021–22 data includes practitioners registered on the temporary pandemic sub-register created in response to the COVID-19 pandemic.

Aboriginal staff as a proportion of total percentage



Aboriginal staff by salary band

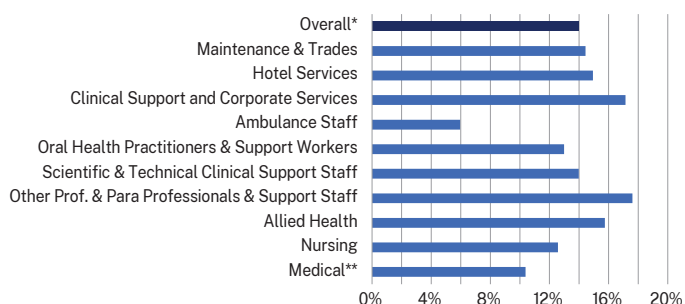


Source: Public Service Commission data collection 2021-22.
 Note: NSW public health system excludes. Excludes Third Schedule facilities. *Note from the PSC Diversity Report 2020: The NSW Public Sector Aboriginal Employment Strategy 2014-17 introduced an aspirational target of 1.8% by 2021 for each of the sector’s salary bands. If the aspirational target of 1.8% is achieved in salary bands not currently at or above 1.8%, the cumulative representation of Aboriginal employees in the sector is expected to reach 3.3% (original overall target is 2.6%).

Staff turnover

The desired outcome is to reduce turnover rates within acceptable limits to increase staff stability. For June 2022, the staff turnover rate was 13.9% – an increase from 8.4% in June 2021. This increase in turnover was influenced greatly by changes to service delivery due to the COVID-19 pandemic response.

Non-causal staff turnover rate by treasury group in 2021-22

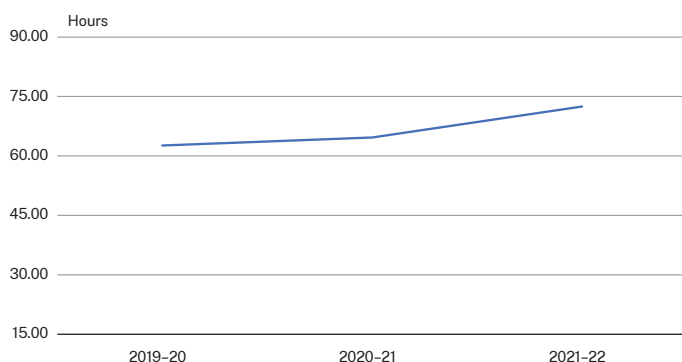


Source: Public Service Commission data collection.
 Note: * Excludes Third Schedule facilities, “Other” treasury group and junior medical officers (JMOs). ** Excluding JMOs (they are on a term contract). Health system average inclusive of all health districts, NSW Ministry of Health, health pillars, HealthShare NSW, eHealth NSW, Justice Health and Forensic Mental Health, NSW Health Pathology, Cancer Institute NSW, Albury Base Hospital and NSW Ambulance.

Sick leave

Sick leave per full-time equivalent increased slightly from 64.65 hours per full-time equivalent in 2020-21 to 72.49 hours per full-time equivalent in 2021-22.

Sick leave average hours per full-time equivalent



Source: Corporate Analytics (CA).
 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, NSW Health Pathology, Cancer Institute NSW, Albury Base Hospital and NSW Ambulance.

Key policies 2021–22

Security Audit Program (PD2001_37)

The desired outcome is to reduce turnover rates within acceptable limits to increase staff stability. For June 2022, the staff turnover rate was 13.9% – an increase from 8.4% in June 2021. This increase in turnover was influenced greatly by changes to service delivery due to the COVID-19 pandemic response.

This provides procedures for NSW Health agencies to undertake security improvement audits across their facilities using the Security Improvement Audit Tool. This audit drives continuous improvements in security risk management performance.

NSW Health Policy and Standards for Security Risk Management in NSW Health Agencies

This policy manual sets standards for effective security risk management across NSW Health, protecting people and property.

Leave Matters for the NSW Health Service (PD2022_006)

This policy summarises leave entitlements, administration and management for employees of the NSW Health service.

Overseas visits

Details of overseas visits by NSW Health employees travelling for ministry-related activities.

Position	Name	Reason for travel	2021–22
Chief Executive, eHealth NSW	Dr. Zoran Bolevich	Attending an Australian information industry business, government, and trade delegation	United States of America
Director, Biobank NSW	Prof. Jennifer Byrne	Attending and presenting at the International Society for Biological and Environmental Repositories 2022 conference	United States of America
A/Chief Executive, Justice Health and Forensic Mental Health Network	Wendy Hoey	Attending the inaugural International Committee of the Red Cross World Conference on Health in Detention	Switzerland
Director, Enterprise and International Partnerships	Anne O'Neill	Attending the Biotechnology Innovation Organisation convention and conference. At the conclusion, Ms O'Neill joined a Ministerial delegation to attend meetings in Canada	United States of America and Canada
Senior Medical Advisor, Office for Health and Medical Research	Dr. Laura Collie	Attending the Biotechnology Innovation Organisation convention and conference	United States of America

Public service senior executives 2021–22

The table below details the number of public service senior executives employed, and those temporarily assigned, seconded or acting in a senior executive role at the end of the reporting year.

Band	2021		2022	
	Female	Male	Female	Male
Band 4	1	0	1	0
Band 3	2	4	3	2
Band 2	15	11	13	12
Band 1	44	25	54	25
Totals	62	40	71	39
	102		111	

Band	Range	Average remuneration	
		2021	2022
Band 4	\$499,251 – \$576,700	\$599,000	\$580,350
Band 3	\$354,201 – \$499,250	\$480,338	\$475,681
Band 2	\$281,551 – \$354,200	\$305,777	\$313,779
Band 1	\$197,400 – \$281,550	\$221,628	\$225,133

Of the NSW Ministry of Health's employee-related expenditure in 2022, 19% was related to senior executives, compared with 20% in 2021*. *Total employee-related expenses have been calculated adjusting the expense for the Agency Performance Adjustment (APA) for Workers Compensation Insurance to reflect the NSW Ministry of Health portion only.

Workers compensation

NSW Ministry of Health – Categories of reportable workers compensation claims

Injury or illness	2012–13	2013–14	2014–15	2015–16	2016–17	2017–18	2018–19	2019–20	2020–21	2021–22
Body Stressing	8	2	3	1	0	0	0	2	2	1
Slip, Trip, Fall	2	3	3	1	2	0	6	3	0	0
Hitting objects	0	0	1	1	0	0	1	0	0	0
Psychological	2	0	2	5	2	0	6	4	6	2
Motor vehicle	0	0	0	0	0	0	0	1	0	0
Other	1	0	0	2	0	0	0	0	0	0
TOTAL	13	5	9	10	4	0	13	10	8	3

NSW Health – Categories of reportable workers compensation claims

Mechanism of injury	2019–20		2020–21		2021–22	
	No.	%	No.	%	No.	%
Body stressing	1872	42.4	2187	43.9	1720	34.3
Biological factors	70	1.6	25	0.5	878	17.5
Falls, trips and slips of a person	830	18.8	891	17.9	730	14.6
Mental stress	623	14.1	677	13.6	614	12.2
Being hit by moving objects	540	12.2	598	12	524	10.4
Hitting objects with a part of the body	191	4.3	253	5.1	187	3.7
Vehicle incidents and other	118	2.7	144	2.9	143	2.9
Chemicals and other substances	63	1.4	90	1.8	105	2.1
Sound and pressure	41	0.9	46	0.9	70	1.4
Heat, electricity and other environmental factors	62	1.4	67	1.3	46	0.9
TOTAL	4410	100	4978	100	5017	100

The increase in workers compensation claims recorded for 2021–22 for biological factors and chemical/other substances is mainly due to COVID-19 related claims. Claims against most mechanisms of injury were reduced for 2021–22.

Source: icare data warehouse – reportable claims by date reported.

Award changes and industrial relations claims

Wage Claims by NSW Health staff

The ministry conducted all industrial negotiations under the provisions of the NSW Public Sector Wages Policy 2021. The negotiations resulted in a 2.5% remuneration increase (including super) for NSW Health service employees for the period 1 July 2021 to 30 June 2022.

On 6 June 2022, the NSW Government announced a one-off payment of \$3,000 for NSW Health employees in recognition of their work on the frontline of the COVID-19 pandemic. On the same date, the NSW Government also announced a new wages policy providing a 3% remuneration increase per annum in 2022–23 and 2023–24, with a possible further 0.5% in 2023–24 for employees that make a substantial contribution to productivity-enhancing reforms. This provides for remuneration increases of up to 6.5% over two years under the new policy.

Broken Hill Award Application

In February 2022, the Industrial Relations Commission released the Broken Hill Health Employees (State) Award. It sets the wages and conditions of employment for employees of the Broken Hill Health Service and will remain in force until 30 June 2024. This new award replaces an outdated and disputed 1997 industrial agreement between the NSW Ministry of Health, the Health Services Union and the Barrier Industrial Council.

Changes to the conditions of employment resulting from this award continue to be implemented. A variation application has been made to apply the 2022–2023 pay increases to employees under this award.

Patient transport officer training arrangements

This dispute related to whether the award-required employment qualifications for patient transport officers should be considered mandatory training and occur in paid time at the employer's expense. In part settlement of this matter, the ministry made an application for the award to be varied to modernise and clarify its qualification and training requirements for patient transport officers. The variation was made in April 2022 with consent of both parties.

Restructuring processes with redundancy/excess staff implications

Ongoing advice and management have been provided to districts and public health organisations relating to their workforce change proposals. Major change processes included the restructure at Maitland Hospital, Liverpool Hospital and the restructure in southern NSW.

Nursing hours per patient day

The NSW Government committed to increase the 'nursing hours per patient day' minimum award staffing requirements over four years from 2019–20. NSW Health implemented the third year of the commitment in 2021–22.

The Australian Salaried Medical Officers Federation of NSW claim for registrar classification dispute mechanism

The Australian Salaried Medical Officers Federation of NSW lodged a dispute in the NSW Industrial Relations Commission about the classification of registrars in local health districts. Australian Salaried Medical Officers Federation of NSW seek to vary the Medical Officers' Award to remove the requirement of three years' postgraduate experience for a medical officer to be classified as a registrar.

Australian Salaried Medical Officers Federation of NSW claim to maintain non-standard arrangements for Western Sydney Local Health District radiologists

NSW Ministry of Health is seeking to remove unauthorised industrial arrangements covering radiology staff specialists at Western Sydney Local Health District dating back to 1999.

The arrangements are being maintained until the matter is determined by the NSW Industrial Relations Commission as the status quo provisions of the award have been invoked. The Industrial Relations Commission is yet to determine this matter.

Paramedics claim for a new transitional benefits award

The NSW Industrial Relations Commission declined to grant the Health Services Union's application for a new award for paramedics. The proposed award would provide an allowance to compensate for reduced overtime as a result of enhanced staffing numbers.

Appeal of NSW Industrial Relations Commission decision in relation to on-call allowance

The full bench of the NSW Industrial Relations Commission declined to grant leave to consider a matter that related to whether an allowance that is provided outside delegated powers is a contractual term. The matter related to being paid an on-call allowance to staff that were not required to be on call as per the award.

Appendix 3

Public hospital activity levels

Selected data for the year ended June 2022 Part 1^{1,2}

Local health districts	Separations	Planned separation %	Same-day separation %	Total bed days	Average length of stay (acute) ^{3,6}	Daily average of inpatients ⁴
Justice Health and Forensic Mental Health Network	1,105	93.4	65.2	70,172	13.0	192
Sydney Children's Hospitals Network	66,350	37.0	36.7	311,341	4.6	853
St Vincent's Health Network	41,896	51.3	55.9	177,791	3.5	487
Sydney Local Health District	141,152	47.5	47.2	585,591	3.3	1,604
South Western Sydney Local Health District	219,469	45.5	48.2	796,375	3.1	2,182
South Eastern Sydney Local Health District	173,417	41.9	44.6	670,202	3.2	1,836
Illawarra Shoalhaven Local Health District	93,180	37.3	43.8	395,619	3.2	1,084
Western Sydney Local Health District	157,409	45.8	47.4	613,815	3.3	1,682
Nepean Blue Mountains Local Health District	86,982	36.1	36.3	372,958	3.7	1,022
Northern Sydney Local Health District	136,621	33.8	41.4	577,779	3.7	1,582
Central Coast Local Health District	87,587	40.2	44.0	341,209	3.0	935
Hunter New England Local Health District	219,732	47.1	42.7	842,847	3.3	2,309
Northern NSW Local Health District	95,175	47.1	46.0	342,783	3.0	939
Mid North Coast Local Health District	76,883	45.6	49.1	257,731	2.8	706
Southern NSW Local Health District	47,948	54.1	51.0	143,894	2.4	394
Murrumbidgee Local Health District	64,452	55.6	44.6	212,953	2.7	583
Western NSW Local Health District	80,935	45.4	43.1	283,148	2.8	776
Far West Local Health District	8,079	53.3	51.5	25,654	2.3	70
Total NSW	1,798,372	44.3	44.9	7,021,858	3.2	19,238
2020–21 Total	1,900,719	45.4	46.1	6,583,563	2.8	18,037
Percentage change (%)	-5.4	-1.2	-1.1	6.7	13.2	6.7
2019–20 Total	1,830,062	43.7	45.0	6,802,115	3.0	18,636
2018–19 Total	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
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
2013–14 Total	1,803,458	41.8	44.4	6,650,650	3.2	18,221
2012–13 Total	1,737,103	41.5	43.7	6,551,065	3.3	17,948
2011–12 Total	1,682,685	41.3	43.3	6,490,848	3.4	17,783
2010–11 Total	1,629,572	41.6	43.1	6,389,471	3.5	17,505
2009–10 Total	1,598,991	41.6	43.2	6,429,314	3.6	17,615

Selected data for the year ended June 2022 Part 2 ^{1,2,10}

Local health districts	Occupancy rate ⁵ June 22	Acute bed days ⁶	Acute overnight bed days ⁶	Non-admitted patient service events ⁷	Emergency department attendances
Justice Health and Forensic Mental Health Network	n/a	12,073	11,353	111,647	n/a
Sydney Children's Hospitals Network	91.6%	300,393	276,954	416,385	91,068
St Vincent's Health Network	109.3%	139,465	116,214	310,687	46,662
Sydney Local Health District	89.9%	446,754	380,658	2,776,851	164,169
South Western Sydney Local Health District	102.3%	642,732	537,323	1,453,839	295,872
South Eastern Sydney Local Health District	97.9%	522,133	447,438	1,530,733	224,009
Illawarra Shoalhaven Local Health District	95.5%	276,563	235,878	779,518	163,424
Western Sydney Local Health District	98.1%	488,899	414,757	1,469,980	198,089
Nepean Blue Mountains Local Health District	86.5%	304,772	273,277	809,937	129,515
Northern Sydney Local Health District	95.5%	470,926	403,845	1,283,880	265,134
Central Coast Local Health District	96.9%	249,368	211,079	801,918	147,848
Hunter New England Local Health District	78.0%	699,479	606,055	2,268,232	444,635
Northern NSW Local Health District	89.8%	272,548	228,879	662,515	209,994
Mid North Coast Local Health District	90.5%	201,768	164,166	683,227	138,221
Southern NSW Local Health District	80.4%	106,789	82,469	410,071	112,746
Murrumbidgee Local Health District	77.9%	161,330	132,648	578,641	145,681
Western NSW Local Health District	73.9%	214,837	180,108	929,894	214,130
Far West Local Health District	75.5%	17,693	13,574	121,578	20,949
Total NSW	91.1%	5,528,522	4,716,675	17,399,533	3,012,146
2020-21 Total	89.0%	5,142,519	4,280,409	18,459,100	3,068,887
Percentage change (%)⁹	2.1%	7.5	10.2	-5.7	-1.8
2019-20 Total	88.4	5,119,777	4,311,129	14,760,683	2,920,483
2018-19 Total	93.5	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
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
2013-14 Total	89.0	5,533,491	4,746,307		2,656,302
2012-13 Total	87.8	5,484,364	4,735,991		2,580,878
2011-12 Total	88.6	5,475,789	4,757,507		2,537,681
2010-11 Total	89.1	5,449,313	4,757,219		2,486,026
2009-10 Total	88.3	5,549,809	4,869,508		2,442,982

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 12/09/2022 **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. Northern beaches hospital is not available due to missing available beds. Facilities with peer groups other than A1 to C2 are excluded. The following bed types are excluded from all occupancy rate calculations: emergency departments, delivery suites, operating theatres, hospital in the home, recovery wards, residential aged care, community residential and respite activity. **6.** Acute activity is defined by a service category of acute or newborn. Results for Acute separations and bed days from 2018/19 onwards 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. Data as at 12/9/22. **Source:** EDWARD.

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 provides an overview of mental health activities and performance in mental health public hospitals for 2021–22 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 bed utilisation (availability and occupancy of beds), 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. These indicators measure effectiveness (28 days readmission rate), appropriateness (seclusion rate, duration and frequency) and continuity (seven days 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 2021–22

Public psychiatric hospitals, co-located psychiatric units in public hospitals and specialist mental health community team activity.

Local health districts and health networks	Average available beds ¹	Average occupied beds ²	Same-day separations ³	Overnight separations ⁴	Specialist mental health community contacts ⁵
Justice Health and Forensic Mental Health Network	230.6	204.4	4	516	352,590
Sydney Children's Hospitals Network	15.7	11.7	18	451	64,918
St Vincent's Health Network	47.3	43.4	47	1131	58,156
Sydney Local Health District	249.9	229.3	432	3281	290,252
South Western Sydney Local Health District	202.3	176.1	239	3877	605,265
South Eastern Sydney Local Health District	175.4	142.3	71	2609	693,968
Illawarra Shoalhaven Local Health District	118.0	82.9	45	2343	322,803
Western Sydney Local Health District	312.0	258.5	420	3584	375,155
Nepean Blue Mountains Local Health District	79.5	66.9	38	1888	146,905
Northern Sydney Local Health District	321.7	254.4	215	2735	808,658
Central Coast Local Health District	84.9	67.2	32	1483	431,772
Hunter New England Local Health District	312.7	239.7	132	4572	477,652
Northern NSW Local Health District	78.3	70.3	13	1530	298,192
Mid North Coast Local Health District	68.1	54.4	14	1320	195,496
Southern NSW Local Health District	68.2	40.8	95	1243	130,134
Murrumbidgee Local Health District	54.6	40.2	12	1005	207,840
Western NSW Local Health District	169.2	135.7	41	1614	279,227
Far West Local Health District	16.1	9.5	8	225	99,102
NSW – Total	2604.4	2127.5	1876	35407	5,838,085
2020–21 ⁶	2,663	2,278	2,563	38,657	6,355,663
2019–20	2,683	2,282	2,613	38,048	5,936,566
2018–19	2,744	2,340	2,512	39,244	5,828,793
2017–18	2,782	2,409	3,511	40,254	5,676,819

Definitions: **1** “Average available beds” are the average of 365 nightly census counts. This data is extracted from the Bed Reporting System by the System Information and Analytics Branch, NSW Health. An available bed is one that is staffed, open and available for admission of a patient. **2** “Average occupied beds” are calculated from the total Occupied Overnight Bed Days for the year. Higher numbers of occupied beds than available can sometime be reported due to use of surge beds to cope with high demands. **1,2** Components may not add to total in NSW due to rounding error. **3** “Same-day Separations” are those where the hospital episode begins and ends on the same day. **4** “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. **5** 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. **6** Revised ambulatory contacts, NSW 2020–2021.

Table 2. Mental Health – Acute Indicators 2021–22

Rates of 28 days readmission, 7 days post discharge community care, seclusion rate, duration, and frequency in mental health service.

Local health district, network and hospital	28 days readmission rate (%) ¹	7 days post-discharge community care rate (%) ²	Seclusion rate ³	Seclusion average duration ⁴	Seclusion frequency (%) ⁵
Justice Health and Forensic Mental Health Network	13.3	26.8	12.9	13.1	55.7
Forensic Hospital	16.0	44.0	12.9	13.1	55.7
Long Bay ⁶	7.0	31.6			
MRRCC ⁶	16.3	23.0			
Silverwater Women’s Correctional Centre ⁶	13.9	24.1			
Sydney Children’s Hospitals Network	19.4	65.7	1.4	0.3	0.4
Children’s Hospital at Westmead	20.8	63.5	0.4	0.7	0.4
Sydney Children’s Hospital Randwick	17.7	68.5	2.2	0.2	0.4
St Vincent’s Health Network	14.6	63.3	0.8	0.3	0.6
St Joseph’s	8.5	78.0	0.0	0.0	0.0
St Vincent’s	14.9	62.3	1.1	0.3	0.7
Sydney Local Health District	15.5	75.0	8.4	16.0	7.0
Concord	16.8	76.2	10.3	18.3	11.2
Royal Prince Alfred	14.4	73.9	5.2	7.9	3.1
South Western Sydney Local Health District	14.3	78.7	7.5	10.7	5.1
Bankstown	15.7	80.5	9.9	5.6	7.1
Braeside	13.1	71.4	0.0	0.0	0.0
Campbelltown	14.1	79.7	3.9	2.1	2.7
Liverpool	13.7	76.6	13.0	16.1	7.2
South Eastern Sydney Local Health District	16.9	86.8	2.6	5.1	1.9
Prince of Wales	17.1	82.3	2.4	8.9	1.9
St George	16.7	87.4	1.1	0.8	1.0
Sutherland	16.6	93.9	5.4	1.6	2.8
Illawarra Shoalhaven Local Health District	13.2	86.8	4.4	2.6	2.9
Shellharbour	14.6	85.2	4.0	2.6	2.7
Wollongong	11.3	89.1	4.7	2.6	3.1
Western Sydney Local Health District	15.6	83.9	8.0	16.9	5.8
Blacktown	15.3	85.3	7.5	5.1	3.0
Cumberland	16.4	81.3	10.6	19.8	8.4
Westmead	13.5	91.7	0.0	0.0	0.0
Nepean Blue Mountains Local Health District	18.3	68.3	4.7	11.2	3.4
Blue Mountains	15.2	74.1	1.1	2.3	1.5
Nepean	18.8	67.2	5.5	11.6	3.8
Northern Sydney Local Health District	13.7	88.1	1.5	13.4	1.5
Greenwich	6.2	90.8	0.0	0.0	0.0
Hornsby	16.5	85.6	2.9	17.0	3.0
Macquarie	8.2	90.7	0.9	2.5	1.9

Local health district, network and hospital	28 days readmission rate (%) ¹	7 days post-discharge community care rate (%) ²	Seclusion rate ³	Seclusion average duration ⁴	Seclusion frequency (%) ⁵
Royal North Shore	12.1	90.8	0.6	9.6	0.5
Central Coast Local Health District	12.2	68.6	5.9	1.7	5.4
Gosford	8.2	57.8	5.8	1.5	6.1
Wyong	14.5	74.8	5.9	1.9	5.0
Hunter New England Local Health District	14.3	72.9	8.8	3.4	3.9
Armidale	12.6	91.1	0.0	0.0	0.0
HNE Mater	14.6	71.6	10.5	3.7	4.2
John Hunter	17.8	98.0	3.3	0.3	0.8
Maitland	13.6	55.1	14.6	3.1	7.6
Manning	11.6	73.1	0.3	9.5	0.3
Morisset	11.1	61.1	4.9	2.5	19.4
Tamworth	15.0	77.3	4.3	1.4	2.7
Northern NSW Local Health District	14.7	66.3	4.8	5.6	3.5
Lismore	11.8	66.3	6.2	5.2	4.4
Tweed	18.0	66.4	2.9	6.9	2.6
Mid North Coast Local Health District	16.1	74.0	3.4	8.8	2.4
Coffs Harbour	15.2	74.3	3.7	12.1	3.0
Kempsey	16.4	81.3	0.0	0.0	0.0
Port Macquarie	17.9	69.6	3.7	1.7	2.5
Southern NSW Local Health District	14.1	72.0	2.0	1.0	1.0
Goulburn	13.4	76.2	2.9	0.9	1.3
South East Regional	15.2	65.4	0.5	1.5	0.2
Murrumbidgee Local Health District	11.2	84.0	1.4	0.8	1.0
Wagga Wagga	11.2	84.0	1.4	0.8	1.0
Western NSW Local Health District	11.3	76.6	2.1	0.8	1.9
Dubbo	14.8	69.9	1.3	0.3	1.1
Orange Health Service	10.4	78.3	2.2	0.8	2.1
Far West Local Health District	11.2	91.2	0.7	1.0	0.5
Broken Hill	11.2	91.2	0.7	1.0	0.5
NSW – Total	14.7	76.4	5.5 (5.7)	10.0 (10.2)	3.7 (3.8)
2020–21	15.2	78.3	5.6 (6.1)	7.3 (7.8)	3.7 (3.8)
2019–20	15.0	76.9	6.1 (7.9)	6.3 (8.9)	4.1 (4.2)
2018–19	14.6	75.1	5.5 (6.0)	5.6 (12.7)	3.7 (3.8)
2017–18	14.8	75.1	5.8 (6.0)	4.7 (11.1)	4.0 (4.1)

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 days following that separation. **3.** Rate: Acute seclusion episodes per 1,000 occupied bed days. **4.** Duration: Average duration of acute seclusion episodes (hours per episode). **5.** Frequency: Percentage of acute mental health hospital stays where seclusion occurred.

Note: **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.