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WORKPLACE CULTURE

The NSW Health Workplace Culture Framework was released in 2011-12 and outlines the characteristics of a better and more compassionate workplace culture. The Framework is a key statewide initiative designed to assist all staff in contributing to a positive workplace culture across NSW Health and to support a workplace that embodies the NSW Health CORE values of Collaboration, Openness, Respect and Empowerment.

In May 2011, NSW Health undertook an organisation-wide Health Workplace Culture Survey - entitled *YourSay*. The results of this survey were released in 2011-12 and while valuable in highlighting strengths, the survey also identified areas for improvement. The results have been used by local management to develop action plans to respond to those issues that were of concern to local staff and \$4 million was allocated in 2011-12 to support NSW public health organisations to effect those actions plans.

A Taskforce on Organisational Culture Change, chaired by the Director-General, identified strategies to support the elimination of bullying and harassment and help bring about cultural change within NSW Health. This resulted in the development of a statewide strategy aligned to the findings of the May 2011 *YourSay* staff survey and the issuing of the new Code of Conduct.

All public health entities are required to report de-identified data to the Ministry of Health on individual complaints known to Human Resources Departments, which are assessed initially as a potential bullying complaint. The total bullying complaints received for the period 1 July 2011 to 30 June 2012 is 193. This represents 0.20% of the total FTE staff in the health system (based on June 2011 FTE).

HEALTH WORKFORCE

Key Policies Released in 2011-12

Key Human Resources and Industrial Relations Policies released during the year include:

NSW Health Code of Conduct (PD2012_018)

Provides a clear framework of the expected standards of conduct for staff working in NSW Health. Incorporates the NSW Health values of Collaboration, Openness, Respect and Empowerment.

Managing Excess Staff of the NSW Health Service (PD2012_021)

Sets out the policy and procedures on managing excess staff in the NSW Health Service.

Violence Prevention and Management Training Framework for the NSW Public Health System (PD2012_008)

The policy specifies the expectations of what skills and knowledge staff, including managers, are expected to have in the prevention and management of aggressive, intimidating, threatening or violent behaviour across NSW Health.

Injury Management and Return to Work (PD2011_054)

Provides assistance to managers and supervisors in NSW Health to fulfil their legal obligations for the management of an employee's work-related injury or illness and their return to work.

Recruitment and Selection of Staff to the NSW Health Services (PD2012_028)

Sets out mandatory standards for the recruitment and selection of all staff, including staff specialists, clinical academics, security staff and junior medical officers.

Optometrists in the NSW Public Health System - Sessional Rates (PD2011_034)

Provides the formula for determining fees payable to sessional optometrists.

Chaplains Subsidy (PD2012_12)

Provides details on the subsidy for chaplaincy services.

Continuing Education Allowances (CEA) – Public Health System Nurses and Midwives (state) Award (PD2012_002)

Outlines the policy and procedures regarding the conditions, eligibility and payment for continuing education allowances for nurses and midwives, updated to reflect the Public Health System Nurses' and Midwives' (State) Award 2011.

Award Changes and Industrial Relations Claims

All negotiations conducted in 2011-12 were conducted under the provisions of the *NSW Public Sector Wages Policy 2011*. The outcomes of these negotiations were increases of 2.5 per cent per annum for salaries and salary related allowances being awarded to NSW Health Service employees.

In February 2011, the Health Services Union filed a claim for a 6% wage increase over four years. The Industrial Relations Commission (IRC) granted a 2.5% increase without including a no extra claims provision. The NSW Court of Appeal dismissed an application by the Department of Premier and Cabinet to set the matter aside. Following the Court's decision, the HSU's claim was the subject of further IRC proceedings.

Health Workforce

Over 2011-12 there was an overall increase of 3,955 FTE or 4.0% in the total health workforce. This FTE excludes overtime, Visiting Medical Officers and Affiliated Health Organisation staff.

June 2011 – June 2012:

- Medical staff increased by 681 FTE or 7.6%, excluding Visiting Medical Officers
- Nursing and Midwifery staff increased by 1,896 FTE or 4.7%⁶

- Staff represented in the Clinical Staff performance indicator (Medical, Nursing, Allied Health, Other Professionals, Oral Health professionals, Scientific and Technical and Ambulance Clinicians) increased by 3,246 FTE or 4.5%
- Ambulance Clinicians (both on-road and operational support) increased by 110 FTE, or 2.9%
- Hospital Support Workers increased by 484 FTE or 3.8%
- Corporate services staff comprise only 4.5% of total staff employed in the NSW Public Health System and other NSW Health organisations. This is consistent with 2010-11.

Number of Full Time Equivalent Staff (FTE) Employed in the NSW Public Health System June, 2009-2012

	June 2009	June 2010	June 2011	June 2012
Medical	8,134	8,517	8,933	9,614
Nursing and Midwifery	39,137	39,347	40,300	42,195
Allied Health	7,932	8,084	8,672	9,019
Other Prof. and Para Professionals	3,227	3,042	3,054	3,097
Scientific and Technical Clinical Support Staff	5,618	5,618	5,738	5,820
Oral Health Practitioners and Therapists	1,133	1,106	1,083	1,170
Ambulance Clinicians	3,587	3,663	3,804	3,913
Sub-Total Clinical Staff	68,769	69,377	71,584	74,829
Corporate Services	3,792	3,678	3,793	3,960
IT Project Implementation Staff	70	143	181	247
Hospital Support Workers	12,211	12,411	12,645	13,129
Hotel Services	8,284	8,210	8,326	8,293
Maintenance and Trades	1,123	1,073	1,032	1,011
Other	368	357	364	410
Sub-Total Other Staff	25,848	25,870	26,340	27,049
Total	94,617	95,247	97,924	101,879

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 Staff employed at Affiliated Health Organisations are not reported in the Ministry of Health's Annual Report. Albury Hospital transferred to the management of VicHealth for from July 2009, has been included in all years for reporting consistency. 3 Includes full-time equivalent (FTE) salaried staff employed with Local Health Districts, Ambulance Service of New South Wales, Albury Base Hospital, Justice and Forensic Mental Health, Health Support Services, NSW Health Pathology and Sydney Children's Hospitals Network. All non-salaried Staff such as Visiting Medical Officer (VMO) and other contracted Staff are excluded. 4 Rounding of staff numbers to the nearest whole number in this table may cause minor differences in totals. 5 The capacity to report on backdated FTE information, previously excluded from the reporting system, commenced from June 2012 and has been included in the reported figures for June 2012. Backdated FTE adjustments represent an estimated 1% of total FTE. **6 The Government commitment to 2,475 nurses in its first term relates to headcount not full time equivalent (FTE) (see page 37).** (Erratum-incorrect subtotal text-resolved)

Number of Full Time Equivalent Staff (FTE) Employed in other NSW Health organisations June, 2009-2012

	June 2009	June 2010	June 2011	June 2012
Ministry of Health, Health Infrastructure, Clinical Excellence Commission, Bureau of Health Information, Health Education Training Institute and Agency for Clinical Innovation	681	689	804	712
Health Professional Councils Authority	60	59	87	88
Mental Health Review Tribunal	26	29	35	34

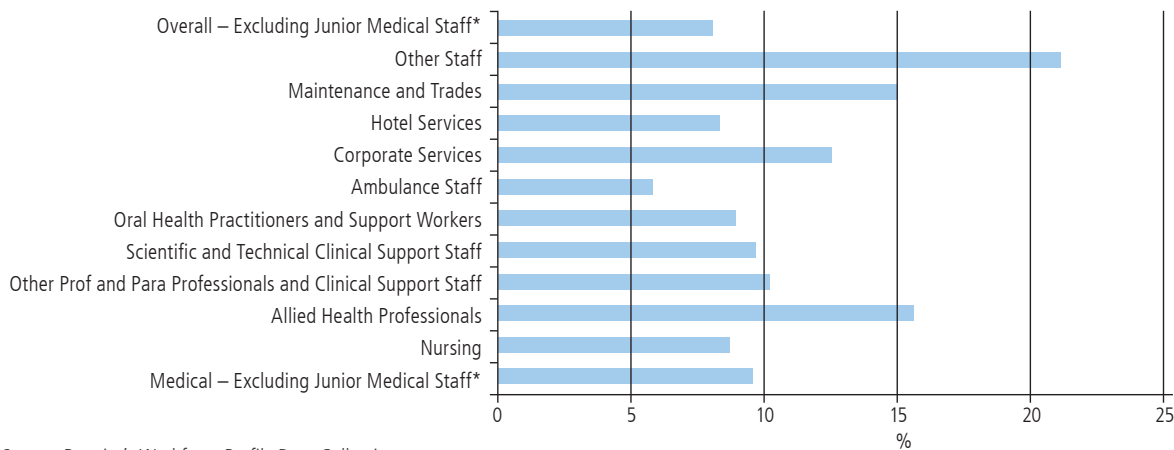
Source: Health Information Exchange and Health Service local data

NSW Public Health System Clinical Staff Ratio June, 2009-2012

	June 2009	June 2010	June 2011	June 2012
Medical, Nursing, Allied Health, Other Health Professionals, Scientific and Technical Officers, Oral Health Practitioners and Ambulance Clinicians as a proportion of all staff %	72.7%	72.8%	73.1%	73.4%

Source: Health Information Exchange and Health Service local data. Note: The data for 'clinical staff' does not include every category of staff engaged in frontline support. Clinical support staff engaged in frontline support includes ward clerks, clinical support officers, wards persons, surgical dressers etc.

Non-Casual Staff Turnover Rate by Treasury Group July, 2011-2012



Source: Premier's Workforce Profile Data Collection.

Staff Turnover – Non-Casual Staff Separation Rate (%)

The desired outcome is to reduce turnover rates within acceptable limits to increase staff stability and minimise unnecessary losses.

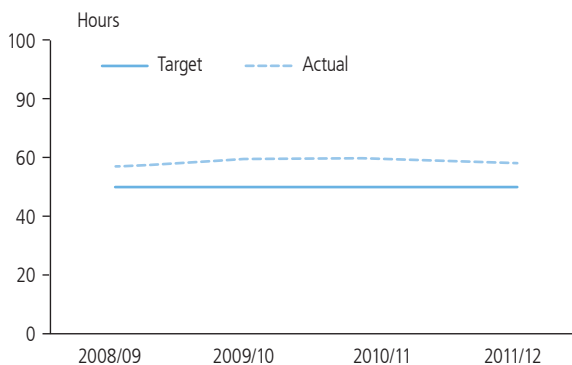
Human resources represent the largest single cost component for health services. Factors influencing staff turnover include remuneration and recognition, employer/employee relations and practices, workplace culture and organisational structure. Monitoring turnover rates over time will enable the identification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

Sick Leave – Annual Average per FTE (hours)

The desired outcome is to reduce the amount of paid sick leave taken by staff.

Effective management and monitoring can reduce the amount of sick leave taken by staff. This in turn should reduce the need for, and additional cost of, staff replacement and reduce possible negative effects on service delivery and on other staff, where replacement staff is not readily available.

Sick Leave – Annual Average per FTE (Hours)



Source: MOH-Health Information Exchange -Premier's Workforce Profile Data Collection. Note: JMOs in their first two years are on a term contract in the NSW Public Health System. Excludes Affiliated Health Organisations.

Interpretation

There has been a reduction in sick leave over the past 3 years and this provides the baseline for further effective management and monitoring to reduce sick leave to target levels.

This in turn reduces the need for, and additional cost of, staff replacement and reduced possible negative effects on service delivery and on other staff, where replacement staff are not readily available.

Medical Workforce

NSW Health undertook a number of strategies in 2011-12 to increase and enhance the medical workforce including:

- **Intern Training:** NSW Health Local Health Districts established a record 850 intern training positions for 2012.
- **Rural Preferential Recruitment:** The Rural Preferential Recruitment (RPR) Scheme allows doctors to spend the majority of their first two years training in a rural location. 75 interns commenced their prevocational training under the RPR Scheme in 2012.
- **Regional Preferential Allocation 2011-12:** The Regional Preferential Allocation (RPA) program was piloted for the 2011 intern allocation round. The aim of the RPA program is to build a sustainable regional workforce. 144 medical graduates were offered training positions in regional hospitals under the RPA program for commencement in 2012.
- **Emergency Department Workforce Research project:** In 2011-2012, Emergency Department Workforce Analysis workshops were completed at 81 NSW emergency departments. As a result, the Emergency Department Workforce Assessment Tool (EDWAT) has been developed as a workforce planning tool, which applies the principles and guidelines at the emergency department level.
- **Senior Hospitalist Initiative – Master of Clinical Medicine:** In March 2012, the Master of Clinical Medicine program was launched for non-specialist doctors in NSW hospitals to have access to a targeted Masters course designed to equip them for broader roles in coordinating care and clinical leadership.

Aboriginal Workforce

A priority for NSW Health is the continued growth of the Aboriginal Workforce. In 2011-12, NSW Health launched two key frameworks:

- **Good Health - Great Jobs:** NSW Health Aboriginal Workforce Strategic Framework: The Framework aims to increase the number of Aboriginal staff across the NSW health sector in clinical, non-clinical and leadership roles and provides direction to the NSW Health system for achievement of 2.6% Aboriginal workforce by 2015.
- **Respecting the Difference: An Aboriginal Cultural Training Framework for NSW Health:** The Framework assists with increasing cultural competencies and promotes greater understanding of the processes and protocols for delivering health services to Aboriginal people. Training resources, including eLearning modules, have been developed to provide staff with the necessary knowledge and skills to interact positively with Aboriginal people and communities and to improve engagement and communication methods to improve work practice.

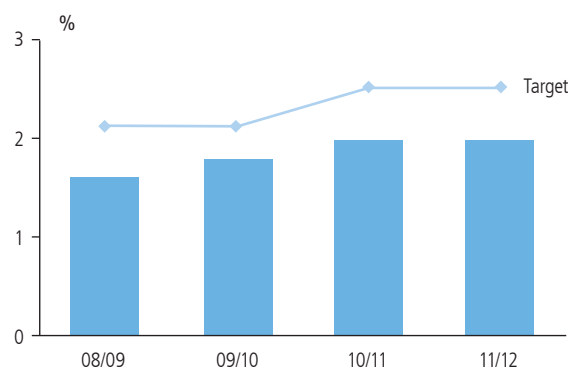
Aboriginal Staff as a Proportion of Total (%)

The desired outcome is to meet and exceed the Government's policy of 2.6% representation of Aboriginal staff in the NSW Health workforce.

NSW Health is committed to excellence in the provision of health services for Aboriginal people to assist in closing the health gap and improving the overall health and wellbeing of Aboriginal people.

To achieve this, NSW Health has identified the significance of achieving current and future benchmarks in the recruitment and retention of Aboriginal staff.

Aboriginal Staff as a proportion of total (%) against target



Source: Premier's Workforce Profile Data Collection. Note: Excludes Affiliated Health Organisations. NSW Health Average inclusive of all Local Health Networks, Health Support Services and Ambulance Service of NSW.

Interpretation

NSW Health staff entry and exit data currently highlights that we are not reaching the necessary growth per annum to achieve the targeted employment rate. Achieving the desired result will require significant recruitment drives across all parts of NSW Health and strong leadership.

Since the launch of *Good Health – Great Jobs* there has been a significant commitment made by a number of Local Health Districts to achieve this result with the establishment of a number of Local Health District Aboriginal Workforce Steering Committees to develop and implement strategies to recruit and retain Aboriginal staff.

Nursing and Midwifery Workforce

There are now more than 46,500 nurses and midwives working in full and part-time permanent positions in NSW, including 15,000 working in rural and regional areas. NSW Health fulfilled the Government's commitment to employ 2,475 additional nurses and midwives over four years. This figure was surpassed in 2011-12.

In fulfilment of the rollout of reasonable workload provisions, NSW Health has provided additional staff required to support the new staffing arrangements in the Nurses' and Midwives' Award. The additional staff required were brought on progressively, and completed by the end of June 2012.

NSW Health has undertaken a number of initiatives to retain and enhance the skills of the nursing and midwifery workforce including \$10,000 scholarships for previously registered and enrolled nurses to return to the profession; over \$3 million for 2291 scholarships; funding of more than \$14 million for nursing and midwifery graduates; and ongoing clinical skill development including the Essentials of Care program.

NSW Health leads Australia with 200 Nurse Practitioner positions. The Nurse Practitioners in NSW policy directive has been extensively revised to support expanded models of care and the scope of practice of Nurse Practitioners.

Allied Health Workforce

There are now more than 9,000 FTE allied health professionals working in full and part-time positions in NSW, including 2,652 FTE working in rural and regional areas.

NSW Health has undertaken a number of initiatives to recruit and enhance the skills of the allied health workforce:

- Over \$180,000 for the NSW Health Allied Health Aboriginal Cadetship Program, which provides support to Aboriginal students undertaking an allied health course.
- A new Allied Health Directorate within the NSW Health Education and Training Institute to provide coordination and facilitate development of clinical education and teaching resources for the allied health workforce.
- The Rural Allied Health Scholarship program which provides a range of scholarships to support undergraduates and practising clinicians. The Rural Allied Health Scholarship program provided scholarships to 56 students from a rural background in 2011-12.
- Rural Allied Clinical Placement Grants assist with the cost of travel and accommodation for students undertaking clinical experience in rural areas. In 2011-12, 386 grants were awarded.
- Rural Allied Health Postgraduate Scholarships provide clinicians working in rural NSW with financial support to undertake further study. In 2011-12, 49 scholarships were awarded.

REGISTERED HEALTH PROFESSIONALS IN NSW

PROFESSION	NO. OF REGISTRANTS AS AT 30 JUNE 2011
Chiropractor	1511
Dental Practitioner	5,989
Medical Practitioner	28,972
Registered Nurse	81,927
Registered Nurse and Midwife	13,491
Registered Midwife	418
Optometrist	1,553
Osteopath	510
Pharmacist	8,274
Physiotherapist	6,888
Podiatrist	946
Psychologist	10,066

Source: Australian Health Practitioner Regulation Agency, June 2012
 Note: Data is based on registered practitioners as at 30 June 2012 whose principal place of practice is in New South Wales.

OVERSEAS VISITS BY STAFF

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

Fiona Wynn – Associate Director, Government Relations, Mental Health and Drug and Alcohol, Strategy and Resources. *1st Stage Implementation of MOU between NSW Health and Bangkok Metropolitan Administration.* Bangkok, Thailand.

Professor Bob Batey – Clinical Advisor, Mental Health and Drug and Alcohol, Strategy and Resources. *1st Stage Implementation of MOU between NSW Health and Bangkok Metropolitan Administration.* Bangkok, Thailand

Marianne Goodwin – Associate Director, Nursing and Midwifery Office, Governance, Workforce and Corporate *Overseas recruitment campaign – Registered Nurses and Midwives.* United Kingdom and USA.

Sarah Thackway – Director, Epidemiology and Research, Population and Public Health. *Site Visits of Medical Research Organisations – related to work of the Health and Medical Research Strategic Review Committee.* Canada and Singapore.

Karen Price – Associate Director, Clinical Policy Mental Health and Drug and Alcohol, Strategy and Resources *Milwaukee Wraparound Model Workshop.* Winconsin, USA.

Richard Broome – Medical Advisor, Environmental Health and Disaster Management, Population and Public Health *23rd International Society for Environmental Epidemiology Conference.* Barcelona, Spain.

Daniel Comerford – Project Director, Emergency and Patient Flow Redesign, System Purchasing and Performance. *Hospital Efficiency Asia Summit.* Kuala Lumpur, Malaysia. (Self-funded travel)

Debra Thoms – Chief Nursing Officer, Nursing and Midwifery Office, Governance, Workforce and Corporate. *Australia and New Zealand Council of Chief Nurses Meeting* Wellington, New Zealand.

Julia McGinty – Senior Analyst, Activity Based Funding Taskforce, Strategy and Resources. *Patient Classification Systems International Winter School.* Dublin, Ireland.

Amanda Christensen – TB Program Manager, Communicable Diseases, Population and Public Health. *6th STOP TB/Pacific Island TB Controllers' Association – Sponsored by the Australian Respiratory Council.* Koror, Palau.

Jeff Standen – Manager, Environmental Health, Population and Public Health. *1st World Indigenous Housing Conference* Vancouver, Canada. (Part self-funded)

Meredith Claremont – Director, Maternity, Children and Young People's Health, Population and Public Health *National Community Child Health Council Meeting.* Wellington, New Zealand.

WORKPLACE HEALTH AND SAFETY

In accordance with the *Work Health Safety Act (NSW) 2011* and the *Work Health and Safety Regulation (NSW) 2011*, which was implemented on 1 January 2011, the Ministry maintains its commitment to the health, safety and welfare of workers and visitors to its workplace.

Highlights

The following Work Health Safety (WHS) Initiatives were implemented during 2011-12:

- Quarterly, WHS Committee meetings were held to consult on and review strategies for managing and improving workplace health and safety on behalf of employees and managers.
- As part of the Healthy Lifestyle program, the NSW Ministry of Health's Get Healthy information and coaching service was made available to employees aiming to improve health and achievement of health-related goals.
- WHS awareness strategies included bi-monthly induction presentations, WHS workplace assessments, the Safe Work Week promotion, Seasonal Influenza vaccination program, Australian Red Cross Blood donations, Workstation Clean-Up Day and exercise and relaxation activities.
- The Ministry supported and promoted the WorkCover Authority of NSW, Hazard a Guess, a young workers' injury prevention campaign and the Homecomings campaign, emphasising the importance of workplace safety for workers, family and other members.

- Certified First-Aid Officers provided first-aid assistance to staff and first aid kits were reviewed and restocked as required. Recertification in Apply First-Aid and Automated External Defibrillation was completed.
- The Ministry continued to conduct building emergency evacuation tests and emergency training sessions for fire wardens.

Strategies to improve Work Health and Safety in the Ministry include:

- Ongoing commitment to the Ministry's WHS Mission Statement.
- Promotion of Healthy Lifestyle campaigns to staff and managers on general health and wellbeing strategies
- Information, training and consultation with workers and managers on health and safety in the workplace.

Policies Issued

The Ministry of Health provided regulation and guidance on Work Health Safety to the NSW Health System.

In 2011-12, the *Injury Management and Return to Work* policy directive was issued to the health system. The policy provides assistance to managers and supervisors in NSW Health to fulfil their legal obligations for the management of an employee's work-related injury or illness and their return to work.

The Ministry also developed a series of fact sheets to assist managers and staff in the Health System to understand key aspects of the new Work Health and Safety legislation. The fact sheets covered areas such as:

- Who is a worker and what are the responsibilities of workers
- What the terms 'duty of care' and 'reasonably practicable' mean
- Who is an officer in NSW Health (minus reference to Board members) and their responsibilities
- Examples of actions that would help officers meet their 'due diligence' responsibilities
- Responsibilities for consultation, consultative arrangements and the actions required by Local Health Districts prior to January 2013.
- The role of a Health and Safety Representative and training requirements
- The role of Health and Safety Committees, including guidance on composition and frequency of meetings and training requirements.
- The requirements for managing staff exposures to blood-borne pathogens and guidance on what requires notifications to WorkCover NSW.

The Ministry acted as the liaison between the health system and WorkCover NSW where aspects of the new legislation, with statewide implications, required clarification.

NSW Ministry of Health – Number of New Claims Each Year from 2001-02 to 2010-11 Financial Years

YEAR	2001-02	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12
Claims	33	31	26	25	23	19	9	21	15	19	17

NSW Ministry of Health – Workplace Injuries by Category 2011-12

INJURY	TOTAL
Trips/Falls	39
Psychological	3
Motor Vehicle Accidents	7
Occupational Overuse Syndrome (RSI)	5
Manual Handling	3
Miscellaneous	33
Hazards Near Misses	10
Total	100

Workers Compensation

In accordance with the *Workers Compensation Act 1987* and *Workplace Injury Management and Workers Compensation Act 1998*, the NSW Ministry of Health provided access to compensation, medical assistance and rehabilitation for employees who sustained a work-related injury.

During 2011-12, 17 new claims were lodged with the Ministry's insurer. Fifteen claims were accepted; the insurer declined or reasonably excused two of the claims.

NSW Ministry of Health – Categories of Workers Compensation Claims 2011-12

INJURY/ILLNESS	TOTAL
Body Stress	3
Fall/Slip/Trip	7
Psychological	3
Object – hit	0
Vehicle	2
Other	2
Total	17

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

- Achievement of the actions and targets under the Working Together Public Sector Workplace Health and Safety and Injury Management Strategy 2010-2012.
- A focus on timely return to work strategies and effective rehabilitation programs for employees sustaining work-related injuries.
- Frequent claims reviews between the Ministry and the insurer to monitor claim activity, return to work strategies, industry performance and compensation costs.
- Ongoing commitment to promoting risk management and injury prevention strategies.

EQUAL EMPLOYMENT OPPORTUNITY

The NSW Ministry of Health has a strong commitment to equal employment opportunity (EEO) and recruits and employs staff on the basis of merit. This provides a diverse workforce and a workplace culture where people are treated with respect.

EEO activities for 2011-2012 included:

- The Ministry of Health commemorated NAIDOC week with the presentation of Aboriginal Health Awards. NAIDOC celebrations increase awareness of issues affecting Aboriginal and Torres Strait Islanders. It highlights the progress achieved by NSW Health to improve the health outcomes of Aboriginal people in NSW.
- National Sorry Day is an Australia-wide observance held on May 26 each year. It gives people the chance to come together and share the steps towards healing for the Stolen Generations, their families and communities. Sorry Day was commemorated by the Ministry on 25 May in 2012.
- The Ministry has a Disability Action Plan demonstrating how the Department contributes to a society in which people with disability participate as full citizens with optimum quality of life and independence.
- NSW Health Aboriginal Workforce Strategic Framework 2011-2015 was released as a policy directive in July 2011. The framework focuses on addressing health workforce skill gaps as well as supporting the economic and social well-being of Aboriginal people.

The key priorities of the Framework are to:

- Increase the representation of Aboriginal employees to 2.6% across NSW Health
- Increase the representation of Aboriginal people working in all health professions
- Develop partnerships between the health and education sectors to deliver real change for Aboriginal people wanting to enter the health workforce and improve career pathways for existing Aboriginal staff
- Provide leadership and planning in Aboriginal workforce development
- Provide employment to Aboriginal university graduates in health professions
- Build a NSW Health workforce which closes the gap in health outcomes between Aboriginal and non-Aboriginal people by providing culturally safe and competent health services.

EQUAL EMPLOYMENT OPPORTUNITY MANAGEMENT PLAN 2012-13

The following initiative is proposed for the 2012-13 EEO Management Plan:

- Improve and increase employment opportunities for people with a disability in the NSW public sector in accordance with the State Government EmployABILITY strategy and the Ready Willing and Able program.
- Review alternative data sources to improve the accuracy of Disability data.

A. NSW Ministry of Health – Trends in the Representation of EEO Groups

EEO Group	Benchmark or target	% OF TOTAL STAFF ²			
		2009	2010	2011	2012
Women	50%	62%	64%	61%	61%
Aboriginal people and Torres Strait Islanders	2%	1.26%	1.17%	1.00%	1.17%
People whose first language was not English	20%	19.5%	18.5%	10.32%	13.21%
People with a disability	12*	2.99%	2.75%	2.61%	2.46%

B. NSW Ministry of Health – Trends in the Distribution of EEO Groups

EEO Group	Benchmark or target	DISTRIBUTION INDEX ⁷			
		2009	2010	2011	2012
Women	100	93%	95%	93%	94%
Aboriginal people and Torres Strait Islanders	100	95%	94%	100%	94%
People whose first language was not English	100	91%	86%	92%	98%
People with a disability	100	118%	93%	97%	100%

Note: Staff numbers are as at 30 June and exclude casual staff. A distribution index of 100 indicates that the centre of the distribution of the EEO group across salary levels is equivalent to that of other staff. Values less than 100 mean that the EEO group tends to be more concentrated at lower salary levels than is the case for other staff. The more pronounced this tendency is, the lower the index will be. In some cases the index may be more than 100, indicating that the EEO group is less concentrated at lower salary levels.