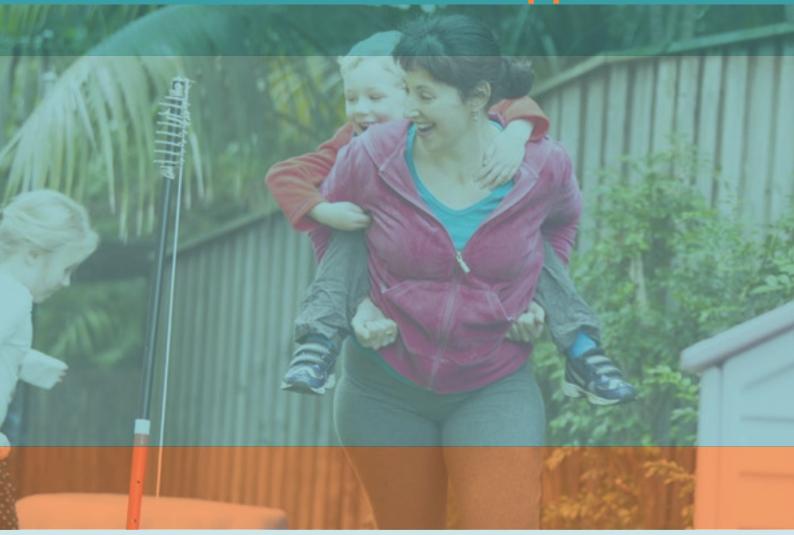
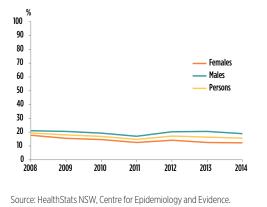
## Appendices



## APPENDIX ONE Health statistics

#### **Smoking rates**

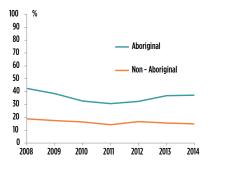
#### Current (daily or occasional) smoking in adults aged 16 years and over



#### Interpretation

In 2014, the rate of daily or occasional smoking in adults, aged 16 years and over in NSW, was 15.6 per cent (males 18.9 per cent and females 12.3 per cent). Over the period from 2002 to 2011, the rate of current smoking significantly declined from 22.5 per cent to 14.7 per cent. In 2012, the rate of current smoking was 17.1 per cent. The 2012 prevalence estimate reflects an improvement in the representativeness of the survey sample. In 2012 mobile phones were included in the survey methods for the first time and this increased the number of younger people and males in the survey sample. Both of these groups have relatively higher smoking rates, leading to a higher overall reported rate of current smoking. Since 2013, the rate of smoking has stabilised.

#### Current (daily or occasional) smoking by Aboriginality



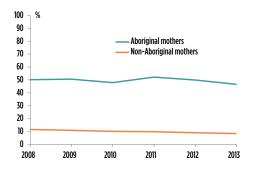
Source: HealthStats NSW, Centre for Epidemiology and Evidence.

#### Interpretation

In 2014, the rate of daily or occasional smoking in people aged 16 years and over in NSW was 37.3 per cent for Aboriginal people and 14.9 per cent for non-Aboriginal people. Aboriginal people were more than twice as likely to smoke than non-Aboriginal people. Between 2002 and 2014 there has been an overall decline in the proportion of Aboriginal adults who were current smokers, however there are large error margins around the figures for each year due to the small number of Aboriginal people in the sample.

The 2012 prevalence estimate reflects an improvement in the representativeness of the NSW Population Health Survey sample. In 2012, mobile phones were included in the survey methods for the first time and this increased the number of younger people, males, and Aboriginal people in the survey sample.

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



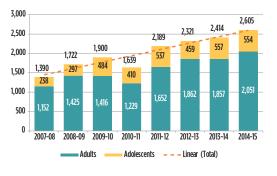
#### Interpretation

In NSW in 2013, the percentage of women who reported smoking during pregnancy was 46.6 per cent for Aboriginal women and 8.3 per cent for non-Aboriginal women. Aboriginal women are over five times more likely to report smoking during pregnancy than non-Aboriginal women. Between 2002 and 2013, there was a significant decrease in the proportion of Aboriginal women who reported smoking during pregnancy, from 58 per cent in 2002. An increase in the reported rates of smoking during pregnancy in Aboriginal women from 2010 (48 per cent) to 2011 (52 per cent) may be partly due to a change in 2011 in the question used to collect data on smoking during pregnancy. Since 2011 there was a slight decline in smoking during pregnancy among Aboriginal mothers.

Source: HealthStats NSW, Centre for Epidemiology and Evidence.

#### **Drug-related treatment rates**

## Number of adults and adolescents with mental illness diverted from court into community based treatment



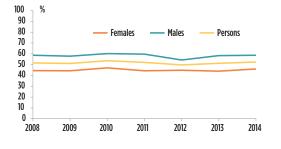
#### Interpretation

Continued performance against the target to increase the number of people with mental illness diverted from custody into appropriate care in the community. In 2014-15, the Justice Health & Forensic Mental Health Network diverted 2605 adults and adolescents with mental illness, representing an almost 8 per cent increase from last financial year.

Source: TBA.

#### Overweight and obesity rates

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



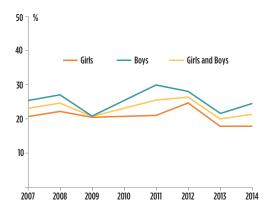
Source: HealthStats NSW, Centre for Epidemiology and Evidence.

#### Interpretation

In 2014, the NSW Adult Population Health Survey estimated that 52.5 per cent of adults aged 16 years and over in NSW were overweight or obese (58.8 per cent of males and 46.1 per cent of females). In NSW, over the 6 years between 2002 to 2008, the rate of overweight or obesity in the population increased significantly from 45.9 per cent to 51.7 per cent. Since 2010 however, the rate has remained stable.

In 2012, mobile phones were included in the survey methods for the first time and this increased the number of younger people, males, and of people born overseas in the survey sample.

Overweight or obesity in children 5 to 16 years



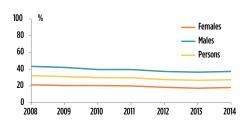
#### Interpretation

In 2014, around 27.7 per cent of children were overweight or obese. This is a substantial decrease from 30.1 per cent in 2010. The significant decrease from 2012 to 2013 has been maintained in 2014. Ongoing monitoring is required to confirm whether this reflects random fluctuation in a stable trend or is the beginning of a downward trend,

Source: HealthStats NSW, Centre for Epidemiology and Evidence.

#### **Alcohol consumption rates**

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



Interpretation

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. In 2014, the NSW Population Health Survey estimated that 27.4 per cent of adults aged 16 years and over (37.1 per cent of males and 18.1 per cent of females) consumed more than two standard alcoholic drinks on a day when they drank alcohol. Over the last ten years in NSW (2005 to 2014) the rate of alcohol consumption at levels that pose a health risk over a lifetime significantly decreased from 31.4 per cent to 27.4 per cent.

Source: HealthStats NSW, Centre for Epidemiology and Evidence.

#### **Vaccination rates**

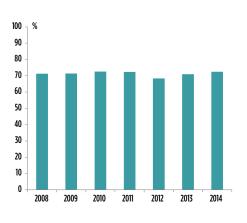
#### Children fully immunised at one year



#### Interpretation

The Australian Childhood Immunisation Register was established in 1996. Data from the Register provides information on the immunisation status of all children less than seven years of age. Aggregated data for the year 2014-15 indicate that 91 per cent of children in NSW were fully immunised at one year of age. This is consistent with the national average of 91 per cent and represents a slight increase in coverage from 2013-14.

Source: Australian Childhood Immunisation Register.



#### Adults aged 65 years and over vaccinated against influenza

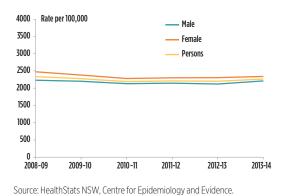
#### Interpretation

The percentage of adults aged 65 years and over vaccinated against influenza during the previous 12 months has remained stable in the last five years to 2014.

Source: HealthStats NSW, Centre for Epidemiology and Evidence.

#### **Preventive care**

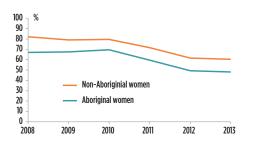
#### Potentially preventable hospitalisations by sex



#### Interpretation

Potentially preventable hospitalisations are those conditions for which hospitalisation is considered potentially avoidable through preventive care and early disease management, usually delivered in an ambulatory setting, such as primary health care (for example by general practitioners or community health centres). Rates of potentially preventable hospitalisations are consistently higher in males compared with females over time. The decline in rates between 2009-10 and 2010-11 was associated with a change in the coding of diabetes complications. Rates have been stable since this time.

#### Infant morbidity rates - First antenatal visit before 14 weeks by Aboriginal and non-Aboriginal mothers



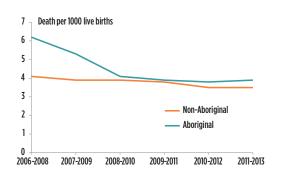
Source: HealthStats NSW, Centre for Epidemiology and Evidence.

#### Interpretation

The purpose of antenatal visits is to monitor the health of the mother and baby, provide advice to promote the health of the mother and baby and identify antenatal complications so that appropriate intervention can be provided at the earliest time. In NSW in 2013, around 50 per cent of Aboriginal mothers attended their first comprehensive visit for antenatal care before 14 weeks pregnancy, compared to 60 per cent of non-Aboriginal mothers. There was an increasing trend in early attendance rates for both Aboriginal and non-Aboriginal mothers between 2002 and 2010.

Up to 2010, the question asked at data collection was 'Duration of pregnancy at first antenatal visit'. The question: 'Duration of pregnancy at first comprehensive booking or assessment by clinician' was gradually introduced during 2011. 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 2012. The proportion was 20.3 per cent lower among Aboriginal mothers and 18.0 per cent lower among non-Aboriginal mothers in 2012 than in 2010.

#### Infant deaths by Aboriginality

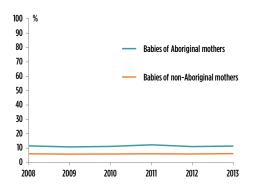


#### Interpretation

In the period 2011-2013, the infant mortality rate (death of a live-born baby within the first year of life) in NSW was 3.9 deaths per 1000 live births for Aboriginal infants, slightly higher than the 3.5 deaths per 1000 live births for non-Aboriginal infants. The Aboriginal infant mortality rate is only slightly higher than the non-Aboriginal rate. There has been a significant decrease in the Aboriginal infant mortality rate in the last ten years, and a significant decrease in the gap between Aboriginal and non-Aboriginal infants in the last five years.

Source: HealthStats NSW, Centre for Epidemiology and Evidence.

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

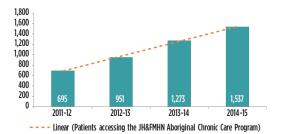


#### Interpretation

Low birth-weight babies (weighing less than 2500 grams at birth) are at greater risk of poor health outcomes including disability and death. In NSW in 2013, around 11 per cent of babies born to Aboriginal mothers were of low birth weight, compared to 6 per cent of babies born to non-Aboriginal mothers. Babies of Aboriginal mothers are almost twice as likely to be of low birth-weight than babies of non-Aboriginal mothers. Between 2002 and 2013 the rate of low birth-weight babies born to Aboriginal mothers has remained stable.

Source: HealthStats NSW, Centre for Epidemiology and Evicdence.

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



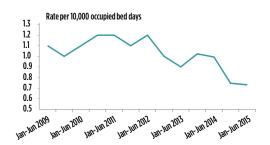
#### Interpretation

In 2014-15, there were 1537 adult and adolescent patients who accessed the Aboriginal Chronic Care Program, representing an increase of more than 20 per cent from last financial year. This program provides systematic screening, health education, health promotion and early intervention strategies for this vulnerable population.

Source: TBA.

#### **NSW** hospital performance

#### Staphylococcus Aureus bloodstream infections

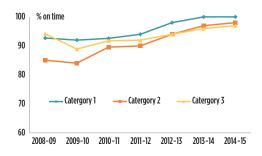


Source: NSW Health Hospital Acquired Infections reporting system.

#### Interpretation

Staphylococcus Aureus Bacteraemia reported rates in NSW have remained consistently below the Council of Australian Governments agreed benchmark of 2.0 per 10,000 bed days, with an average rate of 0.74 per 10,000 bed days since July 2014.

#### National elective surgery targets

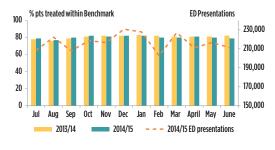


#### Interpretation

From 1 July 2014 to 30 June 2015, a total of 217,727 elective surgeries were completed. This is 1052 more than the previous year. Despite this increase, NSW achieved the Elective Surgery Access Performance Targets (former National Elective Surgery Targets) across all three clinical urgency categories in 2014-15. 97.6 per cent of patients received their surgery within clinically recommended timeframes – an improvement from 97.1 per cent the previous year.

Source: NSW Ministry of Health Information Exchange.

#### All triage categories percentage treated within benchmark



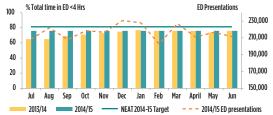
Source: NSW Ministry of Health Information Exchange.

#### Interpretation

In 2014-15, there were 2,692,838 emergency department attendances, an increase of 1.4 per cent compared to 2013-14. NSW hospitals continued to perform extremely well in all triage categories, either meeting or exceeding national benchmarks across all five triage categories.

Patients presenting to our emergency departments are classified into one of five triage categories in accordance with the Australasian Triage Scale. For example, Triage category one is allocated to the sickest patients who require immediate care. This classification system is used in emergency departments to determine the patient's priority for clinical care. Despite increasing attendances at hospital emergency departments, NSW hospitals on a year to date basis exceeded the pre-determined benchmark in all five triage categories.

## Percentage of patients with treatment completion time in the emergency department < or equal to 4 hours – National Emergency Access Target



Source: NSW Ministry of Health Information Exchange.

#### Interpretation

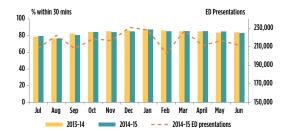
During the 2014-15, the requirement for Australian states and territories to meet the National Emergency Access Target (NEAT) ceased. Reporting to the Commonwealth for NEAT occurred until 31 December 2014.

Despite this, NSW remains committed to a benchmark to ensure that appropriate patients are admitted, transferred or discharged from emergency department within four hours. A NSW specific benchmark commenced on 1 January 2015 – known as the Emergency Treatment Performance (ETP) indicator. The target for 2014-15 for ETP was 81 per cent. The criteria for ETP remains the same as it was for NEAT; so data for the two indicators has been combined for this financial year.

In 2014-15 a total of 74.3 per cent of patients attending emergency department were treated within four hours. NSW has increased emergency performance related to NEAT and ETP by 13 percentage points since 2012 despite increasing numbers of presentations to emergency departments. In terms of actual numbers of patients benefitting from targeted improvement strategies across NSW Health, more than 730,000 additional patients have had their treatment completed in the emergency department within four hours since 2012.

Agreed trajectories have been developed in partnership with each health service to work towards meeting the ETP target of 81 per cent and ensuring timely access to care for patients in NSW emergency departments.

#### Ambulance to emergency department transfer of care

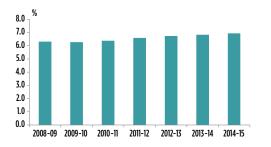


#### Interpretation

Transfer of Care measures the percentage of patients arriving by ambulance whose care is transferred from ambulance staff to the emergency department staff within 30 minutes of arrival. Although measured in the emergency department, performance to the Transfer of Care target is the responsibility of the entire hospital to ensure efficient flow of patients through the hospital system. Despite increased hospital admissions in 2014-15, transfer of care remains stable at 83 per cent, in line with the previous year. This is as a result of continued implementation of initiatives in NSW hospitals that improve patient flow. The aspirational target for Transfer of Care is 90 per cent.

Source: NSW Ministry of Health Information Exchange.

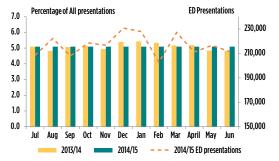
#### Unplanned/unexpected readmissions within 28 days of separation



Source: NSW Ministry of Health Information Exchange.

#### Interpretation

Over the past seven years there has been a gradual increase in unplanned/ unexpected readmissions from 6.3 per cent to 6.9 per cent. This increase is despite significant efforts by local health districts to reduce rates. The Clinical Excellence Commission, NSW Ministry of Health and local health districts remain focused on identifying and reducing potentially preventable unplanned readmissions. Not all unplanned readmissions included in these rates are preventable and factors influencing reported unplanned readmissions rates are complex and include both administrative and clinical reasons. Local health districts use this indicator to further explore the causes of unplanned readmissions and develop strategies to reduce those readmissions they identify as preventable. Factors such as admissions for other (non-related) illness, patient factors, availability of community support, discharge processes and occasionally the quality of care during the first admission (eg infection) have all been found to be contributors to patients returning for care as an admitted patient. Changes to the coding and reporting of patients' clinical information can also be a significant contributor to the number of patients flagged as having unplanned readmissions.



#### Re-presentations to the same emergency department within 48 hours

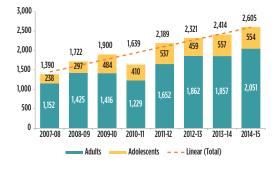
Source: NSW Ministry of Health Information Exchange.

#### Interpretation

The overall rate of unplanned representations to the same emergency department within NSW public health care facilities has remained at the same level as in 2013-14. Small variations in the month by month rates between 2013-14 and 2014-15 may be due to a range of factors including patient issues, changes in disease patterns, other seasonal effects and differences in recording practices for the assignment of a record to an unplanned status. The reasons why patients make unplanned representations to emergency departments can also be complex and varied and while this indicator measures the rate of unplanned representations within 48 hours it does not distinguish between preventable or non-preventable representations.

#### **Mental health**

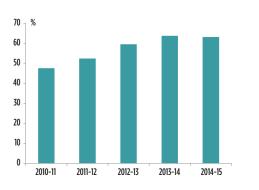
## Number of adults and adolescents with mental illness diverted from court into community based treatment



#### Interpretation

Continued performance to increase the number of people with mental illness diverted from custody into appropriate care in the community. In 2014-15, the Justice Health & Forensic Mental Health Network diverted 2605 adults and adolescents with mental illness, representing an almost 8 per cent increase from last financial year

Source: NSW Ministry of Health Information Exchange.



#### Mental health acute post-discharge community care

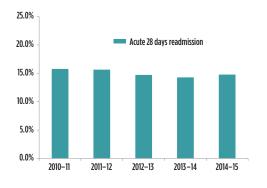
#### Interpretation

This indicator shows the Proportion of Clients Discharged from an Acute Public Mental Health Unit who are seen by a NSW Public Community Mental Health Team within 7 Days of that Discharge. It reflects the effectiveness of acute inpatient discharge planning and the integration of acute inpatient and community mental health services.

NSW showed a decrease from 63.7 per cent in 2013-14 to 63.1 per cent. NSW has improved significantly from 47.6 per cent in 2010-11. A decline in this indicator can be attributed to the exclusion of two local health districts who are involved in the implementation of a new State source system.

Source: NSW Ministry of Health Information Exchange.

#### Readmission to a mental health acute service within 28 days



Source: NSW Ministry of Health Information Exchange.

#### Interpretation

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

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

NSW has increased to 14.8 per cent from a 2013-14 value of 14.3 per cent. NSW has shown improvement since 2010-11 where the rate was 15.8 per cent.

## APPENDIX TWO Workforce statistics

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

	June 2012	June 2013	June 2014	June 2015
Medical	9,614	10,297	10,687	10,823
Nursing	42,195	43,492	44,046	44,762
Allied Health	9,019	9,297	9,410	9,576
Other Prof. and Para Professionals	3,097	3,152	3,114	3,135
Scientific and Technical Clinical Support Staff	5,820	5,965	5,996	6,057
Oral Health Practitioners and Therapists	1,170	1,233	1,259	1,253
Ambulance Officers	3,913	3,916	3,915	3,997
Sub-Total Clinical Staff	74,829	77,353	78,426	79,604
Corporate Services	3,960	4,157	4,445	4,592
IT Project Implementation Staff	247	153	123	161
Hospital Support Workers	13,129	13,633	13,860	14,370
Hotel Services	8,293	8,266	8,230	8,248
Maintenance and Trades	1,011	974	964	939
Other	410	406	342	364
Sub-Total Other Staff	27,049	27,589	27,964	28,674
Total	101,879	104,942	106,390	108,278

Source: Health Information Exchange and Health Service local data.

Notes: 1 FTE calculated as the average for the month of 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, eHealth NSW, Ambulance Service of New South Wales 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** There was a significant transfer of Public Health System staff to LifeHouse Cancer Centre in 2013/14. **5** Albury Base Hospital transferred to the management of Victoria from July 2009 and has been included in all years for reporting consistency. **6** Rounding of staff numbers to the nearest whole number in this table may cause minor differences in totals. **7** Backdated Adjustments are included in all years.

#### NSW public health system proportion of clinical staff

Medical, Nursing and Midwifery, Allied Health,	June 2012	June 2013	June 2014	June 2015
Other Health Professionals, Scientific and Technical Officers, Oral Health Practitioners and Ambulance Officers as a proportion of all staff %	73.5%	73.7%	73.7%	73.5%

Source: Health Information Exchange and Health Service local data.

Note: The data for 'clinical staff' does not include all some of the categories of staff engaged in frontline support such as ward clerks, clinical support officers, wards person, surgical dressers.

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

	June 2012	June 2013	June 2014	June 2015
NSW Health organisations supporting the Public Health System	712*	916*	1232**	1,279
Health Professional Councils Authority	88	75	82	87
Mental Health Review Tribunal	34	34	29	29

Source: Health Information Exchange and Health Service local data.

Notes: \* June 2012 includes Clinical Excellence Commission, Bureau of Health Information, Health Education and Training Institute, Agency for Clinical Innovation, Health Administration Corporation - Health Infrastructure and Ministry of Health. \*\* June 2013 added NSW Kids and Families and Health System Support group. \*\*\* June 2014 added Cancer Institute.

#### **Registered Health Professionals in NSW**

Profession	No. of registrants as at 30 June 2015 <sup>1</sup>
Aboriginal and Torres Strait Islander Health Practitioner <sup>2</sup>	54
Chinese Medicine Practitioner <sup>2</sup>	1,820
Chiropractor	1,681
Dental Practitioner	6,449
Medical Practitioner	32,183
Medical Radiation Practitioner <sup>2</sup>	4,957
Midwife	809
Nurse	92,160
Nurse and Midwife <sup>3</sup>	9,148
Occupational Therapist <sup>2</sup>	4,846
Optometrist	1,663
Osteopath	558
Pharmacist	8,969
Physiotherapist	7,943
Podiatrist	1,167
Psychologist	10,840

Source: Australian Health Practitioner Regulation Agency, June 2015.

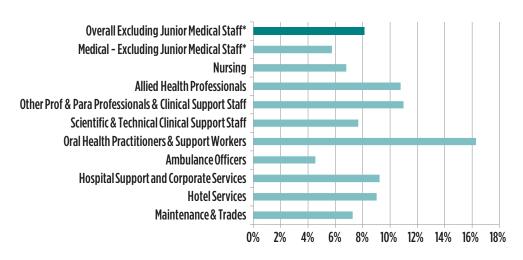
Notes: 1 Data are based on registered practitioners as at 30 June 2015. 2 Regulation of four new professions, Aboriginal and Torres Strait Islander, Chinese Medicine, Medical Radiation and Occupational Therapy practitioners, commenced on 1 July 2012. 3 Practitioners who hold dual registration as both a nurse and a midwife.

#### Staff turnover

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

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

#### Staff Turnover – Non-Casual staff separation rate (%)



Source: MOH-Health Information Exchange -PSC Data Collection..

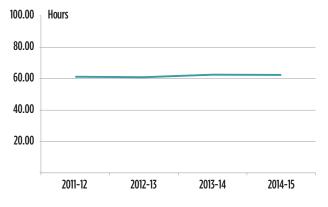
Note: JMOs of their first two years are on a term contract. Excludes Third Schedule Facilities and "Other" Treasury group. Health System Average inclusive of all Health Services, Ministry of Health, Health Pillars, HealthShare NSW, eHealth NSW, Justice Health & Forensic Mental Health, NSW Health Pathology and Ambulance Service of NSW.

#### Sick leave

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

In 2012 and between 2014-15, the use of sick leave per employee has remained constant.

#### Sick leave – annual average per FTE (hours)



Source: MOH-Health Information Exchange.

Note: Excludes Third Schedule Facilities. Average inclusive of all Health Districts, Ministry of Health, Health Pillars, HealthShare NSW, eHealth NSW, Justice Health & Forensic Mental Health, NSW Health Pathology and Ambulance Service of NSW.

#### Workers compensation

## 1. NSW Ministry of Health – Categories of Workers Compensation Claims each year from 2010-11 to 2014-15

Injury/Illness	2010-11	2011-12	2012-13	2013-14	2014-15
Body Stress	2	3	8	2	3
Slip/Trip/Fall	4	7	2	3	1
Psychological	5	3	2	0	1
Object-hit	1	0	0	0	0
Vehicle	4	2	0	0	0
Other	3	2	1	0	2
TOTAL	19	17	13	5	7

#### 2. NSW Ministry of Health – Number of new claims each year from 2010-11 to 2014-15 Financial years

Year	2010-11	2011-12	2012-13	2013-14	2014-15
Claims	19	17	13	5	7

## 3. NSW Ministry of Health – Categories of Workplace Injuries each year from 2010-11 to 2014-15 Financial years

Injury/Illness	2010-11	2011-12	2012-13	2013-14	2014-15
Body Stress	18	12	11	5	7
Slip/Trip/Fall	35	41	20	18	16
Psychological	2	3	3	2	1
Object-hit	5	3	8	6	7
Vehicle	17	7	0	1	0
Other	18	24	24	22	12
Hazard	2	9	1	0	1
TOTAL	97	99	67	54	44

#### Overseas visits by staff

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.

**Dr Kerry Chant PSM** – Chief Health Officer and Deputy Secretary Population and Public Health. Australian and New Zealand School of Government China Reciprocal Program. Beijing and Shanghai, China.

**Dr Jo Mitchell** – Director, Population Health. Australian and Ministerial Forum – Food Regulation. Auckland, New Zealand.

**Ken Whelan** – Deputy Secretary, System Purchasing and Performance. Meeting with Canterbury District Health Board. Christchurch, New Zealand

#### Key policies in 2014-15

#### *Allied Health Professional' Right of Private Practice in NSW Health Facilities* (PD2015\_017)

This policy directive addresses allied health professionals' rights and responsibilities regarding private practice arrangements in NSW Health facilities and the governance required.

#### Enrolled Nurse – Special Grade (PD2014\_037)

This policy directive assists local health districts and specialty health networks where it is determined to establish roles at the Enrolled Nurse – Special Grade level.

#### Executive Performance Management (PD2014\_027)

The purpose of this policy directive is to ensure that there are appropriate performance management processes in place for the Ministry's Public Service Senior Executive and the Health Executive Service.

Incremental Salary Progression for Part-Time Employees of the NSW Health Service (PD2014\_047) This policy directive provides advice regarding salary progression for part-time employees of the NSW Health Service.

*Leave Matters for the NSW Health Service* (PD2014\_029) The purpose of this policy directive is to consolidate all of NSW Health's policy directives relating to leave matters for the NSW Health Service.

#### Managing Misconduct (PD2014\_042)

This policy directive sets out the mandatory requirements for managing alleged or suspected misconduct by staff of the NSW Health Service or Visiting Practitioners. The document provides guidance on initial review of allegations, assessing and managing related risks, investigating the allegations, making decisions based on findings, implementing and communicating those decisions, and making mandatory notifications. The process focuses on prompt and timely management of all allegations, risk management, procedural fairness and confidentiality.

#### *Motor Vehicles- Use of within NSW Health* (PD2014\_051) This policy directive advises of the Motor Vehicle Policy for

NSW Government Agencies; it applies to NSW Health vehicles, as well as defining personal use of motor vehicles within NSW Health.

### Nurses and Midwives – Payment of the 'in charge of a ward or unit' Allowance (PD2014 038)

This policy directive clarifies the provisions relating to the payment of the 'in charge of a ward or unit' allowance provided for at Subclause 12(v) of the Public Health System Nurses' and Midwives (State) Award.

#### Nurses and Midwives – Permanent Part-time

- overtime provision for on-call roster (PD2014\_03)

This policy directive clarifies the overtime provisions relating to permanent part-time nurses and midwives participating in an on call roster. Preventing and Managing Violence in the NSW Health Workplace – A Zero Tolerance Approach (PD2015\_001) This policy directive outlines the requirements for identifying, assessing and eliminating or controlling violence related risks, and for providing an appropriate response when violence occurs.

## Salaries and Wages – Charging of Commission for Deductions (PD2014\_046)

The Policy Directive reflects the Treasurer's Direction 92/1 which makes provision for public sector employers to make deductions from salaries and wages of employees for various payments to approved organisations once those employees have signed authorities for the deductions.

Staff Specialist Emergency Physicians – Remuneration Arrangements for the period to June 2015 (PD2015\_006) This policy directive describes the remuneration arrangements for staff specialist emergency physicians to apply for the period to June 2015.

#### *Staff Specialist Rights of Private Practice Arrangement* (PD2014\_048)

This policy directive addresses the rights of private practice arrangements for Staff Specialists in respect of fees that can be charged where medical gap cover insurance is held, the availability of medical indemnity, and the disbursement of funds from the No 1 Account. This policy directive does not introduce any changes to existing practices.

#### Staff Specialists Rights of Private Practice

*Disbursement of Funds No2 Accounts* (PD2015\_009) This policy directive sets out the procedures for disbursement of the funds accrued in the No 2 Accounts which all public health organisations are required to establish as sub-ledgers in their Special Purpose and Trust Account.

#### Training, Education and Study Leave (TESL) for Staff Specialists (PD2015\_010) This policy directive outlines the standards governing Training, Education and Study Leave (TESL) for Staff Specialists.

#### *Visiting Medical Officers – Rural Doctors Settlement Package Hospitals Indexation of Fees – 1/8/2014* (PD2014\_034) This policy directive sets out the Indexation of fees for VMOs in Rural Doctors Settlement Package Hospitals.

*Work Health and Safety – Controlling Exposure to Surgical Plumes* (GL2015\_002)

This guideline provides assistance in the management of risk associated with exposure to surgical plume.

## *Work Health and Safety – Limiting Staff Exposure to Ionising Radiation* (PD2014\_026)

This guideline assists managers in meeting their duty to ensure that occupationally exposed staff are identified and prevented from being exposed to ionising radiation that exceeds the dose limits set out in Schedule 5 of the Radiation Control Regulation 2013.

#### Award changes and industrial relations claims

All industrial negotiations in 2014-15 were conducted under the provisions of the *NSW Public Sector Wages Policy 2011*. The negotiations resulted in increases of 2.27 per cent per annum for salaries and salary-related allowances, together with an increase of 0.25 per cent to superannuation contributions arising from application of Commonwealth legislation for NSW Health service employees.

For the reporting period, industrial negotiations occurred within the context of judicial proceedings as to whether or not the 2.5 per cent per annum increase allowable under the *Industrial Relations (Public Sector Conditions of Employment) Regulation 2011* was to be discounted by the 0.25 per cent increase in superannuation contributions under Commonwealth legislation effective from 1 July 2013, and the proper application of s146C of the *Industrial Relations Act 1996*.

In May 2014, the Court of Appeal found that compliance with the policy contained in the Regulation involved an inquiry as to whether any increase awarded by the Industrial Relations Commission (IRC), taken together with any other increases in employee-related costs, had the effect of increasing employee-related costs by more than 2.5 per cent per annum for the award period. As it could be established that the superannuation payment to be made for the benefit of employees led to an increase compared to the period immediately prior to the award, it was necessary for it to be taken into account in calculating the 2.5 per cent per annum limit. In August 2014, the Union parties discontinued their Application for Special Leave to Appeal the Court of Appeal decision in the High Court of Australia.

Arbitration over whether public sector awards should also contain new no extra claims clauses occurred in November 2014. In March 2015, the IRC determined the requirement in the *Industrial Relations (Public Sector Conditions of Employment) Regulation 2014* (the Regulation) that awards and orders of the IRC validly made are to resolve all issues the subject of proceedings and not allow extra claims to be made during the term of the award or order precluded 'extra claims'. The insertion of a no extra claims provisions in awards of the IRC was deemed to be superfluous.

Unions NSW on behalf of its affiliated NSW public sector unions filed an application in the IRC for a new award, seeking to reimburse employees the cost of the application fee for a Working With Children Check under the *Child Protection (Working With Children) Act 2012.* Employees are responsible for their own clearance applications.

The March 2015 decision of the IRC noted that all awards potentially affected by the application had been varied within the last 12 months in relation to remuneration and allowances. The IRC held that the submission that it lacked jurisdiction to make the award sought by Unions NSW was correct; the award sought could not be made at the time. The award application was an 'extra claim'. The IRC therefore dismissed the application for an award. The Health Services Union's application in the IRC to insert a new classification of Critical Care Paramedic (Aeromedical) into the Ambulance Operational Officers Award continued during 2014-15. The claim applies to around 55 current paramedic staff who work on helicopters and would increase salaries by up to 42 per cent. The matter is being heard in two stages with stage one considering the work value/special case claim only with the IRC determining whether a new classification and higher rate of pay is justified and if so, what that rate of pay should be. If required, a second stage hearing will consider the application of the provisions of the *Industrial Relations Act 1996* (the Act) and the Regulation which require achieved employee-related cost savings to fund increases above 2.5 per cent per annum.

Evidence in stage one was completed on 7 May. The IRC decision on stage one is expected in early 2015-16.

The Health Services Union filed an application for a new award for allied health assistants, who support and assist health professionals. This would apply to around 768 allied health assistants state-wide and has been estimated to increase salary costs by up to 15 per cent. This matter has been set down for hearing in September 2015. An important factor in the case will be the provisions of the Act and Regulation which require achieved employee-related cost savings to fund pay increases over 2.5 per cent.

#### Senior executive service

Band	20	2014		15
	Female	Male	Female	Male
Band 4	1		1	
Band 3	2	3	3	2
Band 2	11	7	12	6
Band 1	36	25	33	24
TOTALS	50	35	49	32
	81	5	8	

Band	Range	Average Remuneration	
	\$	2014	2015
		\$	\$
Band 4	430,451 - 497,300	531,100	540,300
Band 3	305,401 - 430,450	434,570	414,355
Band 2	242,801 - 305,400	272,388	274,366
Band 1	170,250 - 242,800	180,552	180,819

22.1 per cent of Ministry of Health's employee related expenditure in 2014 was related to senior executives, compared with 22.5 per cent in 2014.

# APPENDIX THREE Public hospital activity levels

#### Selected Data for the year ended June 2015 Part 1<sup>1,2,10</sup>

Local Health Districts	Separations	Planned Sep %	Same Day Sep %	Total Bed Days	Average Length of Stay (acute) <sup>3, 6</sup>	Daily Average of Inpatients <sup>4</sup>
Justice & Forensic Mental Health Network	653	92.6	48.7	66,510	100.5	182
Sydney Children's Hospitals Network	50,383	49.5	46.5	151,415	2.9	415
St Vincent's Health Network	46,319	38.5	52.5	183,577	3.3	503
Sydney Local Health District	159,973	48.0	47.5	621,283	3.6	1,702
South Western Sydney Local Health District	221,502	41.4	46.3	766,099	3.1	2,099
South Eastern Sydney Local Health District	173,143	43.9	45.1	641,871	3.3	1,759
Illawarra Shoalhaven Local Health District	94,906	37.3	43.5	381,960	3.3	1,046
Western Sydney Local Health District	173,523	41.3	45.2	618,014	3.1	1,693
Nepean Blue Mountains Local Health District	84,324	39.5	36.1	305,701	3.2	838
Northern Sydney Local Health District	142,577	32.4	38.9	630,169	3.5	1,726
Central Coast Local Health District	85,122	39.9	41.4	310,020	3.1	849
Hunter New England Local Health District	218,431	43.3	42.0	794,913	3.2	2,178
Northern NSW Local Health District	106,989	42.9	50.8	379,818	3.2	1,041
Mid North Coast Local Health District	72,883	47.7	48.4	260,592	3.2	714
Southern NSW Local Health District	51,721	44.2	52.6	158,566	2.5	434
Murrumbidgee Local Health District	71,868	38.4	48.0	225,114	2.4	617
Western NSW Local Health District	78,050	41.8	41.1	289,354	2.9	793
Far West Local Health District	8,265	49.7	47.1	30,674	2.7	84
2014-15 Total NSW	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
Percentage change (%) <sup>9</sup>	2.1	0.1	0.4	2.5	1.9	2.5
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

#### Selected Data for the year ended June 2015 Part 2 1,2,10

Local Health Districts	Occupancy Rate⁵ June 15	Acute Bed Days <sup>6</sup>	Acute Overnight Bed Days <sup>6</sup>	Non-admitted Patient Services <sup>7</sup>	Emergency Dept. Attendances <sup>8</sup>
Justice & Forensic Mental Health Network	n/a	65,208	64,890	4,726,550	n/a
Sydney Children's Hospitals Network	86.6	147,379	123,953	909,743	93,571
St Vincent's Health Network	97.8	141,397	118,160	471,924	47,260
Sydney Local Health District	84.5	559,337	483,424	1,954,193	161,644
South Western Sydney Local Health District	87.7	675,307	572,875	2,337,973	257,862
South Eastern Sydney Local Health District	91.5	520,040	451,368	2,908,902	216,206
Illawarra Shoalhaven Local Health District	93.3	290,362	249,156	1,103,092	147,066
Western Sydney Local Health District	89.4	517,831	440,050	1,812,493	169,878
Nepean Blue Mountains Local Health District	87.1	265,319	234,887	763,919	118,465
Northern Sydney Local Health District	88.2	473,532	420,208	1,173,642	198,878
Central Coast Local Health District	93.7	252,752	217,723	1,517,668	120,536
Hunter New England Local Health District	78.4	678,247	586,511	2,974,364	394,330
Northern NSW Local Health District	88.3	334,912	280,621	539,074	190,183
Mid North Coast Local Health District	79.4	223,062	188,405	484,648	112,276
Southern NSW Local Health District	60.2	121,293	94,141	525,904	100,672
Murrumbidgee Local Health District	64.8	167,305	132,919	885,447	134,734
Western NSW Local Health District	76.9	221,367	189,349	1,108,615	202,900
Far West Local Health District	61.5	20,832	16,950	148,696	26,377
2014-15 Total NSW	85.2	5,675,482	4,865,590	26,346,847	2,692,838
2013-14 Total	89.0	5,533,491	4,746,307	25,920,415	2,656,302
Percentage change (%) <sup>9</sup>	-3.7	2.6	2.5	1.6	1.4
2012-13 Total	87.8	5,484,364	4,735,991	27,918,278	2,580,878
2011-12 Total	88.6	5,475,789	4,757,507	27,145,876	2,537,681
2010-11 Total	89.1	5,449,313	4,757,219	26,302,057	2,486,026

Notes: 1 Data sourced from Health Information Exchange (HIE). The number of separations include care type changes. 2 Activity includes services contracted to private sector. Data reported are as of 8/9/2015. 3 Acute average length of stay = (Acute bed days/Acute separations). 4 Daily average of inpatients = Total Bed Days/365. 5 Bed occupancy rate is based on June data only. Facilities with peer groups other than A1a to C2 are excluded. The following bed types are excluded from all occupancy rate calculations: emergency departments, delivery suites, operating theatres, hospital in the home, recovery wards, residential aged care, community residential and respite activity. Unqualified baby bed days were included from 2002-03. 6 Acute activity is defined by a service category of acute or newborn. 7 Due to changes in reporting and recording NAPS data, figures are not directly comparable to previous years. Source: NAP DataMart as of 9/9/15. 8 Source: HIE and NAP DataMart as at 9/9/2015. Pathology and radiology services performed in emergency departments have been excluded since 2004-05. 9 Planned separations, Same day separations and occupancy rates are percentage point variance from 2013-14. 10 As Albury Base Hospital transferred on 1 July 2009 to the integrated Albury-Wodonga Health Service managed by Victoria, caution is required when comparing NSW State numbers to previous years.

## Public mental health hospitals and co-located psychiatric units in public hospitals funded and average available beds, NSW 2014-15

LOCAL HEALTH DISTRICT/ SPECIALIITY	HOSPITAL BEDS				
HEALTH NETWORK	FUNDED BEDS	AT 30 JUNE 2015	AVERAGE AVAILAB	LE BEDS <sup>2</sup> IN 2014-2015	
	ACUTE	NON-ACUTE	ACUTE	NON-ACUTE	
Sydney Children's Hospitals Network	16		13		
St Vincent's Health Network	48		49		
Sydney Local Health District <sup>4,5,6</sup>	184	71	174	64	
South Western Sydney Local Health District	154	34	158	34	
South Eastern Sydney Local Health District	136	50	131	48	
Illawarra Shoalhaven Local Health District	93	40	90	39	
Western Sydney Local Health District 7,8	169	212	168	204	
Nepean Blue Mountains Local Health District <sup>9</sup>	85	0	64	0	
Northern Sydney Local Health District	161	196	159	192	
Central Coast Local Health District	84	0	84	0	
Hunter New England Local Health District	201	170	201	170	
Northern NSW Local Health District	73	0	72	0	
Mid North Coast Local Health District	52	20	52	20	
Southern NSW Local Health District <sup>10</sup>	38	70	35	46	
Murrumbidgee Local Health District <sup>11</sup>	54	36	30	35	
Western NSW Local Health District <sup>12</sup>	78	195	76	133	
Far West Local Health District	6	10	6	10	
Justice Health & Forensic Mental Health Network	152	79	152	79	
2014-15 Total NSW <sup>3</sup>	1,784	1,183	1,716	1,074	
2013-2014 Total	1,748	1,183	1,709	1,021	
2012-2013 Total	1,701	1,107	1,674	974	
2011-2012 Total	1,689	1,083	1,649	952	
2010-2011 Total	1,664	1,098	1,616	960	

Notes: **1** Funded beds are those funded by NSW Ministry of Health. **2** Average available beds is the daily (nightly) count of the number of occupied and unoccupied beds averaged over the reporting period (2014-15). This data is extracted from the Bed Reporting System by Health System Information and Performance Reporting Branch in the Ministry of Health. In rare instances higher numbers of available beds than funded are reported. This may be due to a number of reasons such as use of surge beds in high demand periods or data inconsistencies in the available bed reporting system. **3** Components may not add to total due to rounding error. **4** Five Electro-Convulsive Therapy same day beds have been removed from Concord Hospital. The funded bed platform reports overnight beds therefore these beds have been removed to ensure consistency in reporting. **5** The non-acute Children and Adolescent beds (Thomas Walker Hospital) are opened Monday to Friday and closed on weekends, public holidays, some school holidays and regular program review weeks hence the reduced number of average available beds were opened in Blacktown Hospital in 2014-15. **8** The non-acute Children and Adolescent beds (Redbank House at Westmead Hospital) are opened Monday to Friday and closed on weekends, public holidays, some school holidays and regular program review weeks hence the reduced number of average available beds were opened in Blacktown Hospital in 2014-15. **8** The non-acute Children and Adolescent beds (Redbank House at Westmead Hospital) are opened Monday to Friday and closed on weekends, public holidays, some school holidays and regular program review weeks hence the reduced number of average available beds. **9** A new 20 bed older acute unit opened in Nepean Hospital. **10** Reduced average available beds. **11** Funding for acute beds in Albury Hospital is still provided by the NSW Ministry of Health. **12** Temporary unavailability of non-acute beds over extended periods in Orange Health Service has resulted in reduced number of average ava

#### Average available beds and treatment spaces<sup>1</sup>, June 2015<sup>2</sup> and estimated bed / treatment spaces equivalents being purchased to 2015-16

Local Health District / Specialty Health Network	Hospital	Beds			Estimated bed/tr equivalents purchase Districts/Networ	d from Local Health
	Beds Available for Admission from Emergency Department <sup>3</sup>	Other Hospital Beds <sup>4</sup>	Other Beds <sup>5</sup>	Treatment Spaces <sup>6</sup>	Additional Acute Admitted patient activity (cost weighted separations) purchased in 2015-16	Total Acute bed equivalents of additional activity
Sydney Children's Hospitals Network	329	109	16	32	4,555	34
St Vincent's Health Network	310	172	10	33	1,085	10
Sydney Local Health District <sup>7</sup>	1,236	499	35	259	1,798	17
South Western Sydney Local Health District	1,400	476	149	369	7,150	74
South Eastern Sydney Local Health District	1,212	524	140	267	4,709	46
Illawarra Shoalhaven Local Health District	741	299	55	171	2,350	25
Western Sydney Local Health District	1,009	597	166	330	6,106	
Nepean Blue Mountains Local Health District <sup>7,8</sup>	580	245	33	192	3,235	29
Northern Sydney Local Health District	1,077	656	109	285	5,262	51
Central Coast Local Health District	700	133	50	141	3,155	35
Hunter New England Local Health District	1,733	803	397	557	6,862	
Northern NSW Local Health District	637	179	72	203	1,673	
Mid North Coast Local Health District	472	156	21	143	2,542	24
Southern NSW Local Health District Murrumbidgee Local Health District <sup>9</sup>	<u> </u>	142 169	91 526	150 224	962 775	10
Western NSW Local Health District	674	344	472	326	268	2
Far West LHD	97	39	24	36	112	
Justice Health & Forensic Mental Health Network	190	155	<u> </u>	1	0	0
Total NSW <sup>10, 12, 13, 14</sup>	13,393	5,697	2,366	3,718	52,599	503
2013-14 Total <sup>10, 11</sup>	13,266	5,594	2,360	3,686	Notes: The following ass	
2012-13 Total	13,420	5,409	2,335	3,670	used to estimate the imp purchased activity: <b>A</b> Ov	act of additional
2011-12 Total	13,495	5,312	2,213	3,661	occupancy rate of 85 per	
2010-11 Total	13,442	5,203	2,082	3,598	occupancy rate of 120 pe	er cent; Same Day
Notes: 1 Source: NSW Health Bed Reporting System. the last month of each financial year. During the cour month, depending on the underlying activity. <b>3</b> 'Bed: adult acute overnight; paediatric acute overnight; me units, and medical oncology beds. These are the typ- departments. <b>4</b> 'Other hospital beds' include day onl non-acute beds (including rehabilitation); statewide and severe burns unit); neonatal intensive care unit; n types of beds usually used for selected specialty care proportion of admissions from emergency departme- include 'Hospital in the Home' and Residential/Comm admissions from emergency departments are being conditions. <b>6</b> Treatment Spaces include Same Day TF Recovery, Delivery Suites, Bassinets and Transit Lour Penrith/Kingswood (38 beds) transitioned from Nep District. <b>8</b> Beds for Hawkesbury District Health Servi treatment of public patients in that facility. <b>9</b> Totals for (managed by Victoria as part of the integrated Albur services (managed by Victoria as part of the integrated from 2009/10 have been adjusted to reflect this char Nursing Home and Governor Phillip Residential Agec management). <b>11</b> Totals for June 2014 have been adju beds at Albury hospital (24 beds). <b>12</b> In 2015 Hillston an associated reclassification of beds, which resulted emergency departments' and an increase of 20 'Oth transferred to non-local health district management June 2015 a number of 'Beds available for admission maintenance and refurbishment at Hunter New End	rse of a year, averages available for admission admissio	ge available be ssion from ern vernight; critic sed for admis her (including tincluding tran cs), and palliat ices or for sub, ther hospital b nd Respite be ospital in the F ergency Depa ary 2015 resports socal Health led to reflect c le Albury Base Service from ya Health Serv an o longer un- error for dupli- tals transition. 4 'Beds availab 12 beds at Obc ction in "Othe	ed numbers vary fr hergency departm cal care; emergency sion from emergen drug and alcohol) splant, specialist s vive care beds. Thee /non-acute services deds category. 5 Ol ds. An increasing r Home' services for artments, Operatin possibility for Tresill District to Sydney contractual arrange e Hospital Acute see 1 July 2009) and M rice from 1 July 201: 0015 exclude Lottie der Local Health D cate reporting f N ed to multipurposs ple for admission fr eron Residential A; r Beds". <b>14</b> During	ommonth to ent' include y short stay ncy ; sub and pinal injury se beds are the es. A smaller ther Beds number of appropriate g Theatre/ ian Family Care Local Health ements for the rvices tental Health 4). Results Stewart istrict fental Health eservices, with rom ged Care were the month of	units operational 5 days of additional activity con capacity (100 per cent). local health district: % of Same Day; Average cost episode; Average cost w episode; Average length acute episode.	verted to additional <b>B</b> Specific to each acute admissions as weight per Same Day eight per Overnight

#### Available beds/treatment spaces and Activity Based Reporting

Local health districts and specialty health networks are funded to provide an agreed level of health service activity to meet local needs, utilising a funding and purchasing model consistent with National Health Reform arrangements.

For 2015-16, the NSW Ministry of Health has purchased increased levels of activity from all local health districts.

In addition to funding new infrastructure in 2015-16, local health districts and specialty health networks are using innovative approaches to service delivery including

enhancement of ambulatory care, new and expanded hospital in the home services, increases in day surgery, expansion of discharge support through purchase of community packages and improved models of care.

The above Table outlines the additional acute admitted patient activity purchased for 2015-16 from each local health district and specialty health network and the related bed equivalents. The estimation model assumes that the majority of this additional patient activity outlined will require accommodation in either 'hospital beds' or 'other beds'.

## APPENDIX FOUR Mental health

In accordance with Section 108 of the *NSW Mental Health Act* (2007) this report provides an overview of mental health activities for 2014-15 in regards to data relating to the utilisation of mental health resources.

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

#### Utilisation of mental health resources

Historical tables are presented in this report with the latest updates of 2014-15 data. Yearly aggregated bed numbers and hospital activity are presented as five year time series (2010-11 to 2014-15). This report 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. the *Government Services, Mental Health Services in Australia, National Mental Health Report*).

A table of public mental health hospitals and co-located psychiatric units in public hospitals funded and average available beds in NSW for 2014-15 by local health district, is provided on page 244.

#### Total beds and activity

There were 2967 funded mental health beds in NSW as at 30 June 2015, an increase of 36 beds from 30 June 2014 (2931).

Funded Beds at 30 June	2762	2772	2808	2931	2967
Increase since 30 June 2011		10	46	169	205

Source: NSW Mental Health Bed Survey

AVERAGE AVAILABILITY (full year)	2010-11	2011-12	2012-13	2013-14	2014-15
Average Available beds	2576	2601	2648	2730	2790
Increase since 30 June 2011		25	72	154	214
Average Availability (%) of funded beds	93%	94%	94%	93%	94%

Source –NSW Bed Reporting System, Health Service Information and Performance Reporting (HSIPR) Branch

AVERAGE OCCUPANCY (full year)	2010-11	2011-12	2012-13	2013-14	2014-15
Average Occupied beds	2198	2224	2274	2268	2344
Increase since 30 June 2011		26	76	70	146
Average Occupancy (%) of available beds	85%	86%	83%	83%	84%

Source – NSW Health Information Exchange (HIE)

The funded bed numbers have increased by 7 per cent between the years of 2010-11 and 2014-15.

Average available beds are generally less than funded beds due to: (i) commissioning periods between the completion of construction and full operation of new units/beds; (ii) temporary closures due to renovation or operational issues; (iii) the effect of non-acute Child and Adolescent Mental Health Service beds which only operate during the week and school terms. In rare instances higher numbers of available beds than funded are reported. This may be due to a number of reasons such as use of surge beds in high demand periods or data inconsistencies in the available bed reporting system. Average availability is calculated by dividing the total average available beds by the total funded beds (expressed as a percentage). The average availability of funded beds across NSW in 2014-15 has increased by 1 per cent since 2010-11. In 2014-15, the average availability of funded beds was 94 per cent, an increase from 93 per cent in 2013-14.

Average occupancy is calculated by dividing the total average occupied beds by the total average available beds (expressed as a percentage). The average occupancy of available beds in 2014-15 was 84 per cent. The occupancy rates of NSW available mental health beds have remained stable since 2010-11.

#### Acute and non-acute inpatient care

Mental health inpatient services provide care under two main care types - acute care and non-acute care.

#### Mental health acute inpatient care (Separations from overnight stays)

ACUTE INPATIENT CARE	2010-11	2011-12	2012-13	2013-14	2014-15
Acute Overnight Separations	29,829	30,208	31,555	32,722	34,129
Increase since 30 June 2011		379	1726	2893	4300
Increase (%) since 30 June 2011		1%	6%	10%	14%

Source – NSW Health Information Exchange (HIE)

Over the past five years there has been an increase each year in mental health acute bed numbers and overnight acute separations. Between 2010-11 and 2014-15, funded acute beds have increased by 7 per cent and acute overnight separations by 3.4 per cent.

Funded acute beds increased from 1748 in 2013-14 to 1784 in 2014-15. New acute beds were opened in Sydney Local Health District (19 additional beds for adults in Royal Prince Alfred Hospital), Western Sydney Local Health District (two additional beds for adults in Blacktown Hospital) and Nepean

Blue Mountain Local Health District (20 additional beds for older adults in Nepean Hospital).

The increase in acute beds in 2014-15 was slightly offset by the closing of five same day electro-convulsive therapy beds in Concord Hospital. The funded bed platform reports overnight beds therefore these beds have been removed to ensure consistency in reporting. Overall in 2014-15, there were 36 new acute beds across public mental health facilities in NSW compared with 2013-14.

#### Mental health non-acute inpatient care occupied bed-days

NON-ACUTE INPATIENT CARE	2010-11	2011-12	2012-13	2013-14	2014-15
Non-acute Overnight OBDs	279,034	284,689	285,993	281,077	303,040
Increase since 30 June 2011		5655	6959	2043	24,006
Increase (%) since 30 June 2011	-	2%	2%	1%	9%

Source – NSW Health Information Exchange (HIE)

The number of funded non-acute beds in 2014-15 has remained the same as in 2013-14. There was a substantial increase in non-acute bed numbers in 2013-14. In 2013-14, non-acute bed numbers increased to 1183 from 1107 in 2012-13, an increase of almost 7 per cent.

The average availability of funded non-acute beds in 2014-15 was 5.1 per cent more than in 2013-14 (1022 in 2013-14; 1074 in

2014-15). Consequently, in 2014-15, overnight occupied bed days were almost 8 per cent higher than in 2013-14.

More detailed information on funded bed availability and operations is provided in the public psychiatric hospitals and co-located psychiatric units in public hospitals table and associated footnotes are available on page 250.

#### Ambulatory mental health care

AMBULATORY CONTACTS	2010-11	2011-12	2012-13	2013-14	2014-15
Ambulatory Contacts	2,212,711	2,326,170	2,757,412	3,332,294	3,541,219
Increase since 30 June 2011		113,459	544,701	1,119,583	1,328,508
Increase (%) since 30 June 2011		5%	25%	51%	60%

Source – NSW Health Information Exchange (HIE)

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. It includes care provided in community settings (homes and community health centres) and in hospital outpatients and emergency departments. It also includes a small number of contacts provided by mental health consultation-liaison services for people who are hospital inpatients.

The number of contacts for 2013-14 in the table above has been revised from 3,272,641 to 3,332,294. NSW mental health services report more than two million contacts each year. In 2014-15, the number of contacts increased by 6.3 per cent from 3,332,294 in 2013-14 to 3,541,219 in 2014-15. However, the 2014-15 contacts number is an underestimate of actual contacts. Commissioning of a new community mental health data collection system has led to understated reporting of contacts from two local health districts for 2014-15 in the NSW Health Information Exchange.

Ambulatory contacts will be revised/updated in the 2015-16 Annual Report, following resolution of data issues in the NSW Health Information Exchange.

#### Seclusion in acute mental health facilities

Seclusion is defined as the confinement of a consumer at any time of the day or night alone in a room or area from which free exit is prevented. The NSW Health Policy Directive on *Aggression, Seclusion & Restraint in Mental Health Facilities in NSW* (PD 2012-035) aims to reduce and, where possible, eliminate the use of seclusion and restraint in public mental

health services. Like other states and territories, NSW uses the KPI Acute Seclusion Rate, which is defined as the number of seclusion episodes per 1000 bed days in Acute Mental Health units. The indicator includes acute beds for all age groups (i.e. child and adolescent, adult, older persons) and excludes non-acute beds.

#### Seclusion rate - trend over time

Financial Sub Program	2010-11	2011-12	2012-13	2013-14	2014-15
General and Adult Care	11.3	11.1	10.1	8.9	9.1
Child and Adolescent Care <sup>ii</sup>	9.6	13.0	6.1	6.3	11.6
Forensic Psychiatric Care	1.9	2.0	4.0	2.4	2.4
NSW	9.4	9.2	8.5	7.4	7.7

Source: Manual collection from LHDs, InforMH.

Rate = Seclusion episodes per 1000 acute bed days.

Notes to table: i) Includes acute beds for all sub programs (Adult, Older, Child and Adolescent Mental Health Service and Forensic) from facilities with or without seclusion. ii) There is only one acute unit for older people: Lachlan Older Acute unit which commenced reporting in Jan-Jun 2011. The unit is not reported separately in the table but is included in the NSW total rate. ii) The Child and Adolescent program comprises a small number of inpatient units. Therefore the average is likely to be variable and more easily influenced by high rates for a small number of consumers or units.

There has been an overall downward trend in seclusion rate since 2010-11. There has been a slight rise in the seclusion rate in 2014-15 from last period.

The Supplementary Seclusion Indicators – measuring seclusion in NSW acute mental health inpatient units table

included on page X provides additional information on duration (average hours per seclusion episode) and frequency (per cent of hospitalisations where a person is secluded at least once) of seclusion for NSW Acute Mental Health facilities.

#### Mental health - public hospital activity levels

Public psychiatric hospitals and co-located psychiatric units in public hospitals – with beds gazetted under the *Mental Health Act 2007* and other non-gazetted psychiatric units

LOCAL HEALTH DISTRICT/HOSPITAL		d <sup>1</sup> beds June		Available² in year		Occupied³ n year	Sameday⁴ separations	Overnight <sup>5</sup> separations
	2014	2015	2013-14	2014-15	2013-14	2014-15	in 12 mths to 30/6/15	in 12 mths to 30/6/15
X700 Sydney Local Health District	241	255	229	238	193	197	782	3461
Acute Beds – Adult <sup>6,7</sup>	140	154	135	144	126	129	740	2965
Acute Beds – Older	30	30	30	30	29	28	3	230
Non-Acute Beds – Adult	35	35	35	35	24	24		28
Non-Acute Beds – Child/Adolescent <sup>8</sup>	36	36	29	29	14	16	39	238
X710 South Western Sydney Local Health District	188	188	188	192	173	187	128	3822
Acute Beds – Adult	144	144	144	148	138	146	126	3615
Acute Beds – Child/ Adolescent	10	10	10	10	7	7	2	105
Non-Acute Beds – Adult	34	34	34	34	29	34		102
X720 South Eastern Sydney Local Health District	186	186	169	179	155	163	119	3070
Acute Beds – Adult	124	130	125	125	114	114	85	2720
Acute Beds – Older	12	6	6	6	6	6		59
Non-Acute Beds – Adult	34	34	32	32	28	28	30	142
Non-Acute Beds – Older	16	16	6	16	6	15	4	149
X730 Illawarra Shoalhaven Local Health District	133	133	113	129	97	100	20	2105
Acute Beds – Adult	73	73	73	70	66	64	16	1647
Acute Beds – Older	14	14	14	14	12	11		161
Acute Beds – Child/ Adolescent	6	6	6	6	4	3		87
Non-Acute Beds – Adult	40	40	21	39	15	21	4	210

LOCAL HEALTH DISTRICT/HOSPITAL	at 30	d <sup>1</sup> beds ) June	beds	Available² in year	beds i	Occupied³ n year	Sameday <sup>4</sup> separations in 12 mths	Overnight separation in 12 mths
	2014	2015	2013-14	2014-15	2013-14	2014-15	to 30/6/15	to 30/6/1
X740 Western Sydney Local Health District	379	381	352	372	297	290	1,256	3499
Acute Bed – Adult <sup>9,10</sup>	148	150	144	149	136	136	111	
Acute Beds – Older	10	10	10	10	9	9	11	
Acute Beds – Child/Adolescent <sup>11</sup>	9	9	9	9	7	5		
Non-Acute Bed – Adult <sup>12</sup>	155	155	136	152		111	2	
Non-Acute Beds – Older	16	16	16	16		6	1	
Non-Acute Beds – Child/Adolescent <sup>8,13</sup>	17	17	12	12	4	2	1131	
Non-Acute Beds – Forensic	24	24	24	24		21	-	
X750 Nepean Blue Mountain Local Health District	65	85	56	67	53	65	16	1810
Acute Beds – Adult	65	65	56	64	53	62	16	
Acute Beds – Older (new beds) <sup>14</sup>	05	20	50				IU	
X760 Northern Sydney	357	<b>357</b>	345	351	284		178	
Local Health District	221	221	545	221	204	257	1/0	2231
Acute Beds – Adult	119	119	118		103	107	155	
Acute Beds – Older	30	30	29	29	26	27	8	266
Acute Beds – Child/Adolescent	12	12	6	11	4	7	2	126
Non-Acute Beds – Adult	151	151	151	151	120	125	3	
Non-Acute Beds – Older	30	30	30	30	28	29		7
Non-Acute Beds – Child/Adolescent <sup>8</sup>	15	15	11	11	20	2	10	
X770 Central Coast Local Health District	84		84	84			230	1658
Acute Beds – Adult	69	69	69	69	53	59	230	1530
Acute Beds – Older	15	15	15	15	13	13	200	128
X800 Hunter New England Local Health District	371	371	371	371	276	314	154	4885
Acute Beds – Adult	167	167	167				145	
Acute Beds – Older	22		22		22	22	1	
Acute Beds – Child/Adolescent	12	12	12	12	10		6	353
Non-Acute Beds – Adult	81				46	64	0	
Non-Acute Beds – Older	59		59	59	40	47	2	
Non-Acute Beds – Forensic	30		30	30	16	29	L	9
X810 Northern NSW	<b>73</b>	<b>73</b>	<b>73</b>			 67	18	
Local Health District	75	75	75	12			10	IJŹĴ
Acute Beds – Adult	65	65	65	64	63	62	16	. 1414
Acute Beds – Child/Adolescent	8	8	8		4	5	2	. 115
X820 Mid North Coast Local Health District	72	72	72	72	63	64	19	1345
Acute Beds – Adult	52	52	52	52	49	48	19	1269
Non-Acute Beds – Adult	20	20	20	20	15	16		
X830 Southern NSW LHD	108	108	92	81	65	67	75	1,153
Acute Beds – Adult	38	38	34	35	25	31	73	
Non-Acute Beds – Adult <sup>15</sup>	22	22	18	13	13	12	1	48
Non-Acute Beds – Older <sup>16</sup>	48	48	41	33	27	24	1	230
X840 Murrumbidgee Local Health District	90	90	70	65	53	45	18	921
Acute Beds – Adult <sup>17</sup>	54	54	50	30	40	26	8	705
Non-Acute Beds – Adult	20	20	3		2		1	
Non-Acute Beds – Adult Non-Acute Beds – Older	20 16	20 16			2 11	8 11	9	105
X850 Western NSW	273	273	207	209	156	152	<b>43</b>	1642
Local Health District	213	215	207	209	120	152	45	1042
Acute Beds – Adult	56	56	56	54	40		36	
Acute Beds – Older	12	12	12	12	11	10		67
Acute Beds – Child/Adolescent	10	10	10	10		7	7	
Non-Acute Beds – Adult <sup>18</sup>	159	159	93		, 68		,	
Non-Acute Beds – Older <sup>18</sup>	16	155	16	16	13			38
Non-Acute Beds – Forensic	20	20	20	20				

LOCAL HEALTH DISTRICT/HOSPITAL		Funded <sup>1</sup> beds at 30 June		Average Available² beds in year		Average Occupied <sup>3</sup> beds in year		Overnight⁵ separations
	2014	2015	2013-14	2014-15	2013-14	2014-15	in 12 mths to 30/6/15	in 12 mths to 30/6/15
X860 Far West Local Health District	16	16	15	16	10	11	4	211
Acute Beds – Adult	6	6	6	6	4	4	4	109
Non-Acute Beds – Adult	10	10	9	10	6	7		102
X690 St Vincent's Health Network	48	48	52	49	46	42	27	1485
Acute Beds – Adult	33	33	33	33	30	31	26	1405
Acute Beds – Older	15	15	19	16	16	11	1	80
X630 Sydney Children's Hospital Network	16	16	13	13	10	13	1	136
Acute Beds – Child/ Adolescent	16	16	13	13	10	13	1	136
X170 Justice Health & Forensic Mental Health Network	231	231	231	231	201	197	3	545
Acute Beds	152	152	152	152	122	118	3	537
Non-Acute Beds	79	79	79	79	79	79		8
NSW – TOTAL	2931	2967	2730	2790	2268	2344	3091	36,868

#### SUMMARY - Bed Type and Sub-Program

Sommar - Ded Type and Sub-Prog								
Adult Acute	1353	1375	1327	1329	1177	1200	1806	31,041
Older Acute	160	174	157	157	144	140	24	1304
Child and Adolescent Acute	83	83	74	79	53	55	20	1142
Forensic Acute	152	152	152	152	122	118	3	537
Adult Non-Acute	761	761	633	683	478	518	41	1588
Older Non-Acute	201	201	184	186	138	144	17	768
C&A Non-Acute	68	68	52	52	20	20	1180	464
Forensic Non-Acute	153	153	153	153	135	147		24

Notes: 1 "Funded beds" are those funded by the NSW Ministry of Health (MoH). 2 "Average Available beds" are the average of 365 nightly census counts. This data is extracted from the Bed Reporting System by Health System Information and Performance Reporting (HSIPR) Branch in the MoH. In rare instances higher numbers of available beds than funded are reported. This may be due to a number of reasons such as use of serge beds in high demand periods. 3 "Average occupied beds" are calculated from the total Occupied Overnight bed days for the year. 2,3 Components may not add to total in local health district/NSW due to rounding error. 4 "Same day Separations" refers to those separations when the patient is admitted and separates on the same date from the hospital. 5 "Overnight Separations" (i.e. admitted and separated on different dates) refers to the process by which an admitted patient completes an episode of care by being discharged, dying, transferring to another hospital or changing type of care. 6 Five ECT same day beds have been removed from Concord Hospital. The funded bed platform reports overnight beds therefore these beds have been removed to ensure consistency in reporting. 7 There was an increase of 19 acute beds in Royal Prince Alfred Hospital. These beds have opened in a staged manner in 2014-15. Four beds are expected to be transferred to the Eating Disorder Unit and three beds will open later in 2015. 8 The availability and occupancy of beds in the non-acute Child and Adolescent units are complicated by the fact that they operate mainly during the week days (excluding public holidays) and school term contributing to lower average availably and occupancy in the local health district. 9 Two additional adult acute beds opened in Blacktown Hospital in 2014-15. 10 One of the acute wards of Cumberland Hospital is using only 12 of its 16 beds. The future arrangements of the four closed beds are currently under discussion with Mental Health Drug and Alcohol Office (MHDAO), in the MoH. 11 One of the acute Child and Adolescent wards of Westmead Hospital is using only four of its nine beds. Five beds are temporarily closed due shortage of Child Psychiatrist. Recruitment strategies are in place. 12 One of the non-acute wards of Cumberland Hospital is closed as of January 2015. The hospital is awaiting financial advice from the MoH. 13 Two non-acute beds in Redbank are not available. The ward is operating at seven beds. 14 A new older acute 20 bed unit opened in Nepean Hospital. 15 All nine non-acute beds in the Cottages, Kenmore Hospital were unavailable following periods of low occupancy. 16 Sixteen non-acute older peoples beds were unavailable in Kenmore Hospital due to periods of low occupancy. 17 Funding for acute beds in Albury Hospital is still supplied by the MoH. However, activity is not reported as part of MoH. 18 The local health district has changed one of the 24 bed non-acute wards in Orange Health Service to acute ward and is awaiting approval from Mental Health and Drug and Alcohol Office. Four beds in this ward were unavailable. Overall, there were 87 non-acute beds in various adult and older peoples wards in Orange Health Service that were unavailable or closed for an extended period of time in 2014-15.

#### Mental health - seclusion activity levels

Supplementary Seclusion Indicators. Measuring seclusion in NSW acute mental health inpatient units.

FACILITY <sup>1</sup>	Seclusion Rate <sup>2</sup>				Average Duration <sup>3</sup>				Hospitalisation (%) <sup>4</sup>			
	2011-12	2012-13	2013-14	2014-15	2011-12	2012-13	2013-14	2014-15	2011-12	2012-13	2013-14	2014-15
Albury <sup>5</sup>	3.0	2.3	1.1		4.0	5.6	4.8		3%	2%	1%	
Bankstown	25.7	10.8	7.9	13.4	1.7	1.4	2.2	1.9	16%	8%	8%	7%
Bega	10.0	1.6	2.0	1.5	2.1	1.7	2.0	2.6	6%	2%	2%	2%
Blacktown	15.3	17.1	12.0	10.9	2.8	2.8	3.6	5.5		11%	8%	8%
Blue Mountains	0.4	3.0	3.4	5.5	5.1	2.5	2.3	1.3	1%	4%	4%	5%
Broken Hill	5.5	2.4	1.5	2.3	3.3	1.8	2.0	5.1	4%	1%	1%	2%
Campbelltown	7.7	6.8	7.2	8.2	1.6	1.5	1.7	1.6	5%	5%	5%	5%
Children's Hospital Westmead	22.1	9.9	1.4	4.1	0.6	0.5	0.4	1.9	16%	11%	3%	5%
Coffs Harbour		8.8	12.0	11.5	7.2	5.1	5.1	11.2		10%	9%	8%
Concord	11.8	10.4	13.8	9.6	4.3	3.7	5.8	6.3		9%	8%	6%
Cumberland	16.2	15.5	15.6	14.3	16.8	29.1	18.3	16.0	13%	12%	14%	14%
Dubbo	17.7	25.1	8.9	4.9	2.4	2.9	3.1	2.6	9%	14%	6%	4%
Forensic Hospital	7.0	13.4	6.9	7.1	21.4	31.0	137.8	211.5	21%	25%	31%	30%
Gosford	9.7	10.3	7.0	6.0	2.1	1.9	2.2	2.4	8%	9%	6%	5%
Goulburn	11.9	11.3	5.8	6.9	2.8	2.3	1.7	2.5	6%	6%	5%	4%
HNE Mater	8.0	10.5	6.7	9.0	3.0	2.7	1.6	2.6	4%	5%	3%	4%
Hornsby	9.4	14.1	10.8	10.8	3.1	6.1	4.1	3.6	 6%	7%	6%	9%
John Hunter	16.8	9.1	16.6	36.5	1.3	1.3	1.6	1.2	11%	6%	6%	5%
Lismore	28.2	10.9	10.9	7.3	7.9	7.2	6.1	8.9	16%	7%	7%	8%
Liverpool	11.4	8.2	7.5	10.0		4.2	3.9	5.5		5%	5%	6%
Macquarie	3.0	5.2	4.0	4.2	4.3	3.1	4.4	3.2		7%	7%	6%
Maitland	3.8	4.7	2.6	3.9		2.3	2.6	2.6	3%	3%	1%	2%
Manly	2.7	2.1	2.5	2.7	2.2	2.0	1.9	1.4	2%	2%	2%	2%
Morisset	1.7	2.9	0.0	0.0	1.1	1.6	1.5	1	5%	11%	0%	0%
Nepean	13.6	8.0	4.4	3.9	4.3	5.3	4.3	11.2		6%	3%	3%
Orange	8.8	8.2	10.9	7.8	2.3	1.4		0.7		5%	4%	4%
Port Macquarie	4.5	2.3	1.4	12.0	5.5	7.1	4.4	7.7		4%	2%	9%
Prince of Wales	10.0	10.3	9.0	13.5	6.0	9.2	5.4	4.5		5%	5%	7%
Royal North Shore	7.0	4.9	4.2	2.8	3.1	3.8	2.5	2.6	4%	3%	3%	2%
Royal Prince Alfred	6.2	5.5	2.5	2.4	2.5	2.4	2.3	2.3		5%	3%	2%
Shellharbour	6.6	7.5	8.8	8.1	5.2	10.5	12.1	4.5		6%	7%	7%
St George	1.1	1.2	0.0	2.6		5.5	1.8	3.8		1%	1%	
St Vincent's	15.7	29.1	11.6	18.0	3.3	3.5	1.5	3.6		9%	5%	8%
Sutherland	2.4	3.4	3.7	5.1	2.6	1.9	1.5	3.8	2%	3%	3%	3%
Sydney Children's Hospital <sup>6</sup>		J.4	1.7	7.1		1.5	0.7	1.4	Z /0	J /0	2%	
Tamworth	7.8	7.6	13.4	5.1	3.3	2.7	3.4	2.5		3%	 4%	3%
Taree	1.8	4.4	3.6	4.9		2.7		2.0				4%
	1.8	4.4 8.4	9.1	4.9	 6.1	4.5	5.4	5.2				4% 6%
Tweed Wagga Wagga	12.2	8.4 14.5	9.1 7.9	6.5	3.2	4.5 3.4		5.2 13.0		0%		4%
		••••••••••	•••••••••••••••••••••••••••••••••••••••		•••••••••••••••••••••••••••••••••••••••					•••••••••••	•••••••••••••••••••••••••••••••••••••••	******
Westmead	3.2	2.4	1.4	2.8	2.4	2.4	1.6	5.1	2%	2%	1%	1%
Wollongong	2.5	1.5	2.4	4.7	2.1	1.1	2.0	2.4	2%	2%	2%	4%
Wyong	12.4	12.2	9.5	9.5	3.3	2.7	3.2	3.7		9%	9%	9%
NSW Total <sup>7</sup>	10.4	9.5	8.2	8.5	5.7	7.8	9.4	10.7	7%	6%	6%	6%

Notes: 1 Include acute beds for all subprograms (Adult, Older, CAMHS, Forensic) ONLY from facilities which have seclusion. 2 Seclusion episodes per 1000 acute bed days. 3 Average duration (hours) per seclusion episode. 4 Per cent of persons hospitalised who experienced at least one episode of seclusion. 5 Albury Hospital units are under the jurisdiction of the Victorian Department of Human Services and are managed through the Victorian Hospital System; from July 2014, they are no longer included in this report. 6 This facility commenced reporting seclusion in 2013-14. 7 NSW average rate differs from the seclusion rate – trend over time (insert page no. of seclusion table 'Seclusion Rate – Trend Over Time'), as this table does not include facilities with acute beds but no seclusion.

#### Data sources for the Annual Report

The funded beds data for public health facilities was compiled from the June 2015 Bed Survey. The Survey collects data on bed numbers against bed types by financial-sub-program at ward/unit level in mental health facilities in local health districts twice a year.

Data for average available beds was compiled from the Bed Reporting System maintained by the Health System Information and Performance Reporting Branch of the NSW Ministry of Health. Average occupied beds, non-acute occupied bed days and overnight separations in public health facilities was extracted and compiled from data tables in the NSW Health Information Exchange in late August 2015.

Seclusion data is collected manually by local health districts and specialty health networks and collated by InforMH.

Ambulatory contact data was extracted in August 2015 from the Mental Health Ambulatory tables in the NSW Health Information Exchange.