
Appendix

1-4

Appendix 1

Health statistics

Early disease management

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

In 2022–23, 96.5% of Aboriginal children and 93.9% of non-Aboriginal children were fully immunised at five years, compared with 97.3% of Aboriginal children and 94.2% of non-Aboriginal children fully immunised in 2021–22.

Children fully vaccinated at one year

In 2022–23, 93.4% of children were fully immunised at one year of age, compared with 94.3% in 2021–22.

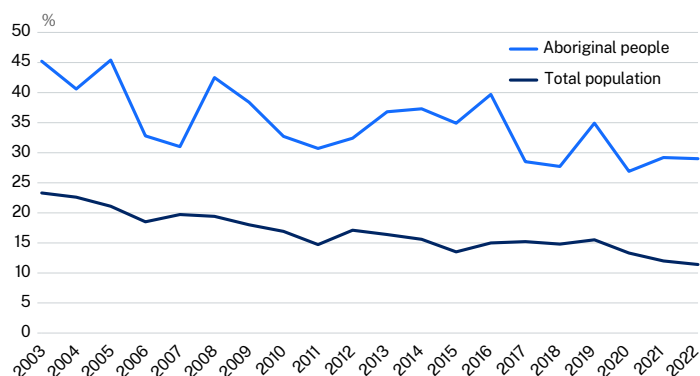
Adults aged 65 years and over vaccinated against influenza in the last 12 months

From 1 March 2023 (when the 2023 influenza vaccine became available) until 30 June 2023, 58.5% of people aged 65 and over received an influenza vaccine, compared to 61.8% of Aboriginal people in this age group. Overall, influenza vaccine coverage in NSW was 28.2% compared to 34.8% at the same time the previous year.

Smoking

Tobacco use is the leading contributor to the burden of illness and deaths in Australia. Australia has one of the most comprehensive tobacco control policies and programs in the world, which aims to continue reducing smoking prevalence in the community.

Current smoking, Aboriginal people and total population aged 16 years and over

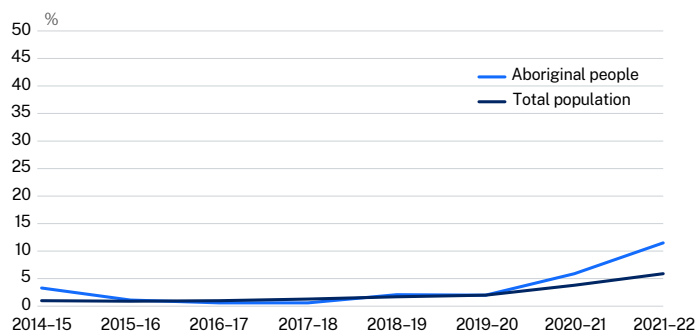


Source: HealthStats NSW, Centre for Epidemiology and Evidence, NSW Ministry of Health.

There has been a long-term reduction in current (daily or occasional) smoking over the last 20 years, with 11% of people aged 16 years and over in NSW reporting current (either daily or occasional) smoking in 2022, down from 23% in 2003.

Over the last 20 years, the trend in current smoking has also declined for Aboriginal people aged 16 years and over, from 45% in 2003 to 29% in 2022. This decline has fluctuated from year to year due to small Aboriginal population samples, and the error margins are wide.

Current e-cigarette (vape) use in people aged 16 years and older

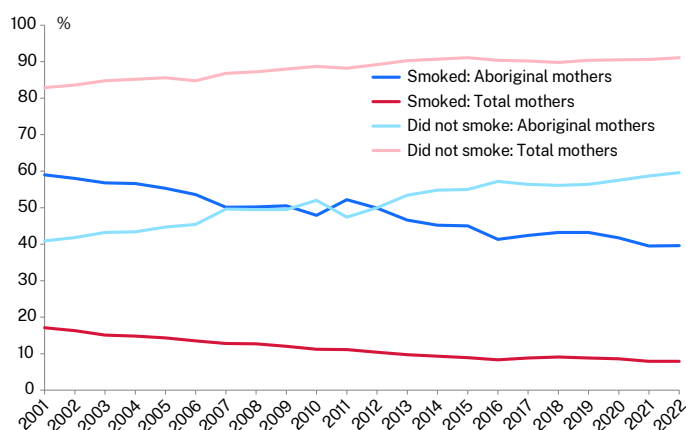


Source: HealthStats NSW, Centre for Epidemiology and Evidence, NSW Ministry of Health.

In NSW in the combined years 2021–2022, an estimated 17% of young adults aged 16–24 years and 10% aged 25–34 years were current (daily or occasional) users of e-cigarettes. This was a significant increase from the 2019–20 period where 4.5% of young adults aged 16–24 years and 2.9% aged 25–34 years were current e-cigarette users.

E-cigarettes (or vapes) are battery operated devices that heat a liquid (also known as e-liquid) to produce a vapour that users inhale. E-cigarettes are known to be harmful, especially for young people. Liquids in e-cigarettes have been found to contain chemicals such as formaldehyde, heavy metals, solvents and volatile compounds. Potential harms of vaping include nicotine addiction, nicotine poisoning, throat irritation, breathlessness, coughing, dizziness, headaches, nausea, and lung damage.

Smoking during pregnancy by Aboriginal and non-Aboriginal mothers



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

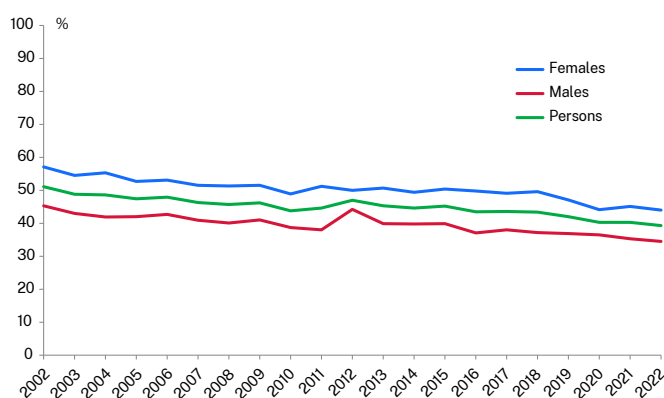
In 2022, 91% of total mothers in NSW did not smoke during pregnancy. There has been a long-term decline in mothers who smoked at all during pregnancy over the last 20 years, with just under 8% of total mothers in NSW reporting smoking during pregnancy in 2022, down from 15% in 2003.

Among Aboriginal mothers in 2022 in NSW, 60% did not smoke during pregnancy. Over the last 20 years, the trend in smoking during pregnancy declined at a faster rate for Aboriginal mothers, from 57% in 2003 to 40% in 2022.

Smoking during pregnancy is associated with a wide range of complications impacting both mother and baby.

Overweight and obesity

Healthy weight in adults aged 16 years and over

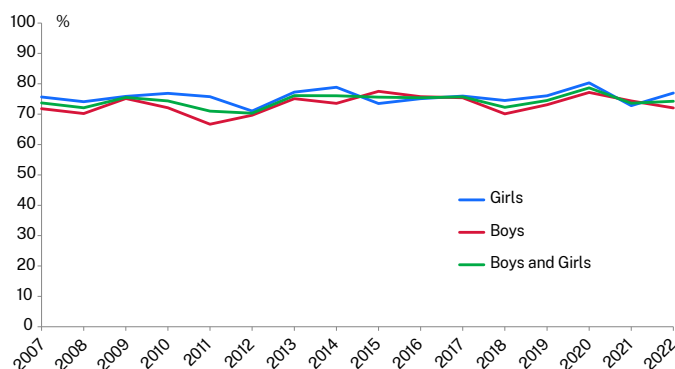


Source: HealthStats NSW, Centre for Epidemiology and Evidence, NSW Ministry of Health.

In NSW in 2022, 44% of women were a healthy weight compared to 35% of men. Over the 10 years between 2013 and 2022, the rate of healthy weight in adults aged 16 years and over gradually decreased from 45% to 39%.

The growing number of people above a healthy weight is a significant public health concern in NSW and across Australia. Increasing weight, above a healthy weight, increases the risk of developing serious chronic health conditions such as diabetes and heart disease.

Healthy weight in children 5 to 16 years

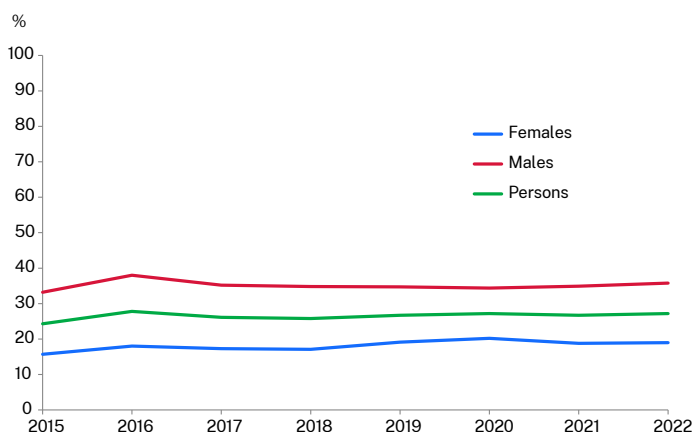


Source: NSW Population Health Survey, Centre for Epidemiology and Evidence, NSW Ministry of Health.

In 2022, 74% of children aged 5–16 years in NSW had a healthy weight (72% of boys and 77% of girls). The prevalence of healthy weight children has been stable since 2007.

Alcohol

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

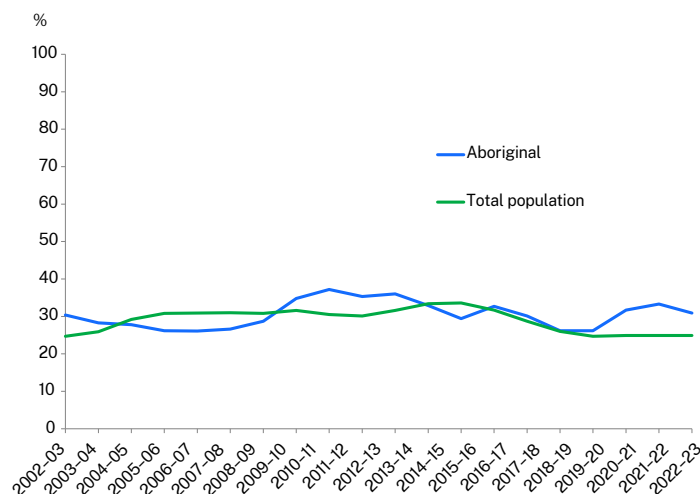


Source: HealthStats NSW, Centre for Epidemiology and Evidence, NSW Ministry of Health.

In 2022 in NSW, 27% of adults aged over 16 years (36% of men and 19% of women) consumed more than four standard alcoholic drinks on at least one occasion in the previous four weeks, posing a short-term risk to their health. Alcohol consumption at levels that pose a short-term health risk has been stable over the seven years between 2016 and 2022 in NSW.

Alcohol use is the leading contributor to the burden of illness and deaths in Australia for people aged up to 44 years and the fifth overall contributor to total burden of disease and illness for all ages.

Nil alcohol consumption adults aged 16 years and over



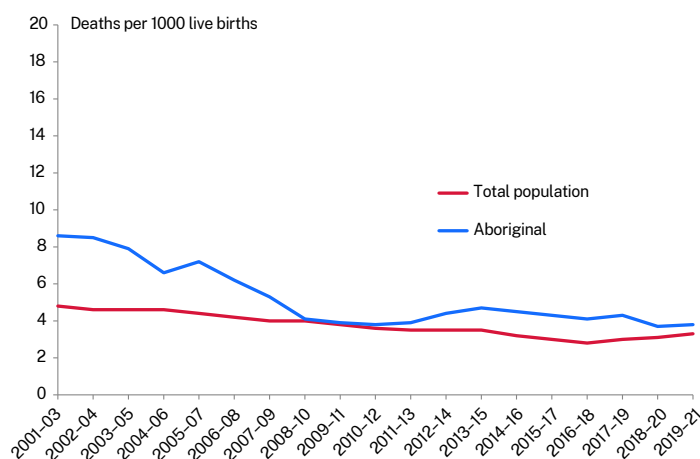
Source: HealthStats NSW, Centre for Epidemiology and Evidence, NSW Ministry of Health.

In the combined years 2021–22 in NSW, 25% of adults aged 16 years and over reported that they never drank alcohol, which has been stable since 2018–19.

Among Aboriginal adults aged over 16 years in NSW in 2021–22, 31% reported that they never drank alcohol, an increase from 2017–18 of 26%. The fluctuation is likely due to sample size and margin of error.

Aboriginal health

Infant mortality rates by Aboriginality



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

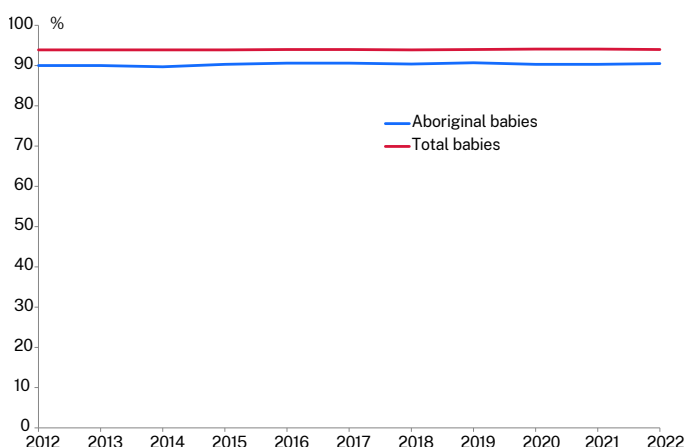
The infant mortality rate is the number of infant deaths (up to one year of age) per 1,000 births.

In the combined years 2019–21, the infant mortality rate among all infants in NSW was 3.3 per 1,000 births, which has declined from 4.8 per 1,000 births in 2001–03.

The mortality rate for Aboriginal infants in NSW in 2019–21 was 3.8 per 1,000 births. This rate has more than halved from 8.6 per 1,000 births in 2001–03.

The mortality rate among Aboriginal infants in NSW is lower than in other Australian states and territories. In the combined years 2019–2021, the infant mortality rate for all Aboriginal infants in Australia was 4.9 per 1,000 births compared with a rate of 3.8 for Aboriginal infants in NSW.

Healthy birth weight babies by Aboriginality



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

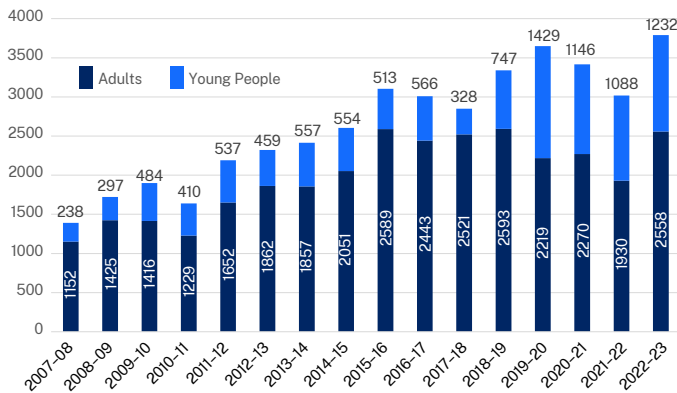
Healthy birth weight is an important indicator of an infant’s future health and is defined as babies who weighed between 2,500 and 4,499 grams at birth. Based on the National Agreement on Closing the Gap, this indicator tracks the progress on the outcome “Aboriginal and Torres Strait Islander children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

In 2022, 94% of total babies in NSW were born with a healthy birth weight. This percentage has been stable for the 10 years since 2013.

Among Aboriginal babies in NSW, just under 91% were born with a healthy birth weight, which has also been stable since 2013.

Justice health

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

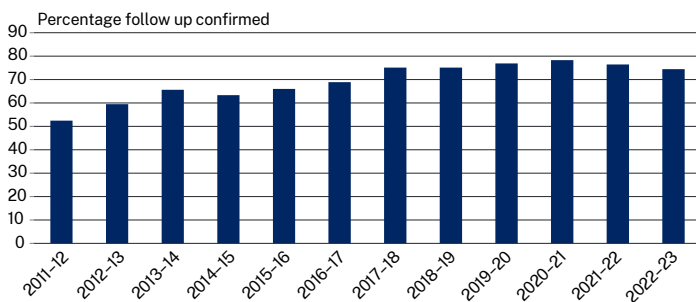


Source: Justice Health and Forensic Mental Health Network.

During 2022–23, 13,135 adults were screened. Of these 3,131 received a comprehensive mental health assessment and 3,027 were assessed as having a mental illness. From these, 2,477 (82%) were diverted away from custody into community-based treatment by Justice Health NSW (excludes diversions by Hunter New England Local Health District).

Of the 3,027 patients assessed as mentally ill, 845 identified as being Aboriginal and/or Torres Strait Islander People and 665 (79%) were successfully diverted.

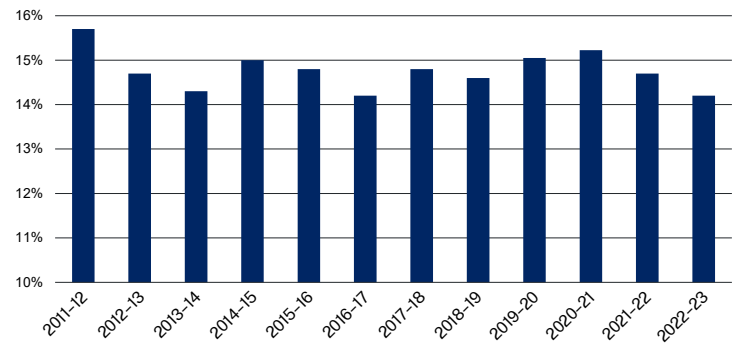
Proportion of clients discharged from an Acute Public Mental Health Unit who are seen by a Community Mental Health Team within seven days of that discharge



Source: NSW Health Information Exchange, InforMH.

This indicator shows the proportion of clients discharged from an Acute Public Mental Health Unit who are seen by a Community Mental Health Team within seven days of that discharge. It reflects the effectiveness of acute inpatient discharge planning and the integration of acute inpatient and community mental health services. In 2022-23, the rate of follow-up within seven days was 74.4%.

Readmission to a mental health acute service within 28 days

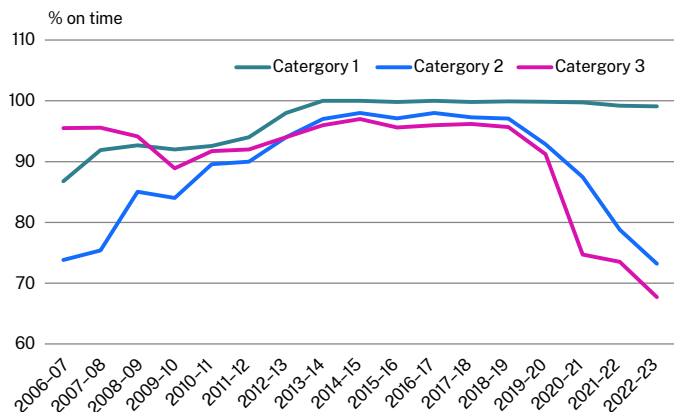


Source: NSW Health Information Exchange, SIA Branch, InforMH.

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

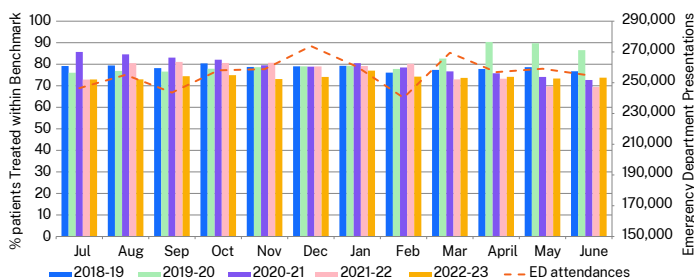
NSW hospital performance

Planned surgery patients admitted within clinically recommended times



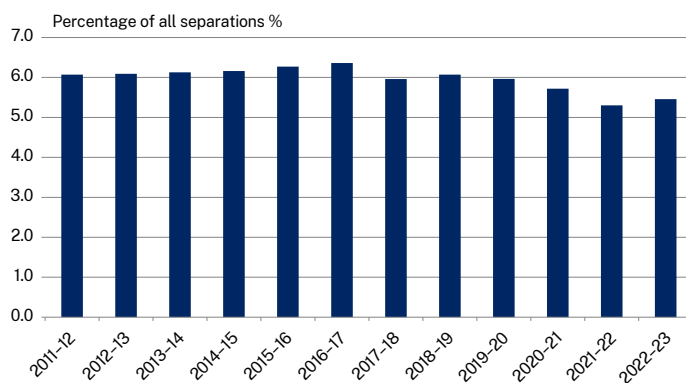
The percentage of patients who received their planned surgery within clinically recommended timeframes declined in NSW compared to the previous year. In 2022–23, the number of patients receiving their surgery on time was 99.1% for category 1 (urgent surgery), with category 2 (semi-urgent surgery) at 73.2% and category 3 (non-urgent surgery) at 67.7%. Planned surgery performance has been impacted by the completion of overdue surgeries during 2022–23 for patients whose surgery was delayed as a result of the COVID-19 pandemic.

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



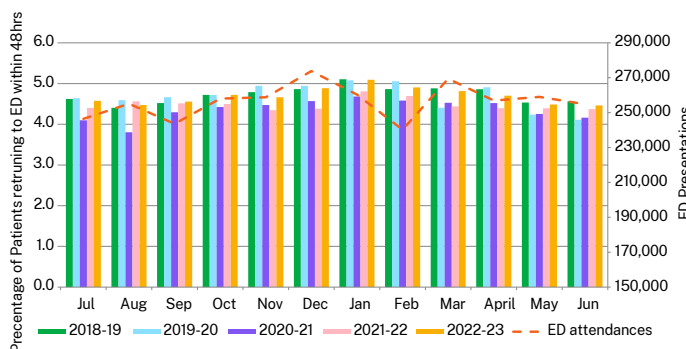
In 2022–23, more than three million patients attended a NSW public emergency department, slightly more than in 2021–22. Emergency department attendances peaked in December 2022 and March 2023. The percentage of patients seen within clinically appropriate timeframes across all triage categories decreased compared to 2021–22 for the majority of the year before increasing in the last four months of the year.

Unplanned hospital readmissions within 28 days of separation



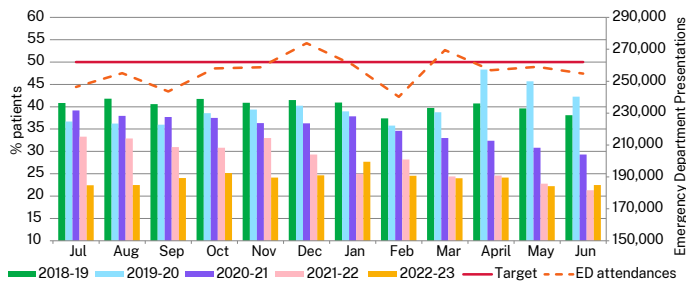
Unplanned readmissions in 2022–23 showed a small increase of 0.2 percentage points from the previous year. This rate continues the improved result of recent years. This data reflects the volume of unplanned readmissions within 28 days but does not provide an indication of whether these readmissions were preventable or unexpected.

Re-presentation to the same emergency department within 48 hours



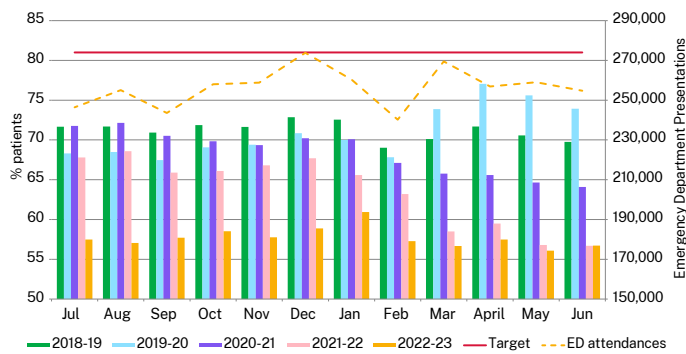
The percentage of re-presentations to emergency departments remained stable in 2022–23. Emergency departments are maintaining high levels of care while caring for fluctuating volumes of patients. Districts and networks continue their efforts towards improving patient flow in emergency departments and hospital wards.

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



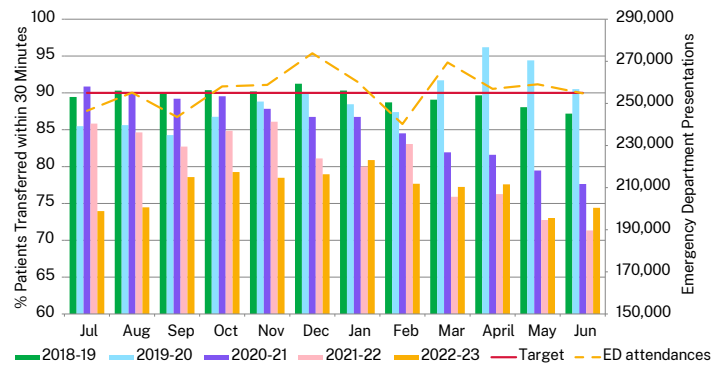
Emergency treatment timeliness for patients subsequently admitted to hospital decreased in 2022–23 as the health system experienced unpredictable activity levels and continued impacts of the pandemic, as well as an early influenza season. The overall proportion of admitted patients in 2022–23 who spent four hours or less in the emergency department prior to admission was 24%.

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



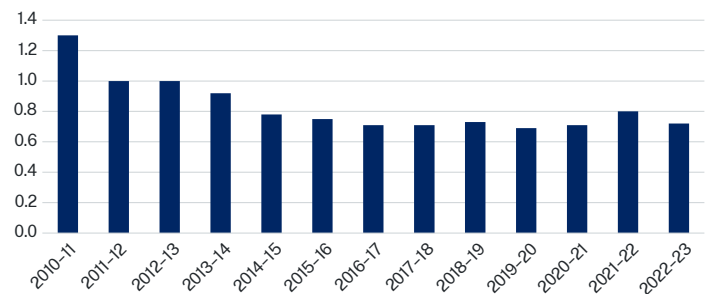
NSW Health continues its commitment to ensuring patients who present to emergency departments complete their treatment in a timely and clinically appropriate manner. Despite additional clinical protocols brought on by the COVID-19 pandemic, 57.7% of patients who presented to a NSW emergency department left within four hours following treatment, a small reduction on the result in 2021–22.

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



In 2022–23, NSW public hospitals experienced ongoing unpredictable volumes of patients attending the emergency department and the proportion of patients whose care was transferred from ambulance staff to hospital staff within 30 minutes followed a decreasing trend for the first half of the year. Although the state target of 90% was not achieved, more than 77% of patients were transferred within benchmark time, with performance improving in the final four months of the year.

Staphylococcus aureus bacteria bloodstream infections



The above graph shows the aggregate rate of healthcare associated staphylococcus aureus bloodstream infections (SA-BSI) for NSW public hospitals. The data includes both methicillin-resistant and methicillin-sensitive isolates. The rate of SA-BSI has decreased from 1.3 per 10,000 occupied bed days in 2010–11 to 0.72 per 10,000 occupied bed days in 2022–23. The overall rate of SA-BSI in NSW is below the revised national benchmark of less than one case per 10,000 bed days.

Appendix 2

Workforce statistics

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

	June 2023
Medical	15,553
Nursing	54,531
Allied Health	12,166
Other Prof. and Para Professionals	3,294
Scientific and Technical Clinical Support	7,095
Oral Health Practitioners and Therapists	1,295
Ambulance Officers	6,134
Sub-Total Clinical Staff	100,069
Corporate Services	5,446
Clinical Support	20,060
Hotel Services	9,039
Maintenance and Trades	844
Other	328
Other Staff	35,717
Total	135,786

Source: Corporate Analytics

Notes: **1.** FTE calculated as the last fortnight in June, paid productive, unproductive and overtime hours. **2.** Includes FTE salaried staff employed with local health districts, The Sydney Children's Hospitals Network, Justice Health and Forensic Mental Health Network, NSW Health Pathology, HealthShare NSW, NSW Ambulance, eHealth NSW and Albury Base Hospital. All non-salaried staff such as Visiting Medical Officer (VMO) and other contracted staff are excluded. **3.** Staff employed by Third Schedule affiliated health organisations, Non-Government Organisations and other service providers funded by NSW Health are not reported in the NSW Ministry of Health's Annual Report. **4.** Rounding of staff numbers to the nearest whole number in this table may cause minor differences in totals. **5.** The COVID-19 pandemic may result in additional or alternate care delivery requirements which may affect the current reporting of NSW Health workforce numbers in lieu of normal variations. **6.** For the FY 2021–22 workforce FTE figures, overtime FTE has been included for all workforce categories. This is to reflect workforce requirements to maintain clinical services as part of the COVID-19 pandemic response. Due to overtime inclusion, this years' FTE figures cannot be compared to any other FTE figures published in NSW Annual Reports.

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

Number of Full Time Equivalent Staff (FTE) employed in other NSW Health Organisations	June 2023
NSW Health organisations supporting the Public Health System*	2,413
Health Professional Councils Authority	158
Mental Health Review Tribunal	36

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

Historical figures for the NSW public health system

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

	June 2020	June 2021	June 2022
Medical	14,052	14,520	15,082
Nursing	50,371	52,905	53,129
Allied Health	11,244	11,613	11,703
Other Prof. and Para-Professionals	3,081	3,222	3,216
Scientific and Technical Clinical Support	6,762	6,913	6,942
Oral Health Practitioners and Therapists	1,372	1,330	1,250
Ambulance Officers	5,002	5,258	5,642
Sub-Total Clinical Staff	91,884	95,761	96,964
Corporate Services	5,477	5,472	5,455
Clinical Support	17,691	19,315	19,414
Hotel Services	8,718	8,895	8,847
Maintenance and Trades	900	894	873
Other	330	333	313
Sub-Total Other Staff	33,116	34,909	34,903
Total	125,000	130,670	131,866

Source: Corporate Analytics – Data extracted in August 2022.

Notes: **1.** FTE is last fortnight in June – paid productive, paid unproductive and paid overtime hours. **2.** Includes FTE salaried staff employed with local health districts, The Sydney Children's Hospitals Network, Justice Health and Forensic Mental Health Network, NSW Health Pathology, HealthShare NSW, NSW Ambulance, eHealth NSW and Albury Base Hospital. All non-salaried staff such as Visiting Medical Officer (VMO) and other contracted staff are excluded. **3.** Staff employed by Third Schedule Affiliated Health Organisations, Non-Government Organisations and other service providers funded by NSW Health are not reported in the NSW Ministry of Health's Annual Report. **4.** Rounding of staff numbers to the nearest whole number in this table may cause minor differences in totals. **5.** Overtime FTE has been included for all workforce categories. This is to reflect workforce requirements to maintain clinical services as part of Covid COVID-19 pandemic response. Due to overtime inclusion, this years' FTE figures cannot be compared to any other FTE figures published in NSW Annual Reports.

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

Number of Full Time Equivalent Staff (FTE) employed in other NSW Health Organisations	June 2020	June 2021	June 2022
NSW Health organisations supporting the Public Health System*	1,888	2,088	2,208
Health Professional Councils Authority	143	168	158
Mental Health Review Tribunal	34	35	32

Source: Corporate Analytics – Data extracted in August 2022.

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

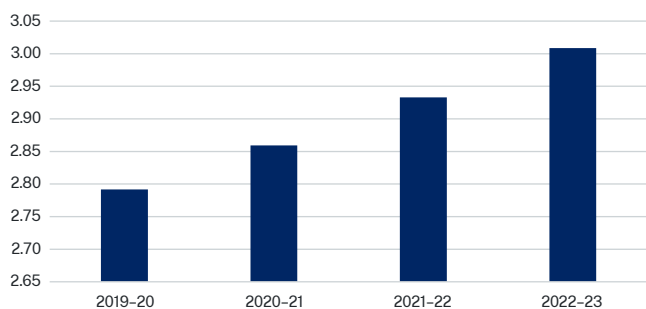
Registered practitioners

Profession	NSW
Aboriginal and Torres Strait Islander Health Practitioner	227
Chinese medicine practitioner	1,920
Chiropractor	2,092
Dental practitioner	7,818
Medical practitioner	40,356
Medical radiation practitioner	6,279
Midwife	1,899
Nurse	117,950
Nurse and midwife	7,149
Occupational therapist	7,978
Optometrist	2,152
Osteopath	659
Paramedic	6,171
Pharmacist	10,613
Physiotherapist	12,046
Podiatrist	1,716
Psychologist	14,867
Total 2022–23	241,892
Total 2021–23	238,369

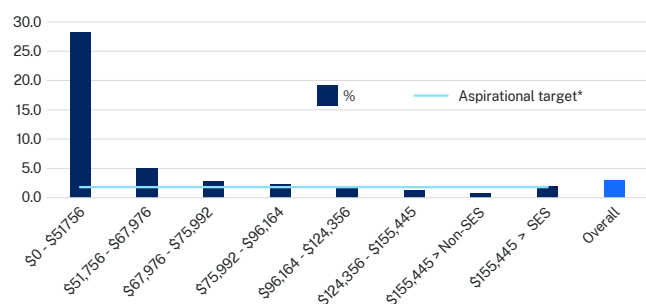
Source: Australian Health Practitioner Regulation Agency, June 2023.

Notes: **1.** Registrants who hold dual registration as both a nurse and a midwife. **2.** Throughout this report, the term 'podiatrist' refers to both podiatrists and podiatric surgeons unless otherwise specified. **3.** Includes practitioners registered on the temporary sub-register created in response to the COVID-19 pandemic. The pandemic sub-register was closed on 8 June 2023 and any practitioners who remained on it were transitioned to the main Register of practitioners.

Aboriginal staff as a proportion of total percentage



Aboriginal staff by salary band

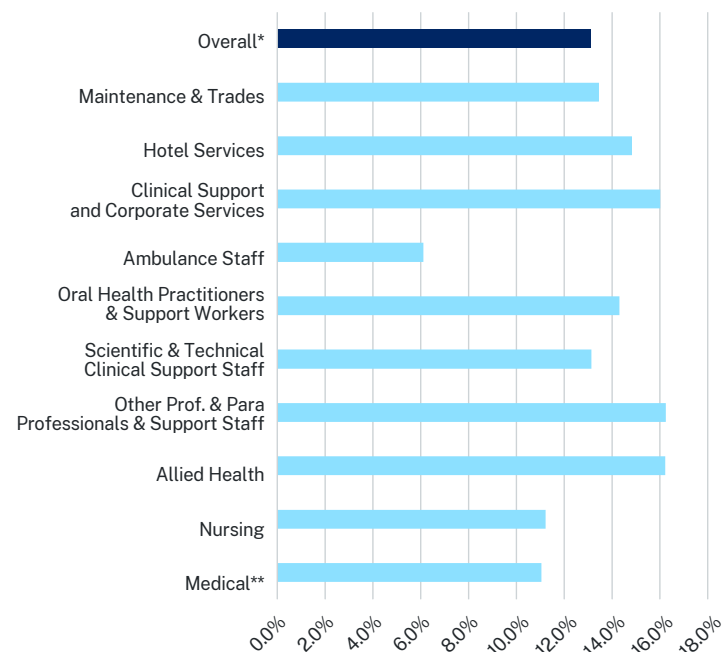


Source: Public Service Commission data collection 2022-23.
 Note: NSW Public Health System excludes Third Schedule Facilities. The NSW Public Sector Aboriginal Employment Strategy 2014-17 introduced an aspirational target of 1.8% by 2021 for each of the sector’s salary bands. If the aspirational target of 1.8% is achieved in salary bands not currently at or above 1.8%, the cumulative representation of Aboriginal employees in the sector is expected to reach 3.3% (original overall target is 2.6%).

Staff turnover

The desired outcome is to have turnover rates within acceptable limits to ensure system stability. As at June 2023, the staff turnover rate was 13.1% a reduction of 0.8%. These higher than usual turnover rates are primarily attributed to changes in service delivery as pandemic responses are brought back into line with normal activity.

Non-casual staff turnover rate by treasury group in 2022-23



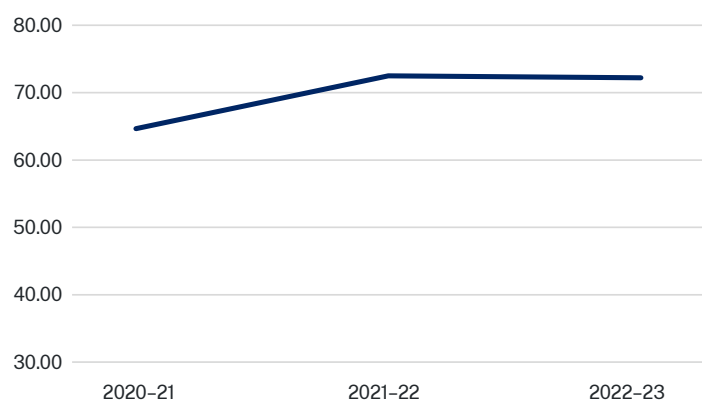
Source: Public Service Commission data collection.
 Note: *Excludes Third Schedule Facilities, ‘Other’ Treasury Group and Junior Medical Officers. ** Excluding Junior Medical Officers (JMOs are on a term contract). Health System Average inclusive of all local health districts, NSW Ministry of Health, Health Pillars, HealthShare NSW, eHealth NSW, Justice Health and Forensic Mental Health Network, NSW Health Pathology, Cancer Institute NSW, Albury Hospital and NSW Ambulance.

Sick leave

Sick leave hours per full-time equivalent has seen a slight decrease on last year with 72.21 hours per FTE in 2022-23 compared to 72.49 hours per FTE in 2021-22.

Source: Corporate Analytics.
 Note: Excludes Third Schedule Facilities and casual employees. Average inclusive of all local health districts, NSW Ministry of Health, health pillars, HealthShare NSW, eHealth NSW, Justice Health and Forensic Mental Health Network, NSW Health Pathology, Cancer Institute NSW, Albury Hospital and NSW Ambulance.

Sick leave average hours per full-time equivalent



Key policies 2022–23

Employee Assistance Programs (PD2022_048)

This Policy Directive outlines standards for Employee Assistance Programs (EAPs) to ensure employees have access to effective assistance services. The Ministry has also developed a Mental Health and Wellbeing Framework intended to provide strategic direction for the creation of psychologically safe workplaces where psychosocial risks are identified, eliminated or controlled. Work has commenced on an action plan to ensure the implementation of the Framework.

Fatigue Management in NSW Health workplaces (GL2023_012)

This Guideline provides a risk management approach for managing work related fatigue. It includes guidance on identifying areas at increased risk for work-related fatigue, assessing the Work Health and Safety related issues and providing strategies to eliminate work related fatigue as much as possible or to minimise its impact where it cannot be eliminated.

Leave Matters for the NSW Health Service (PD2022_006)

This policy summarises leave entitlements, administration and management for employees of the NSW Health service. The policy directive was reviewed and reissued in February 2023 to reflect enhanced leave provisions for parental leave and leave to support employees experiencing domestic and family violence.

Work Health and Safety Audits (PD2023_010)

This Policy sets out the requirement for NSW Health organisations to undertake work health and safety (WHS) audits. Audits are conducted to determine the effectiveness of management systems, to identify the strengths and opportunities for improvements and to ensure compliance with the WHS legislation and NSW Health policies and procedures. This Policy provides a consistent, effective approach for gathering information on which a NSW Health organisation can plan and implement WHS improvements.

Overseas visits

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

Name	Position	Reason for travel	Location
Dr Kerry Chant	Chief Health Officer and Deputy Secretary, Population and Public Health	High Level delegation of Australian Public Health experts and virologists	Israel
Pooja Nair	Director, Centre for Health Record Linkage	Attended the 2022 International Patient Data Linkage Network Conference	Scotland
Simon Wilcox	Principal Analyst, Centre for Epidemiology	Mandatory component of Australian and New Zealand School of Government (ANZSOG) Executive Master of Public Administration Program	New Zealand
Phillip Bannon	Principal Advisor, Centre for Aboriginal Health	Mandatory component of Australian and New Zealand School of Government (ANZSOG) Executive Master of Public Administration Program	New Zealand
Ryan Broome	Principal Advisor, Government Relations Branch	Mandatory component of Australian and New Zealand School of Government (ANZSOG) Executive Master of Public Administration Program	New Zealand
Anne O'Neill	Director, Enterprise and International Partnerships, Office for Health and Medical Research	Attended Biotechnology Innovation Organisation International Convention 2023	United States of America
Dr Laura Collie	Senior Medical Advisor, Office for Health and Medical Research	Attended Biotechnology Innovation Organisation International Convention 2023	United States of America
Phil Minns	Deputy Secretary, People Culture and Governance	Attended Harvard Business Course	United States of America
Terence Johnson	Principal Advisor, Nursing and Midwifery	Represented NSW Health at the New Zealand Job Fair	New Zealand
Tracey Hurley	Operations Manager, Central Resource Unit	Represented NSW Health at the New Zealand Job Fair	New Zealand

Public service senior executives 2022–23

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

Band	2022		2023	
	Female	Male	Female	Male
Band 4	1	0	1	0
Band 3	2	3	2	7
Band 2	12	12	15	11
Band 1	54	25	64	30
Totals	69	40	82	48
	109		130	

The average remuneration by pay band for Public Service Senior Executives is detailed below.

Band	Range	Average remuneration	
		2022	2023
Band 4	\$509,251 – \$588,250	\$614,000	\$623,300
Band 3	\$361,301 – \$509,250	\$497,373	\$476,945
Band 2	\$287,201 – \$361,300	\$319,616	\$328,375
Band 1	\$201,350 – \$287,200	\$225,133	\$235,005

Of the NSW Ministry of Health's employee related expenditure in 2023, 18% was related to senior executives, compared with 19% in 2022*.

*Total employee-related expenses have been calculated adjusting the expense for the Agency Performance Adjustment (APA) for Workers Compensation Insurance to reflect the NSW Ministry of Health portion only.

Workers compensation

NSW Ministry of Health – Categories of reportable workers compensation claims

Injury or illness	2020–21		2021–22		2022–23	
	No.	%	No.	%	No.	%
Body Stressing	2	33.3	1	33.3	4	44.4
Slip, Trip, Fall	0	0	0	0	1	11.1
Hitting objects	0	0	0	0	0	0
Psychological	4	66.7	1	33.3	2	22.2
Motor vehicle	0	0	1	33.3	1	11.1
Other	0	0	0	0	1	11.1
TOTAL	6	100	3	100	9	100

NSW Health – Categories of reportable workers compensation claims

Mechanism of injury	2020–21		2021–22		2022–23	
	No.	%	No.	%	No.	%
Body stressing	2,193	44.0	1,938	35.0	1,810	31.0
Biological factors	24	0.5	1,010	18.3	1,420	24.3
Falls, trips and slips of a person	899	18.0	785	14.2	787	13.5
Mental stress	672	13.5	694	12.5	691	11.8
Being hit by moving objects	600	12.1	548	9.9	608	10.4
Hitting objects with a part of the body	256	5.1	216	3.9	203	3.5
Vehicle incidents and other	142	2.9	125	2.3	161	2.8
Chemicals and other substances	91	1.8	110	2.0	73	1.2
Heat, electricity and other environmental factors	66	1.3	51	0.9	48	0.8
Sound and pressure	38	0.8	54	1.0	38	0.7
TOTAL	4,981	100	5,531	100	5,839	100

The overall increase in workers compensation claims recorded for 2022–23 was largely attributable to COVID-19 related claims (biological factors). Claims relating to mental stress, body stressing, hitting objects with a part of the body, chemicals/other substances, heat/electricity and other environment factors were reduced for 2022–23.

Source: icare TMF Dashboard – reportable claims by date reported and entered into the Claims Managers system as at June 2023.

Award changes and industrial relations claims

Wage increases for NSW Health staff

The Ministry conducted all industrial negotiations under the provisions of the NSW Public Sector Wages Policy 2022. The negotiations resulted in a 3% remuneration increase (including superannuation) for NSW Health service employees for the period 1 July 2022 to 30 June 2023. The NSW Government also provided a one-off payment of up to \$3,000 for NSW Health employees in recognition of their work during the COVID-19 pandemic.

On 5 June 2023, the NSW Government announced a new fair pay policy providing a 4% remuneration increase and a 0.5% increase to superannuation from 1 July 2023. The Ministry commenced industrial negotiations under the new policy for 2023–24 with the relevant industrial organisations that cover NSW Health employees.

Introduction of safe staffing levels

On 27 April 2023, the Government announced the establishment of the Safe Staffing Level Taskforce to implement its election commitment of “minimum and enforceable safe staffing levels” in public hospitals. The commitment extends to current nursing hours per patient day wards, emergency departments, intensive care units, multipurpose services, and maternity services.

Claim at the NSW Supreme Court for alleged breaches to Nursing Hours Per Patient Day

The NSW Nurses and Midwives’ Association filed a statement of claim in the Supreme Court relating to alleged breaches of Nursing Hours Per Patient Day during the period January 2019 to October 2022. The parties are in the process of filing evidence and submissions for the Court to consider.

Determination to recognise prior service for Aboriginal Health Workers

On 31 January 2023, the NSW Ministry of Health issued a Determination to enable the recognition of relevant prior service in setting the commencement rate of pay for staff appointed to NSW Health in the classification of Aboriginal Health Worker.

This Determination was specifically developed to support the recruitment of staff to this classification and to assist in attracting suitably experienced people by enabling their relevant employment history to be considered when setting their commencement rate of pay.

Claims in the Supreme Court of NSW for alleged non-compliance with the Medical Officers Award

A representative proceeding has been brought against the State of NSW for alleged underpayment of junior medical officers in breach of the Public Hospitals Medical Officers (State) Award. A separate proceeding has been commenced by the Australian Salaried Medical Officers Federation (NSW) (ASMOF) on behalf of specified employees under the *Industrial Relations Act 1996 (NSW)*. There is substantial overlap in the issues raised in the two proceedings. The Court has set the matters down for an initial hearing in May 2024 of the claim of the lead plaintiff in the representative proceeding and a single specified employee in the ASMOF proceeding.

Staff Specialist Award Variation

NSW Health has submitted an application to the Industrial Relations Commission to vary the Staff Specialists (State) Award. ASMOF will submit a counter variation then the parties will prepare evidence with the matter likely to be heard in the Commission in 2024.

Dispute in the Industrial Relations Commission concerning the Public Hospital Medical Officers Award

ASMOF submitted a Dispute Notification on 12 December 2019 in the Industrial Relations Commission (IRC) in relation to the definition of a registrar. The matter is ready to proceed to hearing but the parties are seeking to resolve the matter via conciliation. The matter is next listed for report back on 11 March 2024.

Appendix 3

Public hospital activity levels

Selected data for the year ended June 2023 Part 1^{1,2}

Local health districts	Separations	Planned separation %	Same-day separation %	Total bed days	Average length of stay (acute) ^{3,6}	Daily average of inpatients ⁴
Justice Health and Forensic Mental Health Network	1,230	94.1	66.2	26,679	8.6	73
Sydney Children's Hospitals Network	58,299	48.0	45.1	165,113	2.7	452
St Vincent's Health Network	43,349	54.8	58.0	171,775	3.2	471
Sydney Local Health District	161,765	51.1	47.8	630,520	3.1	1,727
South Western Sydney Local Health District	238,230	46.5	48.6	864,460	3.0	2,368
South Eastern Sydney Local Health District	182,952	44.2	48.5	659,823	3.0	1,808
Illawarra Shoalhaven Local Health District	94,634	38.3	44.1	423,125	3.4	1,159
Western Sydney Local Health District	172,013	47.2	48.2	661,221	3.2	1,812
Nepean Blue Mountains Local Health District	86,531	42.4	40.4	343,966	3.2	942
Northern Sydney Local Health District	142,573	38.5	42.9	569,762	3.1	1,561
Central Coast Local Health District	96,445	41.2	43.7	363,609	3.0	996
Hunter New England Local Health District	216,374	49.0	44.0	855,298	3.4	2,343
Northern NSW Local Health District	95,202	46.8	48.2	337,119	2.8	924
Mid North Coast Local Health District	76,538	46.8	50.0	261,047	2.8	715
Southern NSW Local Health District	49,305	54.2	52.5	150,497	2.4	412
Murrumbidgee Local Health District	68,755	58.6	45.0	229,679	2.7	629
Western NSW Local Health District	85,596	46.3	42.9	294,459	2.8	807
Far West Local Health District	8,650	58.2	54.6	27,417	2.5	75
Total NSW	1,878,441	46.5	46.5	7,035,569	3.1	19,276
2021–22 Total	1,798,372	44.3	44.9	7,021,858	3.2	19,238
Percentage change (%)⁹	4.5	2.3	1.6	0.2	-4.2	0.2
2020–21 Total	1,900,719	45.4	46.1	6,583,563	2.8	18,037
2019–20 Total	1,830,062	43.7	45.0	6,802,115	3.0	18,636
2018–19 Total	1,912,489	43.2	44.2	7,276,803	3.1	19,936
2017–18 Total	1,918,130	42.9	44.3	7,219,575	3.0	19,780
2016–17 Total	1,961,400	41.3	45.2	6,982,063	3.0	19,129
2015–16 Total	1,886,668	41.5	44.9	6,983,473	3.2	19,133
2014–15 Total	1,840,632	41.9	44.8	6,815,650	3.3	18,673
2013–14 Total	1,803,458	41.8	44.4	6,650,650	3.2	18,221
2012–13 Total	1,737,103	41.5	43.7	6,551,065	3.3	17,948
2011–12 Total	1,682,685	41.3	43.3	6,490,848	3.4	17,783
2010–11 Total	1,629,572	41.6	43.1	6,389,471	3.5	17,505
2009–10 Total	1,598,991	41.6	43.2	6,429,314	3.6	17,615

Selected data for the year ended June 2023 Part 2 ^{1,2,10}

Local health districts	Occupancy rate ⁵ June 23	Acute bed days ⁶	Acute overnight bed days ⁶	Non-admitted patient service events ⁷	Emergency department attendances
Justice Health and Forensic Mental Health Network	n/a	8,848	8,034	700,868	n/a
Sydney Children's Hospitals Network	93.1%	154,715	129,429	409,677	105,650
St Vincent's Health Network	111.0%	130,754	105,675	344,759	50,990
Sydney Local Health District	91.1%	478,718	401,922	1,432,018	175,932
South Western Sydney Local Health District	100.6%	693,914	578,525	1,159,208	305,975
South Eastern Sydney Local Health District	98.8%	502,480	421,472	1,232,511	236,296
Illawarra Shoalhaven Local Health District	96.7%	295,905	254,340	695,669	167,012
Western Sydney Local Health District	99.8%	529,015	446,604	1,397,097	208,205
Nepean Blue Mountains Local Health District	89.0%	265,926	231,103	681,292	139,042
Northern Sydney Local Health District	97.0%	400,368	341,520	971,564	229,235
Central Coast Local Health District	94.8%	269,676	227,814	659,457	151,482
Hunter New England Local Health District	80.8%	696,827	602,035	2,164,925	446,917
Northern NSW Local Health District	90.1%	251,859	206,076	531,547	219,081
Mid North Coast Local Health District	90.0%	202,735	164,559	538,451	141,233
Southern NSW Local Health District	81.1%	110,274	84,543	336,257	120,423
Murrumbidgee Local Health District	83.5%	171,652	140,750	420,557	153,469
Western NSW Local Health District	76.9%	226,679	190,133	683,372	202,283
Far West Local Health District	68.0%	20,390	15,702	94,996	23,222
Total NSW	92.2%	5,410,735	4,550,236	14,454,225	3,076,447
2021–22 Total	91.1%	5,528,522	4,716,675	17,399,533	3,012,146
Percentage change (%)⁹	1.1%	-2.1	-3.5	-16.9	2.1
2020/21 Total	89.0	5,142,519	4,280,409	18,459,100	3,068,887
2019/20 Total	88.4	5,119,777	4,311,129	14,760,683	2,920,483
2018/19 Total	93.5	5,536,493	4,706,766	16,367,143	2,980,872
2017/18 Total	90.3	5,459,506	4,632,188	15,701,453	2,880,708
2016/17 Total	90.7	5,631,650	4,768,339	15,212,465	2,784,731
2015/16 Total	89.9	5,840,865	5,009,910	13,478,446	2,733,853
2014/15 Total	85.2	5,675,482	4,865,590		2,692,838
2013/14 Total	89.0	5,533,491	4,746,307		2,656,302
2012/13 Total	87.8	5,484,364	4,735,991		2,580,878
2011/12 Total	88.6	5,475,789	4,757,507		2,537,681
2010/11 Total	89.1	5,449,313	4,757,219		2,486,026
2009/10 Total	88.3	5,549,809	4,869,508		2,442,982

Note: 1. Data sourced from Health Information Exchange (HIE). The number of separations include care type changes. **2.** Activity includes services contracted to private sector. Data reported are as at 16/09/2023. **3.** Acute average length of stay = (Acute bed days/Acute separations). **4.** Daily average of inpatients = Total Bed Days/365. **5.** Bed occupancy rate is based on June data only. Northern beaches hospital is not available due to missing available beds. Facilities with peer groups other than A1 to C2 are excluded. The following bed types are excluded from all occupancy rate calculations: emergency departments, delivery suites, operating theatres, hospital in the home, recovery wards, residential aged care, community residential and respite activity. **6.** Acute activity is defined by a service category of acute or newborn. Results for Acute separations and bed days from 2018–19 onwards may not be directly comparable to previous years due to the impact of the implementation of the Mental Health Care Type classification. **7.** Service events measured from aggregate of patient level and summary data submissions for each non admitted service/clinic. Pathology services are not included. Data for previous years is not comparable. **8.** Rounding of numbers to the nearest whole number in this table may cause minor differences in totals. Data as at 16/9/23. Source: EDWARD.

Appendix 4

Mental Health

Section 108 of the NSW Mental Health Act 2007

In accordance with Section 108 of the *NSW Mental Health Act (2007)* the tables presented here provides an overview of mental health activities and performance in mental health public hospitals for 2022–23 in relation to:

- achievements during the reporting period in mental health service performance
- data relating to the utilisation of mental health resources.

Table 1 provides data against a set of measures for hospital activities related to bed utilisation (availability and occupancy of beds), hospital separations (same day and overnight), and community contacts. Activity measure is based on all acute, sub-acute and non-acute mental health facilities.

Table 2 provides rates for three national key performance indicators (KPIs). These indicators measure effectiveness (28 days readmission rate), appropriateness (seclusion rate, duration, and frequency) and continuity (seven days post discharge community care) of care in acute mental health services.

Table 1 includes indicators only for services directly funded through the Mental Health program. National reports on mental health also include data from a small number of services funded by other funding programs (e.g., Primary Care, Rehabilitation and Aged Care). Therefore, the numbers reported here may differ from those in national reports (e.g., Report on Government Services, Mental Health Services in Australia, National Mental Health Report).

Table 1. Mental Health – hospital and community activity 2022–23

Public Psychiatric Hospitals, Co-located Psychiatric Units in Public Hospitals and Specialist Mental Health Community Team Activity.

Local health districts and health networks	Average available beds ¹	Average occupied beds ²	Same-day separations ³	Overnight separations ⁴	Specialist mental health community contacts ⁵
Justice Health and Forensic Mental Health Network	231.0	205.1	2	546	296,118
Sydney Children's Hospitals Network	15.1	10.8	12	261	41,849
St Vincent's Health Network	47.7	46.1	23	1003	57,437
Sydney Local Health District	264.5	241.9	303	3013	286,568
South Western Sydney Local Health District	208.4	196.2	218	4009	575,961
South Eastern Sydney Local Health District	169.4	143.3	89	2555	615,550
Illawarra Shoalhaven Local Health District	121.7	84.9	55	2320	312,725
Western Sydney Local Health District	314.5	264.6	415	3598	315,038
Nepean Blue Mountains Local Health District	80.7	74.4	67	1808	164,558
Northern Sydney Local Health District	323.8	262.4	227	2801	783,507
Central Coast Local Health District	83.5	68.8	24	1462	430,501
Hunter New England Local Health District	320.0	257.0	137	4677	456,152
Northern NSW Local Health District	84.3	70.2	19	1688	242,797
Mid North Coast Local Health District	72.0	59.3	33	1440	221,394
Southern NSW Local Health District	68.0	38.4	84	999	155,767
Murrumbidgee Local Health District	66.0	51.7	6	1113	200,288
Western NSW Local Health District	171.8	134.6	49	1633	238,752
Far West Local Health District	16.2	9.1	22	208	104,100
NSW – Total	2,658.8	2,218.7	1,785	3,5134	5,499,062
2021–22	2,604	2,127	1,876	35,407	5,866,856
2020–21 ⁶	2,663	2,278	2,563	38,657	6,355,663
2019–20	2,683	2,282	2,613	38,048	5,936,566
2018–19	2,744	2,340	2,512	39,244	5,828,793

Definitions: **1.** “Average Available beds” are the average of 365 nightly census counts. This data is extracted from the Bed Reporting System by System Information and Analytics (SIA) Branch, NSW Health. An available bed is one that is staffed, open and available for admission of a patient. **2.** “Average occupied beds” are calculated from the total Occupied Overnight Bed Days for the year. Higher numbers of occupied beds than available can sometimes be reported due to use of surge beds to cope with high demands. **1,2.** Components may not add to total in NSW due to rounding error. **3.** “Same-day Separations” are those where the hospital episode begins and ends on the same day. **4.** “Overnight Separations” are episodes of hospital care where the person stays at least one night in hospital, and are concluded by discharged, death, transfer to another hospital or change to a different type of care at the same hospital. **5.** Ambulatory mental health care includes all care provided by specialist mental health services for people who are not inpatients of mental health units at the time of care. **6.** Revised ambulatory contacts, NSW 2021–2022.

Table 2. Mental Health – Acute Indicators 2022–23

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

Local health district, network and hospital	28 days readmission rate (%) ¹	7 days post-discharge community care rate (%) ²	Seclusion rate ³	Seclusion average duration ⁴	Seclusion frequency (%) ⁵
Justice Health and Forensic Mental Health Network	15.7	22.8	15.2	17.7	45.8
Forensic Hospital	52.0	17.4	15.2	17.7	45.8
Long Bay ⁶	14.5	26.5			
MRRC ⁶	13.1	20.0			
Silverwater Women’s Correctional Centre ⁶	12.8	26.4			
Sydney Children’s Hospitals Network	17.5	94.1	0.4	0.2	0.1
Children’s Hospital at Westmead	25.8	94.2	0.9	0.2	0.7
Sydney Children’s Hospital Randwick	8.3	94.0	0.0	0.0	0.0
St Vincent’s Health Network	12.9	61.6	1.6	2.5	1.8
St Joseph’s	9.3	63.5	0.0	0.0	0.0
St Vincent’s	13.1	61.4	2.1	2.5	2.0
Sydney Local Health District	12.9	70.1	6.6	14.4	6.4
Concord	13.3	71.8	8.5	14.5	9.6
Royal Prince Alfred	12.4	68.4	3.6	14.1	3.0
South Western Sydney Local Health District	15.5	75.0	6.0	6.5	4.8
Bankstown	17.1	76.1	5.1	5.3	5.5
Braeside	6.0	68.8	0.0	0.0	0.0
Campbelltown	17.2	76.1	3.3	3.0	2.7
Liverpool	13.3	73.5	11.5	8.1	7.2
South Eastern Sydney Local Health District	14.5	83.4	2.3	3.5	1.9
Prince of Wales	14.1	78.4	1.8	5.4	1.6
St George	15.2	82.6	2.6	3.1	1.9
Sutherland	14.0	93.8	3.0	1.3	2.5
Illawarra Shoalhaven Local Health District	14.6	84.5	7.5	4.0	4.6
Shellharbour	15.7	83.0	8.8	4.7	5.2
Wollongong	12.9	86.9	5.8	2.5	3.7
Western Sydney Local Health District	16.3	78.9	6.4	16.2	4.5
Blacktown	17.3	78.7	3.6	4.9	1.9
Cumberland	16.1	76.3	9.2	17.8	6.7
Westmead	14.1	91.0	0.0	0.0	0.0
Nepean Blue Mountains Local Health District	17.1	72.3	5.9	11.2	4.2
Blue Mountains	13.6	74.0	2.6	4.1	2.6
Nepean	17.8	72.0	6.6	11.8	4.5
Northern Sydney Local Health District	14.0	87.8	3.3	9.3	1.7
Greenwich	5.3	82.6	0.0	0.0	0.0
Hornsby	17.6	85.7	7.8	10.1	4.0

Local health district, network and hospital	28 days readmission rate (%) ¹	7 days post-discharge community care rate (%) ²	Seclusion rate ³	Seclusion average duration ⁴	Seclusion frequency (%) ⁵
Macquarie	11.5	87.2	0.4	6.4	1.3
Northern Beaches ^{7,8}			0.8	2.2	0.4
Royal North Shore	11.9	90.6	1.2	5.7	1.1
Central Coast Local Health District	12.0	79.8	2.8	2.2	3.0
Gosford	11.5	74.2	2.0	1.5	2.8
Wyong	12.3	82.6	3.3	2.5	3.2
Hunter New England Local Health District	13.3	69.2	6.3	5.3	3.6
Armidale	9.3	80.7	0.0	0.0	0.0
HNE Mater	14.5	67.7	8.0	6.4	3.9
John Hunter	22.5	85.2	4.0	1.0	3.0
Maitland	11.0	51.4	4.4	4.1	5.0
Manning	4.7	70.8	1.0	2.3	1.6
Morisset	8.3	100.0	13.1	2.0	19.4
Tamworth	14.4	77.1	4.6	2.3	3.3
Northern NSW Local Health District	16.1	58.0	2.4	4.9	1.9
Lismore	15.2	62.2	3.3	4.7	2.9
Tweed	17.1	53.6	1.1	5.6	0.9
Mid North Coast Local Health District	16.0	67.8	2.5	9.1	2.0
Coffs Harbour	15.0	66.2	3.3	7.0	2.8
Kempsey	15.7	69.8	0.0	0.0	0.0
Port Macquarie	18.4	69.5	2.3	16.6	1.9
Southern NSW Local Health District	11.4	78.0	2.5	1.4	1.3
Goulburn	10.7	76.5	2.0	1.8	1.5
South East Regional	11.8	78.9	3.2	1.0	0.9
Murrumbidgee Local Health District	8.4	82.1	1.0	0.8	0.7
Wagga Wagga	8.4	82.1	1.0	0.8	0.7
Western NSW Local Health District	10.3	75.6	1.5	0.9	1.3
Dubbo	12.7	69.4	1.5	0.7	1.4
Orange Health Service	9.8	77.1	1.5	1.0	1.2
Far West Local Health District	14.3	83.7	6.3	1.4	1.9
Broken Hill	14.3	83.7	6.3	1.4	1.9
NSW – Total	14.2	74.4	4.7 (5.0)	9.2 (10.0)	3.4 (3.5)
2021–22	14.7	76.4	6.1 (7.9)	6.3 (8.9)	4.1 (4.2)
2020–21	15.2	78.3	6.1 (7.9)	6.3 (8.9)	4.1 (4.2)
2019–20	15.0	76.9	5.5 (6.0)	5.6 (12.7)	3.7 (3.8)
2018–19	14.6	75.1	5.8 (6.0)	4.7 (11.1)	4.0 (4.1)

Definitions: **1.** Overnight separations from acute psychiatric inpatient units that are followed by readmission to the same or another acute psychiatric unit. **2.** Overnight separations from acute psychiatric inpatient units for which a community mental health contact, in which the client participated, was recorded in the seven days following that separation. **3.** Rate: Acute Seclusion episodes per 1,000 occupied bed days. **4.** Duration: Average duration of acute seclusion episodes (hours per episode). **5.** Frequency: Percent of acute mental health hospital stays where seclusion occurred.

Note: **3,4,5.** NSW rate, duration and frequency for seclusion is calculated by including or excluding Justice Health. Figures in parentheses include Justice Health. **6.** Use of seclusion is not reported by NSW Health due to shared model of service delivery with Corrective Services NSW. **7.** Inclusion of Northern Beaches Hospital from 2022–23 in NSW rate, duration and frequency for seclusion **8.** Readmission 28 days and post-discharge follow up excludes Northern Beaches Hospital.