Year in Review 2013-2014

Hunter New England Health

NSW GOVERNMENT Health
Hunter New England
Local Health District

HUNTER NEW ENGLAND LOCAL HEALTH DISTRICT

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Our vision and values

Hunter New England Health's vision is Healthy people - now and into the future.

We are a values-based organisation. Our staff and client relationships are built on four CORE values

Collaboration

Openness

Respect

Empowerment

Chair's review

I have pleasure in submitting the Year in Review Report of the Hunter New England Local Health District for 2013- 2014. The Board has congratulated the Chief Executive and his leadership team on the achievements of the local health district throughout the year. The Board acknowledges the role that our strong, skilled and dedicated teams of doctors, nurses, allied health and support personnel have played and continue to play in ensuring excellence in patient care.

The Board continues to be impressed by the manner in which our workforce is constantly finding ways to better work with their patients and clients. We have a workforce that continues to rise to the challenges posed by the ever-changing expectations of our community and with the demands associated with ensuring the best outcomes with our finite resource base.

Throughout the year the Board has worked to ensure that our district health service becomes more locally devolved and accountable with the aim of improving the quality and safety of our services. We have continued the shift toward partnering with our patients and communities. Our services will continue to be challenged by the community's growing expectations, changing health needs and demographic shifts. Involving patients, their families, carers and the community in individual patient care; in planning and delivering services, programs or facilities; in the decisions and deliberations of the organisation. Local Health Committees are helping us meet these challenges.

Our health committees will also play a key role in helping Hunter New England Health to have close links with our communities right across the District. Made up of community members, and based in most of our hospitals and community health centres, health committees provide leadership in their community to ensure health services meet local health needs, help promote and enhance the health of their community, and provide a community perspective to ensure effective delivery of health services.

The work being undertaken by our Local Health Committees is impressive, and has been described in the annual report of each health service with their health committee. The Board thanks the committee chairs and committee members for their commitment to improving the health of their communities, and ensuring patients have access to health services of the highest quality.

We are a large, complex health organisation, serving a scattered and disparate community, yet we have achieved significant results. these results are clear in terms of our service and financial performance, patient satisfaction, working with our communities and our key partners, as well as innovation and commitment to research and development.

I thank Board members for their leadership and wisdom, and I look forward to the achievements of the year ahead.

Associate Professor Lyn Fragar, AO

Chair, Hunter New England Local Health District Board

Chief Executive's review

The past 12 months at Hunter New England Health has been a time of achievement, with a significant focus on putting the patient at the centre of everything we do.

A number of facilities have undergone redevelopments including the emergency departments at Singleton and Cessnock hospitals and the construction of a five-storey hospital building, the centrepiece of the Tamworth Health Service Redevelopment is nearing completion.

The Local Health District has announced a $3.3 million bed replacement project that will see 860 new electric beds delivered in hospitals across the district. Nine hundred additional car parks have been allocated to two of our busiest campuses, John Hunter Hospital and Calvary Mater Newcastle.

Firmly placing the patient at the very centre of all decision-making and care, as well as building better relationships with our communities and stakeholders, is the central focus of the cultural shift that has been our key focus this year.

To this end, patient care boards have been rolled out across the District. Care boards situated at every bedside help to individualise patient care and allow the patient, their carer and family an opportunity to play a role in the decision-making and planning process.

The boards aim to improve communication between the patient, their carer, family and the health care team about the goals, priorities and plan of care.

The effectiveness of care boards has been bolstered by our staff adopting patient rounding, to ensure the expectation of care is being met and making improvements where the opportunity presents.

Creating a culture where the care of a patient does not end upon discharge is also important. All patients discharged from any of our facilities receive a phone call the day after they go home. This phone call checks in with the patient, makes sure they are okay, understand their medications and know what needs to happen next with their care.

As our talented and dedicated staff members continue to work toward embedding this culture into every aspect of our work, we look forward to delivering the results in the years to come.

Michael DiRienzo

Chief Executive, Hunter New England Local Health District

Our commitment to Excellence

EXCELLENCE
Every patient. Every time.

Excellence for every patient every time is the ultimate aim of Hunter New England Health. Put simply it's about providing consistent, quality communication and consistent, quality clinical care for all of our patients all of the time.

Hunter New England Health is a large, complex organisation made up of over 15,000 staff providing services for a population of more than 850,000 people across a geographic region the size of England.

In this environment, it's challenging to make sure the care provided is excellent for every patient, every time.

Part of overcoming this challenge is getting everyone across the organisation on board and moving in the same direction, making sure everyone hears the same message, knows what they need to do and why they need to do it, and are armed with the necessary tools and strategies to provided excellent service, every time.

So far the evidence-based tools and tactics of Excellence have been incorporated in every facility's orientation for new staff so that they are clear of our expectations of them. Comprehensively implementing the tools and tactics is a key strategy in each facility's operational plan and is in every leader's individual 90-day action plan.

Patients at our hospitals can now expect that all health professionals involved in their care will introduce themselves. They can expect to be visited by a nurse every hour and see the nurse unit manager checking in with patients on the ward from time to time.

Patients can expect to contribute to their own plan of care, have their family involved, and see key elements on their care plan on a care board above the bed.

Patients can also expect to be involved in the clinical handover meetings between professionals and know that when they leave they will be called 24-hours after discharge, just to see that they're home safely and that they're clear on important information about medication and future appointments.

As well as checking on patients, leaders also catch-up with staff. Rounding provides an opportunity to discuss what's working well, ensure staff have the tools they need to do their job and in essence make sure sure Hunter New England Health is meeting their expectations.

Properly embedding these tools and tactics demonstrates to our staff that we're committed to Excellence, helps them see how they fit into the bigger picture and lets them know that they're helping deliver the best possible experience and outcomes for our patients. For patients, Excellence confirms that they sit squarely at the centre of their own care.

Hunter New England Health's Board, Executive Leadership Team and Leaders across the district are committed to accomplishing Excellence by consistently applying evidence-based leadership practices and standards of care. The full adoption of tools and tactics of Excellence will take some cultural shift and time to completely embed but we are committed to achieving this goal.

About us

Hunter New England Health provides a range of public health services to the Hunter, New England and Lower Mid North Coast regions.

Hunter New England Health:

provides services to:

- 873,741 people, including 38,552 Aboriginal and Torres Strait Islander people (which equates to 21% of the state's Aboriginal and Torres Strait Islander population)
- 169,846 residents who were born overseas
- employs 15,395 staff including 1568 medical officers
- is supported by 1600 volunteers
- spans 25 local government areas
- is the only district in New South Wales with:
    - a major metropolitan centre
    - a mix of several large regional centres
    - many smaller rural centres and remote communities within its borders.

Our Chief Executive, Michael DiRienzo, and the Executive Leadership Team work closely with the local health district Board to ensure our services meet the diverse needs of the communities we serve.

These services are provided through:

- 3 tertiary referral hospitals
- 4 rural referral hospitals
- 12 district hospitals
- 10 community hospitals
- 10 multipurpose services
- More than 60 community health services
- 3 mental health facilities and several additional inpatient and community mental health services
- 3 residential aged care facilities.

Our Health Committees located in at least 35 towns across the district provide leadership in the local community to ensure health services meet local health needs and ensure the promotion and enhancement of the health of the community.

Our district and Aboriginal Nations

Our Board

The Hunter New England Health Board consists of 11 members from a range of backgrounds and with local ties to the Hunter, New England and Lower Mid North Coast regions.

Together, the Board and Chief Executive are responsible for:

- Ensuring effective governance and risk management processes are in place to guarantee compliance with the NSW Public Sector Accountability Framework.
- Improving local patient outcomes and responding to issues that arise.
- Monitoring Hunter New England Health's performance against measures outlined in the Service Agreement.
- Delivering services and performance standards based on annual strategic and operating plans within an agreed budget. This forms the basis of our Service Agreement.
- Ensuring Hunter New England Health provides services efficiently and accountably.
- Producing Annual Reports that are subject to State financial accountability and audit frameworks.
- Maintaining effective communication with local and State public health stakeholders.

Associate Professor Lyn Fragar AO, from Delungra (Chair)

Dr Fragar is a Public Health Physician. She is an advocate for community participation, clinician engagement and the effective delivery of safe, high-quality care for patients and communities.

She is the former Director of the Australian Centre for Agricultural Health and Safety, a research centre of the University of Sydney. Dr Fragar received her Order of Australia award for pioneering service to rural health care and farm safety issues across Australia.

Fergus Fitzsimons from Uralla New England

Mr Fitzsimons has 30 years of New South Wales public health experience working in various positions across the state including as the General Manager of Tamworth and Armidale Hospitals.

Currently the CEO of Centacare New England North West, Mr Fitzsimons' extensive history of work appointments has afforded him an intimate knowledge of the local health district.

A dedicated representative of the New England North West region Mr Fitzsimons uses his Board appointment to ensure continued quality services are delivered throughout this region.

Dr Bruce Bastian from Hamilton South

Dr Bastian has significant cardiology clinical experience having held various consultant, director and senior staff positions at John Hunter Hospital and across the district.

The previous chairman of the once Area Medical Staff Executive Council, Dr Bastian believes that clinical and support staff have a significant role to play in developing and delivering services across the wide spread district.

With an interest in medium to long term planning and careful governance Dr Bastian enjoys the challenges these topics pose to the Board.

Janelle Speed from Deepwater

Mrs Speed was a lecturer and consultant for Aboriginal Health and Education for the University of Newcastle and University of New England joint medical program.

Mrs Speed is an advocate for better health for Aboriginal people and has a genuine interest in helping rural people and improving health outcomes.

Mrs Speed also serves as an Advisory Board member for Australian Rural Health Research Collaboration (ARHRC) Advisory Council.

Dr Felicity Barr from Nelson Bay (Deputy Chair)

Dr Barr has an impressive background having held various appointments in senior public sector and health management. She currently serves on Audit and Risk Committees for a number of NSW government agencies, is the President of Australian Association of Gerontology Hunter Chapter and committee member for IRT Research Foundation and Ageing & Alzheimer's Research Fund.

Dr Barr draws on her background to assist Hunter New England Health in delivering high performing health services to the community and is especially passionate about delivering optimal care for older people.

Dr Barr has been awarded Fellowships by the Australian Institute of Company Directors and Australian Association of Gerontology.

Dr Ian Kamerman, from Tamworth

Dr Kamerman's current appointments and background includes: Adjunct Senior Lecturer with Universities of New England, Newcastle and Wollongong; Practice Principal, Northwest Health, Tamworth; VMO Tamara Private Hospital; Director North West Slopes Division of General Practice; President, Rural Doctors Liaison Committee; Senior Fellow of the Company Director's Association; member of the former Hunter New England Health Area Health Advisory Council.

Peter Johnston from Tamworth

Mr Johnston has a diverse work history having held positions in the public and private sectors and most recently community services in the Tamworth region. Currently he is the Corporate Services Manager for Tamworth Family Support Service.

For the past 10 years Mr Johnston's work with socially and economically disadvantaged has revealed the challenge of good health and navigating the health system and processes pose for families, and the impact it has on their resilience.

Mr Johnston advocates on behalf of his community to improve service delivery for both the charitable not-for-profit and community sectors.

Lyn Raines from Forster

Ms Raines is a private practice Occupational Therapist.

Interested in the governance of health and committed to ongoing quality care for all individuals Ms Raines is also an advocate for individuals with disability who wish to remain living independently in their own home environment.

Ms Raines has delivered health services in rural and remote areas of Australia including the Torres Straits and far north-western Queensland.

Conjoint Professor Trevor Waring AM, from New Lambton Heights

Professor Waring is the Conjoint Professor of Psychology, University of Newcastle. He has had extensive interactions with Hunter New England Health and also holds a Bachelor of Arts (Hons), a Master of Science in Clinical Psychology, and is a Fellow of the Australian Psychological Society.

Ken White from Tinonee

Mr White has long term experience at CEO and executive level in private and public acute, extended and aged health care management in the Hunter, New England, North Coast and Manning regions; and over 15 years as a lead quality assessor/surveyor for the Australian Council on Healthcare Standards.

Mr White's extensive health governance and management experience contributes to the enhancement of the health, and health services of the communities of the district.

Mr White is a Fellow of Australasian College of Health Service Management, Institute of Public Accountants and Australian Institute of Management.

Brad Webb form Merewether

Mr Webb is the Associate Director Strategy and Engagement, at Hunter Medical Research Institute (HMRI).

Mr Webb believes that health and education are two critical building blocks in a productive and satisfying life. But with an ever increasing demand on our health system, strong governance and an evidence based approach to health care innovation is required. He is passionate about the role of translational research excellence in supporting health service delivery.

Having been born and raised in a small rural community within the district, Mr Webb also sees his appointment as an opportunity to ensure that the unique needs and expectations of rural communities are considered in the efficient and equitable delivery of services.

Dr Helen Belcher from Bolwarra Heights

Dr Belcher has a Masters Health Planning (UNSW) and Phd (University of Sydney). She is a Conjoint Lecturer School of Humanities & Social Science, University of Newcastle; member of Maitland Health Committee; and member of the Consumers Health Forum of Australia.

Dr Belcher has a strong commitment to patient/carer/community engagement and partnership. Her academic and advocacy work is based upon acknowledgement of the legitimacy of their voice and interests; and research that demonstrates that the health of individuals and community is improved when the health system actively engages with patients, carers and the community.

Highlights 2013-2014

1. Patient care boards have been rolled out across the District – Patient care boards at every bedside help to individualise patient care. The boards aim to improve communication between the patient, their carer and family and the health care team about the goals, priorities and plan of care.
2. Hunter Alliance - A collaboration between Hunter New England Health, Hunter Medicare Local and Little Company of Mary Health Care Limited (operators of Calvary Mater Newcastle and Calvary Aged and Community Care Services), the Alliance has been formed to share the organisations' unique abilities, knowledge and specialist skills to improve health care for people of the region.
3. Hunter Valley Clinical Services Plan – The plan is now complete and provides a strategic roadmap and direction for public health services in the Hunter Valley and a guide to how we will structure and organise our services into the future.
4. Aboriginal Health Service Plans 2013-2015 – Focussing on service development and delivery. It will build on the work already occurring with the aim of further closing the gap in health outcomes between Aboriginal and non-Aboriginal Australians.
5. New PICU and NICU redevelopment – Planning for a new paediatric intensive care unit and refurbished neonatal intensive care unit began.
6. Emergency Department redevelopments - Singleton Hospital's $2.5 million emergency department redevelopment opened to patients, as did Cessnock Hospital's $2 million upgrade.
7. Work has also begun on the $6.5 million Muswellbrook Hospital ED after the $4 million provided by the NSW Government was bolstered with an additional $2.5 million donated by BHP Billiton's community investment program .
8. An official opening was held for the North West Cancer Centre and the community is benefiting from a new linear accelerator for radiation therapy, five additional places for chemotherapy treatment, and on-site accommodation for patients and families from elsewhere in the region.
9. Raymond Terrace HealthOne GP Superclinic - The new $15million Raymond Terrace Health Centre is now open to the public. The centre offers those living in Raymond Terrace and surrounding areas a range of health services closer to home and under one roof.
10. Armidale Ambulatory Care Centre - The $8 million ambulatory care building provides a range of services, including chemotherapy, ambulatory care and outpatient clinics, specialist consulting rooms for surgeons, anaesthetists, renal physicians, obstetricians and gynaecologists and chronic disease services, including dietician services.
11. We announced a $3.3-million beds replacement project that will see 860 new electric beds for hospitals across our region.
12. 900 additional car parks at John Hunter Hospital and Calvary Mater Newcastle campuses.
13. Construction of a new five-storey hospital building– the centrepiece of the Tamworth Health Service Redevelopment – is almost complete.

Performance summary

392,786

patients presented at our emergency department

16,620

day only surgical procedures were performed

10,870

full-time equivalent staff

1.9 billion

expenditure budget

9,199

babies were born

100%

of category A patients received their elective surgery within the 30 day time frame.*

96%

of category B patients received their elective surgery within the 90 day time frame.*

96%

of category C patients received their elective surgery within the 365 day time frame.*

76.3%

of patients who presented to the ED were admitted or discharged within four hours.**

2,734,934

patients accessed services (like blood tests and clinics) but were not admitted.

*National elective surgery target (NEST) measures the percentage of patients who have waited longer than the clinically recommended time frame for elective surgery. NEST is measured each calendar year., the reported performance period (2013-14 financial year) straddles two different targets measures.

Category A patients should have their surgery within 30 days, the national target is 100%.

Category B patients should have their surgery within 90 days, the national target was 93% for patients admitted January to December 2013 and is 97% for patients admitted January to December 2014.

Category C are classified as routine, patients should have their surgery within 365 days the national target was 95% for patients admitted January to December 2013 and is 97% for patients admitted January to December 2014..

** National emergency access target (NEAT) measures the percentage of patients who present at the emergency department who are admitted to hospital or discharged within a four-hour time-frame. The reported performance period (2013-14 financial year) straddles two different target measures – a target of 71% between January-December 2013; and 81% between January-December 2014.

The changing face of healthcare

In the past 10 years significant changes have occurred in the way health services are delivered across Australia.

The growing focus is on new ways of providing care that will see shorter hospital stays and an increase in services provided in the community and people's homes.

These changes include an increased focus on community-based services, preventative care and chronic disease management. There is an increasing specialisation of services that is giving new and different roles for acute hospitals.

Healthcare must be responsive to the needs of the local community and adhere to the highest standards of safety and quality.

All health services across Australia are faced with the challenges of increasing demand for services, while meeting expectations of communities and ensuring services are provided in a safe, appropriate and sustainable way with good value for the health dollar.

The range of services provided in hospitals has also changed, with increasing concentration of specialist and diagnostic services delivered by multidisciplinary teams in large referral and tertiary referral hospitals.

The safe and effective treatment of more complex health conditions often requires a larger facility with a critical mass of staff with the relevant skills and experience and supported by the necessary equipment and technology.

Improvements in technology and surgical techniques means that more surgery is being performed as either day-only procedures or shorter hospital stays after surgery.

Increasingly, people are being admitted to hospitals for the acute phase of their illness only, discharged and then followed up at home by community-based services. This means that patients are able to recuperate at home close to their family and friends.

Most causes of ill-health are chronic (or long term). These are often best managed in the community setting with care provided by local community health services or specialist outreach teams.

In many cases, hospitalisation is considered potentially avoidable by providing preventative care and disease management programs in the community setting.

Hospital admission is no longer the best treatment option for many conditions, including diabetes, asthma, angina, hypertension, pneumonia, chronic obstructive pulmonary disease and kidney infections.

It's important to remember the public health system is not the only provider of health services. Hunter New England Health works closely with a number of organisations to provide community-based services.

Responsibility for coordinating and delivering primary health services was transferred to the Medicare Locals in 2011. A more integrated primary health care sector will help address the needs of our ageing population and increasing rates of chronic disease.

HNE Health is working closely with the Hunter Medicare Local and New England Medicare Local in a collaborative approach to providing primary health care to our communities.

Capital works

John Hunter Children's Hospital Oncology Ward refurbishment - Stage 1

Investment: $400,000

Completed: 30 June 2014

Summary: Refurbishment of the J1 paediatric oncology ward to improve the space and design of the positive pressure single rooms and create additional space in hospital courtyard for adolescent treatment space and storage for Oncology

Singleton Hospital Emergency Department refurbishment

Investment: $2.5 million

Completed: October 2013

Summary: Upgrade of emergency department to meet current guidelines and the recommendations from Hughes Walters report . The ED has been expanded to include five extra beds, a room for mental health assessments and treatment and consultation rooms. The public waiting area has also been enhanced.

Bulahdelah Hospital refurbishment

Investment: $500,000

Completed: 30 June 2014

Summary: Refurbishment provides clinical rooms for GPs, dedicated treatment rooms, a large waiting room and space for all community health services to be housed within the same building.

Cessnock Hospital Emergency Department refurbishment

Investment: $2 million

Completed: April 2014

Summary: The refurbishment has provided additional treatment spaces, improved nurse triage space and an upgraded waiting area including an accessible public toilet. The adjoining six-bed special care unit has also been updated.

Raymond Terrace HealthOne

Investment: $15.15 million

Completed: 30 June 2014

Summary: This project was jointly funded by NSW Health (under the HealthOne program) and the Commonwealth Government (through the GP Super Clinic program). The facility provides for a fully integrated model of care combining a GP practice with a range of community health services including oral health, dialysis and allied health services along with pathology.

Armidale Hospital Ambulatory Care/Chemotherapy Building

Investment: $8.045 million

Completed: March 2014

Summary: The new facility includes specialist consulting rooms for surgeons, anaesthetists, renal physicians, obstetricians and gynaecologists. The ground floor of the building is dedicated to medical oncology services providing chemotherapy treatment for cancer and other conditions in addition to day therapy infusions.

Maitland Hospital Sustainable Government Investment

Investment: $843,000

Completed: July 2013

Summary: Upgrading of existing lighting and air-conditioning systems at Maitland Hospital.

Tamworth Hospital Gamma Camera

Investment: $964,000

Completed: September 2013

Summary: Replacement of a Gamma Camera for the Tamworth Hospital Nuclear Medicine Department. Funded through the Health and Hospitals Fund

Maitland Hospital Sustainable Government Investment

Investment: $5.3 million

Completed: 30 June 2014

Summary: ICT budget allocation Clinical Medical Record (CMR) Program (previously known as eMR2) transfer to Hunter New England Health.

Financial snapshot

The NSW Health Annual Report 2013-14 was tabled to State Parliament on 20 November 2014, and contains the audited financial statement for the Hunter New England Local Health District. A copy of the complete audited financial statement for the district can be found on the NSW Health website.

In the 12-month period to 30 June 2014, Hunter New England Health employed 10,745 full time equivalent staff across the range of services it provides, responded to 392,738 emergency department presentations at its public hospitals, and provided 784,298 total occupied bed days.

Hunter New England Health had a $1.9 billion expense budget. This included new funding of:

- $0.7 million for additional nurses
- $16.5 million for additional acute activity
- $0.9 million for operating costs of radiotherapy.

At the end of the financial year, the district was favourable to budget. This resulted in favourable cash management, with HNE Health able to pay creditors as and when they fall due.

Donations

Through the generosity of our community, we have been able to enhance patient care through the donation of more than $6.3 million to our health service. This included $2.5 million from BHP Billiton for the redevelopment of the Muswellbrook Hospital Emergency Department.

These donations come from individuals, businesses and organisations throughout our community. Some have been supporters for many years.

Financial Challenges 2014-15

Continually looking at ways to improve models of care, reduce inefficiencies, better manage labour costs, enhance collaboration with partners such as GPs, invest in smarter ways to provide follow-up care and outreach services, and plan for the long-term sustainability of the services we offer.

Clinical services plan overview

John Hunter Children's Hospital Neonatal Intensive Care Unit 2013 – 2017 - Completed: March 2013

The John Hunter Children's Hospital Neonatal Intensive Care Services Plan recommends the physical expansion of the current Neonatal Intensive Care Unit (NICU). It aims to foster the delivery of best practice NICU services in a clinically safe and appropriate environment.

Paediatric Intensive Care Unit Service Statement - Completed: February 2013

This service statement outlines the model of patient care and service delivery for a John Hunter Children's Hospital Paediatric Intensive Care Unit (PICU) colocated with John Hunter Hospital Intensive Care Unit. It highlights a clear service scope with future facility requirements, identified clinical priorities and a workforce strategy.

John Hunter Hospital Scope for Treatment Spaces to 2026 - Completed June 2013, Updated November 2014

This scoping document was produced in response to a request from Health Infrastructure to assist in identifying major service delivery issues at John Hunter Hospital, which may require a capital works response in the future. The revised document was completed in November 2014 (see below).

Intensive Care and High Dependency Clinical Services Plan 2013 – 17 - Completed August 2013

This plan defines the key strategic priorities for the development and delivery of intensive care and high dependency services over the next five years. The scope of this plan is intensive care services for adults and children throughout Hunter New England Health and beyond. It does not include neonatal intensive care.

Hunter New England Local Health District Aboriginal Health Plan 2014-2016 – Completed February 2014

This plan builds on the previous partnership plan to further Close the Gap in Aboriginal health outcomes. While several current key issues (such as social and emotional well-being, safe communities, transport, and oral health) were also raised as key issues in the previous plan, it was clear from stakeholder feedback that social determinants of health, especially relating to the issue of racism, has a significant impact on access to health services and health outcomes, and needs to be addressed.

Mental Health Services Plan 2014 – 2018 – Completed September 2013

This plan provides strategic direction for district wide mental health services to facilitate integration of mental health services across the District and enhanced partnerships and communication with other Hunter New England Health clinical services. As well, there will be a focus on mental health promotion and prevention models of care, and a move from a service centred model to patient centred support model. Initiatives to reduce service duplication and develop workforce capacity and capability are also included.

Hunter New England Health Operating Theatres Scoping Document - Completed January 2014

The purpose of the scoping document was to:

- Review operating theatre services (district hospital level and above) and support services (such as procedure rooms, recovery rooms, equipment and sterilising services)
- Identify issues and opportunities for future development of operating theatres and support services based on clinical need and operational efficiencies

Hunter New England Health Drug and Alcohol Clinical Services Plan 2013-2017 – Completed May 2014

This plan identifies the key strategic priorities for the development and delivery of drug and alcohol services in the Hunter New England over the next five years. The strategic directions outlined in this Plan progresses themes identified in the previous plan 2007-2011.

Armidale Hospital Service Statement - Completed September 2014

This service statement reviews and builds on recommendations made in the Armidale Health Services Plan 2010-2014. The Service Statement highlights service requirements for Armidale Hospital and surrounding campus to effectively manage current and future activity in Armidale and across the Tablelands Cluster.

Update of John Hunter Hospital Scope for Treatment Spaces to 2026 - Completed November 2014

This scoping document reviewed and updated information included in the June 2013 document to show the potential effect the new Maitland hospital would have on John Hunter Hospital emergency department, intensive care and inpatient services.

Renal Services Statement – Completed May 2014

This services statement was completed to guide future planning of renal dialysis services across the District. An extensive review of renal dialysis services (eight satellite and three in-centre units) was completed and priorities for infrastructure improvements were identified. The delivery of new models of care was a key consideration during the planning process, with successful implementation contributing to improved patient outcomes and satisfaction with care, and reduced rates of hospitalisation. Evidence indicates that some parts of the district have a particular need for service enhancement, such as the Lower Mid North Coast, Hunter Valley and Greater Newcastle Clusters, with the development of a new purpose built and culturally appropriate unit at Moree (in the Mehi Cluster) also identified as a high priority.

Wee Waa Health Services Plan 2014 – Completed June 2014

This plan proposed the development of a Multipurpose Service for Wee Waa to improve the effectiveness and coordination of service delivery and ensure the sustainability of health services into the future. The plan outlined avenues of integration and coordination of hospital, community based health care and support services, in one location to best meet community needs. The plan did not demonstrate the need for the hospital to provide long term residential care due to the number of aged care beds and services already available in the Wee Waa area, so has been removed from the Multipurpose Service program. Hunter New England Health is investigating other capital programs and service changes that would ensure that the recommendations regarding improved services for residents can still be considered.

Equal employment opportunity

Hunter New England Health has continued to demonstrate a strong commitment to diversity and equal employment opportunity with a particular emphasis on Close the Gap.

Achievement in 2013/14 have included:-

International Medical Graduates (IMGs)

Hunter New England Health employs a number of international medical graduates across its service. We focus on providing our graduates with quality orientation and education. During 2013/14, 86 education sessions delivered to international medical graduates in our district.

These programs are designed to build skills and help international medical graduates better understand clinical practice in Australia.

In 2013/14 we appointed a senior medical officer to an educational role which has a strong focus on international medical graduates support and education.

Additionally, Hunter New England Health offers our international medical graduates a Workplace Based Assessment program. The Centre for Medical Professional Development, in collaboration with the University of Newcastle's School of Medicine and Public Health, was granted accreditation by the Australian Medical Council to conduct workplace based assessment for international medical graduates.

Hunter New England Health was the first location in Australia where international medical graduates, seeking general registration through the Australian Medical Council's standard pathway, could be assessed using an alternative pathway that offers workplace based assessment in place of the clinical examination. Success in this process leads to the granting of the Australian Medical Council Certificate.

We have 50 international medical graduates who have completed, or are currently enrolled in the workplace based assessment program.

This focus will continue in 2014/15.

Aboriginal Cultural Respect Education

This year Hunter New England Health piloted a new Aboriginal Cultural Respect Educational program to support building a positive and safe workplace culture for both our staff and patients. In 2013/14 16 workshops were conducted across the district.

Completion of the NSW Health *Respecting the Difference* on line education program is mandatory for staff, 52% (of 16,000 workforce) have completed this program.

During 2014/15 a further 44 workshops will be deployed.

Aboriginal Employment Strategy.

Hunter New England Health has a strong commitment to Close the Gap and is active in promoting Aboriginal employment including targeted employment strategies. During 2013/14, the main accomplishments were:-

- Recruitment of 181 Aboriginal and Torres Strait Islander staff increasing the permanent Aboriginal workforce from 2.9% to 3.8%
- Partnered with the Office of Prime Minister and Cabinet and secured a contract to employ 50 disadvantaged Aboriginal and Torres Strait Islander people.
- Awarded four scholarships to Aboriginal students at the University of Newcastle and 13 Nursing Cadetships to TAFE and University of Newcastle students.
- Contracted TAFE, Novaskill and Red Cross College to train Aboriginal people in Health Administration Certificate 111.
- Current Aboriginal Health workers trained in either Certificate 3 (9 participants) or Certificate 4 (25 participants) in Aboriginal and Torres Strait Islander Primary Health Care (Practice).
- Reviewed and improved our retention strategies.
- Employed 20 Aboriginal school-based trainees in nursing.
- Became a signatory to the *Racism it stops with me Campaign*.

In 2014/15 we will develop a new Aboriginal Employment Strategic Plan.

Building a positive Workplace Culture

- Hunter New England Health has established a Managers' Help Centre to support managers in the deployment of protocols that support Workplace culture and conduct. The Help Centre provides advice and information to managers for topics including our CORE values; Code of Conduct; Workplace Harmony and Respectful workplace; Countering Workplace Racism; as well as advice on best practice recruitment and selection.
- During 2014/15 we will evaluate the Help Centre to determine its effectiveness in assisting managers to deliver positive workplace outcomes.
- Hunter New England Health developed a targeted Cultural Respect Capability domain for inclusion in capability profiles for all generic positions descriptions.
- Implemented quarterly organisational reporting re workplace bullying, harassment and workplace conflict.

- Developed and implemented two staff surveys to monitor workplace conflict across the local health district.
- Participated in the NSW Health *Your Say Survey* and developed action plans at all levels of the organisation to improve workplace culture performance.
- Exit Surveys conducted.
- Implemented 30 and 90 day conversations for all new staff.
- Monitored performance review participation rates across the district.
- Introduced randomised audits of recruitment and selection episodes to determine whether the procedures are in line with all aspects of recruitment policy including targeting.
- Developed a dedicated intranet page to support employment of people with a disability.

Trends in the representation of Equal Employment Opportunity groups

% of total staff					
EEO Group	Benchmark or target	2011	2012	2013	2014
Women	50%	80.4%	80.1%	80.5%	80.4%
Aboriginal people and Torres Strait Islanders	2.6%	2.5%	3.3%	3.6%	3.9%
People whose first language was not English	19%	8.4%	8.1%	7.9%	8.2%
People with a disability		3.4%	3.3%	3.0%	2.6%
People with a disability requiring work-related adjustments	1.5%	1.2%	1.1%	1.0%	0.9%

Actual and estimated staff mumbers (non-casual headcout at census date)

Remunera-tion Level of Substantive Position	Total Staff (Men & Women)	Respond-ents	Men	Women	Aboriginal & Torres Strait Islanders	People from Racial, Ethnic, Ethno-Re-ligious Minority Groups	People whose Lan-guage First Spoken as a Child was not English	People with a Disability	People with a Disability Requiring Work-related Adjustment
$41,679 - $54,742	2927	2,728	517	2410	257.5	111.6	141.6	11.8	11.8
$54,742 - $61,198	1184	1,105	186	998	50.4	61.1	75.0	17.1	49.3
$61,198 - $77,441	1638	1,553	239	1399	62.2	75.9	180.4	96.0	13.7
$77,441 - $100,145	4914	4,589	767	4147	73.9	243.1	337.3	17.1	1.1
$100,145 - $125,181	1286	1,201	411	875	9.6	79.2	160.6	7.5	0.0
$125,181 > (Non SES)	585	443	375	210	5.3	77.9	100.4	0.0	0.0
$125,181 > (SES)	7	0	4	3	0.0	0.0	0.0	0.0	0.0
Total	12,694	11,760	2517	10177					

Government information (public access)

Under section 7 of the GIPA Act, agencies must review their programs for the release of government information to identify the kinds of information that can be made publicly available. This review must be undertaken at least once every 12 months.

Our agency's program for the proactive release of information involves ensuring that information around plans, performance and policies for the Local Health District are made available as soon as practicable, with information on how to access these documents. Other links to relevant information are also provided

During the reporting period, we reviewed this program by ensuring that information provided publicly was complete and up-to-date.

As a result of this review, we released the following information proactively:

- Policies, Procedures and Guidelines
- Governing Board minutes
- Performance report
- Budget
- Service Agreement

Table A: Number of applications by type of applicant and outcome*

	Access granted in full	Access granted in part	Access refused in full	Info not held	Info already available	Refuse to deal with application	Refuse to confirm or deny whether info is held	Application withdrawn
Media	3		1	1				
Members of Parliament		1						
Private sector business								
Not for profit organisations or community groups								
Members of the public (application by legal representative)	3		1	2	1	1		
Members of the public (other)	2		1					

NB: a blank field indicates zero requests in that category

*More than one decision can be made in respect of a particular access application. If so, a recording must be made in relation to each such decision. This also applies to Table B.

Table B: Number of applications by type of applicant and outcome

	Access granted in full	Access granted in part	Access refused in full	Info not held	Info already available	Refuse to deal with application	Refuse to confirm or deny whether info is held	Application withdrawn
Personal information applications*	2			2	1			
Access applications (other than personal information applications)	6		4	1	1			
Access applications that are partly personal information applications and partly other								

NB: a blank field indicates zero requests in that category

* A personal information application is an access application for personal information (as defined in Clause 4 of Schedule 4 to the Act) about the applicant (the applicant being an individual).

Table C: Invalid Applications

Reason for invalidity	No of applications
Application does not comply with formal requirements (section 41 of the Act)	3
Application is for excluded information of the agency (section 43 of the Act)	
Application contravenes restraint order (section 110 of the Act)	
Total number of invalid applications received	3
Invalid applications that subsequently became valid applications	3

NB: a blank field indicates zero requests in that category

Table D: Conclusive presumption of overriding public interest against disclosure: Matters listed in Schedule1 of the Act.

	Number of times consideration used*
Overriding secrecy laws	
Cabinet information	
Executive Council Information	
Contempt	
Legal professional privilege	
Excluded information	
Documents affecting law enforcement and public safety	
Transport safety	
Adoption	
Care and protection of children	
Ministerial code of conduct	
Aboriginal and environmental heritage	

NB: a blank field indicates zero requests in that category

* More than one public interest consideration may apply in relation to a particular access application and, if so, each such consideration is to be recorded (but only once per application). This also applies to Table E.

Table E – Other public interest considerations against disclosure: Matters listed in table to Section 14 of the Act.

	Number of occasions when application not successful
Responsible and effective government	2
Law enforcement and security	
Individual rights, judicial processes and natural justice	3
Business interests of agencies and other persons	1
Environment, culture, economy and general matters	
Secrecy provisions	
Exempt documents under interstate Freedom of Information legislation	

NB: a blank field indicates zero requests in that category

Table F – Timelines

	Number of applications
Decided within the statutory timeframe (20 days plus any extensions)	12
Decided after 35 days (by agreement with applicant)	5
Not decided within time (deemed refusal)	0
Total	17

NB: a blank field indicates zero requests in that category

Table G – Number of applications reviewed under Part 5 of the Act (By type of review and outcome)

	Decision varied	Decision upheld	Total
Internal review			
Review by Information Commissioner*			
Internal review following recommendation under section 93 of Act			
Review by ADT			
Total			

NB: a blank field indicates zero requests in that category

*The Information Commissioner does not have the authority to vary decisions, but can make recommendations to the original decision-maker. The data in this case indicates that a recommendation to vary or uphold the original decision has been made by the Information Commissioner.

Table H – Applications for review under Part 5 of the Act (By type of applicant)

	Number of applications for review
Applications by access applicants	
Applications by persons to whom information the subject of access applications relates (see section 54 of the Act)	

NB: a blank field indicates zero requests in that category

NSW GOVERNMENT

Health

Hunter New England
Local Health District