

Annual Report

2011-2012



Health
Hunter New England
Local Health District



HUNTER NEW ENGLAND LOCAL HEALTH DISTRICT

Lookout Road

NEW LAMBTON HEIGHTS NSW 2305

Tel. (02) 4921 3000

Fax. (02) 4921 4969

www.hnehealth.nsw.gov.au

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December 2012



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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



Our commitment to Excellence

EXCELLENCE Every patient. Every time.

Excellence. Every patient. Every time. It's the ultimate aim of Hunter New England Health and the core of our culture.

Excellence is the planned, disciplined approach to doing the right thing for patients and their families, doing it consistently, and doing it with respect. It also helps ensure all staff – no matter what role they're in – do their part to help deliver the best possible experience and outcomes for our patients. Not just sometimes, not just once in a while, but every time.

HNE Health first embarked on Excellence in 2009, with the introduction of a range of simple techniques designed to help improve consistency and accountability within select teams.

This year, the Chief Executive and Board endorsed Excellence as a district-wide priority, which all teams and services will be expected to embed over time.

The Excellence approach is based on an evidence-based leadership model developed by the Studer Group, a healthcare research and consultancy based in America. The Studer Group has worked with more than 800 healthcare organisations around the world, helping them transform the way they provide care for patients.

Through this approach, teams adopt a series of proven tools and techniques that help them create greater accountability and consistency in what they do – and ultimately improve patient safety, experience and outcomes.

Excellence is also about making HNE Health a better place to work. By implementing the Excellence tools and techniques, staff will have more interaction and involvement from their senior leaders and managers – and more frequent dialogue so they can let their managers know what's working, what isn't and how things could be better. And, because Excellence is about building consistency and capability within teams, staff should also feel a greater sense of teamwork – that what they achieve, they achieve together.

Fully embedding the Excellence approach will be long, hard work. HNE Health's Board and Executive Leadership Team are prepared for that and assess each opportunity and challenge with our commitment to Excellence firmly in mind.

About us

Hunter New England Health (HNE 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 around 850,000 people, including 20 per cent of the state's Aboriginal population
- employs 15,500 staff including 1500 medical officers
- is supported by 1600 volunteers
- spans 25 local council areas
- is the only district in New South Wales with
 - a major metropolitan centre,
 - a mix of several large regional centres, and
 - many smaller rural centres and remote communities within its borders.

Our Chief Executive, Michael DiRienzo, and his 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 district



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.



Dr Felicity Barr, from Nelson Bay (Deputy Chairperson). Dr Barr's current appointments and background includes: Chairman, ANZAC Health and Medical Research Foundation; Member, Advisory Committee of Chairmen, Australian Association of Medicine Research Institute; Chair, Advisory Board, Research Centre for Gender, Health and Ageing, University of Newcastle; Independent member, Audit and Risk Management Committee, HNE Health; President Australian Association of Gerontology (Hunter Chapter).



Dr Bruce Bastian, from Hamilton South. Dr Bastian's current appointments and background includes Senior Lecturer (Clinical) University of Newcastle; Senior Staff Cardiologist, Department of Cardiovascular Medicine, John Hunter Hospital; Deputy Director of Cardiovascular Medicine; Director of Echocardiography; Outpatient and Inpatient Care.



Mr Fergus Fitzsimons, from Tamworth. Mr. Fitzsimons has 30 years experience working in both the metropolitan and rural New South Wales public health system. He has managed Health Linen, Pathology and Corporate Services and was the General Manager of Tamworth and Armidale Hospitals. Mr Fitzsimons was the last CEO of New England Area Health Service and Deputy Administrator of Hunter New England Health. He is currently the General Manager of Centacare New England North West.



Dr Helen Belcher, from Bolwarra Heights. Dr Belcher's current appointments and background includes Conjoint Lecturer School of Humanities and Social Science, University of Newcastle and Chair of the Maitland Hospital Local Health Committee. Dr Belcher has a Graduate Diploma in Social Administration, a Masters of Health Planning and a PhD (The University of Sydney).



Mr Paul Henry, from Inverell. Mr Henry is the General Manager, Inverell Shire Council. He has an Associate degree in Local Government Administration, a Bachelor and Masters of Business, and a Graduate Diploma in Legal Studies.



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.



Mrs Janelle Speed, from Deepwater. Mrs Speed's background includes former appointments as Lecturer, Schools of Rural Medicine and Health, University of New England; Adjunct Lecturer with the Universities of New England and Newcastle; member of the former Hunter New England Health Area Health Advisory Council.



Ms Helen Staines, from Cooranbong. Ms Staines' current appointments and background includes: Social Welfare Worker at the Neuropsychiatry Unit Morisset Hospital and Consumer Consultant with Hunter New England Mental Health Services. Ms Staines has an Associate Diploma in Social Welfare. Her previous experience includes: Team Leader HNE Health Carer Assist, Committee Member Hunter Schizophrenia Fellowship NSW, positions with the Department of Community Services and TAFE, as well as a number of community development roles with non-government organisations.



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.



Mr Kenneth White, from Tinonee. Mr White was the previous CEO of Manning Hospital and Lower North Coast District Health Service. Mr White has a Bachelor of Health Administration; is certified as a Professional National Accountant through the National Institute of Accountants; and is a Fellow of the Australian Institute of Management.

Chair's review



Many people go through their lives being passionate about a cause but never having an opportunity to do something about it. As Chair of the Hunter New England Health Board, I am in an enviable position to see my passion through.

For many years improving the health of our communities has been a key focus. I am a strong believer that patients, their carers, our communities and clinicians need to have an active voice in ensuring healthcare in our communities' meets the needs of those within it.

Efforts by the district to forge even stronger partnerships with GPs, Medicare Locals and communities has led to a true opportunity for many voices to be heard and considered when it comes to dealing with health issues in each of our local communities.

Community expectations of health services are growing. As well as managing the high demand for services we need to ensure we have the equipment, facilities and highly trained staff to deliver to those services to the highest of standards.

The emergence of new technologies such as telehealth, new medications and surgical and medical procedures offers more opportunities for HNE Health to improve.

The breadth and scope of work carried out across the district continues to impress and I am constantly encouraged by the commitment of our some 15,500 staff who continue to deliver excellence for every patient, every time. The services they provide and the passion with which they do it is truly inspiring.

The Board plays an important role in enhancing the transparency of the district. We are committed to continuing our support and are proud to be working with the chief executive and executive leadership team to ensure that this year we go even further in delivering services that are focussed, efficient and of the highest possible quality for our patients, staff and communities.

Associate Professor Lyn Fragar, AO

Chair, Hunter New England Local Health District Board

Chief Executive's review



Hunter New England Health is committed to improving the health outcomes of the communities we serve.

During the past year, our skilled and dedicated employees continued their hard work to deliver high quality care for patients across the entire district.

Enhancing access to cancer services has been a significant focus this financial year. Construction of the North West Cancer Centre in Tamworth is underway, and once complete, will provide patients in the northern reaches of our district with greater access to services much closer to home. A new medical oncology service at Manning Hospital and additional chemotherapy treatment spaces at the Calvary Mater Newcastle will also improve access to vital cancer treatment services.

Several communities have benefited from a significant investment in capital works across the district. This has delivered new and refurbished facilities in Narrabri and Werris Creek. An emergency department upgrade at Scone Hospital has seen improvements in the comfort and care of patients. Staff accommodation projects at Muswellbrook and Singleton hospitals will aid in recruitment strategies. And, new sub-acute units at Kurri Kurri and Belmont hospitals will help better meet patient needs.

Expanding clinical telehealth services across the district is delivering benefits for patients in rural and regional centres. Secure videoconference technology gives patients access to quality and timely specialist care without their having to travel long distances for face-to-face consultations.

In partnership with the Hunter Medicare Local, we launched 'HealthPathways', a dynamic, online health information portal that provides GPs, specialists and a range of other health care providers with information on how to assess and manage medical conditions, and how to best refer patients for specialist services.

Through our talented and dedicated staff, our commitment to excellence, robust systems, strong partnerships and sound overall management, we expect to deliver even more results in the year ahead.

Michael DiRienzo

Chief Executive, Hunter New England Local Health District

Highlights 2011-2012

1. Completed the \$38 million refurbishment of Narrabri Hospital and health service campus, which is now home to acute inpatient services as well as community and primary health care services.
2. Completed works on the new \$11.2 million Werris Creek Multi-Purpose Service, which provides a fully integrated one-stop-shop for primary health care services.
3. Began construction on the \$41.7 million North West Cancer Centre in Tamworth.
4. Enhanced cancer services across the district with the addition of four chemotherapy treatment spaces at Calvary Mater Newcastle, a new oncology service at Manning Hospital in Taree, and a new service at Calvary Mater Newcastle dedicated to young adults and adolescents diagnosed with cancer.
5. Undertook a series of capital works improvement projects across the Hunter New England Health region, including a \$350,000 emergency department upgrade at Scone Hospital; more than \$800,000 in staff accommodation projects at Muswellbrook and Singleton hospitals which will aid in recruitment and retention strategies in those centres; and construction of a 14-bed sub-acute unit Kurri Kurri Hospital and a 16-bed sub-acute unit at Belmont Hospital.
6. Opened new helipads at Warialda and Bingara Multi-Purpose Services, which will help deliver improved transfers for critically ill patients from those areas.
7. Expanded the adoption and use of telehealth technology across the district to increase access to specialist and emergency health care services. At June 30, 17 rural communities had received specialist services saving them 24,262 kilometers or 240 hours of travel time.
8. Began work on a \$2.2 million fit out of new purpose built space for HNE Health's Skills and Simulation Centre, based at the John Hunter Hospital, which will double the space available to carryout ongoing training for doctors, nurses, allied health staff, and medical students.
9. Developed and launched 'HealthPathways' in partnership with Hunter Medicare Local. An online health information portal aimed at general practitioners, HealthPathways provides information on how to assess and manage medical conditions and how to refer patients to local specialists and services.
10. Won four NSW Health Awards – 'Opening the Door on Osteoporosis', 'A life worth living; a group worth doing' and 'A World First in Hunter New England Health – Performance Based Assessment' a project that won both the Director General's Innovation Award and Building the Health Workforce category. HNE Health was also a finalist in four NSW Aboriginal Health Awards.
11. Began a process of reform for Local Health Committees to ensure more effective community involvement and access to relevant information.

Performance summary

Hunter New England Health is a high performing organisation with dedicated staff and strong links with our communities.

Our priorities and key performance indicators are set out in a series of complimentary, high-level planning documents.

The Hunter New England Local Health District Strategic Plan: Towards 2015 defines our strategic priorities for the next three years. It is reviewed annually and revised to reflect a rolling three-year projection.

The plan is designed to be a roadmap that helps ensure we deliver high quality care to our communities, support our talented and dedicated staff, and position the organisation for the future. It also takes into account the diversity of the many communities within the district.

The strategic plan reflects the health priorities as outlined in the NSW State Plan, aligns with our service agreement the NSW Ministry of Health, and supports the principle of Excellence. Every patient. Every time.

Our operational plan outlines the 12-month priorities and initiatives that will steer us toward achieving our three-year goals set out by the strategic plan.

Each year the NSW Ministry of Health negotiates a service agreement with the district that sets confirms the strategic priorities and specifies a set of key performance indicators to ensure we are improving outcomes and delivering patient-centred healthcare.

A snapshot of our performance for the 2011-12 financial year is provided below.

Strategic Priority – Community (The people we serve)

Preventing disease and illness, supporting a healthy start to life for all children and closing the gap in health status between Aboriginal and non-Aboriginal people continue to be key areas of focus for HNE Health. Having strong relationships with our communities and effective partnerships with other health providers, both government and non-government, are critical to success in these areas.

Strategic Priority	Measure	Actual	Target
Support a healthy start to life	Breastfeeding rate at 6 months – non Aboriginal	57%	56%
	Breastfeeding rate at 6 months – Aboriginal	23%	56%
	% Low birth weight babies weighing less than 2,500g – non- Aboriginal women	9%	<8%
	% Low birth weight babies weighing less than 2,500g – Aboriginal women	14%	<8%
Close the Gap between Aboriginal and non-Aboriginal health inequity	# Connecting care: enrolled patients YTD - Aboriginal	283	257
	# Connecting care: enrolled patients YTD	2,896	3,240
Partner with communities to reduce health disadvantage	% Oral health – adult treatment code C patients seen within 6 months	94.6%	70%
	# Out of hospital treatment (CAPAC)	3,472	4,481

Strategic Priority – Service (The service we provide)

Across the State there is heightened focus on improving access, timeliness of care and overall patient outcomes – and HNE Health is performing well in many of these areas.

New access targets introduced as part of national health reforms place a firm focus on elective surgery and emergency care and are designed to help health services better meet community needs and expectations. The targets are progressive, meaning we have to gradually improve to meet subsequent end of calendar year goals.

The National Emergency Access Target (NEAT) is for 90 per cent of patients to be treated and admitted, referred or discharged within four hours of arriving at an emergency department by December 2015. The December 2012 target is 69% and HNE Health is currently achieving this.

The National Elective Surgery Targets (NEST) for patients to be treated within clinically recommended times across all urgency categories are calendar year targets and again HNE Health is tracking well.

Strategic Priority	Measure	Actual	Target
Improve equity of access and service delivery	# Category 1 surgical patients admitted outside of benchmark 30 days	0	0
	# Category 2 surgical patients admitted outside of benchmark 90 days	2	0
	# Category 3 surgical patients admitted outside of benchmark 365 days	0	0
	% Ambulance transfer of care 30 minutes	81.3%	90%
	% ED Triage 1 treated within 2 minutes	100%	100%
	% ED Triage 2 treated within 10 minutes	82%	80%
	% ED Triage 3 cases treated within benchmark times 30 minutes	74%	75%
	% ED Triage 4 treated within 60 minutes	75%	70%
	% ED Triage 5 treated within 120 minutes	89%	70%
	% Patients admitted, referred or discharged within 4 hours of presentation (NEAT)	71.6%	69% (by Dec, 2012)
	Percent planned patients admitted within clinically appropriate time Category 1 (NEST)	93.1%	96% (by Dec, 2012)
	Percent planned patients admitted within clinically appropriate time Category 2 (NEST)	90.7%	90% (by Dec, 2012)
	Percent planned patients admitted within clinically appropriate time Category 3 (NEST)	92.6%	92% (by Dec, 2012)
Cooperate, collaborate and communicate with our partners to best meet agreed health needs	General Practitioner Advisory Committee Average satisfaction score	110	92
Develop a culture of service and person-centred care that includes needs of families and carers	% Complaints acknowledged within timeframe 5 days	92%	100%
	% Complaints resolved within 35 days	74%	80%
Sustain effective clinical networking	% Network/Stream members who feel network/stream has promoted collaboration amongst clinicians	85%	69%

Strategic Priority – Safety and Quality (Excellence. Every patient, every time)

HNE Health continually pursues the six core dimensions of quality: safety, appropriateness, effectiveness, efficiency, access and the involvement of consumers and our communities. Delivering safe, effective and appropriate care for our patients is at the core of what we do. Our staff continually look at ways to reduce variation, readmissions and healthcare associated infections. This financial year, HNE Health continued to be a leader in the area of hand hygiene among its staff – a key strategy in reducing infection rates within our services. It is also focused on ongoing quality improvement and enhancing the skills, processes and procedures that contribute to positive outcomes and experiences for our patients and their families.

Strategic Priority	Measure	Actual	Target
Provide a quality health service experience	% Patient experience – Overall care	73%	76%
Deliver safe, evidence-based, effective and appropriate healthcare	# Central line associated bloodstream infections (rate per 1,000 catheter line days)	0	0
	# Staphylococcus aureus bloodstream infections (per 10,000 occupied bed days)	1.2	2
	% Root Cause Analysis completed within 70 days	100%	100%
	% Unplanned readmits within 28 days of separation	6.1%	6.1%
	% Unplanned readmits within 28 days of separation (Mental Health)	15.1%	13%
	% Compliance with hand hygiene protocols	82.9%	80%

Strategic Priority - Positioning for the Future

Planning and investing for future health needs of our communities is another strategic priority for HNE Health. While statistical measures may not currently exist for this area, the effort and focus is considerable. This includes development of clinical services plans that define the future health needs of our communities and potential strategies to support those needs. The Board and the HNE Health Executive Leadership Team identified the Lower Mid North Coast Clinical Services Plan as a high priority for the district and work on this plan commenced this financial year. Other services plans underway during the 2011-12 financial year include Cancer Services and Inverell Health Services among others.

Exploring new and innovative ways of delivering services is also critical, and we have made great headway with advances with telehealth and the development of Health Pathways – a dynamic online portal created in partnership with the Hunter Medicare Local. And, we continually review our services to ensure they are as efficient and effective as possible – and are clearly aligned to our strategic goals.

Strategic Priority – Our staff and workplace culture (Supporting and encouraging our staff)

HNE Health’s most valuable asset is our staff. Ongoing shortages in many health professions across Australia combined with an aging workforce means we need to continually review our recruitment and retention strategies across the full spectrum of disciplines to meet community and organisational needs. Making sure we have staff who share our CORE values, our culture of service and our commitment to Excellence is also critical to the sustainability of our workforce.

Strategic Priority	Measure	Actual	Target
Attract, develop and retain competent , capable staff with the right cultural fit	% Aboriginal staff as a proportion of total	2.7%	3%
Be ethical and accountable for demonstrating our shared (CORE) values	% Staff completed ISBAR (Introduction, Situation, Background, Assessment, Recommendation) training, which is designed to improve communication among staff	36.5%	100%
Ensure a safe working environment	% Workplace Injuries claims (of total workforce)	3.3%	2%

Further information about our performance can be found on the following websites:

Bureau of Health Information

An independent board-governed organisation, established by the NSW Government to deliver timely, accurate and comparable information on the performance of the NSW public health system.

Your Health Service

A NSW Health website that provides information about waiting times for surgery, infection rates, emergency department performance and the latest patient survey results for services offered across the state.

The site also provides an overview of services provided, contact details and information about visiting hours and parking.

MyHospitals

A Federal Government website that presents information on hospitals throughout Australia and details how they compare against national, state and territory data. It includes information about services offered, number of admissions, waiting times for emergency departments and elective surgery, safety and quality, infection rates, hand hygiene, and cancer services.

NSW Health Patient Survey

The survey captures information from patients and carers across NSW about their experiences with health care services. The survey is one of several strategies used by NSW Health to gain a complete picture of patient and carer experience, for the purpose of health service improvement.

Capital works

During the past year we've seen a number of large scale investments in HNE Health facilities. More than \$50 million was spent on enhancing our buildings and physical infrastructure.

The year ahead brings with it even more opportunity to improve our facilities, with a number of big-ticket capital works projects in the pipeline throughout 2012 and into 2013. These investments not only improve the work environment for our staff and visitors, but they contribute to better health outcomes for our patients, which is our ultimate goal.

Projects completed or started in 2011-2012

Hunter Medical Research Institute Building

Investment: \$90 million

Completed: July 2012

Summary: Project partnership between HMRI, the University of Newcastle and HNE Health. The 16,000 square metre facility on the John Hunter Hospital campus will provide co-location of biomedical and

clinical researchers, to even better facilitate the translation of research into improved clinical outcomes. It will support the continued growth of HMRI, which is already the third largest medical research institute in NSW, and assist Hunter researchers to continue to deliver research of national significance.



Raymond Terrace GP Super Clinic/Health One

Investment: \$15.5 million

Expected completion: April 2014

Summary: The GP Super Clinic HealthOne Raymond Terrace will bring together doctors, nurses and allied health professionals.

Services planned for the centre include community health, child, family and aged care, oral health, renal dialysis, chronic disease management, pathology, aged and chronic care, mental health, maternal and infant care and visiting specialists.



The facility will also provide for the training and education of doctors and other health professionals.

Tamworth Health Service Redevelopment

Investment: \$262 million

Expected completion: Stage 1 North West Cancer Centre due for occupancy Feb 2013

Stage 2 Overall project due for completion Dec 2015

Summary: The redevelopment will deliver state-of-the-art and expanded health care facilities, enhanced health services and allow us to continue to provide quality care for the people of Tamworth and the New England North West region.

The redevelopment is being built in stages.

Stage 1 - A new regional cancer centre

Stage 2 - Redevelopment of Tamworth health campus including most inpatient medical, surgical and diagnostic services together with many of our outpatient services and clinics.



Narrabri Hospital Redevelopment

Investment: \$37 million

Completed: February 2012

Summary: The redevelopment has seen the co-location of public health and Ambulance services on the one site and integrated primary and community health services.



Werris Creek Multi-purpose Service

Investment: \$11 million

Completed: July 2012

Summary: Major features include a level one first aid treatment service, four lower acuity hospital beds (including respite, palliative care and special care), 10 high care residential aged care beds, two low care residential aged care beds, general practitioner services, a range of community health services provided by local and visiting staff, and flexible consulting and examination rooms for use by the GP, practice nurse and other visiting health professionals.



Manilla Multipurpose Service/Health One

Investment: \$19.3million

Completed: August 2011

Summary: Provides the Manilla community with a fully integrated 'one stop shop' where residents can access all of the communities health services, from GP services and preventative healthcare to acute services, all in one location.



Redevelopment includes:

- 12 new acute care rooms
- New front entrance with covered drop-off point
- A new birthing suite, with in-room bath
- New permanent two-bay emergency department, with more private entrance
- Clinic rooms for Manilla GPs and visiting specialists
- Treatment rooms and work areas for Community Health services
- A large, secure landscaped central courtyard
- A four bedroom self-contained staff accommodation complex

Kurri Kurri sub-acute unit

Investment: \$6.4 million

Expected completion: February 2013

Summary: This project will deliver a new unit for the care and support for patients who, following admission to health facilities, no longer require acute level services. It will include a 14 bed rehabilitation unit, gym, outdoor therapy spaces and activities centre.

Belmont sub-acute beds project

Investment: \$4.6 million

Expected completion: June 2013

Summary: The project will provide a 16 bed unit for the care and support for patients who, following admission to health facilities within the in the Greater Newcastle Sector, no longer require acute level services. The new facilities will be located on Level 3 of Belmont Hospital.

Armidale Hospital Refurbishment

Investment: \$8.05 million

Expected completion: August 2013

Summary: Provision of new and refurbished outpatient/ambulatory care facilities and supplementary services to support additional chemotherapy chairs that will be provided as part of the new regional cancer centre for the North West region.

Cessnock Emergency Department Refurbishment

Investment: \$2 million

Expected completion: September 2013

Summary: Refurbishment of emergency department and associated works.

John Hunter Hospital Simulation and Skills Centre

Investment: \$2.2 million

Completed: September 2012

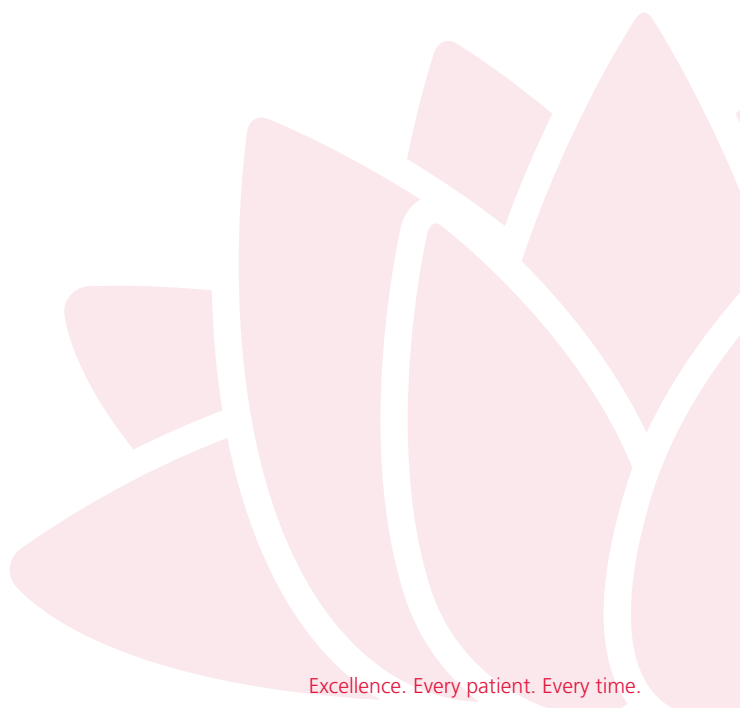
Summary: Refurbishment of medical records scanning area to create Simulation Centre with emergency/resuscitation room and theatre with associated support and full AV capabilities.

Maitland Hospital car parking upgrade

Investment: \$860,000

Completion: September 2012

Summary: Upgrade of staff car park behind Maitland Hospital



Rural health minor works

Investment: \$1.8 million

Expected completion: June 2014

Summary: Overall project consists of three minor works: Singleton staff accommodation, Gunnedah ambulatory care facility and Glen Innes access and security works.

John Hunter Hospital – Upgrade of Renal Unit

Investment: \$550,000

Completion: May 2012

Summary: Refurbishment of JHH Renal ward.

Belmont Hospital Linkway

Investment: \$250,000

Completed: July 2012

Summary: Construction of a linkway between the Lakeview building adjacent Belmont Hospital in order to provide a functional, physical link between the services. This will improve access between the services in the event of medical emergency and improve the safety and security of patients and staff of travelling between the services.

Financial snapshot

The NSW Health Annual Report 2011-12 was tabled to State Parliament on 22 November 2012, 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 2012, HNE Health employed 10,646 full time equivalent staff across the range of services it provides, responded to 386,772 emergency department presentations at its public hospitals, and provided 710,464 acute bed days.

HNE Health had a \$1.75 billion expense budget. This included new funding of:

- \$20.5 million for additional acute and sub acute beds
- \$7.1 million for general growth
- \$6.3 million for additional nurses
- \$5.1 million for additional acute planned activity.

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 \$4.7 million to our health service.

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

Financial Challenges 2012-13

- Shortage of nursing and medical staff leading to potential increased overtime and locum costs.
- The introduction of Activity Based Funding (ABF) from 1 July 2012. A HNE Health Steering Committee has been set up to drive the implementation.
- 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.

Equal employment opportunity

Initiatives undertaken in 2011-12

- International medical graduates seeking certification through the Australian Medical Council are assessed through an innovative workplace-based clinical assessment program developed by HNE Health's Centre for Medical Professional Development.
- Development and implementation of a range of programs that build organisational capability to provide a respectful workplace that values diversity and inclusion and eliminates bullying, harassment and racism, including;
 - Respectful workplace fundamentals
 - Aboriginal culture - Respecting the difference
 - Aboriginal and Torres Strait Islander identification
 - Overseas staff support program
 - Multicultural Health Service education portal
 - Multicultural Health orientation
 - Excellence – progress continues to support a culture which focuses on building capacity through accountability
 - Cultural respect program – two day workshop
 - Facilitated respectful workplace workshops.
- Targeted training and education programs developed and delivered to Aboriginal and Torres Strait Islander employees include:
 - Aboriginal medical cadetship pilot program
 - Mentor program
 - Diploma of Business Administration
 - Certificate IV in Primary Health Care
 - Traineeships, apprenticeships and school based traineeships.
- Development of Counter Racism Policy.

Trends in the representation of Equal Employment Opportunity groups

% of total staff

EEO Group	Benchmark or target	2009	2010	2011	2012
Women	50%	78%	79%	80.4%	80.1%
Aboriginal people and Torres Strait Islanders	2.6%	2.4%	2.1%	2.5%	3.3%
People whose first language was not English	19%	8%	9.9%	8.4%	8.1%
People with a disability	N/A	3%	3.1%	3.4%	3.3%
People with a disability requiring work-related adjustments	1.3% (2012)	0.7%	0.9%	1.2%	1.1%
	1.5% (2013)				
	X.X% (2014)				

Trends in the Distribution of EEO Groups

Distribution Index

EEO Group	Benchmark or target	2009	2010	2011	2012
Women	100	86	83	86	84
Aboriginal people and Torres Strait Islanders	100	78	77	72	71
People whose first language was not English	100	111	111	113	113
People with a disability	100	99	96	96	95
People with a disability requiring work-related adjustments	100	102	99	99	98

Government information (public access)

HNE Health continues to manage access applications pursuant to the open government legislation in accordance with requirements. Right to Information Officers are formally trained and are regularly updated on developments with respect to interpretation of legislation. Open access information is readily available on the HNE Health Internet (www.hnehealth.nsw.gov.au) and site content in relation to Government Information (Public Access) Act requirements are reviewed annually for accuracy.

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								
Members of Parliament								
Private sector business								
Not for profit organisations or community groups								
Members of the public (application by legal representative)	4	3	1	1				
Members of the public (other)	4	3	1			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*	4	3	1	1				
Access applications (other than personal information applications)	4	3	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)	5
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	5
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 Schedule A to 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 Act.

	Number of occasions when application not successful
Responsible and effective government	
Law enforcement and security	1
Individual rights, judicial processes and natural justice	5
Business interests of agencies and other persons	2
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)	18
Decided after 35 days (by agreement with applicant)	
Not decided within time (deemed refusal)	
Total	

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	1	1	2
Review by Information Commissioner*			
Internal review following recommendation under section 93 of Act			
Review by ADT			
Total	1	1	2

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	2
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



Health

Hunter New England
Local Health District