

2016/17

YEAR IN REVIEW



HUNTER NEW ENGLAND
LOCAL HEALTH DISTRICT



HUNTER NEW ENGLAND LOCAL HEALTH DISTRICT
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BOARD CHAIR REVIEW

It is my pleasure to submit the Year in Review report of the Hunter New England Local Health District for 2016-17.

The Local Health District has made great achievements this year and the Board congratulates the Chief Executive and his Executive Leadership Team for their efforts.

Our strong, skilled and dedicated teams of doctors, nurses, allied health professionals and support staff continue to go above and beyond the call of duty to provide wonderful care to our communities.

I am in awe of the many teams that put themselves in their patients' shoes and ask how our services could be changed for the better. I continue to hold a profound respect for these skilled and dedicated teams.

In particular, the Board wishes to highlight two innovative projects conceived in the Hunter which received due acknowledgement at a State level this year.

The Physical Activity 4 Everyone pilot program won NSW Premier's and NSW Health awards for tackling childhood obesity. The trial involved 1100 high school students and is the first school-based program of its type, internationally, to increase physical activity and reduce weight gain in disadvantaged adolescents.

The Transfer of Care: Ambulance off-loads improvements at John Hunter Hospital Emergency Department won in its category (Improving Service Levels in Hospitals award) at the 2016 NSW Premier's Awards. John Hunter Hospital has been leading the state with this important initiative, and I'm thrilled that the project team was recognised at this level.

The Board also wishes to recognise the invaluable work of our Health Committees, which work with us throughout the year to improve the health of their communities.

Our Health Committees are now working in 40 towns across the District and are focused on ensuring that the health needs of the local community are met. I was so pleased to read this year's Local Health Reports submitted by each of the committees this year and learn about the wonderful work happening across the District.

It was a delight to announce Port Stephens West Health Committee as the recipient of the 2017 Excellence Award for the Best Local Health Committee Report.

The award was presented at this year's Hunter New England Health Excellence Awards, held at Newcastle Town Hall in August.

That Committee is actively involved in Let's Start Talking, a community campaign that encourages people to plan ahead for healthcare decisions they may need to make as they approach the end of their life.

A community forum was held in November 2015 and Health Committee members have since delivered talks to a number of community groups, with more talks planned.

Most importantly, I would like to pay tribute to the more than 16,000 highly skilled and dedicated doctors, nurses, midwives, allied health professionals, health scientists and technicians, managers and support staff who continually do the very best they can to treat and support the patients in their care.

The Board and I are continually inspired by the hardworking staff members who strive on a daily basis to meet and exceed the community's growing expectations, health needs and demographic shifts.

We remain committed to the principles of Excellence, Every Patient, Every Time.

My fellow Board members and I hold a profound respect for the skilled and dedicated staff who consistently work for patients in a careful, considered and respectful way.

It has again been my honour this year to work alongside my fellow Board members. I am sincerely grateful for their continued contribution, insight and leadership.



Associate Professor Lyn Fragar AO
Board Chair

CHIEF EXECUTIVE REVIEW

I'm pleased to report it's been a successful year for Hunter New England Local Health District and our staff and services have once again lifted to meet the challenge of providing quality care to our communities.

Our skilled and committed doctors, nurses, allied health, administration and support staff have demonstrated a dedication to providing quality care every day, and take every opportunity to understand the needs of our patients and how we can change the way we work to meet them.

There are many new projects and initiatives underway focused on improving patient experience and I'm proud to say they are contributing to our Local Health District's reputation for excellence.

While we focus on innovation, the Local Health District has also continued its commitment to build effective infrastructure to support the work of our hard-working services and staff.

In 2016-17 we:

- Opened the new \$14 million, eight-bed Paediatric Intensive Care Unit (PICU) at John Hunter Children's Hospital, and completion of Stage 1 of an expanded Neonatal Intensive Care Unit. The two units provide care and service for children across northern NSW.
- Completed the \$211 million Tamworth Hospital Redevelopment, which delivered a new, purpose-built acute services building and redeveloped an existing building for inpatient services and outpatient clinics.
- Completed a \$2 million upgrade to Gunnedah Health Service which delivered an upgraded Clinical Sterile Supply Department (CSSD) and operating theatre, a new hospital kitchen and a new roof for the administration and community health blocks.
- As well as infrastructure improvements, we have focussed on updating major medical imaging equipment – including CT scanners, vascular and cardiac angiography equipment, ultrasound machines and digital x-ray units – to support the continued move to a fully digital imaging service.
- We continue to seek new opportunities in technology, from new applications, Telehealth and electronic record keeping to improve quality and safety of care we provide to our patients.

After a successful pilot, we have begun the district-wide rollout of an electronic prescribing and medications system. The new system improves patient safety through a more accessible, accurate and complete patient medication management system.

While technology is playing an increasing role in our success, it is our commitment to timely care that keeps our services performing well and meeting patient needs.

Of the 410,414 patients who presented at our emergency departments this financial year, 77.9 per cent were admitted or discharged within four hours.

We are also keeping surgery on time despite an ever-increasing demand on our services.

A total of 29,580 elective surgeries were carried out across the Local Health District during the 2016-17 financial year. I'm pleased to report 100 per cent of all Category A and B patients received care within their required timeframes, and 99 percent of Category C patients received surgery on time.

While we get on with providing patient care, we rely on genuine patient and community partnerships to guide our healthcare decisions. In particular, our local Health Committees play an important role in our organisation.

I would like to take this opportunity to thank our local Health Committees for the important role they play in providing crucial insight into the needs of our local communities.

I would also like to send my sincere thanks to our dedicated doctors, nurses, allied health, administration and support staff for their ongoing commitment to keeping people healthy, now and into the future.

I look forward to seeing what we can collectively achieve in the coming year.

Michael DiRienzo
Chief Executive



OUR COMMITMENT

The ultimate aim for everyone at Hunter New England Health is to achieve Excellence for every patient, every time.

Excellence is 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 approximately 16,000 staff providing services for a population of more than 900,000 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 that they are armed with the necessary tools and strategies to provide excellent service, every time.

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 of their care plan on a care board above the bed.

Patients can also expect to be involved in the clinical handover meetings between professionals.

They can be assured that a clinician will telephone them 24 hours after discharge to make sure that they're home safely, to check on how they are faring and to make sure they are clear on important information about medications and future appointments.

As well as checking on patients, leaders also catch-up with staff. Rounding provides an opportunity to discuss what's

EXCELLENCE

Every patient. Every time.

working well, what can be improved, ensure staff have the tools they need to do their job and in essence make 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 are helping to 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.

We're still on our Excellence journey. It's a major cultural shift and we acknowledge it will take some time to completely embed.

But we are committed to achieving our goal - Excellence, every patient, every time.

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:

- ▶ 920,370 people, including 52,990 Aboriginal and Torres Strait Islander people (making up 5.9 per cent of the District's population)
- ▶ 169,800 residents who were born overseas
- ▶ More than 68,000 (about 7.8 per cent) of residents in the District speak a language other than English. This includes recently arrived Arabic speakers from Syria and several hundred refugees from Afghanistan.
- ▶ Employs 16,337 staff including 1993 medical officers
- ▶ Is supported by 1692 volunteers
- ▶ Spans 25 local government areas
- ▶ It is the only Local Health District in NSW with a major metropolitan centre, a mix of several large regional centres, and with 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 that 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
- ▶ 8 community hospitals
- ▶ 12 multipurpose services
- ▶ 3 mental health facilities and several additional inpatient and community mental health services
- ▶ 3 residential aged care facilities, and
- ▶ More than 60 community health services

Our facilities are built on the traditional lands of many peoples including the Kamilaroi, Gomilaroi, Geawegal, Bahtabah, Thungutti, Awabakal, Aniawan, Biripi, Worimi, Nganyaywana, Wonnarua, Banbai, Ngoorabul, Bundjalung, Yallaroi and Darkinung nations.

Our local Health Committees, located in 40 towns across the District, provide leadership in the local community to ensure our health services meet local health needs and to help promote and enhance the health of the community.

Hunter New England Health



Health
Hunter New England
Local Health District

OUR BOARD

The Hunter New England Health Board consists of 12 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 OA, from Delungra (Chair)

Dr Fragar is a Public Health Physician. She holds an Adjunct Associate Professor position with the University of Sydney, where she tutors in Population Medicine, as well as an Adjunct Professor position in the Sydney School of Medicine of Notre Dame University. She is Chair of the Board of GP Synergy, the GP Registrar training provider for NSW.

Lyn 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.



Dr Felicity Barr, from Tea Gardens (Deputy Chair)

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, Hunter New England Health; President, Australian Association of Gerontology (Hunter Chapter).



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 Health Committee.

Dr Belcher has a Graduate Diploma in Social Administration, a Masters of Health Planning and a PhD (The University of Sydney).

OUR BOARD



Barbara Clark, from Boggabilla

Barbara Clark, B Fin Admin, CA, FAICD, is a partner in a mixed farming enterprise situated near Boggabilla in NSW.

Mrs Clark has been a member of numerous boards including the NSW Rural Assistance Authority, the Wheat Export Authority and the Export Wheat Commission. She has also been Chair and member of their audit committees.

Mrs Clark has extensive experience as an accountant both in Sydney and rural NSW and is a Fellow of the Australian Institute of Company Directors.



Dr Martin Cohen, from Newcastle

Associate Professor Martin Cohen is a psychiatrist and former Executive Director of Hunter New England Mental Health Service.

Dr Cohen's current appointments include senior consulting psychiatrist at Procure and Managing Director of Asclepius Health - Health Transition Systems. Martin completed medicine at Sydney University, is a Fellow of the Royal Australian and New Zealand College of Psychiatrists.

As a lead investigator on national mental health epidemiological studies and supervising PhD students, he has a broad track record that includes clinical, information technology and basic sciences work.



Dr Patrick Farrell, from Newcastle

Dr Patrick T. Farrell is a Senior Staff Specialist Anaesthetist based at John Hunter Hospital. He was the Director of Anaesthesia at John Hunter Hospital for 10 years.

His sub-specialty interest is in paediatric and neonatal anaesthesia and he is a past President of the Society for Paediatric Anaesthesia in New Zealand and Australia. He is an elected Councillor of the Australian and New Zealand College of Anaesthetists and has served the College in a variety of other roles including Chair of Examinations.

Dr Farrell is a conjoint lecturer for the University of Newcastle and also a graduate of the Australian Institute of Company Directors.



Fergus Fitzsimons, from Uralla

Mr Fitzsimons has 30 years' experience working in both the metropolitan and rural NSW 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 Chief Executive Officer of the 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.

OUR BOARD



Peter Johnston, from Tamworth

Mr Johnston has worked in the community services sector in Tamworth for the past 10 years.

Peter has also worked in both the public and private sectors and has wide-ranging experience in corporate governance and business and financial management.



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; Visiting Medical Officer, 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.



Lyn Raines, from Forster

Ms Raines is a private practitioner Occupational Therapist who has an extensive service in health both in nursing and occupational therapy.

Her work experience has encompassed diverse areas of health, as well as work in rural and remote centres, including the Torres Straits and Far North Western Queensland.

She remains committed to quality client care and advocacy, with specific focus on advocating for people with disabilities to remain independent within their own environment.



Janelle Speed, from Wellingrove

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.



Kenneth White, from Old Bar

Mr White is a previous Chief Executive Officer of public health services in the Hunter, North Coast and New England regions.

He is a Fellow of the Australasian College of Health Service Management, a Fellow of the Institute of Public Accountants, and holds a degree in health management from UNSW.

He also has long-term experience as a surveyor for the Australian Council on Health Care Standards (ACHS).

HIGHLIGHTS

We've had another successful year at Hunter New England Health. Below are some of the many achievements that our dedicated staff members have made to benefit our communities.

- The Physical Activity 4 Everyone pilot program won NSW Premier's and NSW Health awards for tackling childhood obesity. The trial involved 1100 high school students and is the first school-based program of its type, internationally, to increase physical activity and reduce weight gain in disadvantaged adolescents.
- The Transfer of Care: Ambulance off-loads improvements at John Hunter Hospital Emergency Department won in its category (Improving Service Levels in Hospitals award) at the 2016 NSW Premier's Awards.
- Junior Medical Officer Manager Jessica Moore was named the JMO Manager of the Year at the 2016 Australian Medical Association Doctors in Training Awards for her compassion and the support that she gives to the Junior Medical Officers under her supervision.
- Opened the new \$14 million, eight-bed Paediatric Intensive Care Unit (PICU) at John Hunter Children's Hospital, and completion of Stage 1 of an expanded Neonatal Intensive Care Unit. The two units provide care and service for children and families across northern NSW.
- Opened a new \$7.5 million Lake Macquarie Community Mental Health Centre, which will provide services for about 1400 clients annually.
- The 'YES Team', an integrated multidisciplinary youth engagement service that gives young people access to both advocates and health professionals (including mental health professionals). Established by the Children, Young People and Families Clinical Network, the team will assist those who may be at risk of disengaging with services, to help them navigate the health system more effectively.
- Initiating the district-wide rollout of an electronic prescribing and medications system. The new system will improve patient safety through a more accessible, accurate and complete patient medication management system.
- Updating major medical imaging equipment – including CT scanners, vascular and cardiac angiography equipment, ultrasound machines and digital x-ray units – to support the continued move to a fully digital imaging service.
- Consolidating and expanding radiation oncology services at the North West Cancer Centre in Tamworth to provide best practice cancer care including an outreach consultative service to Armidale.
- Specialist endocrinologists and diabetes educators are conducting case conferences within general practitioners surgeries for patients with type 2 diabetes. The conferences aim to deliver improved outcomes and build the knowledge and capacity of general practitioners and practice nurses. More than 1000 patients have been involved to date, with improvements shown in glucose control, blood pressure control, weight loss and cardiovascular risks.
- Nine clinical research fellowships were offered to support clinical academics in their research projects that link to Hunter New England Local Health District's strategic priorities. These projects will translate into better patient outcomes, health service, delivery, and population health and wellbeing.
- About 2140 solar panels were installed at six of our rural facilities to help improve energy efficiency and reduce our carbon footprint. The panels are expected to reduce energy costs by about \$150,000 a year.

PERFORMANCE SUMMARY



410,414

patients presented at our emergency department



77.9%

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



17,390

day only surgical procedures were performed



8,456

babies were born



3,328,844

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



2.12 billion

expenditure budget, an increase of \$92 million or 4.5% on 2015-2016.



11,453

full-time equivalent staff



100%

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



100%

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



99%

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

* Elective Surgery Access measures the percentage of patients who have waited longer than the clinically recommended time frame for elective surgery. 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 is 97%.

Category C are classified as routine, patients should have their surgery within 365 days. The national target is 97% .

** Emergency Treatment Performance 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 NSW target is 81 per cent.

CAPITAL WORKS

Gunnedah Health Service

Investment: \$2 million

Completed: June 2017

Summary: Upgraded Clinical Sterile Supply Department (CSSD) and operating theatre, a new hospital kitchen and new roof for the administration and community health blocks.

Tamworth Hospital

Investment: \$210 million

Completed: June 2017

Summary: The redevelopment included a new, purpose-built acute services building and redevelopment of the existing Bruderlin Building for inpatient services and outpatient clinics.

Paediatric Intensive Care Unit John Hunter Children's Hospital

Investment: \$14 million

Completed: June 2017

Summary: A new Paediatric Intensive Care Unit at John Hunter Children's Hospital to treat children and young people in a purpose built, state-of-the-art intensive care facility. The unit includes eight-beds, a family room and overnight accommodation space.

Paediatric Patient Area Tomaree Hospital

Investment: \$850,000

Completed: June 2017

Summary: The refurbishment delivered a larger, more private resuscitation bay, upgraded open treatment areas and two additional enclosed treatment bays. The enclosed bays are a more suitable treatment space for the care of paediatric, infectious and mental-health patients.

Asset Replacement Strategy

Investment: \$3.4 million

Completed: June 2017

Lake Macquarie Community Mental Health Service

Investment: \$7.5 million

Completed: June 2017

Summary: A purpose-built facility to relocate Lake Macquarie Community Mental Health Service and Child and Adolescent Mental Health Services onto a single site. The new facility will provide a significant opportunity for the future growth of both these services.

Kurri Kurri Sub Acute Unit

Investment: \$5.3 million

Completed: June 2017

CT scanner, Narrabri Hospital

Investment: \$598,805

Completed: June 2017

CT scanner, Belmont Hospital

Investment: \$574,100

Completed: June 2017

Energy Efficient Government Program John Hunter Hospital

Investment: \$7.5 million

Completed: June 2017

Summary: Energy efficient lighting, plant and initiatives were installed

Emergency Departments Security and Duress Alarm Upgrade

Investment: \$868,480

Completed: June 2017

FINANCIAL SNAPSHOT

The NSW Health Annual Report 2016-17 will be tabled in State Parliament.

It will contain the audited financial statement for the Hunter New England Local Health District.

Once finalised, the complete audited financial statement for the District can be found on the NSW Health website at www.health.nsw.gov.au.

In the 12-month period to 30 June 2017, Hunter New England Health employed 16,337 staff across the range of services it provides; responded to 410,414 emergency department presentations at its public hospitals; and provided 29,580 elective surgeries.

Hunter New England Health had a \$2.121 billion expense budget.

This included new funding of:

- \$41.1 million for additional acute activity
- \$0.9 million for additional nurses, midwives and support positions
- \$0.7 million for Refugee Health Services

The District was favourable to budget at the end of the financial year. This resulted in favourable cash management, with Hunter New England Health able to pay creditors as and when they fell due.

Donations

Our communities generously donated \$3.5 million to our health service, enabling us to enhance patient care.

These donations came from individuals, businesses and organisations throughout our Local Health District, some of whom have been supporters for many years.

Financial challenges

Working towards a high value healthcare model means continually looking at ways to:

- better manage labour costs, particularly premium labour costs;
- improve models of care, including greater adoption of Telehealth;
- enhance collaboration with partners such as GPs;
- improve rostering and leave management;
- 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

Hunter New England Local Health District has continued to demonstrate a strong commitment to diversity and equal employment opportunity (EEO) with a particular emphasis on Closing the Gap in Aboriginal and Torres Strait Islander health outcomes. There were a number of achievements in 2016-17.

International Medical Graduates

Hunter New England Local Health District employs a large international medical graduate (IMG) medical workforce, with many new international medical graduate doctors orientated to our services in 2016-17. These doctors work in both metropolitan and rural facilities, and work as General Practice Visiting Medical Officers (GP VMO) providing healthcare both in the community and in our acute services.

We provide international medical graduates with targeted orientations, ongoing education and support specific to the needs of overseas trained doctors. Many IMGs are very new to the Australian Healthcare setting, so orientation was developed to introduce these doctors to our Local Health District in the safest and most supportive way.

All IMG doctors and their supervisors have access to the IMG Support Program, which was established in 2008 and provides ongoing advice, supervision and mentoring. The program is provided as part of the Hospital Skills Program education program for un-streamed doctors.

Many of our international medical graduates attended regular medical skills workshops and simulation courses during the year. These internal courses are provided by our senior medical staff who share their wealth of knowledge and experience. We also provide opportunities and financial assistance to complete external courses and discipline-specific education, which helps our doctors keep their skills current and provide safe, quality care to our communities.

Hunter New England Health is unique in offering IMG doctors a Workplace Based Assessment (WBA) Program. Candidates who are successful in the workplace-based assessment process are granted the Australian Medical Council Certificate and can proceed in applying for general registration. Hunter New England Health was the first organisation in Australia to offer IMGs this alternative standard pathway to general registration, making our organisation attractive to this medical workforce.

To date more than 182 international medical graduates have completed the Workplace Based Assessment program and many continue to provide medical services to our communities. Another group of 20 international medical graduates will start the WBA program in 2018. This program is expected to continue well beyond 2017-18.

Aboriginal Cultural Respect Training

In 2016-17, Hunter New England Health continued our Aboriginal Cultural Respect Educational program to help build a positive and safe workplace culture for both our staff and patients. In 2016-17, 30 workshops were conducted across the District (614 participants).

Additionally, it is mandatory for staff to complete the NSW Health "Respecting the Difference" online education program, and 90.5 per cent of all staff have completed the program.

Workshops will continue to be delivered across the District during 2017-18. We took the opportunity to evaluate and review how we deliver the workshops and recommendations for enhancement of the program will be implemented in 2018.

Aboriginal Employment Strategy

Hunter New England Health has a strong commitment to Closing the Gap and is active in promoting Aboriginal employment including targeted employment strategies.

- Hunter New England Health has a permanent Aboriginal Workforce of 4.71 per cent and employs a total of 738 Aboriginal staff. The District employed 55 new Aboriginal people into permanent, temporary and casual positions in the 2016-17 financial year.
- We employed six Aboriginal Interns
- We employed four Aboriginal School Based Trainees and the District's very first Aboriginal IT programmer trainee.
- We awarded four scholarships to Aboriginal students at the University of Newcastle and five cadetships in social work, speech pathology, physiotherapy and nursing to University of Newcastle students.

EQUAL EMPLOYMENT OPPORTUNITY

- The Strategy team met with 80 Aboriginal Health Workers and their line managers in preparation for the implementation of new Aboriginal Health Practitioner roles which are being introduced across the District, and completed an Aboriginal Health Workers and Aboriginal Health Practitioner Framework.
- Processes were implemented to ensure Aboriginal new starters are comfortably supported into work and have the tools to complete their roles.
- 57 Respectful Workplace workshops were held across the District, to assist staff with the skills they need to resolve workplace conflict issues early, respectfully and effectively.
- We participated in the NSW Public Sector People Matter Employee Engagement Survey in June 2017 and we are in the process of developing action plans at all levels of the organisation to improve workplace culture performance.

Building a positive workplace culture

Hunter New England Health continues to build on its commitment to create a positive workplace culture for all employees.

- The online Managers' Help Centre has been updated to make it easier for managers to access advice and information regarding the CORE values, Code of Conduct, Workplace Harmony and Respectful workplace, Countering Workplace Racism, and best practice recruitment and selection.
- All new staff are invited to provide feedback via Position Recruitment and Orientation (PRO) surveys three months after employment, which measures the quality of our induction and orientation practices.
- We conducted 684 exit surveys.
- We monitored performance review participation rates across the organisation.
- We continued randomised audits of recruitment and selection episodes to determine the procedures are in line with all aspects of recruitment policy including targeting.

Trends in the representation of EEO groups

EEO Group	Benchmark or Target	2013	2014	2015	2016	2017
Percentage % of total staff						
Women	50%	80.5%	80.4%	80.64%	80%	79.95%
Aboriginal and Torres Strait Islander people	2.6%	3.6%	3.9%	5.15%	4.63%	4.71%
People whose first language is not English	19%	7.9%	8.2%	11.02%	14.84%	16.23%
People with a disability	N/A	3.0%	2.6%	2.15%	1.9%	1.81%
People with a disability requiring work-related adjustments	1.5%	1.0%	0.9%	0.72%	0.69%	0.65%

GOVERNMENT INFORMATION (Public Access)

Under Section 7 of the Government Information (Public Access) Act, otherwise known as 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

The Hunter New England Local Health District Disclosure Log is located on our website at www.hnehealth.nsw.gov.au

The total number of access applications received by HNE Health during the reporting year (including withdrawn applications but not including invalid applications)

Clause 7(b)

Total number of applications received	6
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The total number of access applications received by HNE Health during the reporting year that the agency refused, either wholly or partly, because the application was for the disclosure of information referred to in Schedule 1 to the Act (Information for which there is conclusive presumption of overriding public interest against disclosure)

Clause 7(c)

Total number of applications refused	Wholly	Partially	Total
	1	1	2

GOVERNMENT INFORMATION (Public Access)

TABLE A: Number of applications by type of applicant and outcome

Clause 7(d)

	Access granted in full	Access granted in part	Access refused in full	Information not held	Information already available	Refused to deal with application	Refuse to confirm or deny whether information is held	Application withdrawn
Media	1							
Members of Parliament		1						
Private sector business	1							
Not-for-profit organisations or community groups								
Members of the public (application by legal representative)			1					
Members of the public (other)	2							
TOTAL	4	1	1	0	0	0	0	0

TABLE B: Number of applications by type of application and outcome

Clause 7(d)

	Access granted in full	Access granted in part	Access refused in full	Information not held	Information already available	Refused to deal with application	Refuse to confirm or deny whether information is held	Application withdrawn
Personal information applications	1							
Access application (other than personal information applications)	3	1	1					
Access applications that are partly personal information and partly other								
TOTAL	4	1	1	0	0	0	0	0

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TABLE C: Invalid applications	
Clause 7(d)	
Application does not comply with formal requirements (s41)	0
Application is for excluded information (s43)	0
Application contravenes restraint order (s110)	0
Invalid applications that subsequently became valid applications	0
TOTAL	0

TABLE D: Conclusive presumption of overriding public interest against disclosure	
Clause 7(d)	
Overriding secrecy laws	1
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	
TOTAL	1

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TABLE E: Other public interest considerations against disclosure	
Clause 7(d)	
Responsible and effective government	1
Law enforcement and security	
Individual rights, judicial processes and natural justice	1
Business interests of agencies and other persons	
Environment, culture, economy and general matters	
Secrecy provisions	
Exempt documents under interstate Freedom of Information legislation	
TOTAL (number of occasions when application not successful)	2

TABLE F: Timeliness	
Clause 7(d)	
Decided within the statutory timeframe (20 days plus any extensions)	6
Decided after 35 days (by agreement with applicant)	
Not decided within time (deemed refusal)	
TOTAL	6

TABLE G: Number of applications reviewed under Part 5 of the Act		
Clause 7(d)		
	Decision varied	Decision upheld
Internal review		
Review by Information Commissioner		
Internal review following recommendation under section 93 of the Act		
Review by ADT		
TOTAL	0	0

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TABLE H: Applications by review under Part 5 of the Act (by type of applicant)

Clause 7(d)	
Applications by access applicants	
Applications by persons to whom information the subject of access application relates (see s54 of the Act)	
TOTAL	0

TABLE I: Applications transferred to other agencies under Division 2 of Part 4 of the Act (by type of transfer)

Clause 7(d)	
Agency-initiated transfers	
Applicant-initiated transfers	
TOTAL	0

