Year in Review 2012-2013

Hunter New England Health

NSW GOVERNMENT Health
Hunter New England
Local Health District

HUNTER NEW ENGLAND LOCAL HEALTH DISTRICT

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December 2013

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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 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 (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:

- 873,741 people, including 38,552 Aboriginal and Torres Strait Islander people (which equatesto 21% of the state's Aboriginal and Torres Strait Islander population)
- 171,868 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 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.

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.

Chair's review

Every member of the Hunter New England Health Board is here for the same reasons; we want to improve the health outcomes for the communities we serve.

This year has seen us strengthen our partnerships with GPs via the Hunter and New England Medicare Locals; and developing stronger links with our communities who have a strong desire to be involved in shaping the care they receive from the health service.

These partnerships ensure that our community has a greater and more equitable access to clinically appropriate health services both in the hospital setting and out in their local communities, closer to their homes and family support.

Aligning the goals and behaviours of the board with Hunter New England Health's commitment to Excellence has been a significant focus this year. Ensuring patients are at the centre of everything we do, are at the core of their own care and receive consistent quality communication and care is our priority. The Board stands behind the Chief Executive and Executive Leadership Team to ensure that the principles of Excellence are deeply embedded in the organisation.

I have a profound respect for the workforce and services that are provided to our community. The organisation is well served by a skilled and dedicated workforce who is consistently working for patients in a careful, considered and respectful way.

Our services will continue to be challenged by community's growing expectations, health needs and demographic shifts. Working with the Chief Executive and the Executive Leadership Team I look forward to working together to develop solutions to these challenges that will best place the organisation for the future.

Associate Professor Lyn Fragar, AO

Chair, Hunter New England Local Health District Board

Chief Executive's review

HNE Health is committed to improving the health outcomes of the communities we serve.

During the past financial year our skilled and dedicated employees have continued their hard work and commitment to delivering excellence for every patient every time.

Adapting to the changing face of healthcare, incorporating modern technology and enhancing our services so that we are equipped to deal with the challenges of the future has been the focus of this financial year. Hunter New England Health was focussed on strengthening our links with Hunter and New England Medicare Locals.

Expanding the use of telehealth technology is improving access and equity of service for people in our rural communities. Pilots and projects across a number of clinical streams are providing both clinical and emotional support to patients, removing the need for them to travel long distances for face-to-face consultations.

Our commitment to providing appropriate services to our community closer to home has been further boosted with the completion of the North West Cancer Centre. For residents of Tamworth and the north west, this means they can now receive chemotherapy and radiation treatment closer to home.

Accommodating for the future needs of our district has been a key focus with a number of major projects beginning this financial year.

The Hunter Valley Health Services Planning Project is just one project that's dedicated towards improving services for the community. A comprehensive consultation process is ensuring the people of Maitland and Hunter Valley are fully engaged when it comes to planning for their future health needs.

Through our talented and dedicated staff, our commitment to excellence, robust systems and strong partnerships we look forward to delivering the results of these projects in the year ahead.

Michael DiRienzo

Chief Executive, Hunter New England Local Health District

Highlights 2012–2013

1. Began planning and consultations for clinical services and issued an expression of interest for land for the proposed new hospital in the Maitland area.
2. Developed a tertiary hospital and regional interventional stroke service based at John Hunter Hospital.
3. Expanded the use of Telehealth services across the district.
4. Opened a mental health drop-in clinic to support and empower Aboriginal people to talk about their mental health in Quirindi. The clinic provides an opportunity for Aboriginal people to share the stories and receive support to maintain their mental health.
5. Became a registered training organisation meaning HNE Health is now a registered provider of vocational education and training within the Australian Qualifications Framework. A group of 39 managers across the district will be the first to attain a qualification with us, a Diploma of Management – Lead for Excellence.
6. Opened the new $11.2 million Werris Creek Multi-Purpose Service. The new facility supports modern, evidence-based models of care such as the use of Telehealth technology as well as support locally.
7. Began construction on the centrepiece $220 million Tamworth Health Service Redevelopment. The five storey acute services building will provide new facilities for essential services including emergency, surgery, maternity and paediatrics.
8. Completed construction of the $41.7 million North West Cancer Centre and began chemotherapy services.
9. Opened two paediatric palliative care rooms at Manning and Maitland Hospitals thanks to the support of the Nicholas Trust and Newcastle Permanent Charitable Foundation.
10. Received $500,000 for cochlear implant funding allowing 14 additional implants at John Hunter Children's Hospital between July and December.

Performance summary

386,127
patients presented at our emergency department

19,671
day only surgical procedures were performed

10,777
full-time equivalent staff

1.8 billion
expenditure budget

9,331
babies were born

100%
of category A patients received their elective surgery within the 30 day time frame.*

94%
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.*

73.6%
of patients who presented to the ED were admitted or discharged within four hours.**

3,973,674
patients accessed services (like blood tests and scans) but were not admitted.

*National elective surgery target (NEST) measures the percentage of patients who have waited longer than the 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 93%.

Category C are classified as routine, patients should have their surgery within 365 days the national target is 95%.

NEST is measured each calendar year. This figure represents results from January -June 2013.

** 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 NEAT target is 71%.

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

Werris Creek MPS

Investment: $11 million

Completed: July 2012

Summary: Major features of the Multipurpose Services facility include 12 residential aged care beds, four sub-acute hospital beds, consulting and examination rooms, a range of community health services, a first aid and treatment service, Aboriginal health services, day centre to provide activities for older people and an early childhood health clinic.

Belmont Hospital Linkway

Investment: $340, 000

Completed: July 2012

Summary: An internal pathway between the Lakeview Detox Unit and Belmont Hospital to provide a link between services in the event of a medical emergency as well as to improve the safety and security of patients and staff travelling between the services.

John Hunter Hospital Simulation and Skills Centre

Investment: $2.2 million

Completed: September 2012

Summary: The ‘virtual hospital’ features a state-of-the-art integrated audio-visual system which links a central control room to seven different simulation spaces. There are two clinical areas, including an operating theatre and a flexible clinical space that can be set up as an emergency department, intensive care unit or ward area. More than 1000 clinicians can be trained at the centre every year.

Maitland Hospital car park upgrade

Investment: $860,000

Completed: September 2012

Summary: The new designated, paid staff car park in the grounds of Maitland Hospital provides 44 spaces, easing parking pressures around the hospital. The facility frees up spaces in the main hospital car park for much needed additional visitor parking.

North West Cancer Centre

Investment: $41.7 million

Completed: February 2013

Summary: The centre is HNE Health's second largest cancer treatment centre and provides chemotherapy and radiotherapy services. It's equipped with a linear accelerator, two radiotherapy bunkers and six chemotherapy chairs as well as 14 additional accommodation places for rural and regional patients and their carers.

John Hunter Children's Hospital Outpatient Department

Investment: $950,000 (Donated funds)

Completed: May 2013

Summary: The John Hunter Children's Hospital Outpatient Department provides specialty clinics for children and young people across Northern NSW. Each year more than 18,000 occasions of service are performed in the space, which now includes 10 clinic rooms, a respiratory/allergy laboratory and research laboratory.

Financial snapshot

The NSW Health Annual Report 2012-13 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 2013, HNE Health employed 10,612 full time equivalent staff across the range of services it provides, responded to 386,127 emergency department presentations at its public hospitals, and provided 705,426 acute bed days.

HNE Health had a $1.80 billion expense budget. This included new funding of:

- $1.4 million for additional neonatal intensive care services at John Hunter Children's Hospital.
- $2.6 million for additional sub-acute beds
- $4.4 million for additional nurses
- $14.2 million for additional acute planned activity
- $1.0 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 $4.1 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 2013-14

Shortage of nursing and medical staff leading to potential increased overtime and locum costs.

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

Cancer Services Plan - Completed: August 2012

The Cancer Services Plan provides strategic initiatives designed to meet future operational challenges. The focus of this plan is primarily cancer treatment services for adults and adolescents transitioning from paediatric cancer services. The over-arching goal of the plan is to ensure services are of uniformly high quality for all cancer patients who access HNE Health facilities.

Hunter Valley Clinical Services Plan - Completed: June 2013

The Hunter Valley Clinical Services Plan includes recommendations for the development and delivery of health services across the Hunter Valley. Recommendations consider the broad spectrum of health care including acute services, ambulatory care and primary care, and are designed to ensure health services meet the projected demand over the next five to 10 years.

Lower Mid North Coast Clinical Services Plan 2013 – 2017 - Completed: June 2013

The Lower Mid North Coast Clinical Services Plan focuses on the health service needs of the community and includes health services provided in all settings. The plan describes future models of service delivery and care emphasising the patient journey and continuity of care. It also considers innovative models of service delivery, including alternatives to hospital care, and promotes the delivery of equitable, sustainable and appropriate health services for the communities of the Lower Mid North Coast.

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 NICU. It aims to foster the delivery of best practice Neonatal Intensive Care Unit (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) co-located with John Hunter Hospital Intensive Care Unit. It highlights a clear service scope with future facility requirements, identified clinical priorities and a workforce strategy.

Equal employment opportunity

Initiatives undertaken in 2012-2013

- Continues to implement successful strategies to support “Close the Gap” initiatives. These include a number of employment related strategies
- Employed 80 Aboriginal staff for periods 1 January 2013 to 23 July 2013
- Tamworth Rural Referral Hospital is strategizing to employ 7 Aboriginal and Torres Strait Island trainees into Administration and Allied Health positions
- Established four scholarships for Aboriginal students attending University of Newcastle
- Reviewed the Cultural Respect programme and is the process of relaunching same
- Has implemented a Counter Racism Policy
- Ccurrently developing a process of restorative justice in the workplace to assist in resolving conflict effectively
- Continues to roll out a significant workplace culture programme which includes identification of above and below the line behaviours by individual teams and managers engaging with regular conversations with staff about what is working well and what management can do to assist them
- Participated in the NSW Health Your Say survey to determine HNE Health culture and staff engagement – HNE Health showed improvement in these domains however organisational strategies to improve outcomes are being developed
- Regular quarterly report is submitted to CE re any Bullying and Harassment issues in HNE Health.

Trends in the representation of Equal Employment Opportunity groups

% of total staff				
EEO Group	Benchmark or target	2011	2012	2013
Women		80.4%	80.1%	80.5%
Aboriginal people and Torres Strait Islanders		2.5%	3.3%	3.6%
People whose first language was not English		8.4%	8.1%	7.9%
People with a disability		3.4%	3.3%	3.0%
People with a disability requiring work-related adjustments	1.3% (2012) 1.5% (2013)	1.2%	1.1%	1.0%

Trends in the Distribution of EEO Groups

Distribution Index				
EEO Group	Benchmark or target	2011	2012	2013
Women	100	86	84	84
Aboriginal people and Torres Strait Islanders	100	72	71	71
People whose first language was not English	100	113	113	114
People with a disability	100	96	95	96
People with a disability requiring work-related adjustments	100	99	98	100

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	1	1			1			
Members of Parliament		2						
Private sector business								
Not for profit organisations or community groups								
Members of the public (application by legal representative)	2	2		1	1	1		
Members of the public (other)	4		1		1	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				1	1		
Access applications (other than personal information applications)	3	4	1	1	2	1		
Access applications that are partly personal information applications and partly other		1						

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)	2
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	2
Invalid applications that subsequently became valid applications	

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	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	

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	1
Law enforcement and security	
Individual rights, judicial processes and natural justice	4
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)	18
Decided after 35 days (by agreement with applicant)	
Not decided within time (deemed refusal)	1
Total	19

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

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	1
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