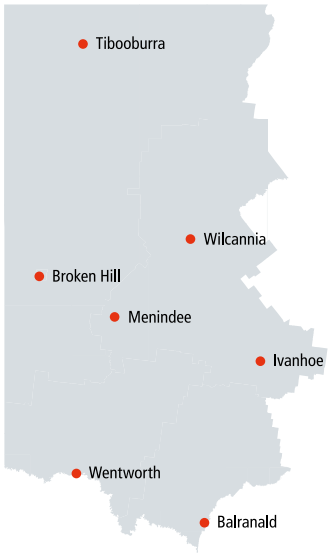
Rural and Regional NSW

Local Health Network Map

Far West

Local Health Network



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Facsimile: (08) 8080 1688

Website: www.fwlhd.health.nsw.gov.au

Business Hours: 8.30 am - 5.00 pm, Monday to Friday

Chief Executive: Stuart Riley

Local Government Areas

Balranald, Broken Hill, Central Darling, Unincorporated Far West and Wentworth.

Public Hospitals

Balranald District Hospital
Broken Hill Base Hospital
Wentworth District Hospital
Wilcannia Multipurpose Service

Community Health Centres

Balranald Community Health Centre
Broken Hill Community Health Centre
Dareton Primary Care and Community Health Service
Menindee Community Health Centre
Tibooburra Community Health Centre
White Cliffs Community Health Centre
Wilcannia Community Health Centre

Child and Family Health

Broken Hill (hub service for Menindee, White Cliffs and Wilcannia).
Dareton (hub service for Wentworth, Buronga, Euston and Balranald).

Oral Health Clinics

Balranald
Broken Hill
Dareton
Ivanhoe (outreach)
Maari Ma Primary Health Service (Broken Hill)
Menindee (outreach)
Tibooburra (outreach)
Wilcannia Multi Purpose Service

Other Services

Aboriginal Health
Active Broken Hill initiative
BreastScreen NSW

Demographic Summary

The estimated resident population of the Far West LHN at June 2006 was 32,534 and is projected to decrease to 29,783 by 2016 and 28,329 (-13%) by 2021. This represents a growth rate considerably lower than the NSW average from 2006-2021 (17%). Population density has been calculated with a total for Far West LHN being 0.2 residents per square km. The Broken Hill LGA represents 62% of the catchment population with 19,361 people.

The 2006 Census data indicates that the Aboriginal population of the Far West LHN catchment is 2,712, or 8.7% of the total population. The Broken Hill LGA has the highest number of Aboriginal people (1,204) in the catchment.

In 2006, 1,506 residents were born overseas, equating to 5.23% of the total LHN population.

The LHN is unique, in that it has the most dispersed population with the highest proportion of Aboriginal people in the State. The population along with the Western NSW LHN has the poorest health status in NSW with higher premature death rates and increased prevalence of chronic disease.

The LHN is also unique in that it shares a border with three States (South Australia, Victoria and Queensland) and is geographically closer to Adelaide and Melbourne

than Sydney (1,100km away). Dubbo is its next major referral hospital in NSW, 800km away. Both Adelaide and Melbourne referral hospitals are closer, Adelaide being 500km south-west.

Chief Executive's Year In Review

The Far West Local Health Network serves a comparatively small population of just over 30,000 people spread over almost 200,000 square kilometres. Almost 10% of the population identify as Aboriginal and providing culturally safe and appropriate health services for Aboriginal people is a priority for the Network.

The population is characterised by lower socio-economic, education and health status than other areas of New South Wales. This combined with the geography of the Network presents challenges:

- Establishing an effective organisation.
- Promoting health and reducing health risk factors.
- Providing sustainable health services to small communities.
- Effectively responding to high levels of chronic disease.
- Attracting and retaining an appropriate range of health professionals.
- Effectively responding to the differing needs of individual communities.

Key priorities for the year were:

- Strengthening links with key partners to deliver comprehensive health services across the Network, including the Royal Flying Doctor Service, Maari Ma Health Aboriginal Corporation and the Broken Hill University Department of Rural health.
- Stabilising the health workforce and recruiting to key positions to allow the Network to operate independently.
- Supporting consumers to better manage chronic disease and improving the Networks response to chronic disease through review and redesign of chronic disease management systems.
- Improving engagement with communities and clinicians around the development and delivery of health services.
- Effectively managing the interface between acute health services and residential aged care.
- Working with clinicians to improve the quality of clinical services.

Establishment of the Network has required the support, co-operation and commitment of all staff. This support has been invaluable.

Stuart Riley, Chief Executive

Key Achievements 2010-11

Since its establishment in January 2011, the Far West LHN has:

- Commissioned and opened the Balranald Multi Purpose Service.
- Renegotiated arrangements for funding aged care services within the Wilcannia Multi Purpose Service.
- Recruited key positions including the Network Director Nursing and Network Director of Clinical Governance.
- Launched resources for Mental Health and Drug and Alcohol consumers.
- Achieved consistent achievement of surgical waiting lists.
- Achieved high levels of participation in the survey of NSW Health staff (Have Your Say).
- Expanded the number and range of students undertaking clinical placements within the LHN.
- Achieved consistent improvement in the occupational health and safety numerical profile for all facilities.

Key initiatives commenced in 2010-11 included:

- Redevelopment of the obstetric service within Broken Hill Hospital to address issues identified in a series of root cause analyses.
- Extensive training and support for middle managers to better respond to and manage conflict and grievances in the workplace.
- Conclusion of negotiations with the Barrier Industrial Council for the current agreement.
- Normalising appointments for managers of remote facilities.
- Establishment of core systems to allow the LHN to operate as an independent entity.
- Introduction of 10-hour night shifts to improve handover and transfer of clinical information between shifts.
- Establishment of a staff establishment/profile to support budgeting and human resource management.
- Exploration of opportunities for collaboration with a Medicare Local.

Key Planned Activities and Outcomes 2011-12

The coming year will see activity begin in a range of areas designed to address the challenges that face the Network. Planned activities include:

- A comprehensive service and strategic planning for the LHN.
- Development of a collaborative medical workforce strategy in collaboration with the RFDS, Maari Ma and local GPs.

- Establishment of an effective corporate and administrative structure.
- Renegotiation of the Lower Western Sector Agreement with Maari Ma.
- Establishment of a stable approach to maintaining core medical specialists within Broken Hill.
- Design and implementation of an effective chronic disease management program across the LHN.
- Promotion of an alternative approach to applying Activity Based Funding at Broken Hill and for C1 hospital more broadly.
- Establishment of a systematic approach to ongoing improvement of clinical systems.
- Improved access to staff accommodation across the LHN.

Equal Employment Opportunities

Key Achievements 2010-11

Initiatives undertaken in 2010-11

- Commencement of work on an Aboriginal Health Worker Scope of Practice - Aboriginal Health Workers (AHW) are currently employed in the FWLHN within a range of generalist and specialist roles across a variety of clinical settings. The Aboriginal Health Workers themselves come from diverse professional and educational backgrounds. They possess and use a considerable variety of skills to perform their roles, as part of a multidisciplinary team providing care to Aboriginal people and communities. Not having a 'scope of practice' to guide positions descriptions and day to day activity has resulted in limitations on practice for many Aboriginal Health Workers, despite the need for the full range of services that each worker is competent to provide. Collaboration between a range of stakeholders, including TAFE, has seen this work progressed, based on the skills and competencies of an AHW with a Certificate IV Primary Health Care (Practice) from the National Health Training Package. It is envisaged, that once complete, the current role of many AHWs can be expanded safely and that opportunities for employment of AHWs can be increased across the LHD through workforce redesign.

Key Planned Activities and Outcomes 2011-12

Initiatives planned for 2011-12

- Completion and implementation of an Aboriginal Health Worker Scope of Practice - Completion and implementation of this important initiative, commenced in 2011, will include the basic Scope of Practice for AHWs, coverage of extended functions for specialist and generalist positions and a range of supporting documents including: a competency maintenance framework, position description development tools and a comprehensive communication and support plan. It is envisaged that this work will be completed prior to implementation of National Registration for Aboriginal Health Workers in July 2012.

Table 1. Trends in the Representation of EEO Groups[1]

		% OF TOTAL STAFF[2]			
EEO Group	Benchmark or target	2008	2009	2010	2011
Women	50%	N/A	N/A	N/A	83.4%
Aboriginal people and Torres Strait Islanders	2.6%[3]	N/A	N/A	N/A	7.0%
People whose first language was not English	19%	N/A	N/A	N/A	1.6%
People with a disability	N/A[4]	N/A	N/A	N/A	2.8%
People with a disability requiring work-related adjustment[5]	1.1% (2011) 1.3% (2012) 1.5% (2013)	N/A	N/A	N/A	1.3%

Table 2. Trends in the Distribution of EEO Groups[6]

		DISTRIBUTION INDEX[7]			
EEO Group	Benchmark or target	2008	2009	2010	2011
Women	100	N/A	N/A	N/A	104
Aboriginal people and Torres Strait Islanders	100	N/A	N/A	N/A	107
People whose first language was not English	100	N/A	N/A	N/A	N/A
People with a disability	100	N/A	N/A	N/A	N/A
People with a disability requiring work-related adjustment	100	N/A	N/A	N/A	N/A

Note: Information for the above tables is provided by the Workforce Profile Unit, Public Sector Workforce Branch, Department of Premier and Cabinet.
1. Staff numbers are as at 30 June. **2**. Excludes casual staff. **3**. Minimum target by 2015. **4.** Per cent employment levels are reported but a benchmark level has not been set. **5**. Minimum annual incremental target. **6**. A distribution index of 100 indicates that the centre of distribution of the EEO group across salary levels is equivalent to that of other staff. Values less than 100 mean that the EEO group tends to be more concentrated at lower salary levels than is the case for other staff. The more pronounced this tendency is, the lower the index will be. An index of more than 100 indicates that the EEO group is less concentrated at the lower salary levels. **7**. Excludes casual staff.
* EEO survey was conducted in June 2011 elicited a low response rate (22%). A distribution index based on an EEO survey response rate of less than 80% may not be completely accurate.

Government Information (Public Access) Act 2009

Under the *Government Information (Public Access) Act 2009* (GIPA Act) there is a presumption in favour of the disclosure of government information unless there is an overriding public interest against disclosure.

Far West Local Health Network reviews its information on the website on a regular basis and routinely uploads information that may be of interest to the public.

During the six month period from 1 January 2011 to 30 June 2011 Far West LHN received one formal access application, which was completed within the reporting period.

Of the one application, full access was granted.

Information, as set out in the required form in Schedule 2 of the *Government Information (Public Access) Amendment Regulation 2010*, relating to the access applications made to the Far West Local Health Network during 2010-11 is provided below.

Table A. Number of applications by type of applicant and outcome*

	ACCESS GRANTED IN FULL	ACCESS GRANTED IN PART	ACCESS REFUSED IN FULL	INFORMATION NOT HELD	INFORMATION ALREADY AVAILABLE	REFUSE TO DEAL WITH APPLICATION	REFUSE TO CONFIRM OR DENY WHETHER INFORMATION IS HELD	APPLICATION WITHDRAWN
Media	0	0	0	0	0	0	0	0
Members of Parliament	0	0	0	0	0	0	0	0
Private sector business	0	0	0	0	0	0	0	0
Not for profit organisations or community groups	0	0	0	0	0	0	0	0
Members of the public (application by legal representative)	1	0	0	0	0	0	0	0
Members of the public (other)	0	0	0	0	0	0	0	0

*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 application and outcome

	ACCESS GRANTED IN FULL	ACCESS GRANTED IN PART	ACCESS REFUSED IN FULL	INFORMATION NOT HELD	INFORMATION ALREADY AVAILABLE	REFUSE TO DEAL WITH APPLICATION	REFUSE TO CONFIRM OR DENY WHETHER INFORMATION IS HELD	APPLICATION WITHDRAWN
Personal information applications#	1	0	0	0	0	0	0	0
Access applications (other than personal information applications)	0	0	0	0	0	0	0	0
Access applications that are partly personal information applications and partly other	0	0	0	0	0	0	0	0

A personal information application is an access application for personal information (as defined in Clause 4 of Schedule 4 of the Act) about the applicant (the applicant being an individual).

Table C. Invalid applications

REASON FOR INVALIDITY	NUMBER OF APPLICATIONS
Application does not comply with formal requirements (section 41 of the Act)	0
Application is for excluded information of the agency (section 43 of the Act)	0
Application contravenes restraint order (section 110 of the Act)	0
Total number of invalid applications received	0
Invalid applications that subsequently became valid applications	0

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	0
Cabinet information	0
Executive Council Information	0
Contempt	0
Legal professional privilege	0
Excluded information	0
Documents affecting law enforcement and public safety	0
Transport safety	0
Adoption	0
Care and protection of children	0
Ministerial code of conduct	0
Aboriginal and environmental heritage	0

* 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	0
Law enforcement and security	0
Individual rights, judicial processes and natural justice	0
Business interests of agencies and other persons	0
Environment, culture, economy and general matters	0
Secrecy provisions	0
Exempt documents under interstate Freedom of Information legislation	0

Table F. Timelines

	NUMBER OF OCCASIONS WHEN APPLICATION NOT SUCCESSFUL
Decided within the statutory timeframe (20 days plus any extensions)	1
Decided after 35 days (by agreement with applicant)	0
Not decided within time (deemed refusal)	0
Total	1

* Note: Of the 7 applications 5 were related to the former GWAHS for information on the whole of the former AHS.

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	0	0	0
Review by Information Commissioner*	0	0	0
Internal review following recommendation under section 93 of Act	0	0	0
Review by ADT	0	0	0
Total	0	0	0

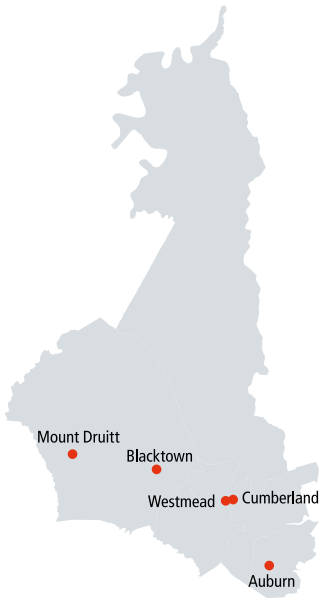
*The Information Commissioner does not have the authority to vary decisions, but can make recommendations to the original decision-maker. The data in this case indicates that a recommendation to vary or uphold the original decision has been made by the Information Commissioner.

Table H. Applications for review under Part 5 of the Act (by type of applicant)

	NUMBER OF APPLICATIONS FOR REVIEW
Applications by access applicants	0
Applications by persons to whom information the subject of access applications relates (see section 54 of the Act)	0

Hunter New England

Local Health Network



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Chief Executive: Michael DiRienzo

Local Government Areas

Armidale Dumaresq, Cessnock, Dungog, Glen Innes Severn, Gloucester, Great Lakes, Greater Taree, Gunnedah, Guyra, Gwydir, Inverell, Lake Macquarie, Liverpool Plains, Maitland, Moree Plains, Muswellbrook, Narrabri, Newcastle, Port Stephens, Singleton, Tamworth Regional, Tenterfield, Upper Hunter, Uralla and Walcha.

Public Hospitals

Armidale Hospital
Barraba Multi Purpose Service
Belmont Hospital
Bingara Multi Purpose Service
Boggabri Multi Purpose Service
Bulahdelah Community Hospital
Cessnock Hospital
Denman Multi Purpose Service
Dungog Community Hospital
Emmaville – Vegetable Creek Multi Purpose Service
Glen Innes Hospital
Gloucester Soldiers Memorial Hospital
Gunnedah Hospital
Guyra Multi Purpose Service
Inverell Hospital
James Fletcher Hospital
John Hunter Children's Hospital
John Hunter Hospital
Kurri Kurri Hospital
Manilla Hospital
Manning Hospital (Taree)
Merriwa Multi Purpose Service
Moree Hospital
Morisset Hospital
Muswellbrook Hospital
Narrabri Hospital
Quirindi Hospital
Rankin Park Centre
Royal Newcastle Centre
Scott Memorial Hospital (Scone)
Singleton Hospital
Tamworth Hospital
Tenterfield Community Hospital
The Maitland Hospital
Tingha Multi Purpose Service
Tomaree Community Hospital
Walcha Multi Purpose Service
Warialda Multi Purpose Service
Wee Waa Community Hospital
Werris Creek Community Hospital
Wilson Memorial Hospital (Murrurundi)
Wingham Community Hospital

Public Nursing Homes

Hillcrest Nursing Home, Gloucester
Kimbarra Lodge Hostel, Gloucester
Muswellbrook Aged Care Facility
Wallsend Aged Care Facility

Community Health Centres

Armidale Community Health Centre
Ashford Community Health Centre
Barraba Community Health Centre
Beresfield Community Health Centre
Bingara Community Health Centre
Boggabilla Community Health Centre
Boggabri Community Health Centre
Bulahdelah Community Health Centre
Bundarra Community Health Centre
Cessnock Community Health Centre
Clarencetown Community Health Centre
Denman Community Health Centre
East Maitland Community Health Centre

Forster Community Health Centre
Glen Innes Community Health Centre
Gloucester Community Health Centre
Gresford Community Health Centre
Gunnedah Community Health Centre
Guyra Community Health Centre
Gwabegar Community Health Centre
Harrington Community Health Centre
Hawks Nest/Tea Gardens Community Health Centre
Inverell Community Health Centre Kurri Kurri
Manilla Community Health Centre
Merriwa Community Health Centre
Moree Community Health Centre
Mungindi Community Health Centre
Murrurundi Community Health Centre
Muswellbrook Community Health Centre
Narrabri Community Health Centre
Nelson Bay Community Health Centre
Newcastle Community Health Centre
Nundle Community Health Centre
Pilliga Community Health Centre
Premer Community Health Centre
Quirindi Community Health Centre
Raymond Terrace Community Health Centre
Scone Community Health Centre
Singleton Community Health Centre
Stroud Community Health Centre
Tambar Springs Community Health Centre
Tamworth Community Health Centre
Taree Community Health Centre
Tenterfield Community Health Centre
Toomelah Community Health Centre
Toronto (Westlakes) Community Health Centre
Uralla Community Health Centre
Walcha Community Health Centre
Walhallow Community Health Centre
Wallsend (Western Newcastle) Community Health Centre
Warialda Community Health Centre
Wee Waa Community Health Centre
Werris Creek Community Health Centre
Windale (Eastlakes) Community Health Centre

Child and Family Health

Anna Bay
Belmont
Charlestown
Edgeworth
Hamilton
Kotara
Lambton
Mallabula
Maryland
Medowie
Merewether
Morisset
Raymond Terrace
Stockton
Salamander Bay
Toronto
Wallsend
Waratah
Windale

Oral Health Clinics

Armidale
Barraba
Beresfield
Cessnock
Forster
Glen Innes
Gunnedah
Inverell
Maitland
Moree
Muswellbrook
Narrabri
Nelson Bay
Newcastle
Scone
Singleton
Stockton
Tamworth
Taree
Toronto
Tenterfield
Wallsend
Windale
Walcha

Third Schedule Facilities

Calvary Mater Newcastle

Other Services

Aged Care and Rehabilitation
Children Young People and Families
Cancer
Women's Health and Maternity
Mental Health and Drug and Alcohol
Critical Care
Vascular

Demographic Summary

The Hunter New England Local Health Network (HNE Health) head office is located in Newcastle and a regional office is located in Tamworth.

HNE Health is unique, in that it is the only Local Health Network with a major metropolitan centre (Newcastle/ Lake Macquarie) as well as a mix of several large regional centres and many smaller rural centres and remote communities within its borders.

The health service covers a geographical area of over 130,000 square kilometres and serves a population of approximately 840,000 people, including approximately 20% of the State's Aboriginal population.

Its public health facilities includes two tertiary referral hospitals, four rural referral hospitals, 20 community hospitals and Multi Purpose Services, 13 district health services and 55 community health centres, together with a number of mental health and aged care facilities.

Chief Executive's Year In Review

Hunter New England Local Health Network (HNE Health) is committed to building healthier communities by delivering excellence in healthcare.

While the transition to Local Health Networks in January 2011 resulted in significant changes for many health services, very little changed for HNE Health due to overwhelming support to retain our geographical boundary.

During the past year, our skilled and dedicated employees continued their hard work and commitment to providing high quality, safe patient care and improving the health of the people in our communities. In particular, we made significant progress implementing the Garling recommendations, with more than 80% defined as 'substantially achieved'.

There was also a significant investment in capital works across the Network and several communities benefited from new or enhanced services. New models of maternity care at Tamworth, Manning and Maitland hospitals were implemented to promote continuity of care for birthing women; and expanded dialysis services at Muswellbrook, Manning, Armidale and Singleton hospitals enable more patients who cannot have dialysis at home to receive their treatment at their local hospital.

Thanks to a unique partnership between the Nicholas Trust and HNE Health, a new paediatric palliative care service and facilities were opened at John Hunter Children's Hospital. This was a major milestone in supporting and caring for palliative children and their families.

HNE Health is also expanding medical oncology services at Taree. The appointment of a fulltime medical oncologist, registrar and oncology transitional nurse practitioner will improve access to treatment for patients from the Lower Mid North Coast and reduce the need for oncologists from Calvary Mater Newcastle to travel to Taree.

HNE Health was well represented in a number of State awards, winning two 2010 NSW Aboriginal Health Awards, 'Best Overall Performance' at the 2010 NSW Health Awards, and Runner Up in the 'Leading Change' category of the 2010 NSW Premier's Awards. Recognition at this level allows us to gauge our performance against our peers and is a fantastic effort from all concerned.

HNE Health has a reputation for setting the standard in disaster planning and we have continued to maintain a strong focus in this area. This year, our Mental Health Disaster Response Team was deployed to Queensland to help with the State's flood recovery effort and our Disaster Management Unit was part of a multi-agency group that assisted communities affected by flooding in northern NSW.

As the health network that cares for the State's largest percentage of Aboriginal and Torres Strait Islander people, improving their health outcomes is a key focus for all staff. This year, we continued our Cultural Respect Training Program to help build capacity to deliver culturally appropriate and effective services for the Aboriginal community; and appointed two additional Aboriginal and Torres Strait Islander Counsellors to our Employee Assistance Program.

This year has been a successful, challenging and rewarding period for HNE Health. Through our quality people, core values, robust systems, strong partnerships and ongoing sound financial management, we expect to continue these outstanding results for our communities in 2011-12.

Michael DiRienzo, Chief Executive

Key Achievements 2010-11

- Won two NSW Aboriginal Health Awards - 'Strengthening Aboriginal Families and Children' and 'Working Together to Make a Difference'.
- Introduced seven new Nurse Practitioner positions specialising in Drug and Alcohol, Nephrology, Diabetes, Oncology and Aged and Chronic Care.
- Opened a $3.6 million 12-bed Emergency Short Stay Unit at Calvary Mater Newcastle.
- Rolled out HNE Health's Excellence initiative in all Primary and Community Networks clusters and services. Excellence is an evidence-based system which focuses on building leader and staff capability and accountability - aimed at improving staff relationships and patient experience.
- Opened a new paediatric palliative care service and facilities at John Hunter Children's Hospital.
- Completed the final stage of the emergency department redevelopment at The Maitland Hospital and the refurbishment of the emergency department at Armidale.
- Launched new models of maternity care at Tamworth, Manning and Maitland hospitals, to promote continuity of care for birthing women as part of the Towards Normal Birth strategy.
- Expanded dialysis services at Muswellbrook, Manning, Armidale and Singleton hospitals.
- Won 'Best Overall Performance' at NSW Health Awards and had five projects chosen as finalists across various categories. Runner Up in 'Leading Change' at the NSW Premier's Awards.
- Opened a new $8.91 million 20-bed non-acute inpatient mental health unit at James Fletcher Hospital in Newcastle.

Key Planned Activities and Outcomes 2011-12

- Officially open HealthOne Quirindi and the Merriwa Multi Purpose Service.
- Continue to roll-out the *Essentials of Care Program*, which focuses on developing clinical environments that empower patients, families and health professionals to achieve best outcomes.
- Expand medical oncology services at Taree, including the appointment of a full-time medical oncologist, registrar and oncology transitional nurse practitioner.
- Open the new $19 million Manilla Multi Purpose Service and a $41.7 million redevelopment of Narrabri District Health Service.
- Significant investment in emergency departments to provide safe and appropriate environments for specific patient groups. Work will be undertaken at Singleton, Glen Innes, Gunnedah, Scone, Muswellbrook, Inverell, Moree and Cessnock.
- Open a total of 22 sub-acute/rehabilitation beds at Kurri Kurri and Belmont hospitals in interim locations, prior to the commencement of a purpose-built facility at Kurri and refurbishment of an area of Belmont Hospital to accommodate 30 patients in the future.
- Begin construction of the New England North West Regional Cancer Centre in Tamworth, including patient and carer accommodation.
- Commence the $220 million redevelopment of Tamworth Health Services.
- Complete construction of the new $11.7 million Werris Creek Multi Purpose Service.
- Continue work on the new Hunter Medical Research Institute facility on the John Hunter campus.

Equal Employment Opportunities

Key Achievements 2010-11

- A total of 125 non-Aboriginal staff and Managers attended the two-day Aboriginal Cultural Respect workshops.
- Targeted, advertised and appointed two positions for people with a disability.
- Attended various career expos that encourage engagement with people in the disadvantaged groups, including Opportunity Day, Indigenous Jobs Market, Bularr Wangga Festival Career Quest.
- Appointed two additional Aboriginal and Torres Strait Islander EAP Counsellors, providing increased access and options to employees from an Aboriginal and Torres Strait Islander background.
- Developed a program to improve workplace and communication initiatives supporting nurses and midwives that have gained qualification overseas.
- Worked with educational institutions to build capacity for employees in the EEO groups, through delivery of training programs such as *Mental Health and Workplace Wellbeing, Dealing Effectively with Unacceptable Behaviour* and *Conflict Management Skills*.
- Established communication pathways with employees in the disadvantaged groups.
- Supported employees that require Reasonable Workplace Adjustment by developing education programs and factsheets.
- Between 1 January 2011 and 30 June 2011, HNE Health has employed:
  – 45 Aboriginal people
  – 128 people from a non-English speaking background
  – 20 people with a disability, two required Reasonable Workplace Adjustment.
- An Aboriginal careers booklet has been produced for delivery to high school students within schools and areas of Taree, Tamworth, Hunter and Moree.
- Signed an employment and training contract with the Commonwealth Government to train 75 Aboriginal people to gain employment.

Key Planned Activities and Outcomes 2011-12

- Work with key stakeholders, educational institutions, other Government organisations and service providers to develop pre-employment programs that support people in the EEO groups into sustainable work.
- Develop and support employees to engage in educational programs and career progression pathways.
- Develop the Multicultural Health MyLink portal for e-learning and expand the interactive cultural competency programs on offer to cover cultural aspects of aged care, palliative care and death and dying.
- Profile our EEO policies and best practice initiatives to external key stakeholders by participating in collaboratives, meetings and communication events and forums.
- Encourage initiatives that remove workplace barriers for people with a disability by applying Reasonable Workplace Adjustment.
- Implement *Cross Agency Public Sector Mentoring Program* to support current and future Aboriginal and Torres Strait Islander government employees.
- Increase the representation of EEO groups in VET programs.

Table 1. Trends in the Representation of EEO Groups[1]

		% OF TOTAL STAFF[2]			
EEO Group	Benchmark or target	2008	2009	2010	2011
Women	50%	0	0	0	80.4%
Aboriginal people and Torres Strait Islanders	2.6%[3]	0	0	0	2.5%
People whose first language was not English	19%	0	0	0	8.4%
People with a disability	N/A[4]	0	0	0	3.4%
People with a disability requiring work-related adjustment[5]	1.1% (2011) 1.3% (2012) 1.5% (2013)	0	0	0	1.2%

Table 2. Trends in the Distribution of EEO Groups[6]

		DISTRIBUTION INDEX[7]			
EEO Group	Benchmark or target	2008	2009	2010	2011
Women	100	0	0	0	86
Aboriginal people and Torres Strait Islanders	100	0	0	0	72
People whose first language was not English	100	0	0	0	113
People with a disability	100	0	0	0	96
People with a disability requiring work-related adjustment	100	0	0	0	99

Note: Information for the above tables is provided by the Workforce Profile Unit, Public Sector Workforce Branch, Department of Premier and Cabinet.
1. Staff numbers are as at 30 June. **2**. Excludes casual staff. **3**. Minimum target by 2015. **4.** Per cent employment levels are reported but a benchmark level has not been set. **5**. Minimum annual incremental target. **6**. A distribution index of 100 indicates that the centre of distribution of the EEO group across salary levels is equivalent to that of other staff. Values less than 100 mean that the EEO group tends to be more concentrated at lower salary levels than is the case for other staff. The more pronounced this tendency is, the lower the index will be. An index of more than 100 indicates that the EEO group is less concentrated at the lower salary levels. **7**. Excludes casual staff.
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Under the *Government Information (Public Access) Act 2009* (GIPA Act) there is a presumption in favour of the disclosure of government information unless there is an overriding public interest against disclosure.

The Hunter New England Local Health Network came into effect on 1 January 2011. The following narrative and report details the GIPA ACT applications received between 1 January 2011 and 30 June 2011.

The Hunter New England Local Health Network received in total eight GIPA applications. Of these, two were granted full access to the requested information, two were granted partial access to the requested information, one application the requested information was not held, one application the requested information was already available, and two applications the Network refused to deal with the applications.

Hunter New England Local Health District continues to manage Access Applications pursuant to the Open Government legislation in accordance with requirements. The 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 Hunter New England Local Health District's website and site content in relation to GIPA Act requirements are reviewed annually for accuracy.

Information, as set out in the required form in Schedule 2 of the *Government Information (Public Access) Amendment Regulation 2010*, relating to the access applications made to the Hunter New England Local Health Network during 2010-11 is provided below.

Table A. Number of applications by type of applicant and outcome*

	ACCESS GRANTED IN FULL	ACCESS GRANTED IN PART	ACCESS REFUSED IN FULL	INFORMATION NOT HELD	INFORMATION ALREADY AVAILABLE	REFUSE TO DEAL WITH APPLICATION	REFUSE TO CONFIRM OR DENY WHETHER INFORMATION IS HELD	APPLICATION WITHDRAWN
Media	0	0	0	0	0	0	0	0
Members of Parliament	0	0	0	0	0	0	0	0
Private sector business	0	0	0	0	0	0	0	0
Not for profit organisations or community groups	0	0	0	0	0	0	0	0
Members of the public (application by legal representative)	1	1	0	0	1	0	0	0
Members of the public (other)	1	1	0	1	0	2	0	0

*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 application and outcome

	ACCESS GRANTED IN FULL	ACCESS GRANTED IN PART	ACCESS REFUSED IN FULL	INFORMATION NOT HELD	INFORMATION ALREADY AVAILABLE	REFUSE TO DEAL WITH APPLICATION	REFUSE TO CONFIRM OR DENY WHETHER INFORMATION IS HELD	APPLICATION WITHDRAWN
Personal information applications#	1	2	0	0	0	2	0	0
Access applications (other than personal information applications)	0	0	0	1	0	0	0	0
Access applications that are partly personal information applications and partly other	1	0	0	0	1	0	0	0

A personal information application is an access application for personal information (as defined in Clause 4 of Schedule 4 of the Act) about the applicant (the applicant being an individual).

Table C. Invalid applications

REASON FOR INVALIDITY	NUMBER OF APPLICATIONS
Application does not comply with formal requirements (section 41 of the Act)	0
Application is for excluded information of the agency (section 43 of the Act)	0
Application contravenes restraint order (section 110 of the Act)	0
Total number of invalid applications received	0
Invalid applications that subsequently became valid applications	0

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	0
Cabinet information	0
Executive Council Information	0
Contempt	0
Legal professional privilege	0
Excluded information	0
Documents affecting law enforcement and public safety	0
Transport safety	0
Adoption	0
Care and protection of children	0
Ministerial code of conduct	0
Aboriginal and environmental heritage	0

* 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	1
Law enforcement and security	0
Individual rights, judicial processes and natural justice	1
Business interests of agencies and other persons	0
Environment, culture, economy and general matters	0
Secrecy provisions	0
Exempt documents under interstate Freedom of Information legislation	0

Table F. Timelines

	NUMBER OF OCCASIONS WHEN APPLICATION NOT SUCCESSFUL
Decided within the statutory timeframe (20 days plus any extensions)	4
Decided after 35 days (by agreement with applicant)	1
Not decided within time (deemed refusal)	1
Total	6

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	0	0	0
Review by Information Commissioner*	0	0	0
Internal review following recommendation under section 93 of Act	0	0	0
Review by ADT	0	0	0
Total	0	0	0

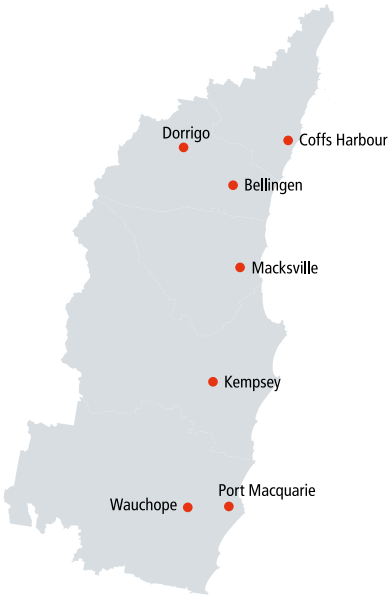
*The Information Commissioner does not have the authority to vary decisions, but can make recommendations to the original decision-maker. The data in this case indicates that a recommendation to vary or uphold the original decision has been made by the Information Commissioner.

Table H. Applications for review under Part 5 of the Act (by type of applicant)

	NUMBER OF APPLICATIONS FOR REVIEW
Applications by access applicants	4
Applications by persons to whom information the subject of access applications relates (see section 54 of the Act)	2

Mid North Coast

Local Health Network



Morton Street, Port Macquarie
PO Box 126
Port Macquarie NSW 2444

Telephone: 6588 2946

Facsimile: 6588 2947

Website: www.health.nsw.gov.au/mnclhn

Business Hours: 8.30 am - 5.00 pm, Monday to Friday

Chief Executive: Stewart Dowrick

Local Government Areas

Port Macquarie Hastings, Kempsey, Bellingen, Nambucca and Coffs Harbour.

Public Hospitals

Bellinger River District Hospital
Coffs Harbour Health Campus
Dorrigo Multi Purpose Service
Kempsey District Hospital
Macksville Health Campus
Port Macquarie Base Hospital
Wauchope District Memorial Hospital

Community Health Centres

Bellingen Community Health Centre
Camden Haven Community Health Centre
Coffs Harbour Community Health Centre
Dorrigo Community Health Centre
Kempsey Community Health Centre
Macksville Community Health Centre
Port Macquarie Community Health Centre
South West Rocks Community Health Centre
Wauchope Community Health Centre
Woolgoolga Community Health Centre

Oral Health Clinics

Coffs Harbour
Kempsey
Laurieton
Port Macquarie
Wauchope

Other Services

Aboriginal Health
Cancer Services
Drug and Alcohol
Mental Health
Public Health
Sexual Health
Violence, Abuse, Neglect and Sexual Assault

Demographic Summary

Mid North Coast Local Health Network (MNCLHN) covers an area of 11,335 square kilometres extending from Port Macquarie Hastings Local Government Area in the south to Coffs Harbour Local Government Area in the north.

The population of the MNCLHN is one of the fastest growing in NSW.

In 2006 residents aged ≥65 years made up 18% of the MNCLHN population compared to the NSW average of 14%. People aged ≥65 years comprise the fastest growing segment of the population of the MNCLHN. It is predicted that this age group will rise to 22% by 2016 and 24% by 2021.

The traditional custodians of the land covered by the MNCLHN are the Biripi, Daiggatti, Naganyaywana and Gumbainggir Nations.

In 2011 approximately 9,000 people living in this area identified as Aboriginal (4.3% of the total population).

MNCLHN has one of the lowest SEIFA Ratings in the State with more than double (18%) the NSW proportion receiving disability/sickness benefits (NSW 8%) and the second largest proportion (19%) of households with a weekly income of <$500 (NSW 12%) and smallest proportion (7.9%) of households with a weekly income of >$2000 compared to the State average of 22%.

The MNCLHN has Base Hospitals at Coffs Harbour and Port Macquarie as well as District Hospitals at Wauchope,

Kempsey, Macksville, Bellingen and a Multi Purpose Service at Dorrigo. In addition to acute care, Community Health Services are delivered from nine locations across the Mid North Coast.

Chief Executive's Year In Review

In January 2011 the Mid North Coast Local Health Network (MNCLHN) was established as part of the National Health Reforms. The Minister also appointed a Governing Council with Warren Grimshaw AM as Chair together with seven members from across the LHN. MNCLHN also selected two Executive Directors to June 2011 both of whom have hit the ground running in the establishment of the LHN.

The MNCLHN is one of the fastest growing regions in the State and demand for services continues to increase. This change in structure provides us with the unique opportunity to ensure our focus is on local issues, local communities and delivering quality health care to residents of this area.

The Hastings Macleay and Coffs Harbour Clinical Networks have had a long history working side by side over many years in leveraging advantages for our communities. As a result of this collaboration, the past financial year has been characterised by a number of significant achievements including the further expansion of cancer services which now allows the majority of local residents requiring radiotherapy services to access them close to where they live; in addition the Cardiac Catheterisation service celebrated delivery of 1,000 stent procedures – a service previously not available outside metropolitan areas; and an upgrade to the Kempsey District Hospital Emergency Department was completed.

Other key funding commitments include the announcement of funding for the Port Macquarie Base Hospital redevelopment and the commencement of a new 10 bed Acute Care Ward at Coffs Harbour Health Campus.

MNCLHN continues to focus on alternatives to admission strategies such as Community Packages (Compacs), Transition Aged Care Services (TACS) and Community Acute and Post Acute Services (CAPACS). These services are assisting the major hospitals by allowing clinically appropriate patients to manage their illness in the community setting.

Our diligent staff once again demonstrated a tremendous amount of dedication to the provision of health services during the year, a commitment that was reflected in our ability to conduct operations in line with established budgets while achieving target activity levels for surgery. An impressive result and one for which all staff should be congratulated.

The Governing Council has identified the engagement of the community of the Mid North Coast as a key priority. In March the Governing Council endorsed a Community Engagement Strategy including the establishment of a Community Reference Group.

The Governing Council and Executive are very proud of and grateful to our amazing team of highly qualified and incredibly hard working staff right across the MNCLHN who do a terrific job each and every day in often very difficult and emotionally demanding circumstances. We and the community owe them a great deal of thanks and should never miss an opportunity to be supportive of them.

The Governing Council and Executive will continue to work with stakeholders, clinicians and staff to achieve the best possible outcomes for the health and wellbeing of the Mid North Coast communities and ensure our facilities receive the necessary resources to provide ongoing care and also have the ability to implement new and innovative services.

Finally I would like to thank the many volunteers who provide dedicated and valuable support to the many facilities across the Mid North Coast. Over the past year Volunteers have raised significant funds towards equipment and acted in support roles for patients and relatives.

Stewart Dowrick, Chief Executive

Key Achievements 2010-11

- Significant progress has been made on the establishment of the new structure including work on the separation of the North Coast Area Health Service (NCAHS) budget and services.
- A number of key capital works projects were progressed including the completion of the Kempsey District Hospital Emergency Department upgrade, planning processes for the redevelopment of Port Macquarie Base Hospital and commencement of the construction of the 10 bed Acute Care Ward at Coffs Harbour Health Campus.
- The Integrated Cancer Centre at Coffs Harbour commissioned its second Linear Accelerator which has significantly increased the number of patients the facility can accommodate locally. Over the past 12 months the facility has been delivering more than 1,800 radiotherapy treatments each month.

- The Cardiac Catheter Laboratory at Coffs Harbour Health Campus celebrated 1,000 stent procedures.
- A program aimed at improving access to dental services for Aboriginal people commenced at the Coffs Harbour Dental Clinic. The Program provides outreach on site services at the Coffs Harbour Dental Clinic and is a dedicated Aboriginal Oral Health program.
- Kempsey District Hospital was the first health site in NSW to implement the new HRIS payroll system.
- The Governing Council endorsed a Community Engagement Strategy aimed at improving the effectiveness of participation processes across MNCLHN.
- Telehealth is becoming a mainstream communication option and the expanded Connecting Critical Care program is using this technology to further promote strong clinical links between the Base Hospitals and the rural sites.

Key Planned Activities and Outcomes 2011-12

- Finalisation of new structure as the Mid North Coast Local Health District from 1 July 2011.
- Progression of the major clinical priorities for the Clinical Networks.
- Progression of capital works projects across a number of sites including the Port Macquarie Base Hospital redevelopment, construction of an Emergency Medical Unit (EMU) and installation of the Magnetic Resonance Imaging (MRI) at Coffs Harbour Health Campus and commissioning of the second Linear Accelerator in Port Macquarie.
- Construction of a Geriatric Evaluation Management (GEM) unit at Port Macquarie Base Hospital. The GEM will consist of a dedicated 13 bed ward providing early multi-disciplinary rehabilitation intervention to aid the assessment, management and treatment of geriatric symptoms of older people in the hospital setting.
- Implementation of the Community Engagement Strategy across Mid North Coast communities.
- Innovation in Emergency Departments is a one-year project in Emergency Departments as part of the Closing the Gap initiative. The project aims to address the recommendations of the *'They just don't like to wait'* study and create a better experience for Aboriginal people using health services.
- Implementation of additional Nursing staff to support the reasonable workloads for Nurses and Midwives.

Equal Employment Opportunities

Key Achievements 2010-11

- Design, development and implementation of an on-line Bullying and Harassment Awareness Program designed to support staff in identifying and addressing inappropriate workplace behaviours.
- Education sessions conducted across MNCLHD on Aboriginal Cultural Awareness.
- Implementation of an accessible e-learning-line program targeted at supporting a positive workplace culture.
- A range of recruitment strategies to actively employ from the EEO groups.

Key Planned Activities and Outcomes 2011-12

- Review and revision of the Grievance Management process.
- Development of a Exit Questionnaire policy and procedure.
- Update the Recruitment and Selection Training Program for Managers.
- Implementation of the Aboriginal Workforce Framework.
- Redesign the position description format to ensure compliance with EEO policy requirements.
- Formation of an EEO Management Plan.
- Maintenance of existing EEO strategies.

Table 1. Trends in the Representation of EEO Groups[1]

		% OF TOTAL STAFF[2]			
EEO Group	Benchmark or target	2008	2009	2010	2011
Women	50%	0	0	0	75.5%
Aboriginal people and Torres Strait Islanders	2.6%[3]	0	0	0	1.6%
People whose first language was not English	19%	0	0	0	4.8%
People with a disability	N/A[4]	0	0	0	3.8%
People with a disability requiring work-related adjustment[5]	1.1% (2011) 1.3% (2012) 1.5% (2013)	0	0	0	0.6%

Table 2. Trends in the Distribution of EEO Groups[6]

		DISTRIBUTION INDEX[7]			
EEO Group	Benchmark or target	2008	2009	2010	2011
Women	100	0	0	0	96
Aboriginal people and Torres Strait Islanders	100	0	0	0	82
People whose first language was not English	100	0	0	0	113
People with a disability	100	0	0	0	90
People with a disability requiring work-related adjustment	100	0	0	0	0

Note: Information for the above tables is provided by the Workforce Profile Unit, Public Sector Workforce Branch, Department of Premier and Cabinet.
1. Staff numbers are as at 30 June. **2**. Excludes casual staff. **3**. Minimum target by 2015. **4.** Per cent employment levels are reported but a benchmark level has not been set. **5**. Minimum annual incremental target. **6**. A distribution index of 100 indicates that the centre of distribution of the EEO group across salary levels is equivalent to that of other staff. Values less than 100 mean that the EEO group tends to be more concentrated at lower salary levels than is the case for other staff. The more pronounced this tendency is, the lower the index will be. An index of more than 100 indicates that the EEO group is less concentrated at the lower salary levels. **7**. Excludes casual staff.
* EEO survey was conducted in June 2011 elicited a low response rate (22%). A distribution index based on an EEO survey response rate of less than 80% may not be completely accurate.

Government Information (Public Access) Act 2009

Under the *Government Information (Public Access) Act 2009* (GIPA Act) there is a presumption in favour of the disclosure of government information unless there is an overriding public interest against disclosure.

The Mid North Coast Local Health Network undertakes reviews of its information on a regular basis and routinely uploads information on its website that may be of interest to the public.

During the period 1 January to 30 June 2011, the Mid North Coast Local Health Network received five access applications under the GIPA Act. Of the five applications received, four applications have been completed within the reporting period and one application was withdrawn.

Of the five applications completed, three were granted full access, one was granted partial access and one application was withdrawn.

The Mid North Coast Local Health Network received no applications for internal reviews.

Information, as set out in the required form in Schedule 2 of the *Government Information (Public Access) Amendment Regulation 2010*, relating to the access applications made to the Mid North Coast Local Health Network during 2010-11 is provided below.

Table A. Number of applications by type of applicant and outcome*

	ACCESS GRANTED IN FULL	ACCESS GRANTED IN PART	ACCESS REFUSED IN FULL	INFORMATION NOT HELD	INFORMATION ALREADY AVAILABLE	REFUSE TO DEAL WITH APPLICATION	REFUSE TO CONFIRM OR DENY WHETHER INFORMATION IS HELD	APPLICATION WITHDRAWN
Media	0	0	0	0	0	0	0	0
Members of Parliament	1	0	0	0	0	0	0	0
Private sector business	0	0	0	0	0	0	0	0
Not for profit organisations or community groups	0	0	0	0	0	0	0	0
Members of the public (application by legal representative)	0	0	0	0	0	0	0	0
Members of the public (other)	1	0	0	0	0	0	0	0

*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 application and outcome

	ACCESS GRANTED IN FULL	ACCESS GRANTED IN PART	ACCESS REFUSED IN FULL	INFORMATION NOT HELD	INFORMATION ALREADY AVAILABLE	REFUSE TO DEAL WITH APPLICATION	REFUSE TO CONFIRM OR DENY WHETHER INFORMATION IS HELD	APPLICATION WITHDRAWN
Personal information applications#	1	1	0	0	0	0	0	1
Access applications (other than personal information applications)	0	0	0	0	0	0	0	0
Access applications that are partly personal information applications and partly other	0	0	0	0	0	0	0	0

A personal information application is an access application for personal information (as defined in Clause 4 of Schedule 4 of the Act) about the applicant (the applicant being an individual).

Table C. Invalid applications

REASON FOR INVALIDITY	NUMBER OF APPLICATIONS
Application does not comply with formal requirements (section 41 of the Act)	0
Application is for excluded information of the agency (section 43 of the Act)	0
Application contravenes restraint order (section 110 of the Act)	0
Total number of invalid applications received	0
Invalid applications that subsequently became valid applications	0

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	0
Cabinet information	0
Executive Council Information	0
Contempt	0
Legal professional privilege	0
Excluded information	0
Documents affecting law enforcement and public safety	0
Transport safety	0
Adoption	0
Care and protection of children	0
Ministerial code of conduct	0
Aboriginal and environmental heritage	0

* 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	1
Law enforcement and security	0
Individual rights, judicial processes and natural justice	2
Business interests of agencies and other persons	0
Environment, culture, economy and general matters	0
Secrecy provisions	0
Exempt documents under interstate Freedom of Information legislation	0

Table F. Timelines

	NUMBER OF OCCASIONS WHEN APPLICATION NOT SUCCESSFUL
Decided within the statutory timeframe (20 days plus any extensions)	4
Decided after 35 days (by agreement with applicant)	1
Not decided within time (deemed refusal)	0
Total	5

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	0	0	0
Review by Information Commissioner*	0	0	0
Internal review following recommendation under section 93 of Act	0	0	0
Review by ADT	0	0	0
Total	0	0	0

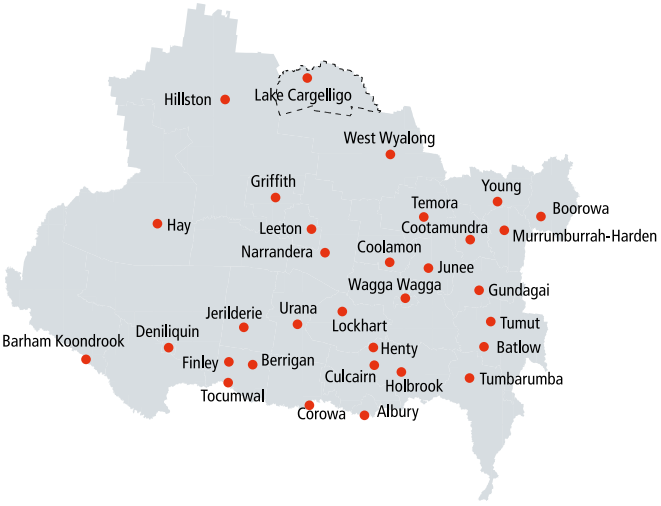
*The Information Commissioner does not have the authority to vary decisions, but can make recommendations to the original decision-maker. The data in this case indicates that a recommendation to vary or uphold the original decision has been made by the Information Commissioner.

Table H. Applications for review under Part 5 of the Act (by type of applicant)

	NUMBER OF APPLICATIONS FOR REVIEW
Applications by access applicants	0
Applications by persons to whom information the subject of access applications relates (see section 54 of the Act)	0

Murrumbidgee

Local Health Network



Johnston Street, Wagga Wagga
Locked Bag 10
Wagga Wagga NSW 2650

Telephone: 6933 9100

Facsimile: 6933 9188

Website: www.health.nsw.gov.au/services/lhn/murru

Business Hours: 8.30 am - 5.00 pm, Monday to Friday

Chief Executive: Susan Weisser (Acting)

Local Government Areas

Albury, Berrigan, Bland, Carrathool, Conargo, Coolamon, Cootamundra, Corowa, Deniliquin, Greater Hume, Griffith, Gundagai, Harden, Hay, Jerilderie, Junee, Leeton, Lockhart, Murray, Murrumbidgee, Narranderra, Temora, Tumbarumba, Tumut, Urana, Young, Wagga Wagga and Wakool.

Public Hospitals

Albury Community Health Service
Albury Nolan House, inpatient mental health
Barham Heath Service
Batlow Multi Purpose Service
Berrigan Multi Purpose Service
Boorowa Multi Purpose Service
Coolamon Multi Purpose Service
Cootamundra Heath Service
Corowa Heath Service
Culcairn Multi Purpose Service
Deniliquin Heath Service
Finley Heath Service
Griffith Base Hospital
Gundagai District Heath Service
Hay Heath Service
Henty Multi Purpose Service
Hillston Heath Service
Holbrook Multi Purpose Service
Jerilderie Multi Purpose Service
Junee Multi Purpose Service
Lake Cargelligo Multi Purpose Service *(from 1 July 2011)*
Leeton District Heath Service
Lockhart Multi Purpose Service
Murrumburrah-Harden Heath Service
Narranderra District Heath Service
South West Brain Injury Service Temora District Heath Service
Tocumwal Heath Service
Tumbarumba Multi Purpose Service
Tumut District Heath Service
Urana Multi Purpose Service
Wagga Wagga Base Hospital
Wyalong Heath Service
Young District Heath Service
Mercy Health – Albury and Young (Third Schedule Facilities)

Community Health Centres

Adelong Community Health Centre
Ardlethan Community Health Centre
Barellan Community Health Centre
Barmedman Community Health Centre
Coleambally Community Health Centre
Darlington Point Community Health Centre
Mathoura Community Health Centre
Moama Community Health Centre
Moulamein Community Health Centre
Tarcutta Community Health Centre
The Rock Community Health Centre
Tooleybuc Community Health Centre
Ungarie Community Health Centre
Weethalle Community Health Centre

Oral Health Clinics

Albury
Berrigan
Cootamundra
Deniliquin
Griffith
Hay
Hillston
Junee
Leeton
Narranderra
Temora
Tumbarumba
Tumut
Wagga Wagga
West Wyalong
Young

Demographic Summary

Murrumbidgee Local Health Network covers an area of 125,248 sq km and in 2009 had an estimated resident population of approximately 292,134 people.

The population is projected to grow to around 301,364 by 2021. In 2009 more than half of all residents were aged 39 years or older with over 16% of the population aged 65 years and over.

Much of the industry is related to agriculture however there is also a variety of businesses and industrial enterprises including government departments, defense, universities, forestry and tourism. The Local Health Network significantly contributes to communities being a preferred employer across a range of clinical and non-clinical roles.

Chief Executive's Year In Review

On the 1 January 2010 the new Murrumbidgee Local Health Network commenced. The first six months of the new organisation have proved a busy and productive time.

The establishment of a Network Board has set the direction for greater local input into health decision making. Murrumbidgee is fortunate that the appointed Board members have a wealth of clinical, business and community expertise. They have a strong commitment to both the continued development of health services in the Network and to working closely with clinicians, local communities and other partner institutions.

The transition to the new Local Health Network has been complex involving dissolving the former Area Health Service and the creation of two new Networks. I would like to express my sincere appreciation to all health service staff, both clinical and non-clinical, who have worked extremely hard over the last six months to ensure our patient services were not affected during the transition as well as helping to progress the establishment of MLHN.

Despite this period of change it is pleasing that there are so many major achievements to report for this period. Foremost is securing the capital funding for the first two stages of the Wagga Wagga Base Hospital (WWBH) Redevelopment. This was a significant event for the health service and communities across MLHN. I would like to acknowledge and thank the community and staff for their unfailing advocacy and support for this project over so many years.

The building program for the WWBH Redevelopment which is assured through to 2016 will see the expansion of mental health inpatient services, new emergency and theatre facilities and the redevelopment of all the acute wards in the hospital. The MLHN is committed to pursuing the remaining funding to complete the project which includes redevelopment of ambulatory care, community health and rehabilitation services. This will ensure WWBH can continue to fulfil its role as a regional referral specialist health service for all people in MLHN.

In addition to the staff and medical officers who work tirelessly caring for patients, there are a number of people I would like to thank for their support during the year. Key among these are the Local Health Service Advisory Councils, Multi Purpose Service Committees, Hospital Auxiliaries and Hospital Volunteers who play such a crucial role in local health care. They act as advocates for services and support local hospitals and community-based services through fundraising. Between January and June 2011, $375,000 was donated to local health services through these groups or by individuals.

Money donated locally is used for the local hospital or specific purpose for which it was donated. Donations are always greatly appreciated and over the last six months these funds have seen a wide range of items acquired for use at local health facilities.

The Board and the new MLHN Executive team are committed to the Local Health Network being the leading provider of rural health care. In 2011-12 we are looking to foster better links with our communities and improve quality and responsiveness of services. The perennial issues of access to health care for rural and remote communities and having sufficient appropriately skilled clinicians to sustain services will require our collective collaboration to resolve.

Susan Weisser, A/ Chief Executive

Key Achievements 2010-11

- Funding of $270 million was secured towards the redevelopment of Wagga Wagga Base Hospital (WWBH). The NSW Government contributed $215 million which was complemented by a Federal contribution of $55.1 million. Other capital works projects included finalisation of the tender for the $13 million Gundagai Multi Purpose Service, start of construction on the $3.2 million Corowa HealthOne and the opening of the $1.16 million upgrade to WWBH renal dialysis unit.
- From January to June, MLHN hospitals provided 6,867 operations, a 2.4% increase on the same period the previous year. MLHN provided 2,044 emergency operations for the six month period, a 6% increase. In our emergency departments, 26,592 (2.1% increase) patients presented to our Base Hospital EDs, and of those, 5,471 (-0.1% decrease) patients were admitted to

wards. MLHN almost achieved the Commonwealth's triple zero targets for booked surgery, with only two extended wait patients remaining at the end of June 2011, compared to 19 cases at June 2010.

- An increase in the recruitment of graduate and overseas trained nurses has reduced the reliance on nursing agency staff. Between January and June, 48 graduate nurses and 12 overseas nurses were recruited.
- The Aboriginal mental health traineeship program built on its previous success with more trainees completing their training and being appointed to permanent mental health practitioner positions.
- The Rural Adversity Mental Health Program continued to provide education to the community about mental illness, raise awareness of mental health problems and encourage pathways to care.
- Communication and community engagement activities included a joint workshop for Local Health Service Advisory Committee and Multi Purpose Service Committee members in Wagga Wagga in March, a Governing Council strategic planning day in Tumut in May and the launch of a new monthly MLHN staff newsletter.
- MLHN introduced NSW Health's Recognition and Management of the Deteriorating Patient policy at all hospital Emergency Departments. This included the roll-out of adult and Paediatric observation charts and online education and training for more than 250 clinical staff. Hand hygiene is improving at MLHN hospitals, with compliance at the end of June 2011 at 72.6%, compared to the State compliance rate of 71.3%.
- A self-care renal dialysis unit was introduced at West Wyalong and funding provided for self-care renal dialysis services at Tumut and Young. Grant funding was received from the Cancer Institute for a Project Officer to undertake planning and community consultation for the establishment of chemotherapy services in Deniliquin.
- Several Occupational Health, Safety and Wellbeing initiatives have resulted in improved management of workers compensation claims and return to work.

Key Planned Activities and Outcomes 2011-12

- **Surgery** – Wagga Wagga Base Hospital is implementing Predictable Surgery Programs which decrease waiting times for patients awaiting surgical procedures. This includes commencing an Acute Surgical Unit in November 2011 will improve patient access to emergency surgery and reduce out of hours surgical procedures.
- **Emergency** – The opening of the Emergency Medicine Unit in January 2012 at Wagga Wagga Base Hospital will improve access to Emergency Department Care and improve outcomes for patients with acute Medical presentations.
- **Models of Care** – Implementation of the Chronic Disease Self Management Support Model across the Local Health District will be a key model of care initiative. Success will be gauged on increasing enrolments in the Connecting Care program and reduced hospital readmissions.
- **Health Reform** – Development and recruitment into the Local Health District Executive structures and transfer of recruitment services back to the District will be a key corporate activity enabling and strengthening local decision making.
- **Planning** – The Local Health District will be working in conjunction with the Ministry of Health to undertake a Gap Analysis in regard to Rehabilitation Models of Care.
- **Palliative Care** – Strategic planning will be undertaken with the Ministry of Health to develop the priorities for Palliative Models of Care for 2012 - 2107.
- **Medicare Local** – Collaboration with the Murrumbidgee Medicare Local regarding the development and implementation of After Hours clinics at selected Rural Hospitals in the Murrumbidgee Local Health District.

Equal Employment Opportunities

Key Achievements 2010-11

- The Network continued to encourage training programs for select groups of staff.
- Programs were developed for the increasing numbers of nursing staff that are from Non-English speaking backgrounds.
- A policy on flexible working hours was under trial for 6 months and the final policy is to be released early in 2011-12.
- A program was developed for Aboriginal prevocational training programs at targeted locations.
- MLHN continued to develop people with disabilities where possible within the capabilities and needs of the organisations framework and policies.

- MLHN Carer Support Program continues to provide information for employees who are carer's regarding entitlements to carer's leave, relevant carer legislation, and other aspects of employment that may impact on caring.
- The MLHN reinforced the NSW Health Code of Conduct. This was part of behaviour awareness training aimed at reinforcing and ensuring staff are aware and responsive to EEO principles.
- Specific statements on EEO were included as part of the ongoing process of Position Description reviews and performance appraisals.

Table 1. Trends in the Representation of EEO Groups[1]

		% OF TOTAL STAFF[2]			
EEO Group	Benchmark or target	2008	2009	2010	2011
Women	50%	0	0	0	87.9%
Aboriginal people and Torres Strait Islanders	2.6%[3]	0	0	0	1.5%
People whose first language was not English	19%	0	0	0	7.8%
People with a disability	N/A[4]	0	0	0	4.0%
People with a disability requiring work-related adjustment[5]	1.1% (2011) 1.3% (2012) 1.5% (2013)	0	0	0	0.8%

Table 2. Trends in the Distribution of EEO Groups[6]

		DISTRIBUTION INDEX[7]			
EEO Group	Benchmark or target	2008	2009	2010	2011
Women	100	0	0	0	91
Aboriginal people and Torres Strait Islanders	100	0	0	0	77
People whose first language was not English	100	0	0	0	110
People with a disability	100	0	0	0	112
People with a disability requiring work-related adjustment	100	0	0	0	120

Note: Information for the above tables is provided by the Workforce Profile Unit, Public Sector Workforce Branch, Department of Premier and Cabinet.
1. Staff numbers are as at 30 June. **2**. Excludes casual staff. **3**. Minimum target by 2015. **4.** Per cent employment levels are reported but a benchmark level has not been set. **5**. Minimum annual incremental target. **6**. A distribution index of 100 indicates that the centre of distribution of the EEO group across salary levels is equivalent to that of other staff. Values less than 100 mean that the EEO group tends to be more concentrated at lower salary levels than is the case for other staff. The more pronounced this tendency is, the lower the index will be. An index of more than 100 indicates that the EEO group is less concentrated at the lower salary levels. **7**. Excludes casual staff.
* EEO survey was conducted in June 2011 elicited a low response rate (22%). A distribution index based on an EEO survey response rate of less than 80% may not be completely accurate.

Government Information (Public Access) Act 2009

Under the *Government Information (Public Access) Act 2009* there is a presumption in favour of the disclosure of government information unless there is an overriding public interest against disclosure.

In the reporting period, three requests for information were received. Two were given full access to the requested information and one was following an extension of the original request was refused access in full. This request was directed to the office of the information commissioner.

Information, as set out in the required form in Schedule 2 of the *Government Information (Public Access) Amendment Regulation 2010*, relating to the access applications made to the Murrumbidgee Local Health Network during 2010-11 is provided below.

Table A. Number of applications by type of applicant and outcome*

	ACCESS GRANTED IN FULL	ACCESS GRANTED IN PART	ACCESS REFUSED IN FULL	INFORMATION NOT HELD	INFORMATION ALREADY AVAILABLE	REFUSE TO DEAL WITH APPLICATION	REFUSE TO CONFIRM OR DENY WHETHER INFORMATION IS HELD	APPLICATION WITHDRAWN
Media	0	0	0	0	0	0	0	0
Members of Parliament	0	0	0	0	0	0	0	0
Private sector business	0	0	0	0	0	0	0	0
Not for profit organisations or community groups	0	0	0	0	0	0	0	0
Members of the public (application by legal representative)	2	0	0	0	0	0	0	0
Members of the public (other)	0	1	1	0	1	0	0	0

*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 application and outcome

	ACCESS GRANTED IN FULL	ACCESS GRANTED IN PART	ACCESS REFUSED IN FULL	INFORMATION NOT HELD	INFORMATION ALREADY AVAILABLE	REFUSE TO DEAL WITH APPLICATION	REFUSE TO CONFIRM OR DENY WHETHER INFORMATION IS HELD	APPLICATION WITHDRAWN
Personal information applications#	1	1	1	0	1	0	0	0
Access applications (other than personal information applications)	1	0	0	0	0	0	0	0
Access applications that are partly personal information applications and partly other	0	0	0	0	0	0	0	0

A personal information application is an access application for personal information (as defined in Clause 4 of Schedule 4 of the Act) about the applicant (the applicant being an individual).

Table C. Invalid applications

REASON FOR INVALIDITY	NUMBER OF APPLICATIONS
Application does not comply with formal requirements (section 41 of the Act)	0
Application is for excluded information of the agency (section 43 of the Act)	0
Application contravenes restraint order (section 110 of the Act)	0
Total number of invalid applications received	0
Invalid applications that subsequently became valid applications	0

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	0
Cabinet information	0
Executive Council Information	0
Contempt	0
Legal professional privilege	0
Excluded information	0
Documents affecting law enforcement and public safety	0
Transport safety	0
Adoption	0
Care and protection of children	0
Ministerial code of conduct	0
Aboriginal and environmental heritage	0

* 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	1
Law enforcement and security	0
Individual rights, judicial processes and natural justice	1
Business interests of agencies and other persons	0
Environment, culture, economy and general matters	0
Secrecy provisions	1
Exempt documents under interstate Freedom of Information legislation	0

Table F. Timelines

	NUMBER OF OCCASIONS WHEN APPLICATION NOT SUCCESSFUL
Decided within the statutory timeframe (20 days plus any extensions)	3
Decided after 35 days (by agreement with applicant)	0
Not decided within time (deemed refusal)	0
Total	3

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	0	0	0
Review by Information Commissioner*	0	0	0
Internal review following recommendation under section 93 of Act	0	0	0
Review by ADT	0	0	0
Total	0	0	0

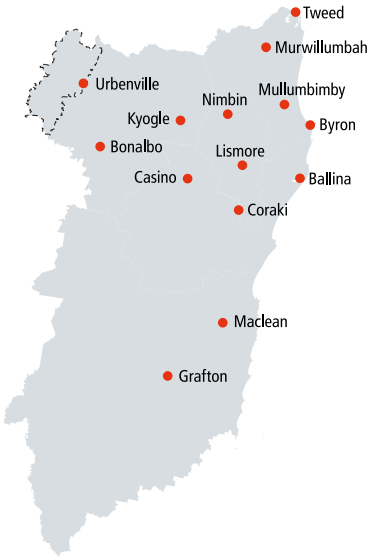
*The Information Commissioner does not have the authority to vary decisions, but can make recommendations to the original decision-maker. The data in this case indicates that a recommendation to vary or uphold the original decision has been made by the Information Commissioner.

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)	0

Northern NSW

Local Health Network



Hunter Street, Lismore
Locked Mail Bag 11
Lismore NSW 2480

Telephone: 6620 2100

Facsimile: 6620 7088

Website: www.ncahs.nsw.gov.au

Business Hours: 8.30 am - 5.00 pm, Monday to Friday

Chief Executive: Chris Crawford

Local Government Areas

Ballina, Byron, Clarence Valley, Kyogle, Lismore, Richmond Valley and Tweed.

Public Hospitals

Ballina District Hospital
Bonalbo Health Service
Byron District Hospital
Casino and District Memorial Hospital
Grafton Base Hospital
Kyogle Memorial Multi Purpose Service
Lismore Base Hospital
Maclean District Hospital
Mullumbimby and District War Memorial Hospital
Murwillumbah District Hospital
Nimbin Multi Purpose Service
The Campbell Hospital, Coraki
The Tweed Hospital
Urbenville Multi Purpose Service

Community Health Centres

Alstonville Community Health Centre
Ballina Community Health Centre
Bangalow Community Health Centre
Banora Point Community Centre
Bonalbo Community Health Centre
Byron Community Health Centre
Casino Community Health Centre
Coraki Community Health Centre
Evans Head Community Health Centre
Grafton Community Health Centre
Iluka Community Health Centre
Kingscliff Community Health Centre
Kyogle Community Health Centre
Lismore Adult Health Centre
Maclean Community Health Centre
Mullumbimby Community Health Centre
Murwillumbah Community Health Centre
Nimbin Community Health Centre
Tweed Heads Community Health Centre
Urbenville Community Health Centre

Child and Family Health

Lismore Child and Family Health

Oral Health Clinics

Lismore

Other Services

Aboriginal Chronic Care
Aged Care Assessment Team
Area Dental Office
Area Drug and Alcohol Service
Bugalwena
Bulgarr Ngaru Aboriginal Medical Service
Casino Aboriginal Medical Service
Grafton Pharmacotherapy Unit
Gurgun Bulahnggelah
Jali Health Post
Maclean Community Health Centre
Muli Muli Health Post Urbenville
Riverlands
Tabulam Health Post
Tweed Valley Drug and Alcohol Service

Demographic Summary

Northern NSW Local Health Network (LHN) covers an area of 21,470 square kilometres from the Clarence Valley Local Government Area (LGA) in the south to the Tweed LGA in the north. The Northern NSW LHN shares its northern border with Queensland, its southern border with Mid North Coast LHN and its western border with Hunter New England LHN.

Northern NSW LHN comprises a total of 13 statistical local areas (SLAs), seven local government areas (LGAs) and the Urbenville part of Tenterfield LGA. The Network is divided into two Health Service Groups and in 2006 had an estimated population of 280,708. It is also acknowledged Queensland residents access services in the Tweed Valley however, for the purposes of this document this population is not included in the Tweed Byron Health Service Group population. When planning for specific services for the Network however, consideration is given to this population and its utilisation of services at Tweed.

Northern NSW LHN is one of the fastest growing rural and remote LHNs in NSW. In 2006 the estimated residential population of Northern NSW LHN was 280,708 and this is projected to increase by 12.2% to 314,957 by 2016 and by 18% (331,839) by 2021. This represents a slightly higher growth rate than the NSW average growth rate from 2006- 2021 (17%).

Population density has been calculated with the total for Northern NSW LHN being 13 residents per square km.

Growth will be predominantly in coastal areas, with the highest growth levels predicted for the Tweed Byron Network at 1.9% per annum between 2006 and 2011. The population of inland centres is expected to decline slightly. The LGAs with the highest projected annualised growth are Tweed (2.0%), Byron (1.4%) and Ballina (1.4%).

In 2006 the proportion of the population aged 0–14 years in Northern NSW LHN was 19.4%, which is similar to the NSW average (19.6%). In the same year the LHN had a lower proportion of people aged 15-44 years (35.6%) compared to NSW (42.4%), and a larger proportion of people aged 45-64 years (32.8% in Northern NSW LHN compared to 28.4% in NSW). Northern NSW LHN also had a larger proportion of people aged 65 years and over, at 17.8% of the total population compared to NSW (13.5%).

People aged over 65 comprise the fastest growing segment of the Northern NSW LHN population. It is predicted that this age group will have increased to 19.1% (56,904) in 2011, to 21.5% (67,860) by 2016, and 24.1% (79,940) of the Northern NSW LHN population by 2021.

The 45-64 age group is also projected to slightly increase from 32.8% (91,944) in 2006 to 35% (110,349) by 2016 but is projected to then drop to 34.3% (113,782) by 2021.

In 2006 3.7% of the total population of the Northern NSW LHN or 10,380 persons were registered as Aboriginal and this population is expected to grow to10,988 by 2011 and to remain at 3.7% of the total population of the Northern NSW LHN. This represents a 6% growth between 2006 and 2011. The LGAs with the highest proportion of Aboriginal people are Kyogle (6.5%) and Richmond Valley (6%), followed by Clarence Valley (5.1%), Lismore (4%) and Tweed and Ballina (3%).

Aboriginal communities have higher proportions of children and young people and lower proportions of older people than non-indigenous communities. Children aged less than 15 make up 39% of Aboriginal and Torres Strait Islander communities in Northern NSW, compared to 19% for the population as a whole. Approximately half (50%) of the Northern NSW Aboriginal population is aged less than 20. In 2006, people aged 45years and over made up 18% of the Aboriginal population of Northern NSW LHN and 3.2% of the Aboriginal population were aged 65 years and over.

In 2006, 10.1% of the Northern NSW LHN population was born overseas (28,400 residents), this proportion is less than half of the NSW average (23.8%).The highest proportions of overseas-born residents were in Byron (16.2%) and Tweed (14.3%) LGAs followed by Ballina (8.7%), Kyogle (8.5%) and Lismore (8.5%) LGAs. Clarence Valley (6.8%) and Richmond Valley (5%) LGAs had the lowest proportions of overseas-born residents.

Economic status is closely associated with health and wellbeing. People who are economically disadvantaged experience poorer health than economically advantaged people. Northern NSW LHN is one of the most disadvantaged LHNs in NSW with all LGAs within the Network scoring lower than the NSW average on most measures of socio-economic status. The overall level of socio-economic disadvantage contributes to higher than average levels of health problems in the community and demand for services in Northern NSW.

Chief Executive's Year In Review

As we embarked on the transition to the Northern NSW Local Health Network on 1 January 2011, I began by thanking all the employees of the former North Coast Area Health Service (NCAHS), who had shown a tremendous commitment and dedication to their roles over the previous six years to provide high quality care and services to our patients and clients. In particular,

I acknowledge the dedicated work of those Staff whose services were transferred to the Health Reform Transition Organisation Northern, including Public Health, Health Promotion, Planning and Capital Works.

I was honoured to be appointed the Chief Executive of the Northern NSW Local Health Network and congratulated Ms Hazel Bridgett, who was appointed Chair of the Governing Council and its other initial members: Ms Debbie Monaghan, Ms Rosie Kew, Ms Leonie Craydon, Prof. Lesley Barclay, Mr Robert Thompson, Mr Ron Bell, Mr David Frazer and Doctors Austin Curtin and Brian Pezzuttii, and subsequent appointee Dr David Hodgson.

The Governing Council moved quickly to approve the new Executive organisational structure thus ensuring stability and certainty for the corporate aspect of our Local Health Network. This comprised seven Executive Director positions being Director of Clinical Governance, Director of Finance, Director of Nursing and Midwifery, Executive Medical Director, Executive Allied Health Director and Executive Directors of the Richmond Clarence and Tweed/Byron Health Service Groups. Together, with the Chief Executive, these Executive Directors constitute the Executive.

As well as clinical service provision, the restructure of the former NCAHS has been a priority with good progress being made to implement a smooth and streamlined transition to the new Northern NSW Local Health Network. The sharing and splitting of services of the former NCAHS between the Mid North Coast Local Health Network and Northern NSW Local Health Network is being steadily advanced.

A major achievement for the Network is the completion of the Grafton Base Hospital (GBH) Stage One Redevelopment, being the Emergency Department (ED) and Surgical Services upgrades with funding for these being provided by the Federal Government. The new ED has a modern waiting area; reception and triage areas; 10 treatment bays; larger resuscitation area and work spaces, tutorial room and offices. The new Surgical Services area contains three new operating theatres, post-operative recovery, sterilisation department, admissions and waiting list offices, preoperative clinic and day procedures unit. I acknowledge the significant contribution of Dr Alan Tyson, GBH Medical Staff Council Chair, who this year received an Australia Day Award for his tireless work in advocating to secure these improved emergency and surgical services at GBH.

The North Coast Cancer Institute Lismore Centre's second Linear Accelerator is currently being installed and preliminary work has been underway in preparation for major building works to accommodate a new MRI and PET/CT scanner at Lismore Base Hospital, which will be installed in mid 2012. A new Radiation Oncology Specialist commenced duties in March 2011 to support existing Staff and to assist in meeting the growing demand for cancer services in this region. This high quality facility has made it possible for many more patients to have their cancer treatments closer to home.

A Murwillumbah Satellite Oncology Unit and Consultation Rooms opened earlier this year allowing patients and their families living in the Murwillumbah district to receive some cancer treatments locally. Studies have demonstrated cancer rates on the North Coast and generally in rural areas are higher than in urban areas and in particular the Northern NSW LHN has the highest melanoma rate in NSW.

Work has nearly been completed on the Maclean District Hospital Emergency Department (ED) development funded by a bequest from the Estate of the late Mr and Mrs Fairweather at a cost of $1.43 million. This new more functional ED will be of great benefit to the residents of the Lower Clarence. The Executors of the bequest played an integral role in the project.

The Tweed Hospital Outpatients Department was completed in March 2011. The Outpatients Department was constructed in a vacant ground floor shell of the Clinical Education Building adjacent to the main hospital entry. The area had been earmarked for an Outpatients Department since 2008 when the Clinical Education Building was constructed. NCAHS obtained $200,000 in capital works funding from NSW Health under the Rural Health Minor Works program to undertake the fit out of this building shell. Thanks go to the generous donations of the Tweed Twin Towns Services Community Foundation Limited, which donated $200,000 and The Tweed Hospital Auxiliary, which donated $100,000 to enable completion of the Outpatients Department to a high standard.

Throughout the year our Staff in their various roles, have enthusiastically worked on raising public awareness by promoting good heath through such activities as Heart Week, Kidney Awareness Week, Speech Pathology, Quit Smoking, Oral Health, Organ Donation and the Stay Active Stay on Your Feet program, to name a few. The Tweed Hospital held a fantastic Go Red for National Heart Foundation Australia with Staff dressing in red for the day. Keeping our local residents well and enjoying a good quality of life is considered an important responsibility of the Network.

Finally, I extend a sincere thank you to our extraordinary volunteers and supporters, whose contribution cannot be measured. Our volunteers work tirelessly behind the scenes, including the Hospital Auxiliaries tremendous efforts to raise funds for our patients comfort and care. The contribution of the many clubs and other organisations, and the many other volunteers, who visit and support our patients in hospital, is greatly appreciated.

Christopher Crawford, Chief Executive

Key Achievements 2010-11

- Grafton Redevelopment Stage 1 (ED and Surgical Services) - The project involved a new and expanded Emergency Department and Ambulance bay and a new and expanded Surgical Services unit with three Operating Theatres. The Project was managed by Health Infrastructure and the builder was Lahey Constructions.
- The Tweed Hospital Outpatients Department - The new Outpatients Department has a floor area of 350 square metres and has nine Consultation Rooms, a Plaster Room, Treatment Room, Reception and Records, Nurse Unit Manager Office, Staff Room and a Waiting Area. The new Outpatients Department opened in March 2011.
- The Tweed Hospital Specialist Enhancement - New appointments were made in the Ear, Nose and Throat, General Surgery; Haematology and Anatomical Pathology Specialities.
- Ballina Dental Clinic expansion - The Ballina Dental unit was expanded from a three Chair Unit to a fully compliant seven Chair Dental Student Education Unit. This new Unit now provides Dental Training and Education locally on the North Coast of NSW, which is expected to assist in attracting and retaining Dentists and Specialist Support Staff to the region.
- Helping to Close the Gap – a new Aboriginal and Torres Strait Islander Cultural Awareness Training Program, which is conducted by Aboriginal Health Promotion Staff has proved successful throughout the year. The Program aims and objectives are to improve the care experiences for Aboriginal people, when accessing health services.
- Aboriginal Maternal Infant Health Strategy (AMIHS) - Established consistent data reporting for AMIHS utilising ObstetriX and the Brighter Futures program in 2011. AMIHS has been involved in the 'Stop Smoking in its Tracks' research for Aboriginal pregnant women and the 'Smokefree' pregnancy program.
- BreastScreen service implemented a Statewide BreastScreen Information System - a hybrid electronic medical record. BreastScreen is now fully digital and all images are sent to a Picture Archiving and Communicating System located in the Cancer Institute in Sydney BreastScreen.
- The Stepping On is a falls prevention program which has been very successful on the North Coast. The Statewide roll-out commenced on the North Coast over two years ago and has been well received by the community. In 2010-11, 24 groups with almost 400 residents participated across 16 towns in Northern NSW with results like this: "After I came out of hospital I could hardly walk, I used a walker to get around. *Stepping On* changed this for me and now I can walk without my walking aide."
- Three Nurse Practitioner positions were recruited to assist with our work in the area of chronic and complex care with two more transitioning Nurse Practitioners achieving endorsement.
- Connecting Care Program - NNSW LHN established a system that enables General Practitioners (GP) to send electronic patient summaries from their GP practice management software directly to a local ED or to the Connecting Care team. In 2011 this commenced at Lismore Base and Nimbin Hospitals, with expansion planned for the coming year.
- Strong Smiles Program – Oral Health is fundamental to overall health, wellbeing and quality of life. To address this important issue, North Coast Health Promotion, Department of Family and Community Services and North Coast Oral Health joined forces and developed resources for Parents and Services, which include DVD, Poster and fridge magnets. The DVD includes messages delivered by local families.

Key Planned Activities and Outcomes 2011-12

- Lismore Base Hospital Radiology Service – work is being completed to introduce new PET/CT and MRI services.
- Grafton Base Hospital Stage 2 - undertaken including new Medical Imaging Department and extra Orthopaedic Surgery beds.
- Lismore Base Hospital Stage 3 - planning to be advanced.
- Maclean Hospital Emergency Department - development completed.
- The Tweed Valley Radiology upgrade - a new MRI Scanner and 128 Slice CT Scanner at The Tweed Hospital and a new CT Scanner at the Murwillumbah Hospital will be implemented as part of a new Radiology Services contract.
- Maclean Hospital Rehabilitation and Palliative Care beds - will be developed.
- Ballina District Hospital - construction of a new two story multi-disciplinary clinical teaching and student accommodation facility on site, which will provide education and training locally.
- Byron Shire Central Hospital - planning to be undertaken.

- Student Accommodation – construction will commence to refurbish existing buildings to increase accommodation capacity for clinical students at Murwillumbah District and Grafton Base Hospitals.
- Pottsville Health One Centre - will be developed.

Equal Employment Opportunities

Key Achievements 2010-11

The implementation of the new Human Resource Information System (Staff Link) neared completion.

A base line survey on workplace bullying and harassment was complemented with the implementation of Positive Workplace Behaviour E-learning package that focused on defining positive workplace behaviour; effects of workplace behaviour; and some practical ways to achieve positive workplace culture through positive communication and attitude.

E-Learning continued to become stronger with an increased number of online courses available, enabling all staff to complete their mandatory training requirements online.

Major policies/programs and their outcomes during the reporting period accounted for planned outcomes set in the previous year:

- Development of an accessible e-leaning Cross-Cultural Awareness program designed to support the non Aboriginal workforce in contributing both to the delivering of a more culturally appropriate service and the creation of a more culturally sensitive workplace. This program is an adjunct to the existing face to face cross-Cultural Awareness program that is delivered across the area.
- Supporting two Aboriginal people to undertake placement in the Australian College of Health Service Executives (ACHSE), a two year Masters of Health Service Management Program. The students are supported with placements, salary, mentoring and will be hosted by Northern NSW Local Health Network for the entire two year program.
- The development of an accessible e-learning program targeting the whole of workforce and designed to support staff in identifying and addressing inappropriate workplace behaviours such as discrimination and harassment.
- The development of a school based training program with a priority focus on filling the placements with Aboriginal and Torres Strait Islander.
- The Co-ordination and support of Aboriginal Health Education Officers in obtaining VET sector qualifications in recognition of existing skills and experience.
- The development and implementation of a cultural/ communication workshop in conjunction with North Coast GP Training, to support the induction and integration of International Medical Graduates.
- A range of recruit strategies to actively recruit from the EEO groups. For example, a review of Health Services Vacancies and completion of pre-employment workplace modifications as required.

Key Planned Activities and Outcomes 2011-12

Major activities and outcomes planned for the following year.

- Development of strategies to support EEO groups and initiatives in the transition to Local Health Districts.
- Improvement of existing EEO strategies.

Table 1. Trends in the Representation of EEO Groups[1]

		% OF TOTAL STAFF[2]			
EEO Group	Benchmark or target	2008	2009	2010	2011
Women	50%	0	0	0	75.8%
Aboriginal people and Torres Strait Islanders	2.6%[3]	0	0	0	2.3%
People whose first language was not English	19%	0	0	0	3.7%
People with a disability	N/A[4]	0	0	0	3.8%
People with a disability requiring work-related adjustment[5]	1.1% (2011) 1.3% (2012) 1.5% (2013)	0	0	0	1.0%

Table 2. Trends in the Distribution of EEO Groups[6]

		DISTRIBUTION INDEX[7]			
EEO Group	Benchmark or target	2008	2009	2010	2011
Women	100	0	0	0	96
Aboriginal people and Torres Strait Islanders	100	0	0	0	72
People whose first language was not English	100	0	0	0	115
People with a disability	100	0	0	0	104
People with a disability requiring work-related adjustment	100	0	0	0	109

Note: Information for the above tables is provided by the Workforce Profile Unit, Public Sector Workforce Branch, Department of Premier and Cabinet.
1. Staff numbers are as at 30 June. **2**. Excludes casual staff. **3**. Minimum target by 2015. **4.** Per cent employment levels are reported but a benchmark level has not been set. **5**. Minimum annual incremental target. **6**. A distribution index of 100 indicates that the centre of distribution of the EEO group across salary levels is equivalent to that of other staff. Values less than 100 mean that the EEO group tends to be more concentrated at lower salary levels than is the case for other staff. The more pronounced this tendency is, the lower the index will be. An index of more than 100 indicates that the EEO group is less concentrated at the lower salary levels. **7**. Excludes casual staff.
* EEO survey was conducted in June 2011 elicited a low response rate (22%). A distribution index based on an EEO survey response rate of less than 80% may not be completely accurate.

Government Information (Public Access) Act 2009

The *Government Information (Public Access) Act 2009* (GIPA Act) creates new rights to information that are designed to meet community expectations of more open and transparent government.

The Northern NSW Local Health Network (NNSWLHN) has only reported on the period 1 January 2011 to 30 June 2011 for the required GIPA report given the transition from Area Health Services to Local Health Networks during the financial year 2010-11.

During this period, the NNSWLHN received four new requests for information under the GIPA Act. Of the four applications to be processed, three were personal applications and were granted full access and one was determined as no documents held.

During the past financial year, there have been various issues relevant to GIPA applications. A number of applications were for personal medical records that were withdrawn, and then re submitted under the *Health Records and Information Privacy Act 2002* (NSW). The Network also provided considerable assistance and advice to applicants, including the re-scoping of a significant number of GIPA applications. This assistance has considerably reduced the amount of new GIPA applications.

Information, as set out in the required form in Schedule 2 of the *Government Information (Public Access) Amendment Regulation 2010*, relating to the access applications made to the Northern NSW Local Health Network during 2010-11 is provided below.

Table A. Number of applications by type of applicant and outcome*

	ACCESS GRANTED IN FULL	ACCESS GRANTED IN PART	ACCESS REFUSED IN FULL	INFORMATION NOT HELD	INFORMATION ALREADY AVAILABLE	REFUSE TO DEAL WITH APPLICATION	REFUSE TO CONFIRM OR DENY WHETHER INFORMATION IS HELD	APPLICATION WITHDRAWN
Media	1	0	0	0	0	0	0	0
Members of Parliament	0	0	0	0	0	0	0	0
Private sector business	0	0	0	0	0	0	0	0
Not for profit organisations or community groups	0	0	0	0	0	0	0	0
Members of the public (application by legal representative)	0	0	0	0	0	0	0	0
Members of the public (other)	1	0	0	0	0	0	0	0

*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 application and outcome

	ACCESS GRANTED IN FULL	ACCESS GRANTED IN PART	ACCESS REFUSED IN FULL	INFORMATION NOT HELD	INFORMATION ALREADY AVAILABLE	REFUSE TO DEAL WITH APPLICATION	REFUSE TO CONFIRM OR DENY WHETHER INFORMATION IS HELD	APPLICATION WITHDRAWN
Personal information applications#	1	0	0	0	0	0	0	0
Access applications (other than personal information applications)	0	0	0	0	0	0	0	1
Access applications that are partly personal information applications and partly other	0	0	0	0	0	0	0	0

A personal information application is an access application for personal information (as defined in Clause 4 of Schedule 4 of the Act) about the applicant (the applicant being an individual).

Table C. Invalid applications

REASON FOR INVALIDITY	NUMBER OF APPLICATIONS
Application does not comply with formal requirements (section 41 of the Act)	0
Application is for excluded information of the agency (section 43 of the Act)	0
Application contravenes restraint order (section 110 of the Act)	0
Total number of invalid applications received	0
Invalid applications that subsequently became valid applications	0

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	0
Cabinet information	0
Executive Council Information	0
Contempt	0
Legal professional privilege	0
Excluded information	0
Documents affecting law enforcement and public safety	0
Transport safety	0
Adoption	0
Care and protection of children	0
Ministerial code of conduct	0
Aboriginal and environmental heritage	0

* 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	0
Law enforcement and security	0
Individual rights, judicial processes and natural justice	0
Business interests of agencies and other persons	0
Environment, culture, economy and general matters	0
Secrecy provisions	0
Exempt documents under interstate Freedom of Information legislation	0

Table F. Timelines

	NUMBER OF OCCASIONS WHEN APPLICATION NOT SUCCESSFUL
Decided within the statutory timeframe (20 days plus any extensions)	3
Decided after 35 days (by agreement with applicant)	1
Not decided within time (deemed refusal)	0
Total	4

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	0	0	0
Review by Information Commissioner*	0	0	0
Internal review following recommendation under section 93 of Act	0	0	0
Review by ADT	0	0	0
Total	0	0	0

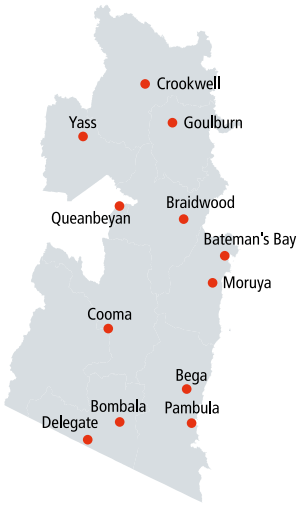
*The Information Commissioner does not have the authority to vary decisions, but can make recommendations to the original decision-maker. The data in this case indicates that a recommendation to vary or uphold the original decision has been made by the Information Commissioner.

Table H. Applications for review under Part 5 of the Act (by type of applicant)

	NUMBER OF APPLICATIONS FOR REVIEW
Applications by access applicants	0
Applications by persons to whom information the subject of access applications relates (see section 54 of the Act)	0

Southern NSW

Local Health Network



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Queanbeyan NSW 2620

Telephone: 6128 9777

Facsimile: 6299 6363

Website: www.health.nsw.gov.au/snswlhn/index.asp

Business Hours: 8.30 am - 5.00 pm, Monday to Friday

Chief Executive: Dr Maxwell Alexander

Local Government Areas

Bega Valley, Bombala, Cooma-Monaro, Eurobodalla, Greater Mulwaree, Palerang, Queanbeyan, Snowy River, Yass Valley.

Public Hospitals

Batemans Bay District Hospital
Bega District Hospital
Bombala Multi-Purpose Service
Bourke Street Health Service
Braidwood Multi-Purpose Service
Cooma Hospital
Crookwell Hospital
Delegate Multi-Purpose Service
Goulburn Hospital
Kenmore Hospital
Moruya District Hospital
Pambula District Hospital
Queanbeyan District Health Service
Yass District Hospital

Community Health Centres

Bega Valley Community Health Centre
Captains Flat Community Health Centre
Cooma Community Health Centre
Crookwell Community Health Centre
Eden Community Health Centre
Eurobodalla Community Health Centre
Goulburn Community Health Centre
Jindabyne Community Health Centre
Karabar Community Health Centre
Narooma Community Health Centre
Queanbeyan Community Health Centre
Talbingo Community Health Centre
Yass Community Health Centre

Child and Family Health

Child and Family Services are provided at all Southern NSW Local Health Network Community Health Centres.

Oral Health Clinics

Cooma
Goulburn
Moruya
Pambula
Queanbeyan
Yass

Other Services

Aboriginal Health
BreastScreen
Child Protection
Chronic Care
Community Acute Post Acute Care (CAPAC)
Community Nursing
Drug and Alcohol
Mental Health
Sexual Health
Violence, Abuse, Neglect and Sexual Assault

Demographic Summary

The Southern NSW Local Health Network (SNSWLHN) occupies the south-eastern corner of NSW, and provides community and hospital care for a population of nearly 200,000 (195,000). The population is expected to grow by 14% to 224,000 by 2021. In 2006 53% of all residents in SNSWLHN were aged 25 years or older. Young adults (15-24) account for proportionately less, 11% versus 14% for the NSW. Older adults (aged older than 64 years

account for relatively more, 17% versus 15% for NSW. Between 2011 and 2021, the fastest growing age groups in the SNSWLHN will be the 65-74 age group (+47%), followed by the 75-84 year olds (+46%), and the 85 years and over age group (+45%).

SNSWLHN is made of 10 Local Government Areas (LGAs). It extends from the Southern Tablelands down to the Snowy Mountains and the far South Coast of NSW. Parts of its eastern perimeter border the Australian Capital Territory. Much of the industry is related to agriculture. There is also a variety of other industries including in construction and manufacturing as well as an extensive tourism and hospitality industry.

Chief Executive's Year In Review

Southern NSW Local Health Network was established in January 2011 after the Greater Southern Area Health Service was split into two distinct entities, being SNSWLHN and Murrumbidgee Local Health Network. During the first half of this year as relatively new organisation SNSWLHN is finding its way, with the executive team being assembled and the required supporting functions being gradually established.

On 1 July 2011 the Local Health Networks become Local Health Districts. The SNSWLHN's peak governance group, the Governing Council becomes the Southern NSW Local Health District Board. As the Government's stated intention expressed in its enabling legislation is for Local Health Districts to drive decision making to the local level, our strategic priority has been to make this a reality in the shortest time frame possible. As a consequence we have spent considerable focus and resources towards improving and deepening our engagement with all stakeholders in the communities which make up the region we serve.

During this time of transition we have never lost sight that our primary mission is to provide safe and quality healthcare services to the people who reside within the region. I wish to thank all members of our staff clinical or otherwise, whose daily responsibility it is to serve those people across the region in need of high quality public healthcare. Without your dedication and skill, safe and quality healthcare would remain an aspiration rather than a reality for those people.

I also wish to express my sincere appreciation to the many volunteers from across the region who give of their time so generously. People are involved in a range of important activities. Some have chosen to facilitate better engagement between the health service network and the community by becoming members of their Local Area Health Advisory Committees. Others have chosen to raise funds to provide additional equipment, fittings and furniture for the various health facilities across the region. Not only do these people provide a more comfortable environment for patients and carers, they also deepen the bonds between our health service and the local communities it serves.

It was evident to me that as the year progressed our health network gained increasing trust and understanding from the communities it serves. This provides us with a strong platform to not only deliver safe and quality health services but also to resolve the more complex health challenges that communities face. Our future growth as an organisation is dependent on decision making being highly effective at the local level. This cannot be achieved without a health service becoming deeply embedded in the local communities that it serves. As a consequence our strategic focus for next year will continue to be on improving and deepening our engagement with our community stakeholders across the region.

Dr Maxwell Alexander, Chief Executive

Key Achievements 2010-11

- In 2010-11 SNSWLHN provided around 11,978 operations (a decrease of 4% on 2009-10). Of the two types of surgery (booked and emergency) in 2010-11 SNSWLHN provided 2,103 emergency operations (-3% on 2009-10) and 10,305 elective operations (-4% on 2009-10). In 2010-11 in our Emergency Departments across the LHN 110,115 patients were attended initially in Emergency Departments (-0.1% on 2009-10) and of those 13,919 were admitted to wards (+3.4% on 2009-10).
- SNSWLHN was close to achieving the Commonwealth triple zero targets for booked surgeries, with only a very small number of outstanding cases remaining. Achievement of the Commonwealth's target was important because it means that not only have all patients' booked surgeries been completed, but that patients are receiving their care in a timely manner.
- The Network had two finalists in the NSW Health quality (Baxter) awards. The first titled 'Volunteers Improving Person-Centred Dementia Care In A Rural Hospital' and the second titled 'Memory Morning Tea' an innovative support initiative.
- A significant increase in the number of women receiving antenatal care before 20 weeks, with an 8.6% increase in clients accessing the Aboriginal Maternal and Infant Health Strategy services. There has also been a decrease in the use of drugs, alcohol and tobacco amongst pregnant women who access the service.
- Programs to improve culture, specifically bullying and harassment, have been instituted at several of our facilities.

- SNSWLHN has embarked upon an extensive program of transparent and collaborative engagement with communities across the health network. Governing Council meetings have been held with Local Health Advisory Committees and other community groups.
- Positive community discussions have begun with local interest groups and politicians about the future of Pambula Hospital. A fresh collaborative relationship with Save Our Hospital Inc. (SOHI) has begun, something not achieved over many years.
- SNSWLHN received $170 million ($160 million Federal and $10 million State) in funds to redevelop Bega Valley Regional Health facility. A joint project plan has been agreed with Health Infrastructure Group.
- Facility upgrades at Goulburn Hospital Emergency department and Operating Theatres have been completed.
- SNSWLHN has initiated governance discussions with ACT Health on how our two organisations might work together in a partnership in the spirit of national health reforms.
- Strong links with ANU for the education of medical students and general practice training at our local facilities has already begun.

Key Planned Activities and Outcomes 2011-12

- Funding in the State budget to employ 14 more nurses by June 2012 at hospitals across the health network. The goal is to support a reasonable workload for nurses and midwives and provide enhanced patient care. SNSWLHN will employ an additional two Clinical Nurse/Midwife Educators within the network to support nurses caring for their patients.
- There will be activity to increase surgery across the region over the next year. One initiative will be to increase cataract surgery at Pambula Hospital to improve waiting times. In the same vein we have received funding to employ a Rural Surgery Fellow from 2012 to increase capacity for planned surgery and improve waiting times.
- A commitment has been made from NSW Health through Federal Government funding to develop two 20-bed rehabilitation units at Goulburn and Moruya.
- In terms of capital works we have received additional funding for continuation of planning works for South East Regional Hospital, Bega. In addition funding has been received to enhance the existing Multipurpose Service at Braidwood.
- Over the next year will continue to enhance our regions renal dialysis services. Significant funding has been received to upgrade the services at Cooma, and to complete the enhancement of renal dialysis services at the Queanbeyan Hospital. This will build on the strong renal service links SNSWLHN has developed with the ACT including clinical governance oversight of Goulburn, and Queanbeyan when the capital development for the renal dialysis satellite unit is completed in late 2011.

Equal Employment Opportunities

Southern NSW Local Health Network has updated its implementation plan for the 2008-2012 EEO Management Plan. The implementation plan is addressed to all SNSWLHN managers and the Workforce Development Unit and describes strategies to achieve the designated EEO outcomes of:

- A sound information base. A key implementation strategy is the current development of a staff survey to be carried out later in 2011 and promoting EEO principles to all staff.
- Employees' views are heard. The key strategy is inclusion of an EEO standing agenda item on the Joint consultative committee meeting agenda.
- EEO outcomes are included in agency planning. EEO and diversity management issues will be included in all planning templates.
- Fair policies and procedures, and a workplace culture displaying fair practices and behaviours.
- Needs-based programs for EEO groups, and improved employment assess and participation by EEO groups. Key strategies include the identification of positions across the Local Health Network suitable for cadetships/traineeships for employees from EEO groups, and the encouragement of EEO target group employees to have the opportunity to participate in leadership and management development programs.
- Managers and employees are informed, trained and accountable for EEO.
- A diverse and skilled workforce.

Key Achievements 2010-11

Southern NSW Local Health Network is committed to Equal Employment Opportunities (EEO) with the following key Programs continuing to be progressed.

- EEO training and policy are addressed within training programs conducted at LHN level, including Management in Practice training.

- The Network continued to encourage training programs for select groups of our network staff.
- Aboriginal cultural awareness training has been accessed from Western Australia in e-learning format until NSW Health program is made available.
- Programs have been developed for the increasing numbers of nursing staff that are from Non-English speaking backgrounds.
- Policy on flexible working hours has been under trial for six months and the final policy is to be released within the next six months.
- An Aboriginal prevocational training program has been developed in partnership with Riverina TAFE providing career pathways for health and community services.
- SNSWLHN continued to develop people with disabilities within the capabilities and needs of the organisations framework and policies.
- SNSWLHN Carer Support Program continued to provide information for employees who are carers regarding entitlements to carers leave, relevant carer legislation, and other aspects of employment.
- SNSWLHN reinforced the NSW Health Code of Conduct. This was part of behaviour awareness training aimed at reinforcing and ensuring staff are aware and responsive to EEO principles.
- EEO Statements were included in the ongoing process of Position Description reviews and performance appraisals.

Key Planned Activities and Outcomes 2011-12

- SNSWLHN is in the process of developing an Aboriginal Workforce Development program to align with NSW Health PD 2011_48 Good health –great jobs.
- SNSWLHN will develop an EEO Management plan relevant to the new organisation in 2011-12.
- Implementation of NSW Health Aboriginal cultural awareness training.

Table 1. Trends in the Representation of EEO Groups[1]

		% OF TOTAL STAFF[2]			
EEO Group	Benchmark or target	2008	2009	2010	2011
Women	50%	0	0	0	84.6%
Aboriginal people and Torres Strait Islanders	2.6%[3]	0	0	0	2.7%
People whose first language was not English	19%	0	0	0	8.5%
People with a disability	N/A[4]	0	0	0	6.4%
People with a disability requiring work-related adjustment[5]	1.1% (2011) 1.3% (2012) 1.5% (2013)	0	0	0	2.4%

Table 2. Trends in the Distribution of EEO Groups[6]

		DISTRIBUTION INDEX[7]			
EEO Group	Benchmark or target	2008	2009	2010	2011
Women	100	0	0	0	94
Aboriginal people and Torres Strait Islanders	100	0	0	0	86
People whose first language was not English	100	0	0	0	116
People with a disability	100	0	0	0	98
People with a disability requiring work-related adjustment	100	0	0	0	102

Note: Information for the above tables is provided by the Workforce Profile Unit, Public Sector Workforce Branch, Department of Premier and Cabinet.
1. Staff numbers are as at 30 June. **2**. Excludes casual staff. **3**. Minimum target by 2015. **4.** Per cent employment levels are reported but a benchmark level has not been set. **5**. Minimum annual incremental target. **6**. A distribution index of 100 indicates that the centre of distribution of the EEO group across salary levels is equivalent to that of other staff. Values less than 100 mean that the EEO group tends to be more concentrated at lower salary levels than is the case for other staff. The more pronounced this tendency is, the lower the index will be. An index of more than 100 indicates that the EEO group is less concentrated at the lower salary levels. **7**. Excludes casual staff.
* EEO survey was conducted in June 2011 elicited a low response rate (22%). A distribution index based on an EEO survey response rate of less than 80% may not be completely accurate.

Government Information (Public Access) Act 2009

Under the *Government Information (Public Access) Act 2009* (GIPA Act) there is a presumption in favour of the disclosure of government information unless there is an overriding public interest against disclosure.

In the reporting period, four requests for information were received. Two were given full access, one was given partial access and one was advised that the information is already publicly available.

Information, as set out in the required form in Schedule 2 of the *Government Information (Public Access) Amendment Regulation 2010*, relating to the access applications made to the Southern NSW Local Health Network during 2010-11 is provided below.

Table A. Number of applications by type of applicant and outcome*

	ACCESS GRANTED IN FULL	ACCESS GRANTED IN PART	ACCESS REFUSED IN FULL	INFORMATION NOT HELD	INFORMATION ALREADY AVAILABLE	REFUSE TO DEAL WITH APPLICATION	REFUSE TO CONFIRM OR DENY WHETHER INFORMATION IS HELD	APPLICATION WITHDRAWN
Media	0	0	1	0	0	0	0	0
Members of Parliament	0	0	0	0	0	0	0	0
Private sector business	0	0	0	0	0	0	0	0
Not for profit organisations or community groups	0	0	0	0	0	0	0	0
Members of the public (application by legal representative)	0	0	0	0	0	0	0	0
Members of the public (other)	0	1	1	0	1	0	0	0

*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 application and outcome

	ACCESS GRANTED IN FULL	ACCESS GRANTED IN PART	ACCESS REFUSED IN FULL	INFORMATION NOT HELD	INFORMATION ALREADY AVAILABLE	REFUSE TO DEAL WITH APPLICATION	REFUSE TO CONFIRM OR DENY WHETHER INFORMATION IS HELD	APPLICATION WITHDRAWN
Personal information applications#	0	0	0	0	0	0	0	0
Access applications (other than personal information applications)	0	0	2	0	0	0	0	0
Access applications that are partly personal information applications and partly other	0	1	0	0	1	0	0	0

A personal information application is an access application for personal information (as defined in Clause 4 of Schedule 4 of the Act) about the applicant (the applicant being an individual).

Table C. Invalid applications

REASON FOR INVALIDITY	NUMBER OF APPLICATIONS
Application does not comply with formal requirements (section 41 of the Act)	0
Application is for excluded information of the agency (section 43 of the Act)	0
Application contravenes restraint order (section 110 of the Act)	0
Total number of invalid applications received	0
Invalid applications that subsequently became valid applications	0

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	0
Cabinet information	0
Executive Council Information	0
Contempt	0
Legal professional privilege	0
Excluded information	0
Documents affecting law enforcement and public safety	0
Transport safety	0
Adoption	0
Care and protection of children	0
Ministerial code of conduct	0
Aboriginal and environmental heritage	0

* 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	1
Law enforcement and security	0
Individual rights, judicial processes and natural justice	1
Business interests of agencies and other persons	0
Environment, culture, economy and general matters	0
Secrecy provisions	1
Exempt documents under interstate Freedom of Information legislation	0

Table F. Timelines

	NUMBER OF OCCASIONS WHEN APPLICATION NOT SUCCESSFUL
Decided within the statutory timeframe (20 days plus any extensions)	3
Decided after 35 days (by agreement with applicant)	0
Not decided within time (deemed refusal)	0
Total	3

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	0	0	0
Review by Information Commissioner*	0	0	0
Internal review following recommendation under section 93 of Act	0	0	0
Review by ADT	0	0	0
Total	0	0	0

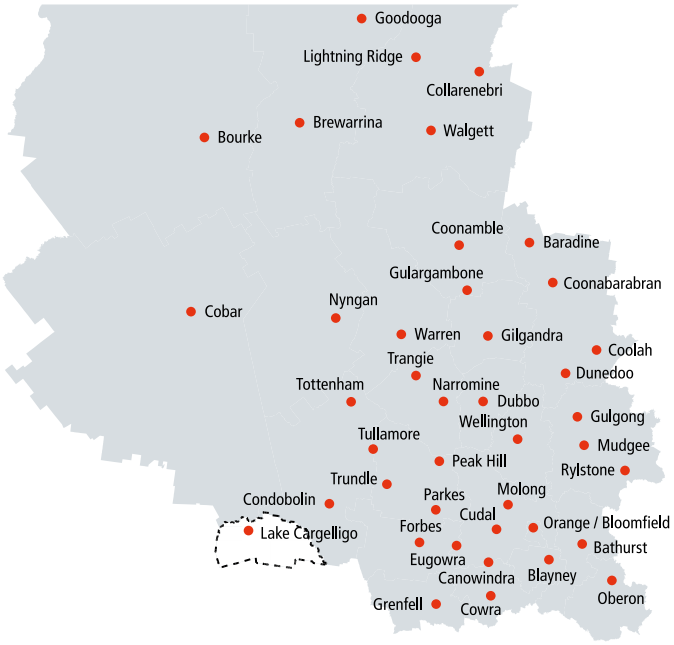
*The Information Commissioner does not have the authority to vary decisions, but can make recommendations to the original decision-maker. The data in this case indicates that a recommendation to vary or uphold the original decision has been made by the Information Commissioner.

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)	0

Western NSW

Local Health Network



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Website: www.wnswlhn.health.nsw.gov.au

Business Hours: 8.30 am - 5.00 pm, Monday to Friday

Chief Executive: Ron Dunham

Local Government Areas

Bathurst Regional, Blayne, Bogan, Bourke, Brewarrina, Cabonne, Cobar, Coonamble, Cowra, Dubbo, Forbes, Gilgandra, Lachlan, Mid-Western Regional, Narromine, Oberon, Orange, Parkes, Walgett, Warren, Warrumbungle, Weddin and Wellington.

Public Hospitals

Baradine Multi Purpose Health Service
Bathurst Health Service
Blayney Multi Purpose Health Service
Bourke Multi Purpose Service
Brewarrina Multi Purpose Service
Canowindra Health Service
Cobar Health Service
Collarenebri Multi Purpose Service
Condobolin Health Service
Coolah Multi Purpose Service
Coonabarabran Health Service
Coonamble Health Service
Cowra Health Service
Dubbo Health Service
Eugowra Multi Purpose Service
Gilgandra Multi Purpose Service
Grenfell Multi Purpose Service
Gulargambone Multi Purpose Service
Lachlan Health Service incorporating Forbes and Parkes Health Services
Lightning Ridge Multi Purpose Service
Molong Health Service
Mudgee Health Service
Narromine Health Service
Oberon Multi Purpose Service
Orange Health Service - Bloomfield Campus - incorporating Bloomfield Mental Health Service
Peak Hill Health Service
Rylstone Multi Purpose Service
Tottenham Multi Purpose Service
Trangie Multi Purpose Service
Trundle Multi Purpose Service
Tullamore Multi Purpose Service
Walgett Health Service
Warren Multi Purpose Service
Wellington Health Service

Public Nursing Homes

Peg Cross Memorial Nursing Home – State Funded Nursing Home located with Walgett Health Service

Community Health Centres

Baradine Community Health (part of MPS)
Bathurst Community Health (part of Health Service)
Binnaway Community Health Clinic
Bloomfield Hospital
Bourke Community Health (part of MPS)
Bourke Mental Health and Counselling Services
Brewarrina Community Health (part of MPS)
Cadia House
Canowindra Community Health Centre
Cobar Community Health (part of Health Service)
Cobar Health Service
Collarenebri Community Health (part of MPS)
Community Mental Health Services
Condobolin Community Health (part of Health Service)
Coolah Community Health (part of MPS)
Coonabarabran Community Health (part of Health Service)
Coonamble Community Health (part of MPS)
Cowra Community Health Service
Cowra Mental Health Services
Cudal Community Health Centre
Cumnock Community Health Centre

Curran Centre
Dubbo Community Health Centre
Dunedoo Community Health (part of MPS)
Enngonia Health Outpost
Eugowra Community Health (part of MPS)
Forbes Community Health Centre
Forbes Mental Health Services
Gilgandra Community Health (part of MPS)
Goodooga Health Service
Gooloogong Community Health Centre
Grenfell Community Health (part of MPS)
Gulargambone Community Health (part of MPS)
Gulgong Community Health Service
HealthOne Blayney (part of MPS)
HealthOne Molong Service
Hill End Community Health Centre
Kandos Early Childhood Centre
Lachlan Health Service
Lightning Ridge Community Health (part of MPS)
Lightning Ridge Mental Health and Counselling Services
Manildra Community Health Centre
Mendooran Community Health Centre
MERIT (Magistrates Early Referral Into Treatment Program)
Incorp. RAD (Rural Alcohol Diversion Program)
Mudgee Community Health Centre
Mudgee Mental Health
Narromine Community Health Centre
Nyngan Community Health (part of MPS)
Oberon Community Health (part of MPS)
Orange Community Health Centre – Kite Street
Orange Health Service Bloomfield Campus
Parkes Community Health
Parkes Mental Health Services
Peak Hill Community Health Centre
Pooncarie Outpatients Clinic
Quandialla Community Health Centre
Rylstone Community Health (part of MPS)
SHIPS (Satellite Housing Integrated Programmed Support)
Sofala Community Health Centre
Tottenham Community Health (part of MPS)
Trangie Community Health (part of MPS)
Trundle Community Health (part of MPS)
Tullamore Community Health (part of MPS)
Tullibigeal Community Health Centre
Walgett Community Health Centre (part of Health Service)
Warren Community Health (part of MPS)
Weilmoringle Community Health Post
Wellington Community Health Centre (part of Health Service)
Woodstock Community Health Centre
Yeoval Community Health Centre

Oral Health Clinics

Bathurst Dental Clinic
Cowra Child Dental Clinic
Dubbo Community Dental Clinic
Forbes Child Dental Clinic
Mudgee Community Dental Clinic
Orange Community Dental Clinic
Parkes child Dental Clinic

Third Schedule Facilities

Lourdes Hospital and Community Services, Dubbo
St Vincent's Hospital, Bathurst

Other Services

Aboriginal Health
Brain Injury Rehabilitation Program
BreastScreen
Child Protection
Chronic Care
Community Nursing
Drug and Alcohol
Mental Health
Sexual Health
Violence, Abuse, Neglect and Sexual Assault

Demographic Summary

The Western NSW Local Health Network lies in the central west of NSW and serves an estimated resident population of 266,135 people which is 3.9% of the population of NSW. The population is dispersed across a large geographic area of 246,676 square kilometers which includes 23 local government areas (LGAs). Seven of these LGAs are classified as 'remote' or 'very remote' by the Area Remote Index of Australia Plus (ARIA +) classification. Most of the population is concentrated in large cities and towns in the Bathurst Regional, Cabonne, Orange, Dubbo, Mid Western Regional, Parkes, Forbes and Cowra LGAs.

Of the total population, 50.3% are males and 49.7% are females. The population has a higher proportion of children (0-14 years) and people 40 years and over than NSW and a lower proportion of people in the 20-30 year age group. This is consistent with the migration of younger adults from the area in pursuit of education and career opportunities.

There are 21,133 Aboriginal and Torres Strait Islander people living in the LHN, representing 8.2% of the total population. This is significantly higher than the NSW

average of 2.1%. The LGAs with the highest proportions of Aboriginal people are Brewarrina (59.6%), Bourke (29.2%), Walgett (28.2%) and Coonamble (25.4%). Only 2.8% of the population is of a non-English speaking background, compared to 15% for NSW.

A small increase (2.6%) in the overall population is projected to 2026. The most significant population growth is projected to occur in the Bathurst Regional LGA (15.75), followed by Dubbo LGA (14.3%), Orange LGA (11.8%), Blayney LGA (11.2%), Oberon LGA (6.6%), Cabonne (4.1%) and Mid Western Regional LGA (2.1%). The remainder of the LGAs within the District are expected to experience population decline.

The population is ageing with a projected decline in the number of children and young adults and a significant increase in the population aged 55 years and over (41%) with the largest projected increase in people 70 years and over (67.6%).

The fertility rates for women within the Western NSW LHN (75.2 births per 1,000 population) are higher than the State average (60.8 per 1,000 population). This is due in part to higher birth rates amongst Aboriginal women. The current trend towards increasing numbers of women giving birth at an older age is not evident within the LHN. There continues to be a high prevalence of births to younger women, particularly in the Aboriginal population.

Within the Western NSW LHN 58.9% of the population 15 years and over participate in the labour force, 60.0% are employed full-time and 27.35 work part-time. At the time of the Australian Bureau of Statistics (ABS) Census 2006, the unemployment rate (expressed as a percentage of the total labour force) for the Western NSW LHN was 6.3% compared to the NSW figure of 7.2%. The unemployment rate ranged from 3.7% in the Cabonne LGA to 12.1% in the Brewarrina LGA.

The main industries of employment are agriculture, mining, forestry and fishing, healthcare and social assistance services the retail trade, education and training and manufacturing services.

When compared to NSW the population of the Western NSW LHN has lower household weekly incomes, higher percentages of people receiving income support and an overall lower socio economic status.

People living in the Western NSW LHN, together with their neighbours in the Far West LHN, have the poorest health status in the State due to various factors including their poorer socioeconomic status, access to health services and behavioural factors that contribute to poor health. Life expectancy at birth is 77.0 years for females and 76.9 years for males. Both these figures are significantly lower than the NSW figures of 84.4 years for females and 79.6 years for males. Leading causes of death are cardiovascular disease, chronic obstructive pulmonary disease, cancer (the highest being lung cancer), fall related injury and poisoning and diabetes-related conditions.

Mortality rates of people living in Western NSW LHN vary by LGA. Differences usually reflect the level of remoteness and the proportion of Aboriginal people living in the LGAs. Generally, people living within the LHN have significantly higher levels of potentially avoidable deaths, deaths attributed to smoking and alcohol and deaths from cardiovascular disease compared to NSW. The leading causes for hospitalisation for residents of Western NSW LHN between 2009 and 2010 were factors influencing health – renal dialysis (13%), injury and poisoning (12.2%), digestive system diseases (9.9%), factors influencing health – other (9.2%), symptoms, signs and abnormal findings (7.4%), maternal, neonatal and congenital causes (6.7%), cardiovascular disease (6.4%) and respiratory disease (6.3%)

Residents of the Western NSW LHN have significantly higher rates of hospitalisation attributable to high body mass, smoking and alcohol and hospitalisation for cardiovascular and respiratory disease. According to the National Diabetes Services Scheme, the rates of diabetes are very high in the remote LGAs and high in several other LGAs.

Hospitalisations for ambulatory care sensitive conditions are also significantly higher than for NSW. The leading conditions resulting in potentially avoidable admissions for people in the district between 2009 and 2010 were chronic obstructive pulmonary disease, dehydration and gastroenteritis, diabetes complications, dental conditions and congestive heart failure.

A greater proportion of residents of the Western NSW LHN engage in behaviours that contribute to poor health. The percentage of residents (persons aged 16 years and over) who were overweight and obese in 2010 was 57.2% for females and 60.4% for males. The percentage for males is comparable with the NSW figure of 60.7% while the percentage for females is significantly higher than the NSW figure of 48.2%. The percentage of residents who were current daily and occasional smokers in 2010 was 19.6% which is significantly higher than the NSW percentage of 15.8%.

Aboriginal people generally have poorer health than the than the rest of the population. The Aboriginal population experience a higher infant mortality, lower life expectancy, higher rates of chronic disease risk factors, higher prevalence and earlier onset of chronic illnesses (in particular respiratory illness, diabetes and renal disease), higher rates of hospitalisations and deaths from injuries and assaults and higher rates of sexually transmitted diseases.

Aboriginal people are more than three times as likely as

non-Aboriginal people to die as a result of diabetes and more than one and a half times more likely to die from injury and poisoning than non-Aboriginal people. Aboriginal people are admitted to hospital at about 1.7 times the rate of non-Aboriginal people and renal dialysis accounts for the largest number of hospitalisations for Aboriginal people.

Reported rates of current smoking for Aboriginal adults are around double those of the general population across all age groups and reported rates of risk drinking is around 1.4 times the general population rates across all age groups.

Chief Executive's Year In Review

The Western NSW Local Health Network is one of the largest rural health organisations in New South Wales. It is faced with many challenges when planning and delivering quality health services that are patient-centric based on best practice and meet the health needs of the population. These challenges include the poorer health status of the population including the large proportion of Aboriginal People; the wide distribution of the population and the health services; the increasing demand for services in particular for the aged population and people with chronic conditions; and workforce challenges.

In response to these challenges the key priorities for the WNSWLHN 2010-11 included:

- **Improving access to health services** – This includes the networking of clinical services to improve access to generalist and specialist services; provide clinical and professional support for clinicians; reduce isolation and increase access to training; and improve communication between health services.
- **Providing quality services** – This has seen the implementation of new and enhanced service models such as community acute and post acute services, Fast Track ED and Transitional Aged Care Services.
- **Community and clinician Engagement** to identify the health needs of our communities and positively influence health decision-making. This included active engagement of the LHN Governing Council, Health Councils and Clinical Councils. Clinical Councils were formed across the LHN including Orange, Bathurst, Dubbo, Dubbo Northern District and Dubbo Eastern District to provide medical, nursing and allied health leadership forums.
- **Aboriginal Health** – This saw the LHN prioritising Aboriginal Health outcomes with reportable accountabilities, developing policies that are considerate and inclusive of Aboriginal Health needs, developing and supporting a skilled Aboriginal workforce and acknowledging this as fundamental to achieving health outcomes for Aboriginal people. The LHN also continued to strengthen and develop partnerships with stakeholders and progress strategies such as Closing the Gap on Indigenous Health, Two Ways Together and Aboriginal Housing for Health Program.
- **Aged and Continuing Care** – an emphasis on wellness, early intervention and self-management. This has involved implementing community and inpatient transitional care services to increase quality of life and reduce the need for high care residential care.
- **Mental Health Services** – growing the mental health workforce and improving access to mental health services.
- **Workforce Development** – Training and development, retention and recruitment of medical, nursing and allied health staff.
- **Infrastructure development** – The development of the $250 million Orange Health Service collocating generalist and mental health services on the one site and the stage 2 redevelopment of the Bathurst Health Service.

The past year has been one of significant change and I commend all members of the Western NSW Local Health Network team for their commitment to striving to and achieving gains in all of our priority areas in 2010-11.

Danny O'Connor, Chief Executive

Key Achievements 2010-11

- Opening of the $250 million Orange Health Service, co-locating general and mental health services on one Bloomfield campus on Thursday 17 March 2011 by former NSW Deputy Premier and Health Minister Carmel Tebbutt.
- On the Bloomfield Campus, Orange, the commissioning and opening of 3 new tertiary units – Intensive Care, Child and Adolescent and Forensic Statewide - and 4 rebuilt tertiary units – Adult Acute, High Dependency, and Older People Acute and Non Acute.
- Between the Flags – Keeping Patients Safe program implementation across Western NSW LHN.
- Staff Accommodation Units at Coolah - completed June 2011. $400,000.
- What Clinical Governance Should Look Like in Your Facility or Unit – A resource toolkit for Clinicians and Managers in Western NSW LHN.

- Recruitment of temporary part time Clinical Nurse Educators to Baradine, Coonabarabran and Coonamble to support New Graduate Registered Nurses in Rural and Remote Transition program. **Outcome** - enhanced experience for New Graduate RNs in difficult to fill locations.
- Aboriginal 48-hour follow-up Program.
- The winning of a Baxter Award for our evidence based Individual Placement with Support (IPS) Education and Employment Program for young people on the Bloomfield Campus at Orange; this program is being extended across the Local Health Network.
- Introduction of Clinical Standards Evaluation Program – suite of nurse-sensitive audit tools designed to measure the extent to which policy translates into practice. **Outcome** - sites have embraced the bi-annual audit program and used the data to develop improvement plans and used evidence of good practice for accreditation reviews.
- Maintained payment of creditors at 45 days for full year.

Key Planned Activities and Outcomes 2011-12

- HealthOne Gulgong - will be operational Feb 2012. At a cost of $2.8 million.
- A Recruitment working party formed in July 2011 to address marketing, advertising and retention strategies to maximise opportunities to be competitive in the marketplace, along with strategies for succession planning. Success of action to be measured in December 2012 using comparison data of positions being actively recruited in DOHRS reports.
- The opening in Dubbo of the Bultje Street Mental Health Centre which will be a hub for service delivery to the region.
- Continue to implement Essentials of Care (EOC) program across the LHD. Focus will be commencement of wards/units at Orange Health Service and continued support for wards/units currently engaged in various phases of EOC across the LHD.
- Implementation of Episode Funding.
- Completion of Stage 2 of the Bathurst Health Service redevelopment (Heritage Building and Ambulatory Care).
- Implementation of Power Billing and Revenue Collection (PBRC) system
- The piloting of an expanded Mental Health Emergency Care Program (MHEC Plus) to address service continuity issues for remote sites such as Bourke and Lightning Ridge.

Equal Employment Opportunities

Key Achievements 2010-11

- Commencement of work on an Aboriginal Health Worker Scope of Practice Aboriginal Health Workers are currently employed in the WNSWLHN within a range of generalist and specialist roles across a variety of clinical settings. The Aboriginal Health workers themselves come from diverse professional and educational backgrounds. They possess and use a considerable variety of skills to perform their roles, as part of a multidisciplinary team providing care to Aboriginal people and communities.

  Not having a 'scope of practice' to guide positions descriptions and day to day activity has resulted in limitations on practice for many Aboriginal Health Workers, despite the need for the full range of services that each worker is competent to provide. Collaboration between a range of stakeholders, including TAFE, has seen this work progressed, based on the skills and competencies of an AHW with a Certificate IV Primary Health Care (Practice) from the National Health Training Package. It is envisaged, that once complete, the current role of many AHWs can be expanded safely and that opportunities for employment of AHWs can be increased across the LHD through workforce redesign.

Key Planned Activities and Outcomes 2011-12

- Completion and implementation of an Aboriginal Health Worker Scope of Practice Completion and implementation of this important initiative, commenced in 2011, will include the basic Scope of Practice for AHWs, coverage of extended functions for specialist and generalist positions and a range of supporting documents including: a competency maintenance framework, position description development tools and a comprehensive communication and support plan. It is envisaged that this work will be completed prior to implementation of National Registration for Aboriginal Health Workers in July 2012.

Table 1. Trends in the Representation of EEO Groups[1]

		% OF TOTAL STAFF[2]			
EEO Group	Benchmark or target	2008	2009	2010	2011
Women	50%	0	0	0	83.1%
Aboriginal people and Torres Strait Islanders	2.6%[3]	0	0	0	5.6%
People whose first language was not English	19%	0	0	0	3.1%
People with a disability	N/A[4]	0	0	0	1.7%
People with a disability requiring work-related adjustment[5]	1.1% (2011) 1.3% (2012) 1.5% (2013)	0	0	0	0.7%

Table 2. Trends in the Distribution of EEO Groups[6]

		DISTRIBUTION INDEX[7]			
EEO Group	Benchmark or target	2008	2009	2010	2011
Women	100	0	0	0	92
Aboriginal people and Torres Strait Islanders	100	0	0	0	84
People whose first language was not English	100	0	0	0	115
People with a disability	100	0	0	0	98
People with a disability requiring work-related adjustment	100	0	0	0	99

Note: Information for the above tables is provided by the Workforce Profile Unit, Public Sector Workforce Branch, Department of Premier and Cabinet.
1. Staff numbers are as at 30 June. **2**. Excludes casual staff. **3**. Minimum target by 2015. **4.** Per cent employment levels are reported but a benchmark level has not been set. **5**. Minimum annual incremental target. **6**. A distribution index of 100 indicates that the centre of distribution of the EEO group across salary levels is equivalent to that of other staff. Values less than 100 mean that the EEO group tends to be more concentrated at lower salary levels than is the case for other staff. The more pronounced this tendency is, the lower the index will be. An index of more than 100 indicates that the EEO group is less concentrated at the lower salary levels. **7**. Excludes casual staff.
* EEO survey was conducted in June 2011 elicited a low response rate (22%). A distribution index based on an EEO survey response rate of less than 80% may not be completely accurate.

Government Information (Public Access) Act 2009

Under the *Government Information (Public Access) Act 2009* (GIPA Act) there is a presumption in favour of the disclosure of government information unless there is an overriding public interest against disclosure.

Western NSW Local Health Network reviews its information on the website on a regular basis and routinely uploads information that may be of interest to the public.

During the six month period from 1 January 2011 to 30 June 2011 Western NSW LHN received five formal access applications, all of which were completed within the reporting period.

Of those five applications, one was granted full access, one was granted partial access, one request was refused in full as the applicant failed to respond to a request to clarify information request and provide the application fee. There was no information for one request, and one application was refused access as the applicant failed to provide the application fee, consent and identification.

Two applications were refused in part or in full because the disclosure of information referred to in S14 (table) i.e. there was an overriding public interest against disclosure - responsible and effective government - one application, individual rights, judicial processes and natural justice – two applications.

An external review was conducted by the Office of the Information Commissioner on one application, and a report has not been received.

Information, as set out in the required form in Schedule 2 of the *Government Information (Public Access) Amendment Regulation 2010*, relating to the access applications made to the Western NSW Local Health Network during 2010-11 is provided below.

Table A. Number of applications by type of applicant and outcome*

	ACCESS GRANTED IN FULL	ACCESS GRANTED IN PART	ACCESS REFUSED IN FULL	INFORMATION NOT HELD	INFORMATION ALREADY AVAILABLE	REFUSE TO DEAL WITH APPLICATION	REFUSE TO CONFIRM OR DENY WHETHER INFORMATION IS HELD	APPLICATION WITHDRAWN
Media	0	0	0	0	0	0	0	0
Members of Parliament	0	0	0	0	0	0	0	0
Private sector business	0	0	0	0	0	0	0	0
Not for profit organisations or community groups	0	0	0	0	0	0	0	0
Members of the public (application by legal representative)	1	0	1	1	0	0	0	0
Members of the public (other)	0	1	0	0	0	1	0	0

*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 application and outcome

	ACCESS GRANTED IN FULL	ACCESS GRANTED IN PART	ACCESS REFUSED IN FULL	INFORMATION NOT HELD	INFORMATION ALREADY AVAILABLE	REFUSE TO DEAL WITH APPLICATION	REFUSE TO CONFIRM OR DENY WHETHER INFORMATION IS HELD	APPLICATION WITHDRAWN
Personal information applications#		1	1	1	0	0	0	0
Access applications (other than personal information applications)	1	0	0	0	0	1	0	0
Access applications that are partly personal information applications and partly other	0	0	0	0	0	0	0	0

A personal information application is an access application for personal information (as defined in Clause 4 of Schedule 4 of the Act) about the applicant (the applicant being an individual).

Table C. Invalid applications

REASON FOR INVALIDITY	NUMBER 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)	0
Application contravenes restraint order (section 110 of the Act)	0
Total number of invalid applications received	0
Invalid applications that subsequently became valid applications	1

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	0
Cabinet information	0
Executive Council Information	0
Contempt	0
Legal professional privilege	0
Excluded information	0
Documents affecting law enforcement and public safety	0
Transport safety	0
Adoption	0
Care and protection of children	0
Ministerial code of conduct	0
Aboriginal and environmental heritage	0

* 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	1
Law enforcement and security	0
Individual rights, judicial processes and natural justice	2
Business interests of agencies and other persons	0
Environment, culture, economy and general matters	0
Secrecy provisions	0
Exempt documents under interstate Freedom of Information legislation	0

Table F. Timelines

	NUMBER OF OCCASIONS WHEN APPLICATION NOT SUCCESSFUL
Decided within the statutory timeframe (20 days plus any extensions)	5
Decided after 35 days (by agreement with applicant)	0
Not decided within time (deemed refusal)	0
Total	5

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	0	0	0
Review by Information Commissioner*	1	0	1
Internal review following recommendation under section 93 of Act	0	0	0
Review by ADT	0	0	0
Total	0	0	1

*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)	0