

HUNTER NEW ENGLAND
LOCAL HEALTH DISTRICT

YEAR IN REVIEW

2017-18



HUNTER NEW ENGLAND LOCAL HEALTH DISTRICT
Lookout Road
New Lambton Heights NSW 2305

Ph: (02) 4985 5522
www.hnehealth.nsw.gov.au

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BOARD CHAIR REVIEW

I am once again delighted to present to you the Year in Review report for Hunter New England Local Health District.

Each year I have the pleasure of reviewing the highlights and achievements of the year gone by, made possible through the dedication of our hardworking staff. I also congratulate our Chief Executive, Mr Michael DiRienzo, and his Executive Leadership Team for their efforts and the support they provide.

Our workforce is made up of doctors, nurses, allied health professionals and support staff, all of whom have a role to play in delivering quality health care to the community. Just a days' work can make the world of difference to our patients and I never forget the impact that we have on other people's lives. This is why I am always so impressed by the innovative projects developed by our staff, to improve on the experience and health outcomes for our patients.

For instance, the new webcam system introduced at John Hunter Children's Hospital Neonatal Intensive Care Unit (NICU) is bringing families closer to newborn infants undergoing care in the unit. Known as NICView, the system enables families to view and connect with their baby at any time by logging into a secure web-based service from any location. This removes the barrier of distance for families not able to visit the hospital and stay with their baby.

Also developed and implemented by Hunter New England Health is 'Flutracking' - the largest online community-based, real-time influenza surveillance system in the world. Over this past financial year we expanded its survey base so now 40,000 people across Australia and New Zealand are surveyed every week to track the spread of influenza.

On behalf of the Board, I would also like to recognise the ongoing efforts of our Local Health Committees, who work closely with us to ensure health services meet the needs of their local community.

There are currently 40 Health Committees located throughout the region, working hard to represent their community on matters relating to health and health services. I look forward to reading each Health Service Report and learning about the wonderful work happening across the District.

I also had the pleasure of attending this year's Hunter New England Health Excellence Awards, which was held at NEX in Newcastle. I was delighted to announce Maitland Health Committee as the recipient of the Best Local Health Committee Report. This Committee actively promoted health services and healthy lifestyles, along with information about the current hospital and planning for the new Maitland Hospital. To support their communications, the Committee also developed its own website and launched a regular newsletter.

The Excellence Awards celebrate clinical excellence, quality and innovation and provide an opportunity to shine a light on the outstanding achievements of our staff.

To all staff, who endeavour each and every day to meet the expectations and demands of a growing and changing population, I thank you. My fellow Board members and I always remember that without your skills and dedication, we would not be the first class health service that we are today.

Finally, it has been my honour, once again, to work alongside my fellow Board members. I am sincerely grateful for their ongoing vision, contribution and support.

**Adjunct Associate Professor Lyn Fragar AO
Board Chair**



CHIEF EXECUTIVE REVIEW

The healthcare industry is one that brings many opportunities, but also many challenges. Our staff and services continue to develop in order to provide quality healthcare to our growing and changing communities. As a District, we have worked diligently over the past financial year and I am pleased to report on our many successes.

Technology and innovation are essential for the delivery of first class healthcare. As one of the largest geographical Districts in the state, we are harnessing eHealth to improve access to services for people living in rural and isolated areas. In 2017-18, we provided 8,725 clinical consultations and follow-up appointments via video telehealth.

We have many telehealth projects underway, saving our patients and staff precious resources and time. The 'Connecting Corrections' project is just one example, enabling specialist services to be delivered via telehealth to patients within Justice Health facilities. In performing consultations via telehealth and avoiding transfers between correction facilities and hospital, safety risks to staff and members of the public are reduced. The project is delivering improved patient outcomes for inmates who may have otherwise declined to attend hospital for treatment.

We continued our investment in building and upgrading our infrastructure. As part of a \$60 million redevelopment of Armidale Hospital, we completed a four-storey extension to include a new emergency department, operating theatres, sterilising department and medical inpatient unit.

Stage 2 of the \$25 million upgrade of the Neonatal Intensive Care Unit (NICU) at John Hunter Children's Hospital was also undertaken. The works provided critical additional clinical space for the delivery of NICU services, along with staff accommodation areas and expansion of the delivery suite with a new Maternity Assessment Day Unit.

In March 2018, we completed the \$7 million redevelopment of Singleton Hospital, providing the community with new and refurbished clinical areas to house renal dialysis, community health, specialist clinics, pathology and imaging services.

We also installed a brand new digital PET/CT camera, the first of its kind in Australia, within the Nuclear Medicine Department located at the Calvary Mater Newcastle. The \$4 million camera is used for diagnosis and treatment of cancer,

and will enable much greater image resolution and efficiency.

In 2017-18, we purchased Tamworth Hospital's first MRI machine, giving our clinicians and inpatients faster access to this higher level diagnostic service. Our \$2.5 million investment included the purchase of the MRI, supporting equipment and fit out of the room.

We invested \$8 million in lifesaving cardiac treatment in the Hunter, with the refurbishment of four interventional laboratories at John Hunter Hospital. This involved the upgrade of major x-ray equipment, and replacement of cardiac monitoring, catheter ultrasound, haemodynamic, pace making and cardiac ablation equipment.

We are performing well, despite a challenging winter period and the ever-increasing demand on services. Of the 418,962 patients who presented at our emergency departments this financial year, 74.9 percent were admitted or discharged within four hours. A total of 30,363 elective surgeries were carried out in our District during the 2017-18 financial year. I'm pleased to report that 100 percent of Category A patients received care within their required timeframes. Additionally, 99 percent of Category B patients and 98 percent of Category C patients received their care on time.

I offer my heartfelt thanks to each and every staff member. Doctors, nurses and allied health staff remain dedicated to providing quality healthcare to our community. As are our administration, support staff and volunteers, who work tirelessly to enable the smooth delivery of these services.

I would also like to thank our Health Committees for their year-round efforts promoting better health to their local communities and ensuring their health needs are being met.

Over the coming year we will continue to seek new opportunities that will ensure we improve on the quality and safety of care we provide to our patients.



Michael DiRienzo
Chief Executive

OUR COMMITMENT TO EXCELLENCE

Excellence remains top of mind as we strive to continuously improve on the patient experience within our services.

Excellence for every patient, every time is a wonderful concept, but what does it mean for our staff, patients and visitors on a day to day basis?

We are taking more time to better communicate with patients and their families, which helps them to be included in decision-making around their own healthcare.

Purposeful hourly rounding with the patient also helps to assess and address the patient's needs and reduces the risk of falls.

Bedside handover is another instance to engage with the patient and their family. This process provides patients with an opportunity to raise issues and ask any questions they may have.

The patient-focused approach builds their confidence in the treating team. Patients better understand their treatment and know that they are being cared for in a safe environment.

All these factors combined create a more peaceful, happier environment which is essential for patient recovery and wellbeing.

Patients can now also be assured that a clinician will telephone them 24 hours after discharge to check on their wellbeing and go over important information about their recovery, medication or future appointments.

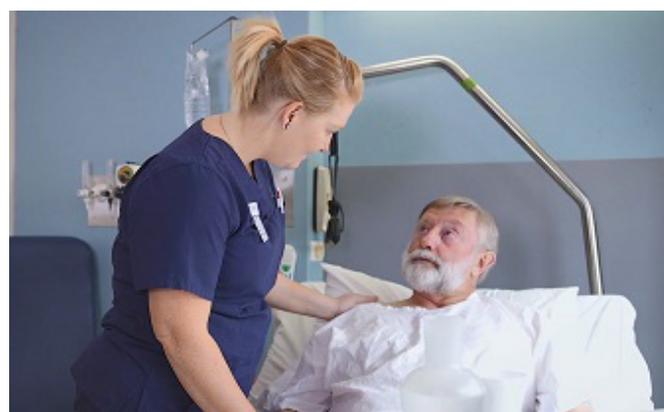
In the fast-paced environment of a hospital or health service, it can be a challenge to employ these strategies, every time. The key is to embed Excellence into all that we do. We also provide our staff with the tools and understanding to turn this concept into a reality.

This year we released a series of short videos to staff to reinforce our commitment to Excellence and better demonstrate what the right approach looks like. Excellence is delivering the best possible care to each patient, in a safe and compassionate environment, and the videos show what this actually looks like in our daily activities.

The evidence-based tools and tactics have also been incorporated into every facility's orientation for new staff so that they are clear of the organisation's expectations. Implementing the tools is a key strategy in each facility's operational plan and is in every manager's individual 90-day action plan.

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

As we continue on this journey we remain 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.

Our Local Health District 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),
- ▶ around 169,800 residents who were born overseas, which equates to 20 percent of the District's population,
- ▶ more than 68,000 (about 7.8 per cent) of residents in the District who speak a language other than English. This includes recently arrived Arabic speakers from Syria and several hundred refugees from Afghanistan.

Hunter New England Health:

- ▶ employs 16,678 staff including around 2,245 medical officers,
- ▶ is supported by 1,712 active volunteers,
- ▶ spans 25 local government areas, and
- ▶ 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.

[^]Source: ABS 2016 estimates Healthstats, NSW Ministry of Health

Our Chief Executive, Michael DiRienzo, and the Executive Leadership Team work closely with the Hunter New England Health 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 50 community health services.

Our facilities are built on the traditional lands of many peoples including the Kamilaroi, Gomilaroi, Geawegal, Bahtabah, Thungutti, Awabakal, Aniwawan, 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.



Opening of the Singleton Hospital redevelopment

Hunter New England Health



OUR BOARD

The Hunter New England Health Board consists of 12 members from a range of backgrounds, each 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.
- ▶ Delivering services and performance standards based on annual strategic and operating plans within an agreed budget. This forms the basis of our Service Agreement
- ▶ Monitoring Hunter New England Health's performance against measures outlined in the 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.



Adjunct Associate Professor Lyn Fragar AO, 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, HNE 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 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).

OUR BOARD



Barbara Clark, from Boggabilla

Barbara Clark, BFin 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

Dr 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, 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 and completed his PhD employing Magnetic Resonance brain imaging to assess the effects of early cannabis exposure on brain structure and function and correlates in schizophrenia. 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 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 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 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 extensive experience in health, both in nursing and occupational therapy. Her work 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 was previously CEO 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, Fellow of the Institute of Public Accountants and holds a degree in health management from UNSW with long term experience as a surveyor for ACHS.

HIGHLIGHTS

*We have had another year full of achievements,
made possible through the hard work of our dedicated staff.*

Some of the year's highlights include:

- ▶ The Armidale Paediatric Speech Pathology team won the award for A Safe and Healthy Workplace at the Excellence Awards for their program; Therapy, Linking Therapy to Isolated. The program trialled telehealth as a viable alternative for delivering speech pathology intervention to children living in isolated areas. Fortnightly therapy sessions were offered to remote schools with children receiving speech therapy. It resulted in decreased travel time and hours of missed school, significantly increased occasions of service and positive therapy outcomes.
- ▶ In a NSW first, Hunter New England Health developed the Aboriginal Health Practitioner Clinical Framework to support 80 Aboriginal Health Workers in our District to provide an extended scope of care to Aboriginal people.
- ▶ Our District signed a Memorandum of Understanding with Justice Health to allow some prison inmates to receive care from their clinician via telehealth. The 'Connecting Corrections' project reduces the need for them to travel between the correctional facility and hospital for assessment or follow up care. Previously, there was a 20 percent cancellation rate for follow up specialist care appointments for Justice Health patients. Since the introduction of Connecting Corrections, there have been no cancelled telehealth appointments and as a result, follow-up care is occurring in a timelier manner.
- ▶ John Hunter Children's Hospital introduced a new web system to their Neonatal Intensive Care Unit (NICU), known as NICView. This innovative system allows families of newborns being cared for in the NICU to view their baby at any time by logging into a secure web-based services from any location.
- ▶ We also invested \$15.5 million in Stage 2 of the NICU upgrade at John Hunter Children's Hospital, which will provide critical additional clinical space for the delivery of these lifesaving services.
- ▶ We expanded the survey base of 'Flutracking' - the largest online community-based, real-time influenza surveillance system in the world. Developed in partnership between the University of Newcastle, Hunter New England Population Health and the Hunter Medical Research Institute clinicians, Flutracking surveys 40,000 people across Australia and New Zealand every week to track the spread of influenza.
- ▶ We successfully introduced MedChart in 18 of our hospitals. MedChart is an electronic medication management system to replace paper charts. The system is more efficient and improves patient safety by recording prescribed medications, tracking doses, checking for errors (such as medication duplication), and alerting staff to patient allergies.
- ▶ We invested \$2.5 million in the purchase and installation of an MRI machine at Tamworth Hospital, which will allow inpatients to receive important imaging services onsite.
- ▶ Patient and staff safety is an ongoing focus, and it is pleasing to report that patient falls decreased by 26 percent across the District. We also saw a 50 percent reduction in staff needle-stick injuries, following the rollout of the Safety Sharps Program.



Parents can now view their baby using the NicView system at John Hunter Children's Hospital

PERFORMANCE SUMMARY



418,962

patients presented at our emergency department



74.9%

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



17,757

day only surgical procedures were performed



7,678

babies were born



3,298,601

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



2.23 billion

expenditure budget, an increase of \$108 million or 5.1% on 2016-17.



11,856

full-time equivalent staff



100%

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



99%

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



98%

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

John Hunter Children's Hospital Neonatal Intensive Care Unit Stage 2

Investment: \$15.5 million

Completed: June 2018

Summary: Stage 2 provided critical clinical space for Neonatal Intensive Care services, staff accommodation areas and expansion of the delivery suite.

John Hunter Hospital Upgrade to Interventional Laboratories

Investment: \$8.7 million

Completed: June 2018

Summary: Replacement of four interventional laboratories and patient monitoring equipment at John Hunter Hospital.

Singleton Hospital Redevelopment

Investment: \$7 million

Completed: June 2018

Summary: Refurbishment and extension of the current west wing of Singleton Hospital to accommodate imaging, renal dialysis services and consultation rooms, as well as facilities for Primary and Community Health Services.

Major Medical Equipment Upgrade

Investment: \$7.56 million

Completed: June 2018

Summary: Replacement of imaging and major medical equipment at various locations throughout the District.

John Hunter Hospital Paediatric Intensive Care Unit (PICU)

Investment: \$2.5 million

Completed: June 2018

Summary: Fitout of John Hunter Hospital Paediatric Intensive Care Unit to create offices for Critical Care Administration.

John Hunter Hospital O-Arm Machine

Investment: \$1.7 million

Completed: March 2018

Summary: Replacement of O-Arm Machine - an imaging system that enables surgeons to view high quality images of the patient's spine in real time, during the actual procedure.

John Hunter Hospital Acute General Surgical Unit (AGSU)

Investment: \$1.65 million

Completed: June 2018

Summary: Redevelopment of Renal Procedures Unit and construction of AGSU at John Hunter Hospital to provide more appropriate space for these services.

Belmont Hospital Courtyard Infill

Investment: \$950,000

Completed: June 2018

Summary: Infill of courtyard to provide updated staff amenities and refurbish existing amenities for storage.

Manning Hospital Clinical Sterile Supply Department

Investment: \$606,052

Completed: June 2018

Summary: Refurbishment of CSSD Decontamination Area, replacement of washer and dryer, installation of water treatment plant and instrument tracking at Manning Hospital.

John Hunter Hospital H1 Ward Upgrade

Investment: \$561,990

Completed: June 2018

Summary: Refurbishment of two four-bed bedrooms and two single rooms, plus enclosing the balcony in the single rooms.

Tamworth Public Health Unit

Investment: \$361,254

Completed: May 2018

Summary: Relocation of the Public Health Unit from rented premises to refurbished office space on the Tamworth Hospital Campus.

Muswellbrook Hospital Maternity Unit Birthing Rooms

Investment: \$178,206

Completed: May 2018

Summary: Refurbishment of culturally appropriate birthing space for Aboriginal and Torres Strait Islander Women.

FINANCIAL SNAPSHOT

The NSW Health Annual Report 2017-18 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 2018, Hunter New England Health employed 16,678 staff across the range of services it provides; responded to 418,962 emergency department presentations at its public hospitals; and provided 30,363 elective surgeries.

Hunter New England Health had a \$2.23 billion expense budget. This included new funding of:

- ▶ \$36 million for Activity Based Funding (ABF) - growth funding
- ▶ \$1.3 million for Violence, Abuse and Neglect Services
- ▶ \$0.8 million for additional nurses, midwives, Clinical Nurse Educators and Support Officers
- ▶ \$0.8 million for Better Value Care Initiatives

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 \$3.33 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 Health is committed to diversity and equal employment opportunity (EEO), with a particular emphasis on Closing the Gap in Aboriginal and Torres Strait Islander health outcomes.

The District has also continued to build on its commitment to creating a positive workplace culture with a strong focus on CORE (Collaboration – Openness – Respect - Empowerment) values and Excellence. This is evident in the continuing delivery of Respectful Workplace and Aboriginal Cultural Respect education. This approach is supported by resources and approaches that focus on embedding values-based behaviour in our workplace.

International Medical Graduates

Hunter New England Health continues to employ a large international medical graduate (IMG) workforce, positioned across metropolitan and rural facilities. A large number of these doctors also work as General Practitioner Visiting Medical Officers (GP VMOs) servicing the community's health needs. This workforce is increasingly fulfilling rural medical service gaps.

Now in its tenth year, the International Medical Graduate Program provides IMG doctors with targeted orientation as well as ongoing specific education, support and mentoring. There were 64 new IMG doctors orientated in 2017-18, a figure which continues to increase year to year.

Many IMG doctors are new to the Australian healthcare setting and the orientation is developed to introduce them to our local health district in a safe and supportive way. It also expedites their understanding of clinical practice in Australia and assists them in providing quality medical services to the community. All IMG doctors and their supervisors have access to the IMG Support Program which provides ongoing advice, supervision and mentoring.

The program is provided within the scope of the Hospital Skills Program, as most of these doctors are un-streamed and working towards speciality training. IMG doctors generally work as resident medical officers, registrars, career medical officers and GP VMOs.

During 2017-18 many of our international medical graduates attended regular medical skills workshops and simulation

courses. Internal courses are provided by senior medical staff who share their wealth of knowledge and experience. Access and support is provided to attend relevant and discipline-specific external courses. This supports our doctors in keeping their skills current, which in turn helps them to provide safe, quality care.

Our District also offers IMG doctors a Workplace Based Assessment (WBA) Program, the demand for which is also increasing. The Program enables IMG doctors to advance onto the Australian Medical Council standard pathway to obtain general registration. Our Medical Education and Training Support Unit, in collaboration with the University of Newcastle's School of Medicine and Public Health, continues to be accredited by the Australian Medical Council to conduct workplace based assessment for IMGs. To date 203 International Medical Graduates have completed the WBA Program within the District.

Hunter New England Health is proud to be the first organisation in Australia to offer IMGs this alternative standard pathway to general registration. Attracting this medical workforce to our District has been highly beneficial in helping to address the medical workforce shortages in some locations.

Aboriginal Cultural Respect Training

Hunter New England Health continues its Aboriginal Cultural Respect education program and has undertaken a review of the face-to-face component of the education. This review included consultation with senior Aboriginal staff and managers across the District, resulting in changes to the delivery of the program.

The number of places available in the face-to-face workshops has increased by 550 for the 2017-2018 year. Nursing, allied health and administration staff remain priority staffing groups to undertake the face to face component, with all other staff targeted for the online training module.

At the end of the financial year, 91 percent of all staff had completed the online component of the education - Respecting the Difference Module 1.

Gomerai Education and Training has been appointed as the provider of Aboriginal Cultural Respect face to face education for the District.

EQUAL EMPLOYMENT OPPORTUNITY

Aboriginal Employment Strategy

Hunter New England Health has a strong commitment to promoting Aboriginal employment and remains the lead Local Health District in the state for growing and maintaining a large Aboriginal workforce.

During 2017-18, the District employed a permanent Aboriginal Workforce of 4.62 percent, which equates to 755 Aboriginal staff. This figure includes 125 new Aboriginal employees who commenced in permanent, temporary and casual positions. Hunter New England Health also employed eight Aboriginal Medical Interns and 20 School Based Trainees in Administration and Nursing over the year. In addition, 27 Aboriginal Health Workers completed Certificate IV in Aboriginal and Torres Strait Islander Primary Health Care (Practice).

Aboriginal people fill a wide selection of occupations, including five doctors to 15 Registered Nurses, 11 Assistants in Nursing and 32 Administration Officers.

The District also employs a part-time Aboriginal Employment Coordinator.

Other key achievements include the launch of the Aboriginal Health Worker and Aboriginal Health Practitioner Clinical Practice Framework. This Framework includes processes for developing scopes of practice for employees to practice clinical activities.

Building a positive workplace culture

Over the past financial year, 933 staff completed Respectful Workplace workshops focused on developing skills to resolve workplace conflict situations. In addition, 141 Managers completed the supplementary Respectful Workplace workshop to develop their skills to coach and support others in addressing issues early and respectfully.

Our Workplace Harmony Framework supports the importance of effective workplace relationships and communication in the delivery of excellent patient care and service. The Framework clearly identifies individual responsibility for creating and maintaining effective workplace relationships.

Trends in the representation of EEO groups

EEO Group	Benchmark or Target	2014	2015	2016	2017	2018
Women	50%	80.4%	80.64%	80%	79.95%	79.98%
Aboriginal and Torres Strait Islander people	2.6%	3.9%	5.15%	4.63%	4.71%	4.51%
People whose first language is not English	19%	8.2%	11.02%	14.84%	16.23%	16.12%
People with a disability	N/A	2.6%	2.15%	1.9%	1.81%	1.6%
People with a disability requiring work-related adjustments	1.5%	0.9%	0.72%	0.69%	0.65%	0.56%
* Figures represent percentage of total staff						

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.

Hunter New England Health'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

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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								
Members of Parliament								
Private sector business		1						
Not-for-profit organisations or community groups	1			1				
Members of the public (application by legal representative)	2				1			
Members of the public (other)	1		1					
TOTAL	4	1	1	1	1	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	2							
Access application (other than personal information applications)	2	1	1	1	1			
Access applications that are partly personal information and partly other								
TOTAL	4	1	1	1	1	0	0	0

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TABLE C: Invalid applications	
Clause 7(d)	
Application does not comply with formal requirements (s41)	1
Application is for excluded information (s43)	0
Application contravenes restraint order (s110)	0
Invalid applications that subsequently became valid applications	0
TOTAL	1

TABLE D: Conclusive presumption of overriding public interest against disclosure	
Clause 7(d)	
Overriding secrecy laws	
Cabinet information	
Executive Council information	
Contempt	
Legal Professional Privilege	1
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	
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)	1

TABLE F: Timeliness	
Clause 7(d)	
Decided within the statutory timeframe (20 days plus any extensions)	8
Decided after 35 days (by agreement with applicant)	
Not decided within time (deemed refusal)	
TOTAL	8

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



