



Year in Review

2015-2016



Health
Hunter New England
Local Health District

HUNTER NEW ENGLAND LOCAL HEALTH DISTRICT

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Our vision and values

Hunter New England Health’s vision is

Healthy people - now and into the future.

We are a values-based organisation.

Our staff and client relationships are built on four CORE values

Collaboration

Openness

Respect

Empowerment



Chair's review

It is my pleasure to submit the Year in Review Report of the Hunter New England Local Health District for 2015- 2016.

The Local Health District has made great achievements this year and the Board has congratulated the Chief Executive and his leadership team for their efforts.

The Board acknowledges the role that our strong, skilled and dedicated teams of doctors, nurses, allied health and support personnel have played, and continue to play, in ensuring excellence in patient care.

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, support and care for the patients entrusted into their hands.

Our shared priority is ensuring patients are at the centre of everything we do, are at the core of their own care and receive consistent quality communication and clinical 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.

The Board sadly farewelled one of its long-serving members and good friend, Professor Trevor Waring, who passed away this year.

Professor Waring's contribution to the mental health and wellbeing of individuals and communities, and to education and research, is recognised throughout New South Wales and Australia, and particularly in the Hunter Region.

Professor Waring was a highly-respected psychologist, a champion for mental health, a mentor to many, and a warm and generous leader. His loss has been deeply felt by not just the Board, but many Hunter New England Health staff and those in the broader community.

The work being undertaken by our Local Health Committees is impressive and the Board thanks the chairs and committee members for their commitment to improving the health of their communities.

Our local health committees are now located in 40 towns across the District and are focused on ensuring that the health needs of the local community are met.

The role of these committees is invaluable as the District



continues to strengthen its commitment to providing patient and community-centred care.

I have thoroughly enjoyed reading the Local Health Reports submitted by each of our committees this year. It was a delight to announce Maitland as the recipient of the inaugural 2016 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.

The Board stands with the Chief Executive and Executive Leadership Team to ensure that the principles of Excellence, Every Patient, Every Time, are deeply embedded in the organisation.

I continue to hold a profound respect for the skilled and dedicated teams that consistently work for patients in a careful, considered and respectful way.

I am also honoured to work alongside my fellow board members and am sincerely grateful for their continued contribution, insight and leadership.

Associate Professor Lyn Fragar, AO
Board Chair

CE's review

The past year has been a period of significant growth and achievement for Hunter New England Local Health District.

Providing excellent care for every patient, every time has remained at the centre of everything we do.

We are consistently focused on ensuring that our patients receive safe and high quality healthcare delivered with respect, and supported by open, two-way communication. Continuing to create this culture within the organisation has again been one of our areas of key focus this year.

The Local Health District has also continued its commitment to build effective infrastructure to meet our goal to provide world-class clinical services to the community.

Some of the district's infrastructure achievements this past year have included:

- The opening of a state-of-the-art Bi Plane Angiography Unit at the John Hunter Hospital
- Continued planning for the redevelopment of regional hospitals, including Armidale and Inverell
- Continued work on the expansion of the John Hunter Children's Hospital's Neonatal Intensive Care Unit
- A new Paediatric Intensive Care Unit.

We are committed to ensuring genuine patient and community partnership in healthcare decisions. We value the contribution that our patients, their carers and families, as well as our communities make in improving the quality and safety of our services.

In the past year we have continued to work closely with our Local Health Committees, consumer representatives and community partners to continue to build strong relationships with the communities we serve.

Our Local Health Committees play an important role in our organisation, providing crucial insight into the needs of our local communities.



I would like to take this opportunity to thank 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 the next year will bring.

Michael DiRienzo
Chief Executive

Our commitment

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 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 are armed with the necessary tools and strategies to provide 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 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 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 Hunter New England Health is meeting their expectations.

Properly embedding these tools and tactics demonstrates to our staff that we're committed to Excellence, helps them see how they fit into the bigger picture and lets them know that they're helping deliver the best possible experience and outcomes for our patients.

For patients, Excellence confirms that they sit squarely at the centre of their own care.

Hunter New England Health's Board, Executive Leadership Team and leaders across the District are committed to accomplishing Excellence by consistently applying evidence-based leadership practices and standards of care.

The full adoption of tools and tactics of Excellence will take some cultural shift and time to completely embed, but we are committed to achieving this goal.

About us

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

Hunter New England Health provides services to:

- 910,436 people, including 51,840 Aboriginal and Torres Strait Islander people
- 169,846 residents who were born overseas
- employs 16,033 staff including 1993 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
- 8 community hospitals
- 12 multipurpose services
- More than 60 community health services
- 3 mental health facilities and several additional inpatient and community mental health services
- 3 residential aged care facilities.

Our health committees, located in 40 towns across the District, provide leadership in the local community to ensure health services meet local health needs and ensure the promotion and enhancement of the health of the community.

Our District



Our Board

The Hunter New England Health Board consists of 10 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 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, HNE Health; President Australian Association of Gerontology (Hunter Chapter).



Our Board

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.



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



Fergus Fitzsimons from Uralla New England

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.



Our Board

Peter Johnston from Tamworth

Mr Johnston has worked in the community services sector in Tamworth for the past 10 years. Peter too has worked in both the public and private sectors and has a range of experience in corporate governance and business and financial management.



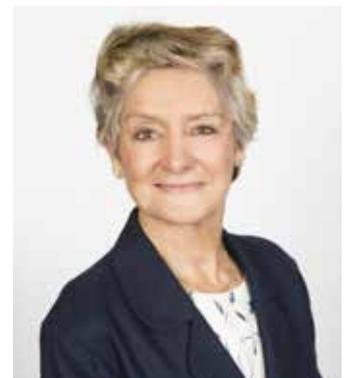
Dr Ian Kamerman, from Tamworth

Dr Kamerman's current appointments and background includes: Adjunct Senior Lecturer with Universities of New England, Newcastle and Wollongong; Practice Principal, Northwest Health, Tamworth; 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.



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 to those individuals with disabilities to remain independent within their own environment



Our Board

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.



Brad Webb from Merewether

Mr Webb has a background in corporate, not for profit, government and community settings and brings a unique combination of skills and experiences to support the effective delivery of the Board's corporate governance responsibilities.



Ken 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.



Highlights 2015-2016

Hunter New England Health has had another successful year. Outlined below are some of the achievements made by our dedicated staff on behalf of our communities.

1. Strengthened and reaffirmed the local health district's commitment to Excellence: every patient, every time while treating 396,108 presentations to Emergency Departments, providing 3,156,095 occasions of service to non-admitted patients and 211,365 admitted patient separations.
2. Changed the senior executive and operational structure to integrate acute and community services into geographic sectors. The Rural and Regional Health Services and Greater Metropolitan Health Services portfolios were created to support this change.
3. Continued a key focus on Close the Gap strategies, including providing clinical and cultural support for 15 Aboriginal nursing cadets and two Aboriginal midwifery cadets; and improved Aboriginal health outcomes, such as the gap in immunisation of Aboriginal infants closed to zero.
4. The district has been successful in meeting its key access and financial performance indicators.
5. In response to accessibility issues at the district's major health campuses, an additional 740 car parking spaces were opened at John Hunter Hospital in August 2015 and 273 additional spaces opened at Calvary Mater Newcastle in December 2015. An additional four High Dependency beds at John Hunter Hospital has increased critical care capacity.
6. Continued to build research capacity through Clinical Research Fellowships and Rural Innovations Changing Healthcare (RICH) workshops. The District also attracted significant research funding, including more than \$4.7 million in grants from the National Health and Medical Research Council (NH&MRC).
7. In partnership with the Hunter New England Central Coast Primary Health Network, 230 online HealthPathways have been designed to support local GPs in clinical care and referral decision making. Use of the online portal has grown significantly with an average of 6680 sessions per month in 2016. HealthPathways is informing a smart e-referral system currently being integrated into GP clinical software.
8. Continued construction of Stage One of the John Hunter Children's Hospital Neonatal Intensive Care Unit expansion. The redevelopment will provide enhanced capacity for future growth in a modern world-class environment.
9. Expanded interventional radiology services by installing a state-of-the art Bi Plane Angiography Unit at John Hunter Hospital. The unit provides cutting edge imaging technology and delivers on the District's commitment to provide world-class clinical services with timely access and effective infrastructure.
10. The District has continued to implement outreach strategies, along with Telehealth services, to provide increased access to care. The implementation of a Maternal Outreach Service to the communities of Collarenebri and Mungindi is providing high risk pregnant women with access to monthly visits by specialist staff, reducing the need for travel.
11. Commencement of the \$60 million Armidale Hospital Redevelopment.

Performance summary



396,176

patients presented at our emergency departments



76.5%

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



3,130,152

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



16,331

day only surgical procedures were performed



9,074

babies were born



11,318

full-time equivalent staff



2.028 billion

expenditure budget



99.6%

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



97.8%

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



96.5%

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

* Elective Surgery Access Performance 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.

Capital works

John Hunter Hospital Intervention Suite

Investment: \$3,000,000

Completed: June 2016

Summary: The new suite, known as Lab 5, is located in a totally refurbished area in the Level 3 Interventional Suite at John Hunter Hospital.

The suite houses the new state of the art Bi Plane Angiography Unit, which will deliver increased capacity to provide angiography and complex interventional procedures to patients.

The new Bi Plane service provides us with the cutting edge of imaging technology and ensures that Hunter New England Health continues to provide our patients with world-class clinical services with timely access and effective infrastructure.



Interventional Neurologist Dr Ferdi Metiff, right with patient Christine Yates, who benefitted from the new Bi Plane technology.

John Hunter Children's Hospital Neonatal Intensive Care Unit Stage One

Investment: \$7,000,000

Completed: July 2016

Summary: Stage one of the NICU redevelopment includes 32 special care spaces, a palliative care room, showering facilities, a breast feeding and expressing room, a waiting area, three counselling rooms and a family room that includes two overnight accommodation rooms.

Stage two of the redevelopment has now started, which includes staff training areas and office spaces. Stage three will see the redevelopment of the intensive care area, isolation rooms and a procedure room.



Capital works

Other works this year

Car Park Upgrades (Various sites across District)

Investment: \$700,000

Completed: September 2015

Muswellbrook Staff Accommodation

Investment: \$550,000

Completed: December 2015

James Fletcher Hospital Car Park Upgrade

Investment: \$259,302

Completed: June 2016

John Hunter Children's Hospital Paediatrics/Oncology Renovations

Investment: \$612,670

Completed: June 2016

John Hunter Hospital CT Scanner

Investment: \$880,000

Completed: June 2016

Cessnock House Community Health Centre Renovations

Investment: \$550,000

Completed: June 2016



Cessnock House Community Health Centre roof restoration - before and after.



Muswellbrook Staff Accommodation project during the construction phase.



Financial snapshot

The NSW Health Annual Report 2015-16 was tabled to State Parliament on 16 November 2016.

It 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 at www.health.nsw.gov.au

In the 12-month period to 30 June 2016, Hunter New England Health employed 11,318 full time equivalent staff across the range of services it provides, responded to 396,176 emergency department presentations at its public hospitals and provided 797, 535 total occupied bed days.

Hunter New England Health had a \$2.028 billion expense budget. This included new funding of:

- \$35.5 million for additional acute activity
- \$1.0 million for additional nurses
- \$2.4 million for Regional Assessment Services

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 \$2.6 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

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 EEO with a particular emphasis on Closing the Gap in Aboriginal and Torres Strait Islander health outcomes.

Achievements in 2015/16 have included:

International Medical Graduates

Hunter New England Local Health District employs international medical graduates across its service.

The Local Health District is unique in that we provide International Medical Graduates with quality orientation and education. Support and education is undertaken as part of the Hospital Skills Program.

During 2015/2016 international medical graduates attended monthly fast track and full day skills workshops, bi-annual professional medical skills workshops and simulation bootcamps. A total of 54 international medical graduate doctors were provided with specific orientation. These programs are designed to introduce the graduates to the Australian healthcare setting, as well as refresh or build their skills and knowledge on specific aspects of clinical responsibilities. This enables our graduates to better understand clinical practice in Australia at commencement of employment. The doctors also have access to the International Medical Graduates Support Program which provides them with advice, supervision and mentoring.

Many international medical graduates are attracted to work at Hunter New England Health because we offer a Workplace Based Assessment Program. Many are employed in the rural facilities and assist in fulfilling the service needs in our rural sites. The Centre for Medical Professional Development, in collaboration with the University of Newcastle's School of Medicine and Public Health, was granted accreditation by the Australian Medical Council to conduct workplace based assessment for international medical graduates in the standard pathway.

Hunter New England Health was the first location in Australia where international medical graduates seeking general registration through the council's standard pathway, could be assessed using an alternative standard pathway offering workplace based assessment in place of the clinical examination. Success in this process leads to the granting of the AMC Certificate. More than 166 international medical graduates have completed the Workplace Based Assessment program in the Greater Newcastle and rural areas in Hunter New England Health, with another cohort of 12 international medical graduates commencing in 2017.

This focus continues in 2016/2017.

Aboriginal Cultural Respect Education

In 2015/16 Hunter New England Local Health continued deploying our Aboriginal Cultural Respect Educational program to support building a positive and safe workplace culture for both our staff and patients. In 2015/16, an additional 44 workshops were conducted across the Local Health District (685 participants). Additionally, completion of the NSW Health "Respecting the Difference" online education program is mandated and 87.7 per cent (of 16,000 workforce) have completed this program.

During 2016/17 a further 44 workshops will be deployed.

Aboriginal Employment Strategy

Hunter New England Health has a strong commitment to Closing the Gap and is active in promoting Aboriginal employment. During 2015/16 the main accomplishments were:

- We recruited 148 Aboriginal and Torres Strait Islander staff, increasing the permanent Aboriginal workforce from 4.5 per cent to 4.87 per cent, remaining the leader in the NSW Health Service for growing and maintaining a large Aboriginal workforce.
- We conducted Yarnups with Aboriginal staff at Moree, Maitland, Tamworth, Taree, Newcastle and Armidale to gauge staffs' experience of working with Hunter New England Health.
- We awarded four scholarships to Aboriginal students at the University of Newcastle and six Social Worker, Speech Pathology, Physiotherapy and Nursing cadetships to University of Newcastle students.
- We delivered a program on "What is Lateral Violence" to all staff in Workforce.
- Rounding by managers of Aboriginal staff processes were implemented to ensure new starters have the tools to complete their roles.
- Three workshops were held for Aboriginal Health Workers and their line managers at Moree, Tamworth and Newcastle to further understand new Aboriginal Health Guidelines.
- We completed a mapping exercise to ensure Aboriginal Health Workers conducting clinical activities were practising with appropriate supports in place including scope of practice, position description, escalation framework and formal qualifications.
- We employed four Aboriginal Junior Doctors and 10 Aboriginal School Based Trainees.
- We reviewed our Recruit and Select program and both face to face and online orientation to ensure training modules contained information on Closing the Gap.



Equal Employment Opportunity

- We reviewed our Behavioural Interviewing program to ensure face to face training included upskilling of conveners to confidently ask applicants questions on their understanding of Closing the Gap.
- We provided assistance to other health services and local councils to develop strategies in their respective workplaces to grow Aboriginal employment.
- We created an Aboriginal patient DVD for Aboriginal Liaison Officers in rural areas to explain to patients what to expect when visiting John Hunter Hospital.

Building a positive workplace culture

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

- We established a Managers' Help Centre to support managers in the deployment of protocols that support workplace culture and conduct. It provides advice and information to managers regarding the CORE values; Code of Conduct; Workplace Harmony and Respectful workplace; Countering Workplace Racism; and best practice recruitment and selection.

- We delivered Respectful Workplace workshops across the District.
- We developed and implemented two staff surveys to monitor workplace conflict across the LHD.
- We participated in the NSW Health Your Say Survey and developed action plans at all levels of the organisation to improve workplace culture performance.
- We conducted 532 Exit Surveys.
- We implemented 30 60 and 90 day conversations for all new staff.
- We monitored performance review participation rates across the LHD.
- We introduced randomised audits of recruitment and selection episodes to determine the procedures are in line with all aspects of recruitment policy including targeting.
- We created a dedicated intranet page to support employment of people with a disability.

Trends in the representation of Equal Employment Opportunity groups (as at 4/11/2016)

% of total staff					
EEO Group	Benchmark or target	2013	2014	2015	2016
Women	50%	80.5%	80.4%	80.64%	80%
Aboriginal people and Torres Strait Islanders	2.6%	3.6%	3.9%	5.15%	4.63%
People whose first language was not English	19%	7.9%	8.2%	11.02%	14.84%
People with a disability		3.0%	2.6%	2.15%	1.9%
People with a disability requiring work-related adjustments	1.5%	1.0%	0.9%	0.72%	0.69%

Current Active Employee Award Salary Breakdown - EEO

Remuneration Level of Substantive Position	Total Staff (Men & Women)	Men	Women	Aboriginal & Torres Strait Islanders	People whose Language First Spoken as a Child was not English	People with a Disability	People with a Disability Requiring Work-related Adjustment
\$0 - \$43,593	1308	381	921	77	558	16	6
\$43,593 - \$57,256	2813	503	2310	375	301	78	23
\$57,256 - \$64,008	1957	232	1725	119	210	34	15
\$64,008 - \$80,997	2262	393	1869	94	353	34	14
\$80,997 - \$104,743	5565	815	4750	74	701	108	42
\$104,743 - \$130,929	1575	477	1098	21	185	33	13
\$130,929 > (Non SES)	673	401	272	4	112	4	
Total	16,153	3202	12,945				



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

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				
Members of Parliament								
Private sector business								
Not for profit organisations or community groups								
Members of the public (application by legal representative)	7	5		2				
Members of the public (other)	1	3						

NB: a blank field indicates zero requests in that category. This also applies to Tables B-H.

*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.

Government Information (Public Access)

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*	7	3		2				
Access applications (other than personal information applications)	2	2		1				
Access applications that are partly personal information applications and partly other								

* 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)	1
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	1
Invalid applications that subsequently became valid applications	

Government Information (Public Access)

Table D: Conclusive presumption of overriding public interest against disclosure: Matters listed in Schedule 1 of the Act.

	Number of times consideration used*
Overriding secrecy laws	4
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	

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

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

	Number of occasions when application not successful
Responsible and effective government	7
Law enforcement and security	
Individual rights, judicial processes and natural justice	2
Business interests of agencies and other persons	
Environment, culture, economy and general matters	
Secrecy provisions	
Exempt documents under interstate Freedom of Information legislation	

Government Information (Public Access)

Table F – Timeliness

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

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	2		2
Review by Information Commissioner*			
Internal review following recommendation under section 93 of Act			
Review by ADT		1	1
Total	2	1	3

*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	3
Applications by persons to whom information the subject of access applications relates (see section 54 of the Act)	



Health

Hunter New England
Local Health District