

Government Gazette

OF THE STATE OF
NEW SOUTH WALES

Number 12
Friday, 24 January 2014

Published under the authority of the Government by the Parliamentary Counsel

OFFICIAL NOTICES

Roads and Maritime Services

ROAD TRANSPORT ACT 2013

Ministerial Declaration (Two Axle Bus Mass Exemption) Order 2013

I, Duncan Gay, Minister for Roads and Ports, pursuant to section 19 of the Road Transport Act 2013 make the following Order.

Dated this 18th day of December 2013.

DUNCAN GAY, M.L.C.,
Minister for Roads and Ports

PART 1 – PRELIMINARY

1. Citation

This Order may be cited as the Ministerial Declaration (Two Axle Bus Mass Exemption) Order 2013.

2. Commencement

This Order takes effect on and from the date it is published in the NSW Government Gazette.

3. Effect

(a) This Order remains in effect until it is revoked.

(b) This Order revokes and replaces the Ministerial Declaration (Two Axle Bus Mass Exemption) Order 2013 that was approved pursuant to section 16 of the Road Transport (General) Act 2005 and published on 19 April 2013 in the New South Wales Government Gazette No. 49 at pages 990-991.

4. Interpretation

Unless stated otherwise, words and expressions used in this Order have the same meaning as those defined in the Road Transport Act 2013.

5. Definitions

In this Order:

anti-lock braking system means a service brake system that automatically controls the degree of rotation wheel slip relative to the road at one or more road wheels of the vehicle during braking.

complying bus has the same meaning as in the Road Transport (Mass, Loading and Access) Regulation 2005.

electronic braking system means a braking system which is primarily controlled electronically.

electronic stability control means an automated electronic control function for a vehicle which improves the dynamic stability of the vehicle by utilising vehicle systems such as the brakes or engine.

ultra-low floor bus has the same meaning as in the Road Transport (Mass, Loading and Access) Regulation 2005.

controlled access bus has the same meaning as in the Road Transport (Vehicle Registration) Regulation 2007.

6. Declaration

The axle mass limits in Table 1 and the total vehicle mass limits in clause 6 of Schedule 1 to the Road Transport (Mass, Loading and Access) Regulation 2005 are declared not to apply to a vehicle described in Part 2 of this Order, provided

the vehicle complies with the mass limits set out in Part 3 of this Order and the operating and travel requirements set out in Part 4 of this Order.

PART 2 – APPLICATION

7. Eligible vehicles

The following types of vehicles may operate in accordance with this Order:

- (a) Two axle complying buses with single tyres on the single steer axle and dual tyres on the single rear (drive) axle;
- (b) Two axle ultra-low floor buses with single tyres on the single steer axle and dual tyres on the single rear (drive) axle;
- (c) Two axle controlled access buses with single tyres on the single steer axle and dual tyres on the single rear (drive) axle;
- (d) Two-axle buses with single tyres on the single steer axle and dual tyres on the single rear (drive) axle that are licensed to carry standing passengers, other than ultra low floor buses.

PART 3 – MASS LIMITS

8. Vehicle mass limit

The laden mass of a vehicle operating in accordance with this Order must not exceed the lowest of the following:

- (a) The vehicle's Gross Vehicle Mass (GVM) limit specified by the manufacturer, or
- (b) 18.0 tonnes.

9. Axle mass limits

The laden mass of an axle on a vehicle operating in accordance with this Order must not exceed the limits set out in Table A of this Order.

Table A – Axle mass limits

<i>Description of Single Axle</i>	<i>Mass Limit</i>
Single steer axle with 2 tyres	7.0 tonnes
Single rear (drive) axle with 4 tyres	12.0 tonnes

PART 4 – OPERATING AND TRAVEL REQUIREMENTS

10. Braking and Stability Control Requirements

10.1 Vehicles operating in accordance with this Order that are fitted with an Identification Plate, indicating that the vehicle was manufactured before 1 January 2015, must be fitted with a properly functioning:

- (a) Anti-lock braking system; or
- (b) Electronic stability control.

10.2 Vehicles operating in accordance with this Order that are fitted with an identification plate, indicating that the vehicle was manufactured on or after 1 January 2015 must be fitted with properly functioning:

- (a) Anti-lock braking system and electronic braking system; or
- (b) Electronic stability control.

10.3 Compliance with the requirements for an anti-lock braking system and electronic braking system or electronic stability control must be verified by either:

- (a) An identification plate issued by a person authorised by an Australian Authority to affix an Identification Plate; or
- (b) A certificate verifying modifications issued by a person authorised by an Australian Authority to certify heavy vehicle modifications; or
- (c) An original letter from the manufacturer of the vehicle stating the vehicle complies with paragraph 10.1 or 10.2; which system is installed; the model and Vehicle Identification Number (VIN) of the vehicle chassis.

11. Operating conditions

11.1 When operating under this Order, a copy of this Order must be carried in the driving compartment of the vehicle and the driver must produce it if requested to do so by a Police Officer or an Authorised Officer.

11.2 If issued, the certificate or letter referred to in paragraph 10.3 must be carried in the driving compartment of the vehicle.

12. No increase to authorised passenger numbers

A vehicle operating under this Order may not carry more seated and standing passengers than the number determined by the manufacturer in accordance with third edition ADR 58 on the basis that the mass limits in Road Transport (Mass, Loading and Access) Regulation 2005 apply to the vehicle, rather than the mass limits in this Order.

ROAD TRANSPORT (GENERAL) ACT 2005

Notice under Clause 20 the Road Transport (Mass, Loading and Access) Regulation 2005

GRIFFITH CITY COUNCIL, in pursuance of Division 4 of Part 2 of the Road Transport (Mass, Loading, Access) Regulation 2005, by this Notice, specify the routes and areas on or in which Road Trains may be used subject to any requirements or conditions set out in the Schedule.

Date: 16 January 2014.

BRETT STONESTREET,
General Manager,
Griffith City Council
(by delegation from the Minister for Roads)

SCHEDULE
1. Citation

This Notice may be cited as Griffith City Council Road Train Route Gazettal Notice No. 1/2014.

2. Commencement

This Notice takes effect on the date of gazettal.

3. Effect

This Notice remains in force until 30 September 2015 unless it is amended or repealed earlier.

4. Amendment

This Notice applies to those Road Train vehicles which comply with Schedule 1 of the Road Transport (Mass, Loading and Access) Regulation 2005 and Schedule 2 of the Road Transport (Vehicle Registration) Regulation 2007.

5. Routes

<i>Type</i>	<i>Road No.</i>	<i>Road Name</i>	<i>Starting Point</i>	<i>Finishing Point</i>	<i>Conditions</i>
RT		Dickie Road	Boorga Road	Three (3) kilometres west of Boorga Road	Dry weather access only
RT		Boorga Road	Dickie Road	Quarry Road	Dry weather access only
RT		Boorga Road	Quarry Road	Jones Road	
RT		Jones Road	Boorga Road	Lakes Road	
RT		Lakes Road	Jones Road	Kidman Way (MR80)	Dry weather access only
RT		Nelson Road	Kidman Way (MR80)	Four (4) kilometres north of the Kidman Way (MR80)	Dry weather access only

Department of Trade and Investment, Regional Infrastructure and Services

STOCK FOODS ACT 1940

Revocation of Orders Authorising Inspectors

Section 20 Order

I, MARK I. PATERSON, A.O., Director General of the Department of Trade and Investment, Regional Infrastructure and Services, pursuant to section 20 of the Stock Foods Act 1940 ("the Act") and section 43 of the Interpretation Act 1987, hereby revoke the orders authorising each of the persons specified in Column 1 of the Schedule to be an inspector for the purposes of the Act, including any such order published in the *New South Wales Government Gazette* specified opposite in Column 2 of the Schedule, at the page specified opposite in Column 3 of the Schedule, and any order revived as a result of this revocation.

SCHEDULE

<i>Column 1</i>	<i>Column 2</i>	<i>Column 3</i>
Paul John ANDERSON	N/A	N/A
David Neil PATTERSON	N/A	N/A
Pablo VAZQUEZ	N/A	N/A
Ian Alexander GERRARD	N/A	N/A
Daniel Thomas BYRNE	No. 176 of 20/12/1985	7342
Roderic Jonathan HOARE	No. 176 of 20/12/1985	7342
Timothy Michael JESSEP	No. 176 of 20/12/1985	7342
Graham Noel WILLIAMSON	No. 176 of 20/12/1985	7342
Robert Ian WALKER	No. 142 of 5/10/1984	8233
Ryszard Zbigniew ZELSKI	N/A	N/A

Dated this 16th day of January 2014.

MARK I. PATERSON, A.O.,
Director General,
Department of Trade and Investment, Regional
Infrastructure and Services

MINERALS

NOTICE is given that the following applications have been received:

EXPLORATION LICENCE APPLICATIONS

(T14-1008)

No. 4962, IMPACT MINERALS PTY LTD (ACN 119 062 261), area of 29 units, for Group 1, dated 15 January 2014. (Orange Mining Division).

(T14-1009)

No. 4963, GOLD AND COPPER RESOURCES PTY LIMITED (ACN 124 534 863), area of 33 units, for Group 1, dated 17 January 2014. (Orange Mining Division).

(T14-1010)

No. 4964, OCHRE RESOURCES PTY LTD (ACN 112 833 351), area of 23 units, for Group 1, dated 21 January 2014. (Orange Mining Division).

(T14-1011)

No. 4965, GFM EXPLORATION PTY LTD (ACN 150033042), area of 20 units, for Group 1, dated 21 January 2014. (Sydney Mining Division).

MINING LEASE APPLICATION

(13-1443)

No. 467, BULGA COAL MANAGEMENT PTY LIMITED (ACN 055 534 391), area of about 723.8 hectares, to mine for coal, dated 16 January 2014. (Singleton Mining Division).

The Hon. ANTHONY ROBERTS, M.P.,
Minister for Resources and Energy

NOTICE is given that the following applications have been granted:

EXPLORATION LICENCE APPLICATIONS

(T12-1175)

No. 4625, now Exploration Licence No. 8213, ARGENT (KEMPFIELD) PTY LTD (ACN 155 759 550), County of Georgiana, Map Sheet (8730), area of 18 units, for Group 1 and Group 2, dated 12 December 2013, for a term until 12 December 2016.

(T12-1240)

No. 4684, now Exploration Licence No. 8222, CLANCY EXPLORATION LIMITED (ACN 105 578 756), Counties of Cunningham and Kennedy, Map Sheet (8432), area of 58 units, for Group 1, dated 15 January 2014, for a term until 15 January 2017. As a result of the grant of this title, Exploration Licence No. 4512 and Exploration Licence No. 7187 have ceased to have effect.

(T13-1141)

No. 4879, now Exploration Licence No. 8223, OCHRE RESOURCES PTY LTD (ACN 112 833 351), Counties of Canbelego and Robinson, Map Sheet (8134, 8135), area of 77 units, for Group 1, dated 13 January 2014, for a term until 13 January 2017.

(T13-1154)

No. 4892, now Exploration Licence No. 8221, OCHRE RESOURCES PTY LTD (ACN 112 833 351), County of Buccleuch, Map Sheet (8527), area of 100 units, for Group 1, dated 13 January 2014, for a term until 13 January 2016.

The Hon. ANTHONY ROBERTS, M.P.,
Minister for Resources and Energy

NOTICE is given that the following applications for renewal have been received:

(08-0113)

Exploration Licence No. 5919, PLATSEARCH NL (ACN 003 254 395) AND EAGLEHAWK GEOLOGICAL CONSULTING PTY LTD (ACN 061 324 454), area of 4 units. Application for renewal received 15 January 2014.

(07-0350)

Exploration Licence No. 7013, NIMROD RESOURCES LIMITED (ACN 130 842 063), area of 43 units. Application for renewal received 17 January 2013.

(T09-0106)

Exploration Licence No. 7444, GOLD FIELDS AUSTRALASIA PTY LTD (ACN 087 624 600), area of 20 units. Application for renewal received 17 January 2014.

(14-0199)

Exploration Licence No. 7450, ILUKA RESOURCES LIMITED (ACN 008 675 018), area of 569 units. Application for renewal received 17 January 2014.

(T11-0283)

Exploration Licence No. 7915, FAR NORTH MINERALS PTY LTD (ACN 152 153 878), area of 13 units. Application for renewal received 20 January 2014.

The Hon. ANTHONY ROBERTS, M.P.,
Minister for Resources and Energy

RENEWAL OF CERTAIN AUTHORITIES

NOTICE is given that the following authorities have been renewed:

(10-6504)

Exploration Licence No. 5359, MURRAY BASIN TITANIUM PTY LTD (ACN 082 497 827), Counties of Kilfera, Manara and Taila, Map Sheet (7429, 7430, 7529, 7530, 7531, 7630, 7631), area of 589 units, for a further term until 8 October 2015. Renewal effective on and from 13 January 2014.

(13-2313)

Exploration Licence No. 6810, STONEWALL RESOURCES LIMITED (ACN 131 758 177), County of Georgiana, Map Sheet (8830), area of 1 units, for a further term until 19 June 2015. Renewal effective on and from 7 January 2014.

(07-0230)

Exploration Licence No. 6869, DRYSDALE RESOURCES PTY LTD (ACN 120 922 161), County of Landsborough, Map Sheet (7837), area of 12 units, for a further term until 6 September 2015. Renewal effective on and from 7 January 2014.

(07-0239)

Exploration Licence No. 6940, SMITH ENGINEERING SYSTEMS PTY LIMITED (ACN 102841109), County of Beresford, Map Sheet (8725), area of 11 units, for a further term until 6 November 2015. Renewal effective on and from 13 January 2014.

(T11-0083)

Exploration Licence No. 7751, NYNGAN GOLD PTY LTD (ACN 154 650 585), County of Gregory, Map Sheet (8335), area of 89 units, for a further term until 27 May 2016. Renewal effective on and from 13 January 2014.

(T11-0084)

Exploration Licence No. 7752, NYNGAN GOLD PTY LTD (ACN 154 650 585), Counties of Gregory and Oxley, Map Sheet (8334), area of 42 units, for a further term until 27 May 2016. Renewal effective on and from 13 January 2014.

(T10-0217)

Exploration Licence No. 7788, NEWMONT EXPLORATION PTY LTD (ACN 006 306 690), Counties of Bathurst and Wellington, Map Sheet (8731), area of 31 units, for a further term until 16 June 2015. Renewal effective on and from 7 January 2014.

(T11-0178)

Exploration Licence No. 7853, DRILL RESOURCES (COOBA) PTY LTD (ACN 151 338 555), County of Clarendon, Map Sheet (8427, 8428), area of 7 units, for a further term until 12 October 2015. Renewal effective on and from 13 January 2014.

The Hon. ANTHONY ROBERTS, M.P.,
Minister for Resources and Energy

REQUESTED CANCELLATION OF AUTHORITIES AT REQUEST OF HOLDERS

NOTICE is given that the following authorities have been requested to be cancelled:

(T09-0129)

Exploration Licence No. 7601 (Act 1992), ABX2 PTY LTD (ACN 139 791 478), County of Argyle, Map Sheet (8827, 8828, 8928), area of 44 units. Request of cancellation was received on 16 January 2014.

(T12-1028)

Exploration Licence No. 8047, Marmota Energy Limited, (ACN 119 270 816), Counties of Yancowinna and Farnell, area of 100 units. Application for Cancellation was received on 17 January 2014.

The Hon. ANTHONY ROBERTS, M.P.,
Minister for Resources and Energy

CANCELLATION OF AUTHORITIES AT REQUEST OF HOLDERS

NOTICE is given that the following authorities have been cancelled:

(06-7046)

Exploration Licence No. 6720, THOMSON RESOURCES LTD (ACN 138 358 728), County of Fitzgerald, Map Sheet (7637), area of 6 units. Cancellation took effect on 16 January 2014.

(06-7045)

Exploration Licence No. 6721, THOMSON RESOURCES LTD (ACN 138 358 728), County of Fitzgerald, Map Sheet (7637), area of 11 units. Cancellation took effect on 16 January 2014.

(06-4147)

Exploration Licence No. 6727, THOMSON RESOURCES LTD (ACN 138 358 728), County of Killara and County of Landsborough, Map Sheet (7736, 7836), area of 20 units. Cancellation took effect on 16 January 2014.

(T09-0113)

Exploration Licence No. 7426, CASTILLO COPPER LIMITED (ACN 137 606 476), County of Beresford, County of Cowley and County of Murray, Map Sheet (8725, 8726), area of 33 units. Cancellation took effect on 15 January 2014.

(T09-0129)

Exploration Licence No. 7601, ABX2 PTY LTD (ACN 139 791 478), County of Argyle, Map Sheet (8827, 8828, 8928), area of 44 units. Cancellation took effect on 22 January 2014.

(09-1634)

Mining Lease No. 1414 (Act 1992), MINERAL DEPOSITS (OPERATIONS) PTY LTD (ACN 083 091 963), Parish of Stowell, County of Gloucester; and Parish of Stowell, County of Gloucester, Map Sheet (9232-2-N, 9232-2-N), area of 17.3 hectares. Cancellation took effect on 23 December 2013.

The Hon. ANTHONY ROBERTS, M.P.,
Minister for Resources and Energy

REQUEST FOR PART CANCELLATION OF AUTHORITY

(T08-0208)

Exploration Licence No. 7269, ABx2 PTY LTD, (ACN 139 791 478), County of Argyle, area of 28 units. Application for Part Cancellation was received on 16 January 2014.

The Hon. ANTHONY ROBERTS, M.P.,
Minister for Resources and Energy

TRANSFER APPLICATION

(T13-1019)

Exploration Licence No. 6414, GOSSAN HILL GOLD LIMITED (ACN 147 329 833), to ROBUST OPERATIONS PTY LIMITED (ACN 106 964 881), Counties of Bland and Harden, Map Sheets (8428), area of 4 units. Application for Transfer received on 17 January 2014.

The Hon. ANTHONY ROBERTS, M.P.,
Minister for Resources and Energy

PRIMARY INDUSTRIES

FISHERIES MANAGEMENT ACT 1994

FISHERIES MANAGEMENT (AQUACULTURE) REGULATION 2012

Section 177 (1) – Notice of Aquaculture Lease Cancellation

OL83/151 within the estuary of Port Stephens, having an area of 0.1594 hectares, formerly leased by Kevin Johnson and Irene Johnson.

OL85/156 within the estuary of Brisbane Water, having an area of 2.0078 hectares, formerly leased by Kevin and Irene Johnson and Gary O'Bryan.

BILL TALBOT,
Director,
Aquaculture, Conservation and Marine Parks,
Fisheries Division,
Department of Primary Industries

FISHERIES MANAGEMENT ACT 1994

FISHERIES MANAGEMENT (AQUACULTURE) REGULATION 2012

Clause 43 (9) – Notice of Aquaculture Lease Subdivision

The Minister has subdivided the following Aquaculture Leases:

OL87/140 within the estuary of Merimbula Lake is subdivided into two leases referred to as AL13/006 having an area of 3 hectares and AL13/007 having an area of 0.8884 hectares to Pitt Warn Pty Ltd of Pambula NSW, expiring on 15 May 2019.

BILL TALBOT,
Director,
Aquaculture, Conservation and Marine Parks,
Fisheries Division,
NSW Department of Primary Industries

FISHERIES MANAGEMENT ACT 1994

FISHERIES MANAGEMENT (AQUACULTURE) REGULATION 2012

Clause 33 (4) – Notice of Aquaculture Lease Renewal

THE Minister has renewed the following Class 1 Aquaculture Leases:

OL85/078 within the estuary of Camden Haven, having an area of 1.4552 hectares to Clive Bowmaker of Laurieton NSW, for a term of 15 years expiring on 24 September 2028.

OL82/113 within the estuary of the Moruya River, having an area of 1.4775 hectares to Reymore Pty Ltd of Dalmeny NSW, for a term of 15 years expiring on 15 September 2028.

OL82/142 within the estuary of the Pambula River, having an area of 0.0825 hectares to Phillip David Whatman of Pambula NSW, for a term of 15 years expiring on 9 August 2028.

OL84/076 within the estuary of Wallis Lake, having an area of 0.2293 hectares to Graham James Moore Barclay of Forster NSW, for a term of 15 years expiring on 22 September 2028.

OL83/030 within the estuary of Port Stephens, having an area of 2.4432 hectares to Colin Lilley and Kristine Lilley of Swan Bay NSW, for a term of 15 years expiring on 4 September 2028.

OL70/016 within the estuary of the Pambula River, having an area of 0.5501 hectares to Gregory John Dawson of Millingandi NSW, for a term of 15 years expiring on 18 October 2028.

OL67/142 within the estuary of Port Stephens, having an area of 2.0712 hectares to John Collie & Clive Harwood of Lemon Tree Passage NSW, for a term of 15 years expiring on 10 April 2028.

OL83/337 within the estuary of the Clyde River, having an area of 3.6566 hectares to Danita's Pet Resort Pty Ltd, Max Ladmore and Barbara Ladmore of Benandarah NSW, for a term of 15 year expiring on 25 November 2029.

BILL TALBOT,
Director,
Aquaculture, Conservation and Marine Parks,
Fisheries Division,
NSW Department of Primary Industries

FISHERIES MANAGEMENT ACT 1994

FISHERIES MANAGEMENT (AQUACULTURE) REGULATION 2012

Clause 33 (4) – Notice of Aquaculture Lease Renewal

THE Minister has renewed the following class 2 Aquaculture Leases:

AL07/098 within the estuary of Twofold Bay, having an area of 7.5000 hectares to Eden Sea Farms Pty Ltd of Eden NSW, for a term of 15 years expiring on 31 October 2028.

AL08/098 within the estuary of Twofold Bay, having an area of 10.0000 hectares to Eden Sea Farms Pty Ltd of Eden NSW, for a term of 15 years expiring on 31 October 2028.

BILL TALBOT,
Director,
Aquaculture, Conservation and Marine Parks,
Fisheries Division,
NSW Department of Primary Industries

LANDS

DUBBO CROWN LANDS OFFICE
45 Wingewarra Street (PO Box 1840), Dubbo NSW 2830
Phone: (02) 6883 3300 Fax: (02) 6884 2067

**NOTICE OF PURPOSE OTHER THAN THE
DECLARED PURPOSE PURSUANT TO
SECTION 34A (2) OF THE
CROWN LANDS ACT 1989**

PURSUANT to section 34A (2) (b) of the Crown Lands Act 1989, the Crown reserve with the declared public purpose specified in Column 2 of the Schedule, is to be used or occupied for a purpose other than the declared purpose specified in Column 1 of the Schedule.

ANDREW STONER, M.P.,
Minister for Regional Infrastructure and Services

SCHEDULE

<i>Column 1</i>	<i>Column 2</i>
GRAZING (RELEVANT INTEREST – Section 34A Licence – RI 521882)	Reserve No. 79056 Public Purpose: resting place Notified: 9 November 1956 File Reference: 13/13518

SCHEDULE

<i>Column 1</i>	<i>Column 2</i>
GRAZING (RELEVANT INTEREST – Section 34A Licence – RI 521882)	Reserve No. 81117 Public Purpose: resting place Notified: 3 October 1958 File Reference: 13/13518

SCHEDULE

<i>Column 1</i>	<i>Column 2</i>
GRAZING (RELEVANT INTEREST – Section 34A Licence – RI 521882)	Reserve No. 96832 Public Purpose: future public requirements Notified: 8 July 1983 File Reference: 13/13518

GOULBURN OFFICE
159 Auburn Street, Goulburn NSW 2580
(PO Box 2215, Dangar NSW 2309)
Phone: (02) 4824 3700 Fax: (02) 4822 4287

**NOTICE OF PURPOSE OTHER THAN THE
DECLARED PURPOSE PURSUANT TO
SECTION 34A (2) OF THE
CROWN LANDS ACT 1989**

PURSUANT to section 34A (2) (b) of the Crown Lands Act 1989, the Crown reserve with the declared public purpose specified in Column 2 of the Schedule, is to be used or occupied for a purpose other than the declared purpose specified in Column 1 of the Schedule.

ANDREW STONER, M.P.,
Minister for Regional Infrastructure and Services

SCHEDULE

<i>Column 1</i>	<i>Column 2</i>
GRAZING (RELEVANT INTEREST – Section S34A – Licence 525859)	Reserve No. 750037 Public Purpose: future public requirements Notified: 29 June 2007 File Reference: 13/15687

GRAFTON OFFICE
49-51 Victoria Street, Grafton NSW 2460
(PO Box 2185, Dangar NSW 2309)
Phone: 1300 886 235 Fax: (02) 6642 5375

APPOINTMENT OF TRUST BOARD MEMBERS

PURSUANT to section 93 of the Crown Lands Act 1989, the persons whose names are specified in Column 1 of the Schedule hereunder are appointed, for the terms of office specified in that Column, as members of the trust board for the reserve trust specified opposite thereto in Column 2, which has been established and appointed as trustee of the reserve referred to opposite thereto in Column 3 of the Schedule.

ANDREW STONER, M.P.,
 Minister for Regional Infrastructure and Services

SCHEDULE

<i>Column 1</i>	<i>Column 2</i>	<i>Column 3</i>
Desma Jeannette Joy POINTON- WALES (new member) Daniel Scott BETHUNE (new member) Judith Ann EMMETT (new member) Helen May GIBBONS (new member) Victoria Dolene GAILLARD (new member) For a term commencing 30 January 2014 and expiring 29 January 2019.	Keerong Public Hall Reserve Trust	Reserve No. 87923 Public Purpose: public hall Notified: 28 August 1970 File Ref.: GF80R330

**NOTICE OF PURPOSE OTHER THAN THE
 DECLARED PURPOSE PURSUANT TO
 SECTION 34A (2) OF THE
 CROWN LANDS ACT 1989**

PURSUANT to section 34A (2) (b) of the Crown Lands Act 1989, the Crown reserve with the declared public purpose specified in Column 2 of the Schedule, is to be used or occupied for a purpose other than the declared purpose specified in Column 1 of the Schedule.

ANDREW STONER, M.P.,
 Minister for Regional Infrastructure and Services

SCHEDULE

<i>Column 1</i>	<i>Column 2</i>
GRAZING & STORAGE SHED (RELEVANT INTEREST – S34A Licence 522897)	Reserve No. 751059 Public Purpose: future public requirements Notified: 29 June 2007 File Reference: 13/14149

NOTIFICATION OF CLOSING OF A ROAD

IN pursuance of the provisions of the Roads Act 1993, the road hereunder described is closed and the lands comprised therein cease to be public road and the rights of passage and access that previously existed in relation to the road is extinguished. Upon closing, title to the land, comprising the former public road, vests in the body specified in the Schedule hereunder.

ANDREW STONER, M.P.,
 Minister for Regional Infrastructure and Services

Description

Parish – Kyogle; County – Rous
Land District – Casino; LGA – Richmond Valley
 Road Closed: Lot 1, DP 1191264.
 File No.: 07/2056

Schedule

On closing, the land within Lot 1, DP 1191264 remains vested in the State of New South Wales as Crown land.

Description

Parishes – Killarney, Tippereena; County – Nandewar
Land District – Narrabri; LGA – Narrabri
 Road Closed: Lot 3, DP 1190376.
 File No.: 13/03850

Schedule

On closing, the land within Lot 3, DP 1190376 remains vested in the State of New South Wales as Crown land.

Description

Parish – Doorabeeba; County – Benarba
Land District – Moree; LGA – Moree Plains
 Road Closed: Lot 1, DP 1191272.
 File No.: 13/04275

Schedule

On closing, the land within Lot 1, DP 1191272 remains vested in the State of New South Wales as Crown land.

Description

Parish – Doorabeeba; County – Benarba
Land District – Moree; LGA – Moree Plains
 Road Closed: Lot 2, DP 1191272.
 File No.: 13/04275

Schedule

On closing, the land within Lot 2, DP 1191272 remains vested in the State of New South Wales as Crown land.

Description

*Parish – Markham; County – Jamison
Land District – Narrabri; LGA – Narrabri*

Road Closed: Lot 3, DP 1191272.
File No.: 13/04275

Schedule

On closing, the land within Lot 3, DP 1191272 remains vested in the State of New South Wales as Crown land.

Description

*Parish – Copmanhurst; County – Clarence
Land District – Grafton; LGA – Clarence Valley*

Road Closed: Lot 1, DP 1188979.
File No.: 08/8084

Schedule

On closing, the land within Lot 1, DP 1188979 remains vested in the State of New South Wales as Crown land.

Description

*Parish – Blaxland; County – Fitzroy
Land District – Grafton; LGA – Clarence Valley*

Road Closed: Lot 1, DP 1179393.
File No.: 11/01516

Schedule

On closing, the land within Lot 1, DP 1179393 remains vested in the State of New South Wales as Crown land.

Description

*Parish – Rider; County – Murchison
Land District – Bingara; LGA – Gwydir*

Road Closed: Lot 1, DP 1189841.
File No.: 07/2160

Schedule

On closing, the land within Lot 1, DP 1189841 remains vested in the State of New South Wales as Crown land.

Description

*Parish – Pallal; County – Murchison
Land District – Bingara; LGA – Gwydir*

Road Closed: Lot 1, DP 1179786.
File No.: ME05H478

Schedule

On closing, the land within Lot 1, DP 1179786 remains vested in the State of New South Wales as Crown land.

Description

*Parish – Norton; County – Vernon
Land District – Walcha; LGA – Walcha*

Road Closed: Lot 4, DP 1189820.
File No.: AE07H73

Schedule

On closing, the land within Lot 4, DP 1189820 remains vested in the State of New South Wales as Crown land.

Description

*Parishes – Bligh, Fenton; County – Fitzroy
Land District – Bellingen; LGA – Bellingen*

Road Closed: Lot 1, DP 1189518.
File No.: 09/04432

Schedule

On closing, the land within Lot 1, DP 1189518 remains vested in the State of New South Wales as Crown land.

Description

*Parish – Menadool; County – Courallie
Land District – Moree; LGA – Moree Plains*

Road Closed: Lot 4, DP 1191268.
File No.: ME05H152

Schedule

On closing, the land within Lot 4, DP 1191268 remains vested in the State of New South Wales as Crown land.

Description

*Parish – Gladstone; County – Raleigh
Land District – Bellingen; LGA – Bellingen*

Road Closed: Lot 2, DP 1173972.
File No.: 07/1603

Schedule

On closing, the land within Lot 2, DP 1173972 remains vested in the State of New South Wales as Crown land.

Description

*Parish – West Coraki; County – Richmond
Land District – Casino; LGA – Richmond Valley*

Road Closed: Lot 2, DP 1190187.
File No.: 13/10975

Schedule

On closing, the land within Lot 2, DP 1190187 remains vested in the State of New South Wales as Crown land.

Description

*Parish – Burrell; County – Rous
Land District – Murwillumbah; LGA – Tweed*

Road Closed: Lot 1, DP 1191541.
File No.: 07/2180

Schedule

On closing, the land within Lot 1, DP 1191541 remains vested in the State of New South Wales as Crown land.

Description

*Parish – Nandabah; County – Richmond
Land District – Casino; LGA – Richmond Valley*

Road Closed: Lot 1, DP 1191823.
File No.: 12/05037

Schedule

On closing, the land within Lot 1, DP 1191823 remains vested in the State of New South Wales as Crown land.

Description

*Parish – Tomki; County – Rous
Land District – Casino; LGA – Richmond Valley*

Road Closed: Lot 3, DP 1191858.

File No.: GF06H262

Schedule

On closing, the land within Lot 3, DP 1191858 remains vested in the State of New South Wales as Crown land.

Description

*Parish – Baan Baa; County – Pottinger
Land District – Narrabri; LGA – Narrabri*

Road Closed: Lot 1, DP 1192064.

File No.: 13/13854

Schedule

On closing, the land within Lot 1, DP 1192064 remains vested in the State of New South Wales as Crown land.

ROADS ACT 1993

ORDER

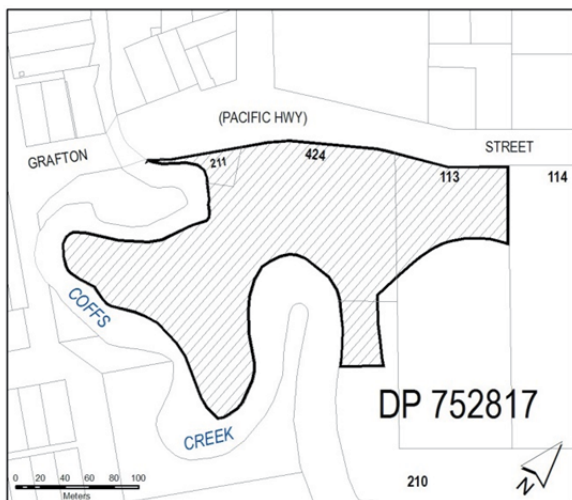
Correction of Defective Instrument

AS per the notification of Notification of Closing of a Road which appeared in *NSW Government Gazette* dated 10 January 2014, Folio 28, part of the description is hereby amended. Under heading of "Description" the words "subject to easement/right of access"; are deleted and replaced with "subject to easement for access". Ref: 07/6228

ERRATUM

IN the notification appearing in the *NSW Government Gazette* of 28 June 2013, Folio 3112, under the heading "Revocation of Appointment of a Reserve Trust" the diagram is removed and to be replaced by the diagram hereunder.

File No.: 09/07091

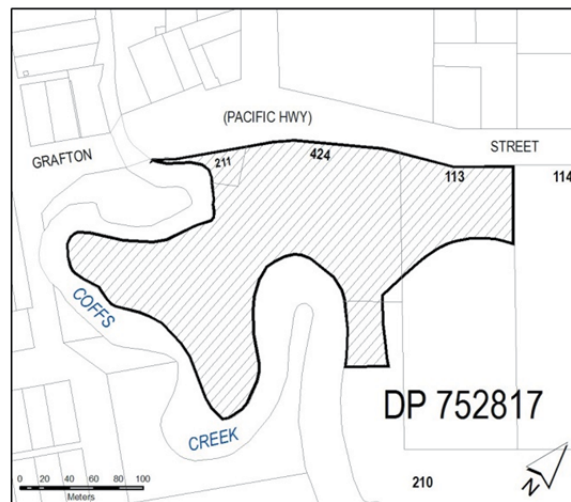


ANDREW STONER, M.P.,
Minister for Regional Infrastructure and Services

ERRATUM

IN the notification appearing in the *NSW Government Gazette* of 28 June 2013, Folio 3112, under the heading "Appointment of Reserve Trust" the diagram is removed and to be replaced by the diagram hereunder.

File No.: 09/07091



ANDREW STONER, M.P.,
Minister for Regional Infrastructure and Services

APPOINTMENT OF ADMINISTRATOR TO
MANAGE A RESERVE TRUST

PURSUANT to section 117, Crown Lands Act 1989, the person specified in Column 1 of the Schedules hereunder, is appointed as administrator for the term also specified, of the reserve trust specified opposite thereto in Column 2, which is trustee of the reserve referred to in Column 3 of the Schedules.

ANDREW STONER, M.P.,
Minister for Regional Infrastructure and Services

SCHEDULE 1

Column 1	Column 2	Column 3
Steve ROWE	Coffs Harbour Showground and Public Recreation Trust	Dedication: 540030 Public Purpose: Public recreation and showground Notified: 24 December 1920 File No.: GF80R184

For a term commencing 25 January 2014 and expiring 24 July 2014.

HAY OFFICE
126 Lachlan Street (PO Box 182), Hay NSW 2711
Phone: (02) 6990 1800 Fax: (02) 6993 1135

ROADS ACT 1993

ORDER

Transfer of a Crown Road to a Council

IN pursuance of the provisions of section 151, Roads Act 1993, the Crown road specified in Schedule 1 is transferred to the Roads Authority specified in Schedule 2, hereunder, as from the date of publication of this notice and as from that date, the road specified in Schedule 1 ceases to be a Crown road.

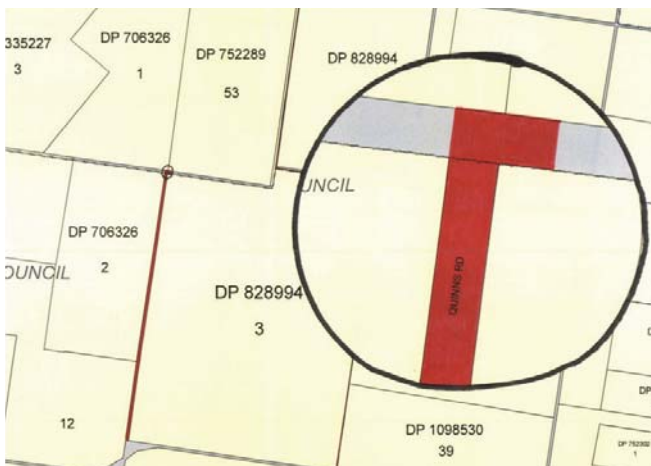
ANDREW STONER, M.P.,
Minister for Regional Infrastructure and Services

SCHEDULE 1

Parish – Warmatta & Momolong
County – Denison; Land District – Deniliquin
Local Government Area – Berrigan

The Crown Road, 20.115m wide, west of Lot 3, DP 828994, part south of Lot 1, DP 706326 being 20m south eastern corner and part south Lot 53, DP 752289 being 20m south western corner (as highlighted in the diagram below).

SCHEDULE 2



Roads Authority: Berrigan Shire Council
Lands File Reference: HY88H20

MAITLAND OFFICE
141 Newcastle Road, East Maitland NSW 2323
(PO Box 2215, Dangar NSW 2309)
Phone: (02) 1300 886 235 Fax: (02) 4934 2252

**NOTICE OF PURPOSE OTHER THAN THE
DECLARED PURPOSE PURSUANT TO
SECTION 34A (2) OF THE
CROWN LANDS ACT 1989**

PURSUANT to section 34A (2) (b) of the Crown Lands Act 1989, the Crown reserve with the declared public purpose specified in Column 2 of the Schedule, is to be used or occupied for a purpose other than the declared purpose specified in Column 1 of the Schedule.

ANDREW STONER, M.P.,
Minister for Regional Infrastructure and Services

SCHEDULE

<i>Column 1</i>	<i>Column 2</i>
GRAZING (RELEVANT INTEREST – S34A Licence 516446)	Reserve No. 170134 Public Purpose: environmental protection Notified: 27 April 1990 File Reference: 13/10935

ERRATUM

THE notice which appeared in the *New South Wales Government Gazette* No. 177 of 20 December 2013, Folio 5830 under the heading “Revoke Appointment of a Reserve Trust as Trustee of a Reserve”; the lot details in Column 2 are amended to read Part Lot 7308, DP 1161754.

ANDREW STONER, M.P.,
Minister of Regional Infrastructure and Services

NEWCASTLE OFFICE
437 Hunter Street, Newcastle NSW 2300
(PO Box 2215, Dangar NSW 2309)
Phone: (02) 1300 886 235 Fax: (02) 4925 3517

NOTIFICATION OF CLOSING OF A ROAD

IN pursuance of the provisions of the Roads Act 1993, the road hereunder described is closed and the lands comprised therein cease to be public road and the rights of passage and access that previously existed in relation to the road is extinguished. Upon closing, title to the land, comprising the former public road, vests in the body specified in the Schedule hereunder.

ANDREW STONER, M.P.,
 Minister for Regional Infrastructure and Services

Description

*Parish – Corrowong; County – Wellesley
 Land District – Bombala; LGA – Bombala*

Road Closed: Lot 2, DP 1190297 (subject to right of carriageway created by Deposited Plan 1190297).

File No.: 07/6188

Schedule

On closing, the land within Lot 2, DP 1190297 remains vested in the State of New South Wales as Crown land.

Description

*Parish – Molong; County – Ashburnham
 Land District – Molong; LGA – Cabonne*

Road Closed: Lot 1, DP 1182762.

File No.: 08/2994

Schedule

On closing, the land within Lot 1, DP 1182762 remains vested in the State of New South Wales as Crown land.

Description

*Parish – Wickham; County – Brisbane
 Land District – Muswellbrook; LGA – Muswellbrook*

Road Closed: Lot 1, DP 1189459.

File No.: 12/07040

Schedule

On closing, the land within Lot 1, DP 1189459 remains vested in the State of New South Wales as Crown land.

Description

*Parishes – Boggabri, Killoe and Watt; County – Brisbane
 Land District – Muswellbrook; LGA – Upper Hunter*

Road Closed: Lots 3 and 4, DP 1189727 and Lot 3, DP1189110.

File No.: 13/03206, 13/03207 and 10/15896

Schedule

On closing, the land within Lots 3 and 4, DP 1189727 and Lot 3, DP 1189110 remains vested in the State of New South Wales as Crown land.

Description

*Parish – Tenandra; County – Lincoln
 Land District – Dubbo; LGA – Wellington*

Road Closed: Lot 1, DP 1191919.

File No.: 12/03986

Schedule

On closing, the land within Lot 1, DP 1191919 remains vested in the State of New South Wales as Crown land.

Description

*Parish – Malmesbury; County – Bathurst
 Land District – Bathurst; LGA – Bathurst Regional*

Road Closed: Lot 1, DP 1190890.

File No.: 09/07061

Schedule

On closing, the land within part of Lot 1, DP 1190890 remains vested in the State of New South Wales as Crown land.

On closing, the land within part of Lot 1, DP 1190890 becomes vested in the State of New South Wales as Crown land.

Council's reference: JW:DS:25.00115

Description

*Parish – Bligh; County – Bligh
 Land District – Mudgee; LGA – Mid-Western Regional*

Road Closed: Lot 1, DP 1191436.

File No.: 13/00127

Schedule

On closing, the land within Lot 1, DP 1191436 remains vested in the State of New South Wales as Crown land.

Description

*Parish – Ganmain; County – Bourke
 Land District – Wagga Wagga; LGA – Wagga Wagga*

Road Closed: Lot 4, DP 1187176.

File No.: 13/00503

Schedule

On closing, the land within Lot 4, DP 1187176 remains vested in the State of New South Wales as Crown land.

Description

*Parish – Widgiewa; County – Urana
 Land District – Urana; LGA – Urana*

Road Closed: Lot 1, DP 1192176.

File No.: WA05H312

Schedule

On closing, the land within Lot 1, DP 1192176 remains vested in the State of New South Wales as Crown land.

Description

*Parish – Cudgymaguntry; County – Monteagle
Land District – Grenfell; LGA – Weddin*

Road Closed: Lot 2, DP 1192065.

File No.: 13/10165 : BA

Schedule

On closing, the land within Lot 2, DP 1192065 remains vested in the State of New South Wales as Crown land.

Description

*Parish – Jerrawa; County – King
Land District – Gunning; LGA – Upper Lachlan Shire*

Road Closed: Lots 1-2, DP 1190864.

File No.: 07/4686 : BA

Schedule

On closing, the land within Lots 1-2, DP 1190864 remains vested in the State of New South Wales as Crown land.

Description

*Parish – Sutton Forest; County – Camden
Land District – Moss Vale; LGA – Wingecarribee*

Road Closed: Lot 12, DP 1191350.

File No.: 13/10893 : BA

Schedule

On closing, the land within Lot 12, DP 1191350 remains vested in the State of New South Wales as Crown land.

Description

*Parish – Dalton; County – King
Land District – Gunning; LGA – Upper Lachlan Shire*

Road Closed: Lot 1, DP 1191605 (subject to a right of carriageway created by Deposited Plan 1191605).

File No.: GB05H63 : BA

Schedule

On closing, the land within part Lot 1, DP 1191605 remains vested in the State of New South Wales as Crown land.

On closing, the land within part Lot 1, DP 1191605 becomes vested in the State of New South Wales as Crown land.

Council's reference: 6.2.29

Description

*Parishes – Chaucer, Canowindra; County – Bathurst
Land District – Cowra; LGA – Cowra*

Road Closed: Lots 1-3, DP 1192043.

File No.: CL/00116

Schedule

On closing, part of the land within Lots 1-3, DP 1192043 remains vested in the State of New South Wales as Crown land and part becomes vested in the State of New South Wales as Crown land.

Council's reference: 108/12

Description

*Parish – Bomobbin; County – Cunningham
Land District – Condobolin; LGA – Forbes*

Road Closed: Lot 1, DP 1189868.

File No.: 13/09827

Schedule

On closing, the land within Lot 1, DP 1189868 remains vested in the State of New South Wales as Crown land.

Description

*Parish – Nelson; County – Narromine
Land District – Dubbo; LGA – Narromine*

Road Closed: Lot 2, DP 1178102.

File No.: 10/19135

Schedule

On closing, the land within Lot 2, DP 1178102 remains vested in the State of New South Wales as Crown land.

Description

*Parish – Cullen Bullen; County – Roxburgh
Land District – Lithgow; LGA – Lithgow*

Road Closed: Lots 1-2, DP 1192068 (subject to easement created by Deposited Plan DP 1192068).

File No.: 08/0086

Schedule

On closing, the land within Lots 1-2, DP 1192068 remains vested in the State of New South Wales as Crown land.

ROADS ACT 1993**ORDER**

Correction of Defective Instrument

AS per the notification of Notification of Closing of a Road which appeared in New South Wales Government Gazette dated 10 January 2014, Folio 33, part of the description is hereby amended. Under heading of "Description" the words "(subject to easement/right of carriageway created by Deposited Plan 1183026)"; is deleted and replaced with "(subject to easement for access created by Deposited Plan 1183026)".

File No.: 11/10165

NOWRA OFFICE
5 O’Keefe Avenue (PO Box 309), Nowra NSW 2541
Phone: (02) 4428 9100 Fax: (02) 4421 2172

ROADS ACT 1993

ORDER

Transfer of Crown Roads to a Council

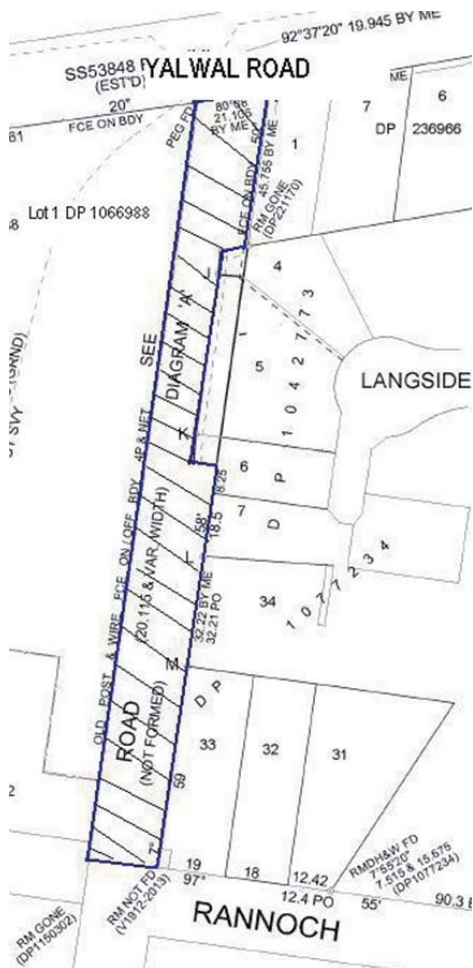
IN pursuance of the provisions of section 151, Roads Act 1993, the Crown public roads specified in each Schedule 1 are transferred to the Roads Authority specified in the corresponding Schedule 2 hereunder, as from the date of publication of this notice and as from that date, the roads specified in each Schedule 1, cease to be Crown public roads.

ANDREW STONER, M.P.,
 Minister for Regional Infrastructure and Services

SCHEDULE 1

*Parish – Nowra; County – St Vincent
 Land District – Nowra; LGA – Shoalhaven City Council*

Crown road 20.115 and Variable Width off Yalwal Road, as shown by black hatching on the diagram hereunder.



SCHEDULE 2

Roads Authority: Shoalhaven City Council
 File No.: NA04H5. W364462
 Council’s Reference: 4769E (D13/132557)

NOTIFICATION OF CLOSING OF A ROAD

IN pursuance of the provisions of the Roads Act 1993, the road hereunder described is closed and the lands comprised therein cease to be public road and the rights of passage and access that previously existed in relation to the road is extinguished. Upon closing, title to the land, comprising the former public road, vests in the body specified in the Schedule hereunder.

ANDREW STONER, M.P.,
 Minister for Regional Infrastructure and Services

Description

*Parish – Picton; County – Camden
 Land District – Picton; LGA – Wollondilly*

Road Closed: Lot 1, DP 1182837 (subject to easement for Water Supply 1 wide (Y) and right of carriageway variable width (X) created by Deposited Plan 1182837).

File No.: 08/2554

Schedule

On closing, the land within Lot 1, DP 1182837 remains vested in the State of New South Wales as Crown land.

**NOTICE OF PURPOSE OTHER THAN THE
 DECLARED PURPOSE PURSUANT TO
 SECTION 34A (2) OF THE
 CROWN LANDS ACT 1989**

PURSUANT to section 34A (2) (b) of the Crown Lands Act 1989, the Crown reserve with the declared public purpose specified in Column 2 of the Schedule, is to be used or occupied for a purpose other than the declared purpose specified in Column 1 of the Schedule.

ANDREW STONER, M.P.,
 Minister for Regional Infrastructure and Services

SCHEDULE

<i>Column 1</i>	<i>Column 2</i>
ENVIRONMENTAL PROTECTION AND SUSTAINABLE GRAZING (RELEVANT INTEREST – S34A Licence 521814)	Reserve No. 60703 Public Purpose: public recreation Notified: 21 September 1928 File Reference: 13/13847

SCHEDULE

<i>Column 1</i>	<i>Column 2</i>
BUFFER ZONE & RECREATION (RELEVANT INTEREST – Section 34A Licence – RI 528292)	Reserve No. 180069 Public Purpose: port facilities and services Notified: 28 June 1996 File Reference: 14/00198

SCHEDULE

<i>Column 1</i>	<i>Column 2</i>
BUFFER ZONE & RECREATION (RELEVANT INTEREST – Section 34A Licence – RI 528292)	Dedication No. 580103 Public Purpose: public recreation Notified: 31 October 1941 File Reference: 14/00198

SCHEDULE

<i>Column 1</i>	<i>Column 2</i>
BUFFER ZONE & RECREATION (RELEVANT INTEREST – Section 34A Licence – RI 528292)	Reserve No. 56146 Public Purpose: generally Notified: 11 May 1923 File Reference: 14/00198

SCHEDULE

<i>Column 1</i>	<i>Column 2</i>
BUFFER ZONE & RECREATION (RELEVANT INTEREST – Section 34A Licence – RI 528292)	Reserve No. 1011268 Public Purpose: future public requirements Notified: 3 February 2006 File Reference: 14/00198

ORANGE OFFICE
92 Kite Street (PO Box 2146), Orange NSW 2800
Phone: (02) 6391 4300 Fax: (02) 6362 3896

APPOINTMENT OF TRUST BOARD MEMBERS

PURSUANT to section 93 of the Crown Lands Act 1989, the persons whose names are specified in Column 1 of the Schedule hereunder are appointed, for the terms of office specified in that Column, as members of the trust board for the reserve trust specified opposite thereto in Column 2, which has been established and appointed as trustee of the reserve referred to opposite thereto in Column 3 of the Schedule.

ANDREW STONER, M.P.,
 Minister for Regional Infrastructure and Services

SCHEDULE

<i>Column 1</i>	<i>Column 2</i>	<i>Column 3</i>
Tex STEPHENS (new member)	Dark Corner Public	Reserve No. 42393 Public Purpose: public
Robert TERRY (new member)	Recreation Reserve Trust	recreation Notified: 22 January
Jacqueline Joy TERRY (new member)		1908 File Ref.: OE82R21
Susan HARRIS (new member)		
Ian Alfred BIGNELL (new member)		
Lynda Maree STEPHENS (new member)		

For a term commencing
 the date of this notice and
 expiring 23 January 2019.

SYDNEY METROPOLITAN OFFICE
Level 12, Macquarie Tower, 10 Valentine Avenue, Parramatta 2150
(PO Box 3935, Parramatta NSW 2124)
Phone: (02) 8836 5300 Fax: (02) 8836 5365

**NOTICE OF PURPOSE OTHER THAN THE
DECLARED PURPOSE PURSUANT TO
SECTION 34A (2) OF THE
CROWN LANDS ACT 1989**

PURSUANT to section 34A (2) (b) of the Crown Lands Act 1989, the Crown reserve with the declared public purpose specified in Column 2 of the Schedule, is to be used or occupied for a purpose other than the declared purpose specified in Column 1 of the Schedule.

ANDREW STONER, M.P.,
Minister for Regional Infrastructure and Services

SCHEDULE

<i>Column 1</i>	<i>Column 2</i>
ACCESS & ENCROACHMENTS (RELEVANT INTEREST – s34a licence 507363)	Reserve No. 1013848 Public Purpose: public Recreation & urban services Notified: 29 June 2007 File Reference: 12/07678

WAGGA WAGGA OFFICE**Corner Johnston and Tarcutta Streets (PO Box 60), Wagga Wagga NSW 2650****Phone: (02) 6937 2700 Fax: (02) 6921 1851****NOTICE OF PURPOSE OTHER THAN THE
DECLARED PURPOSE PURSUANT TO
SECTION 34A(2) OF THE
CROWN LANDS ACT 1989**

PURSUANT to section 34A (2) (b) of the Crown Lands Act 1989, the Crown reserve with the declared public purpose specified in Column 2 of the Schedule, is to be used or occupied for a purpose other than the declared purpose specified in Column 1 of the Schedule.

ANDREW STONER, M.P.,
Minister for Regional Infrastructure and Services

SCHEDULE

<i>Column 1</i>	<i>Column 2</i>
PIPELINE (RELEVANT INTEREST – S34A Licence 516994)	Reserve No. 700028 Public Purpose: travelling stock Notified: 23 May 1997 File Reference: 13/11432

SCHEDULE

<i>Column 1</i>	<i>Column 2</i>
ENVIRONMENTAL PROTECTION AND SUSTAINABLE GRAZING (RELEVANT INTEREST – Section 34A Licence – RI 509150)	Reserve No. 750847 Public Purpose: future public requirements Notified: 29 June 2007 File Reference: 12/08390

SCHEDULE

<i>Column 1</i>	<i>Column 2</i>
ACCESS & ENVIRONMENTAL PROTECTION AND SUSTAINABLE GRAZING (RELEVANT INTEREST – Section 34A Licence – RI 510332)	Dedication No. 757247 Public Purpose: future public requirements Notified: 29 June 2007 File Reference: 13/03333

WESTERN REGION OFFICE
45 Wingewarra Street (PO Box 1840), Dubbo NSW 2830
Phone: (02) 6883 5400 Fax: (02) 6884 2067

**NOTICE OF PURPOSE OTHER THAN THE
DECLARED PURPOSE PURSUANT TO
SECTION 34A (2) OF THE
CROWN LANDS ACT 1989**

PURSUANT to section 34A (2) (b) of the Crown Lands Act 1989, the Crown reserve with the declared public purpose specified in Column 2 of the Schedule, is to be used or occupied for a purpose other than the declared purpose specified in Column 1 of the Schedule.

ANDREW STONER, M.P.,
Minister for Regional Infrastructure and Services

SCHEDULE

<i>Column 1</i>	<i>Column 2</i>
DUGOUT (RELEVANT INTEREST – Section 34A Licence – RI 523450 File Reference – 13/14385);	Reserve No. 1013834 Public Purpose: future public requirements Notified: 29 June 2007 File Reference: 06/138
DUGOUT (RELEVANT INTEREST – S34 Licence – RI 523874) File Reference – 13/14619);	
DUGOUT (RELEVANT INTEREST – S34A Licence – RI 523765) File Reference – 13/14617)	

GRANTING OF A WESTERN LANDS LEASE

IT is hereby notified that under the provisions of section 28A of the Western Lands Act 1901, the Western Lands Lease of the land specified has been granted to the undermentioned persons.

The lease is subject to the provisions of the Western Lands Act 1901 and the Regulations thereunder and to the special conditions, provisions, exceptions, covenants and reservations set out hereunder.

The land is to be used only for the purpose for which the lease is granted.

All amounts due and payable to the Crown must be paid to the Department of Trade & Investment, Crown Lands by the due date.

ANDREW STONER, M.P.,
Minister for Regional Infrastructure and Services

*Administrative District – Balranald
Shire – Balranald
Parish – Taila; County – Taila*

Western Lands Lease 15204 was granted to Christopher Hugh Gorman and Andrew Richard Gorman, comprising Lot 66 in DP 756112 (folio identifier 66/756112) for the purpose of "Grazing" for a term in perpetuity commencing 1 July 2013.

Papers: 12/02256

CONDITIONS AND RESERVATIONS ATTACHED TO
WESTERN LANDS LEASE 15204

- (1) In the conditions annexed to the lease, the expression "the Minister" means the Minister administering the Western Lands Act 1901, and any power, authority, duty or function conferred or imposed upon the Minister by or under those conditions may be exercised or performed either by the Minister or by such officers of the Department of Trade and Investment as the Minister may from time to time approve.
- (2) In these conditions and reservations the expression "the Commissioner" means the Commissioner charged with the administration of the Western Lands Act 1901 ("the Act") in accordance with section 4 (2) of the Act.
- (3) (a) For the purposes of this clause the term Lessor shall include Her Majesty the Queen Her Heirs and Successors the Minister and the agents servants employees and contractors of the Lessor Her Majesty Her Majesty's Heirs and Successors and the Minister.
(b) The lessee covenants with the Lessor to indemnify and keep indemnified the Lessor from and against all claims for injury loss or damage suffered by any person or body using or being in or upon the Premises or any adjoining land or premises of the Lessor arising out of the Holder's use of the Premises and against all liabilities for costs charges and expenses incurred by the Lessor in respect of the claim of any such person or body except to the extent that any such claims and demands arise wholly from any negligence or wilful act or omission on the part of the Lessor.
(c) The indemnity contained in this clause applies notwithstanding that this Lease authorised or required the lessee to undertake or perform the activity giving rise to any claim for injury loss or damage.
(d) The lessee expressly agrees that the obligations of the Holder under this clause shall continue after the expiration or sooner determination of this Lease in respect of any act deed matter or thing occurring before such expiration or determination.
- (4) The rent of the lease shall be assessed in accordance with Part 6 of the Western Lands Act 1901.
- (5) The rent shall be due and payable annually in advance on 1 July in each year.
- (6) (a) "**GST**" means any tax on goods and/or services, including any value-added tax, broad-based consumption tax or other similar tax introduced in Australia.
"**GST law**" includes any Act, order, ruling or regulation, which imposes or otherwise deals with the administration or imposition of a GST in Australia.
(b) Notwithstanding any other provision of this Agreement:

- (i) If a GST applies to any supply made by either party under or in connection with this Agreement, the consideration provided or to be provided for that supply will be increased by an amount equal to the GST liability properly incurred by the party making the supply.
- (ii) If the imposition of a GST or any subsequent change in the GST law is accompanied by or undertaken in connection with the abolition of or reduction in any existing taxes, duties or statutory charges (in this clause "taxes"), the consideration payable by the recipient of the supply made under this Agreement will be reduced by the actual costs of the party making the supply that are reduced directly or indirectly as a consequence of the abolition of or reduction in taxes.
- (7) The lessee must pay all rates and taxes assessed on or in respect of the land leased during the currency of the lease.
- (8) The lessee must hold and use the land leased bona fide for the lessee's own exclusive benefit and shall not transfer, convey or assign the land or any portion thereof without having first obtained the written consent of the Minister.
- (9) The lessee must not enter into a sublease of the land leased unless the sublease specifies the purpose for which the land may be used under the sublease, and it is a purpose which is consistent with the purpose for which the land may be used under this lease.
- (10) If the lessee enters into a sublease of the land leased, the lessee must notify the Commissioner of the granting of the sublease within 28 days after it is granted.
- (11) The land leased must be used only for the purpose of "Grazing".
- (12) The lessee must maintain and keep in reasonable repair all improvements on the land leased during the currency of the lease and must permit the Minister or the Commissioner or any person authorised by the Minister or the Commissioner at all times to enter upon and examine the whole or any part of the land leased and the buildings or other improvements thereon.
- (13) The lessee must not erect or permit any person to erect any buildings or extend any existing buildings on the land leased except in accordance with plans and specifications approved by the Council of the local government area.
- (14) The lessee must ensure that the land leased is kept in a neat and tidy condition to the satisfaction of the Commissioner and not permit refuse to accumulate on the land.
- (15) Upon termination or forfeiture of the lease the Commissioner may direct that the former lessee remove any structure or material from the land at his own cost and without compensation. Where such a direction has been given the former lessee must leave the land in a clean and tidy condition free from rubbish and debris.
- (16) The lessee must, within 1 year from the date of commencement of the lease or such further period as the Commissioner may allow, enclose the land leased, either separately or conjointly with other lands held in the same interest, with a suitable fence to the satisfaction of the Commissioner.
- (17) The lessee must not obstruct or interfere with any reserves, roads, or tracks, or the use thereof by any person.
- (18) The lessee must erect gates on roads within the land leased when and where directed by the Commissioner for public use and must maintain those gates together with approaches thereto in good order to the satisfaction of the Commissioner.
- (19) Any part of a reserve for travelling stock, camping or water supply within the land leased must, during the whole currency of the lease, be open to the use of bona fide travellers, travelling stock, teamsters and carriers without interference or annoyance by the lessee and the lessee must post in a conspicuous place on the reserve a notice board indicating for public information the purpose of such reserve and, in fencing the land leased, the lessee must provide gates and other facilities for the entrance and exit of travelling stock, teamsters and others. The notice board, gates and facilities must be erected and maintained to the satisfaction of the Commissioner. The lessee must not overstock, wholly or in part, the areas leased within the reserve, the decision as to overstocking resting with the Commissioner.
- (20) The Crown shall not be responsible to the lessee or the lessee's successors in title for provision of access to the land leased.
- (21) The lessee shall comply with requirements of section 18DA of the Western Lands Act 1901 which provides that except in circumstances referred to in subsection (3) of that section, cultivation of the land leased or occupied may not be carried out unless the written consent of the Authority has first been obtained and any condition to which the consent is subject under sub section (6) is complied with.
- (22) The lessee must undertake any fuel management and/or provision of fire trail access in accordance with fire mitigation measures to the satisfaction of the NSW Rural Fire Service.
- (23) The lessee must, as the Commissioner may from time to time direct, foster and cultivate on the land leased such edible shrubs and plants as the Commissioner may consider can be advantageously and successfully cultivated.
- (24) Whenever so directed by the Commissioner, the lessee must, on such part or parts of the land leased as shall be specified in the direction, carry out agricultural practices, or refrain from agricultural practices, of such types and for such periods as the Commissioner may in the direction specify.
- (25) The lessee must not overstock, or permit or allow to be overstocked, the land leased and the decision of the Commissioner as to what constitutes overstocking shall be final and the lessee must comply with any directions of the Commissioner to prevent or discontinue overstocking.
- (26) The lessee must, if the Commissioner so directs, prevent the use by stock of any part of the land leased for such

periods as the Commissioner considers necessary to permit of the natural reseeded and regeneration of vegetation and, for that purpose, the lessee must erect within the time appointed by the Commissioner such fencing as the Commissioner may consider necessary.

- (27) The lessee must furnish such returns and statements as the Commissioner may from time to time require on any matter connected with the land leased or any other land (whether within or outside the Western Division) in which the lessee has an interest.
- (28) The lessee must, within such time as may be specified by the Commissioner take such steps and measures as the Commissioner shall direct to destroy vermin and such animals and weeds as may, under any Act, from time to time be declared (by declaration covering the land leased) noxious in the Gazette and must keep the land free of such vermin and noxious animals and weeds during the currency of the lease to the satisfaction of the Commissioner.
- (29) The lessee must not remove or permit any person to remove gravel, stone, clay, shells or other material for the purpose of sale from the land leased unless the lessee or the person is the holder of a quarry license
- under regulations made under the Crown Lands Act 1989 or, in respect of land in a State forest, unless the lessee or the person is the holder of a forest materials licence under the Forestry Act 1916, and has obtained the special authority of the Minister to operate on the land, but the lessee may, with the approval of the Commissioner, take from the land such gravel, stone, clay, shells or other material for building and other purposes upon the land as may be required by the lessee.
- (30) The lessee shall not unduly prevent inundation by environmental water from NOW/MBDA/CMA. If suitable arrangements for environmental watering cannot be made between the lessee and NOW/CMA/LLS/MDBA, the matter will be determined by the Commissioner.
- (31) Lake Caringay shall not be protected by levee banks or structures (either temporary or permanent), within the lease boundaries, that alter the natural flow of waterways, unless otherwise licensed by NOW. Unless licensed, all existing structures must be removed.
- (32) The lessee must remove all stock when the lease is inundated.

GRANTING OF A WESTERN LANDS LEASE

IT is hereby notified that under the provisions of section 28A of the Western Lands Act 1901, the Western Lands Leases of the lands specified in the following Schedule have been granted to the undermentioned persons.

The leases are subject to the provisions of the Western Lands Act 1901 and the Regulations thereunder. The land is to be used only for the purpose of Residence.

Initial rent will be \$100.00 per annum and re-assessed thereafter annually on 1 April of each year.

The Conditions and Reservations annexed to such leases are those conditions published in the *New South Wales Government Gazette* of 20 March 2009, Folios 1416-1418.

All amounts due and payable to the Crown must be paid to the Department of Trade & Investment, Crown Lands by the due date.

ANDREW STONER, M.P.,
Minister for Regional Infrastructure & Services

*Administrative District – Walgett North; Shire – Walgett
Parish – Wallangulla/Mebea; County – Finch*

WLL No.	Name of Lessee	File No.	Folio identifier	Area m ²	Term of Lease	
					From	To
16280	Kim Christopher BOTFIELD	08/11554	399/1076808	2155	17 January 2014	16 January 2034

WATER

WATER ACT 1912

AN application under Part 8 of the Water Act 1912, being within a proclaimed (declared) local area under section 5 (4) of the Water Act 1912.

An application for approval of controlled works under section 167 of the Water Act 1912 within the proclaimed local area described hereunder has been received as follows:

BOGGABRI COAL PTY LIMITED for controlled works consisting of construction of access road on the Upper Namoi Floodplain. On Lot 105, DP 755470, Parish Baan Baa, County Pottinger and associated Crown lands on the property known as "Heathcliffe", Boggabri. New approval. (Reference 90CW811044)

Any inquires should be direct to (02) 6799 6621. Written objections, from any local occupier or statutory authority, specifying grounds and how their interest are affect, must be lodged with the NSW Office of Water, PO Box 382, Narrabri NSW 2390, within 28 days of this publications (90CW811044).

ROBERT ALBERT,
A/Manager,
Murray Basin North/North Coast

WATER ACT 1912

AN application for a licence under section 10 of Part 2 of the Water Act 1912 has been received as follows:

IAN SHAW McLEOD for a pump on Orara River on Lot 26, DP 752818, Parish Comlaroi, County Fitzroy, for irrigation of 3 hectares (20 megalitres) (Reference: 30SL067261). Split of existing entitlement.

Any inquiries should be directed to (02) 6641 6500. Written objections, from any local occupier or statutory authority, specifying grounds and how their interests are affected, must be lodged with the NSW Office of Water, Locked Bag 10, Grafton NSW 2460, within 28 days of this publication.

TRACEY LAWSON,
Water Regulation Officer

WATER ACT 1912

APPLICATIONS for licences under section 10 of Part 2 of the Water Act 1912 have been received as follows:

LEONE JUDITH EGEN for a pump on Clarence River on Lots 114, 44 and 28, DP 751369, County Clarence, Parish Eaton and Lot 46, DP 751366, County Clarence, Parish Copmanhurst, for irrigation of 1.5 hectares (10 megalitres) (Reference: 30SL067259). Entitlement by way of permanent transfer.

STEPHEN JOHN WILLIAMSON for a pump on Orara River on Lots 108, DP 752810 and Lot 9, DP 113233, County Fitzroy, Parish Bardsley, for irrigation of 2 hectares (14 megalitres) (Reference: 30SL067260). Entitlement by way of permanent transfer.

KELLY JOY WHYTE for a pump on Clarence River on Lots 20 and 21, DP 751385, County Clarence, Parish Southampton, for irrigation of 7.5 hectares (20 megalitres) (Reference: 30SL067227). Entitlement by way of permanent transfer.

Any inquiries should be directed to (02) 6641 6500. Written objections, from any local occupier or statutory authority, specifying grounds and how their interests are affected, must be lodged with the NSW Office of Water, Locked Bag 10, Grafton NSW 2460, within 28 days of this publication.

TRACEY LAWSON,
Water Regulation Officer

Other Notices

APPRENTICESHIP AND TRAINEESHIP ACT 2001

NOTICE is given that the Commissioner for Vocational Training under section 5 of the Apprenticeship and Traineeship Act 2001 has established the following traineeship vocation:

- o Drilling – Well Servicing Operations

Notice is given that the Commissioner for Vocational Training under section 6 of the Apprenticeship and Traineeship Act 2001 has and made new vocational training orders for the following vocations:

- o Drilling – Oil/Gas (On Shore)
- o Drilling – Operations
- o Drilling – Well Servicing Operations

The Order specifies a number of matters relating to the required training for the vocation including the terms of apprenticeship, probationary periods and qualifications to be undertaken.

The Order will take effect from the date of publication in the *NSW Government Gazette*.

Copies of the Order may be inspected at any State Training Services Regional office of the Department of Education and Communities or on the internet at:

https://www.training.nsw.gov.au/cib_vto/cibs/cib_609.html

Notice is also given that the following traineeship vocation has been repealed:

- o Drilling – Oil/Gas (Off Shore)

APPRENTICESHIP AND TRAINEESHIP ACT 2001

NOTICE is given that the Commissioner for Vocational Training under section 5 of the Apprenticeship and Traineeship Act 2001 has established the following vocations:

Traineeship

- o Civil Construction – Design
- o Civil Construction – Supervision

Notice is given that the Commissioner for Vocational Training under section 6 of the Apprenticeship and Traineeship Act 2001 has varied and made new vocational training orders for the following vocations:

Apprenticeships

- o Civil Construction – Design
- o Civil Construction – Management
- o Civil Construction – Operations

Traineeships

- o Civil Construction
- o Civil Construction – Bituminous Surfacing
- o Civil Construction – Design
- o Civil Construction – Trenchless Technology
- o Civil Construction – Supervision

The Order specifies a number of matters relating to the required training for the vocation including the terms of apprenticeship, probationary periods and qualifications to be undertaken.

The Order will take effect from the date of publication in the *NSW Government Gazette*.

Copies of the Order may be inspected at any State Training Services Regional office of the Department of Education and Communities or on the internet at:

https://www.training.nsw.gov.au/cib_vto/cibs/cib_608.html

Notice is also given that the following vocations have been repealed:

Apprenticeships

- o Civil Construction
- o Civil Construction – Supervision

Traineeships

- o Civil Construction – Civil Foundations

APPRENTICESHIP AND TRAINEESHIP ACT 2001

NOTICE is given that the Commissioner for Vocational Training under section 6 of the Apprenticeship and Traineeship Act 2001 has made new traineeships vocational training orders by varying the following vocations:

- Mining – Emergency Response and Rescue
- Mining – Exploration
- Mining – Resource Processing
- Mining – Surface Mining
- Mining – Underground Coal Mining
- Mining – Underground Metalliferous

The Order specifies a number of matters relating to the required training for the vocation including the terms of apprenticeship, probationary periods and qualifications to be undertaken.

The Order will take effect from the date of publication in the *NSW Government Gazette*.

Copies of the Order may be inspected at any State Training Services Regional office of the Department of Education and Communities or on the internet at:

https://www.training.nsw.gov.au/cib_vto/cibs/cib_607.html

Notice is also given that the following traineeship vocation has been repealed:

- Mining – Small Mining Operations

ASSOCIATIONS INCORPORATION ACT 2009

Reinstatement of Cancelled Association Pursuant to Section 84

TAKE notice that the incorporation of WAVERLEY RUGBY FOOTBALL AND SPORTING CLUB INCORPORATED (Y0176045) cancelled on 4 July 2008 is reinstated pursuant to section 84 of the Associations Incorporation Act 2009.

Dated this 21st day of January 2014.

ROBYNE LUNNEY,
Delegate of the Commissioner,
NSW Fair Trading

ASSOCIATIONS INCORPORATION ACT 2009

Cancellation of Incorporation Pursuant to Section 72

TAKE notice that the incorporation of the following associations is cancelled by this notice pursuant to section 72 of the Associations Incorporation Act 2009.

Tumut Valley Garden Club Incorporated – Inc9876548
 Kalaweit Australia Incorporated – Inc9894147
 Todays Future Incorporated – Inc9887485
 Nelligen & District Tennis & Recreation Club Inc – Y1162741
 Career Connect (North Coast) Incorporated – Y1875546
 Mahamevna Bhavana Asapuwa Meditaton Centre Sydney Incorporated – Inc9888576
 National Seniors Australia Epping Branch Incorporated – Inc9882146

Cancellation is effective as at the date of gazettal.

Dated this 21st day of January 2014.

ANTHONY DONOVAN,
 Delegate of the Commissioner,
 NSW Fair Trading

ASSOCIATIONS INCORPORATION ACT 2009

Cancellation of Incorporation Pursuant to Section 76

TAKE notice that the incorporation of the following associations are cancelled by this notice pursuant to section 76 of the Associations Incorporation Act 2009.

Oxford Street Community and Retail Incorporated – Inc9887183
 Australia-Shandong China Friendship & Exchange Association Incorporated – Inc9889390
 Auburn Cottage Incorporated – Inc9879624
 St George Asian Business Association Incorporated – Inc9881687
 Adncentral Incorporated – Inc9892875

Cancellation is effective as at the date of gazettal.

Dated this 21st day of January 2014.

ROBYNE LUNNEY,
 Delegate of the Commissioner,
 NSW Fair Trading

ASSOCIATIONS INCORPORATION ACT 2009

Cancellation of Incorporation Pursuant to Section 76

TAKE notice that the incorporation of the following associations are cancelled by this notice pursuant to section 76 of the Associations Incorporation Act 2009.

CTC Nimbin Incorporated – Inc9878221
 Fellowship of Australian Composers Incorporated – Y2879234
 Micketty Mulga Landcare Incorporated – Inc9878466
 Lirambenda Riding Club Inc. – Y0875209
 Regional Community Watch Incorporated – Inc9884465

The Entrance Pigeon Club Incorporated – Y2483121
 East Coast Sailing Association Incorporated – Inc9884404
 Map Fund Incorporated – Inc9880881
 Clarence River Amateur Action Group Incorporated – Inc9878935
 Sikh Youth Camps Australia Incorporated – Inc9886028
 The Crest Association Inc – Inc9889438
 Peak Alone Wandella Catchment Association Incorporated – Y2942605
 Settlement Services Coalition of NSW Incorporated – Y3040601
 Korean Consultation Group Incorporated – Inc9890690
 Marine Parks Association Incorporated – Inc9884232
 National Seniors Australia – Tamworth Regional Branch Inc – Inc9890887
 Progression Christians for Social Justice Incorporated – Inc9887207
 Kosma-Vrontama-Geraki Association (Paronos) Incorporated – Inc9890891
 Fountain of Hope Incorporated – Inc9888866
 World Chinese Mutual Aid Association Incorporated – Inc9893418
 Australian Iraqi Association of Community Services Incorporated – Inc9892040
 Carrathool Rugby Union Club Incorporated – Inc9888375
 South Pacific Ministries Incorporated – Inc9882703
 Nolans Road Catchment Committee Incorporated – Y2839740
 Sky Melody Incorporated – Inc9888036
 Memory Lane Car Club Incorporated – Inc9887549
 Far Western Districts Swimming Association Incorporated – Inc9883180
 The New Life Foundation Incorporated – Inc9879094
 Society for Wildlife and Nature Incorporated – Inc9883850
 Regional Skills Incorporated – Y0192000
 Inland Rabbit Association Incorporated – Y2699432
 Environment Watch Incorporated – Inc9877825
 The Rural Block Incorporated – Inc9876253
 Gladstone Sports Flyers Incorporated – Inc9884017
 Gloucester Physical Culture Club Incorporated – Y2902523
 North Western Sydney Agribusiness (&Tourism) Alliance Incorporated – Inc9882095
 Tweed Valley Banana Festival Inc – Y0690128
 Natural Wellbeing Organisation Incorporated – Inc9888935
 Gareth Ivory Foundation Incorporated – Inc9883981
 Apna Punjab Sports & Cultural Club Incorporated – Inc9889467
 Global Cedars Society Incorporated – Inc9890791

Adyge Indigenous Organisation Incorporated – Inc9889520
 Beautiful Gate Church Incorporated – Inc9890989
 Country F.M. Incorporated – Inc9891011
 Independent Signalling Contractors Association Incorporated – Inc9887120
 Bingara Arts Council Incorporated – Inc9877603
 Lifes Discoveries Incorporated – Inc9891128
 Sydney Afrikaanse Groep Incorporated – Inc9883283
 Australian Centre for Fraternalism, Secret Societies and Matship Incorporated – Inc9890089
 Humula Golf Club Inc – Y0918709
 Chez Angelicus Incorporated – Inc9891579

Cancellation is effective as at the date of gazettal.

Dated this 21st day of January 2014.

ROBYNE LUNNEY,
 Delegate of the Commissioner,
 NSW Fair Trading

GEOGRAPHICAL NAMES ACT 1966

Public Comment Sought on the Proposed Name of New Glasgow Park

PURSUANT to the provisions of section 8 of the Geographical Names Act 1966, the Geographical Names Board is seeking comment on a proposal by the Parramatta City Council to assign the name “New Glasgow Park” to an unnamed reserve in the Parramatta Local Government Area.

“New Glasgow Park” is an unnamed reserve adjoining Duck River, located in Factory Street, between Sixth and Seventh Streets, Granville. “New Glasgow” is the former name of the local surrounding area when it was subdivided for industrial and residential purposes in the 1870s.

Submissions may be lodged on the Geographical Names Board website at www.gnb.nsw.gov.au.

Any person wishing to make comment upon this proposal may prior to Friday, 28 February 2014 write to the Secretary of the Board with that comment. All submissions lodged in accordance with section 9 of the Geographical Names Act 1966 may be subject to a freedom of information application and may be viewed by a third party to assist the Board in considering this proposal.

D. MOONEY,
 Chairman

Geographical Names Board,
 PO Box 143,
 Bathurst NSW 2795

GEOGRAPHICAL NAMES ACT 1966

Notice to Assignment of the Name Lake Macquarie City Centre within the City of Lake Macquarie Local Government Area

PURSUANT to the provisions of section 10 of the Geographical Names Act 1966, the Geographical Names Board hereby notifies that it has this day named a cultural point as “Lake Macquarie City Centre” in the City of Lake Macquarie Local Government Area.

The name does not affect any currently assigned suburb or suburb boundary, a cultural point is an unbounded area which recognises the cultural or business heart of a community, usually centred on the Local Government Administration Centre.

The position and extent of these features are shown in the Geographical Names Register of New South Wales which can be viewed on the Geographical Names Board’s internet site at www.gnb.nsw.gov.au

D. MOONEY,
 Chairman

Geographical Names Board,
 PO Box 143,
 Bathurst NSW 2795

MENTAL HEALTH ACT 2007

Section 109

Declaration of Mental Health Facility

I, DR MARY FOLEY, Director General of the NSW Ministry of Health, pursuant to section 109 of the Mental Health Act 2007, DO HEREBY

- (a) REVOKE the Order published in the *NSW Government Gazette* of 17 May 1991 declaring the Pialla Unit of Nepean Hospital to be a hospital for the purposes of the Mental Health Act 1990 (which was taken to be a declared mental health facility in accordance with Clause 5 (1) of Schedule 6 of the Mental Health Act 2007)
- (b) DECLARE the following premises of Nepean Hospital to be a declared mental health facility for the purposes of the Mental Health Act 2007:

Nepean Mental Health Centre, comprising:

- Triage and Assessment Area, located on Level 2 of the Mental Health Centre, Nepean Hospital Campus, Derby Street, Penrith NSW 2750
- Acute Mental Health Unit, located on Level 2 of the Mental Health Centre, Nepean Hospital Campus, Derby Street, Penrith NSW 2750
- High Dependency Mental Health Unit, located on Level 2 of the Mental Health Centre, Nepean Hospital Campus, Derby Street, Penrith NSW 2750
- Older People’s Acute Mental Health Unit, located on Level 1 of the Mental Health Centre, Nepean Hospital Campus, Derby Street, Penrith NSW 2750

Nepean Psychiatric Emergency Care Centre, located within the West Block of the Nepean Hospital Campus, Derby Street, Penrith NSW 2750

Pialla Mental Health Unit, Nepean Hospital Campus, Derby Street, Penrith NSW 2750

- (c) DECLARE this facility to be designated as a “mental health assessment and inpatient treatment” facility.

Signed, this 16th day of January 2014.

Dr MARY FOLEY,
 Director General

PASSENGER TRANSPORT REGULATION 2007

Pre-Payment of Fares at Specified Taxi Zones

IT is hereby advised, pursuant to Clause 163B (9) (b) of the Passenger Transport Regulation 2007, that taxi drivers can require hirers from the two secure taxi zones at Kings Cross and Rushcutters Bay to pay a deposit on the estimated fare for a hiring commencing on or after 9 p.m. on the dates, and before 6 a.m. on the day immediately thereafter, as specified in the Schedule hereto.

SCHEDULE

Sunday, 26th January 2014
 Thursday, 17th April 2014
 Sunday, 20th April 2014
 Thursday, 24th April 2014
 Sunday, 8th June 2014
 Sunday, 5th October 2014
 Wednesday, 24th December 2014
 Wednesday, 31st December 2014

Dated: 22 January 2014.

TRANSPORT FOR NSW

**SURVEYING AND SPATIAL INFORMATION
ACT 2002**

Registration of Surveyors

PURSUANT to the provisions of the Surveying and Spatial Information Act 2002, section 10 (1) (a), the undermentioned persons have been registered as Land Surveyors in New South Wales from the dates shown:

<i>Name</i>	<i>Address</i>	<i>Effective Date</i>
BROWN Michael Alexander	22 Toby Crescent Panania 2213	13 January 2014
BOURKE Campion Lawrence	PO Box 403 Tamworth 2340	20 December 2013
SUMNER Troy Daniel	98 Lawes Street East Maitland 2323	20 December 2013

D. J. MOONEY,
President
M. C. SPITERI,
Registrar

INCIDENT MANAGEMENT POLICY

PURPOSE

The purpose of this policy is to provide direction to health services regarding the management of both clinical and corporate incidents, including the provision of appropriate feedback to patients, families/support persons and clinicians, and the sharing of lessons learned to prevent patient harm. This policy describes a statewide system for managing clinical and corporate incidents in order that health practitioners, managers and staff respond effectively to them.

MANDATORY REQUIREMENTS

Each NSW Health entity is required to have in place a system to manage incidents based on the following principles:

Openness about failures – incidents are reported and the incident acknowledged without fear of inappropriate blame. Patients and their families/support persons are offered an apology and told what went wrong and why

Emphasis on learning – the system is oriented towards learning from mistakes and consistently employs improvement methods for achieving this

Obligation to act – the obligation to take action to remedy problems is clearly accepted and the allocation of this responsibility is unambiguous and explicit

Accountability – the limits of individual accountability are clear, individuals understand when they may be held accountable for their actions

Just culture – individuals are treated fairly

Appropriate prioritisation of action – action to address problems is prioritised and resources directed to those areas where the greatest improvements are possible

Cooperation, collaboration and communication – teamwork is recognised as the best defence of system failures and is explicitly encouraged and fostered within a culture of trust and mutual respect.

IMPLEMENTATION

All Staff are responsible for:

- Notifying all incidents identified using the Incident Information Management System (IIMS)
- Commencing and/or participating in the open disclosure process as appropriate
- participating in the investigation of incidents as required
- Participating in the implementation of recommendations arising from the investigation of incidents
- Encouraging colleagues to notify incidents that have been identified.

Local Health Districts and Special Health Networks are responsible for

- Ensuring staff are trained in incident management (including IIMS) and able to investigate incidents and action recommendations
- Ensuring an effective incident management system is in place for investigating and actioning recommendations for all incidents
- Ensuring that there is timely notification of incidents to the Minister's office, Director-General, Deputy Director-General and the Strategic Relations and Communications Branch of the MoH by submitting a Reportable Incident Brief (RIB) as required and notifying by telephone if urgent attention is required

- Ensuring that there is timely notification to NSW Treasury Managed Fund (TMF) of all incidents that have the potential to become claims
- Ensuring the monitoring and rating of all risks identified from incident investigation and analysis as per the NSW Health Risk Management - Enterprise-Wide Policy and Framework (PD2009_039)
- Reporting all Severity Assessment Code (SAC) 1 incidents to the MoH within 24 hours or the next business day
- Ensuring processes are in place to manage clinical RIBs in accordance with this policy to protect statutory privilege under *Section 23 of the Health Administration Act 1982*
- Conducting privileged Root Cause Analysis (RCA) on clinical SAC1 incidents, and other incidents when deemed appropriate, in accordance with *Part 2, Division 6C of the Health Administration Act 1982*
- Conducting a detailed investigation of all corporate SAC 1 incidents
- Where a privileged RCA has been conducted, providing RCA reports to the MoH within 70 calendar days of notification of the incident in IIMS
- Providing a report on key findings from corporate SAC 1 investigations to the MoH within 70 calendar days
- Taking local action to ensure appropriate incident management and preventing recurrence of incidents
- Reporting of trended incident data and outcomes of RCAs and Corporate SAC 1 investigations to relevant groups within health services
- Ensuring appropriate resources are available for effective incident management and patient safety initiatives
- Implementing policies and local practices that support staff and encouraging an environment where incident notification and active management of incidents is fostered
- Contributing to statewide improvements as required.

Clinical Excellence Commission (CEC) is responsible for

- Reviewing clinical incidents and investigation reports
- Providing advice to the system in response to specific queries about clinical incident management, and in response to analysis of clinical incidents
- Providing advice and regular reports to the MoH on clinical quality, patient safety issues and trends and lessons learned from the clinical incident management process
- Disseminating lessons learned from clinical incident management
- Providing advice to the MoH on strategies to minimise clinical system errors across the state
- Developing State-wide policies and strategies in relation to patient safety and health care quality
- Identifying education needs emerging from clinical incident management.

NSW Ministry of Health (MoH) is responsible for

- Ensuring health services have systems in place to report, investigate and implement the actions necessary to prevent clinical and corporate incidents, protect patient safety and improve clinical quality
- Establishing and maintaining systems to monitor and manage incidents reported to the MoH
- Receiving and viewing notifications about clinical and corporate SAC1 health care incidents
- Reviewing advice and reports provided by the CEC on analysis of trends from RCAs and issues arising from all clinical incident (SAC) categories
- Providing advice to the Minister for Health on issues of public concern and media or public attention
- Providing an appropriate statewide response to new risks as they are identified.

REVISION HISTORY

Version	Approved by	Amendment notes
February 2014 (PD2014_004)	Director General	This amended policy contains changes to the national sentinel event definitions and replaces PD2007_061 and PD2005_634
July 2007 (PD2007_061)	Director General	Replaces PD2006_030
May 2006 (PD2006_030)	Director General	Replaces PD2005_604 and PD2005_404
November 2005 (PD2005_634)	Director General	Reportable Incident Definition under section 20L of the Health Administration

ATTACHMENTS

1. Incident Management Policy: Procedures

Incident Management Policy



Issue date: February-2014
PD2014_004

Incident Management Policy



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Incident Management Policy



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Incident Management Policy



1 INTRODUCTION

1.1 Aim

The aim of the Incident Management Policy Directive is to:

- a. Ensure a consistent and coordinated approach to incident management including the identification, notification, investigation and analysis of incidents resulting in appropriate action
- b. Allow the lessons learned to be shared across the whole health system
- c. Ensure Health Services establish processes that comply with the legal aspects of both clinical and corporate incident management
- d. Establish standard approaches to both clinical and corporate incident management including the establishment of performance indicators to monitor compliance.

1.2 Scope

This Policy Directive

- a. Applies to all incidents that occur in the health system
- b. Provides guidance on the difference between clinical and corporate incidents and the key elements of the different approaches required
- c. Is applicable to clinical staff and non-clinical staff
- d. Describes roles and responsibilities in the incident management process
- e. Articulates mandated reporting requirements from legal and policy perspectives
- f. Defines the timeframes within which incidents, and the results of the investigation of these incidents, are to be reported
- g. Identifies the state-level processes for aggregation, analysis, learning and action on incidents
- h. Outlines other policy and legislated incident reporting requirements.

For the purposes of this policy, the term “Health Services” refers to Public Health Organisations including Statutory Health Corporations and Affiliated Health Organisations, and the Ambulance Service of NSW.

Compliance with this Policy Directive is mandatory for all Health Service staff.

1.3 Associated Documents

This Policy Directive is to be read in conjunction with the Incident Management Policy Statement and other policies relating to incident management (*Appendix A*).

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1.4 Key Definitions

The following terms are used in this document

Ambulance Service of NSW	The Ambulance Service of NSW as defined in the <i>Health Services Act 1997</i> .
Actual SAC	The rating applied to each incident when it is reviewed by a manager. Further management of the incident is based on this confirmed rating.
Apology	A key aspect of open disclosure is saying sorry or offering an apology to the patient and their family/carer following an incident. An apology is an expression of sympathy or regret, or of a general sense of benevolence or compassion, in connection with any matter, whether or not the apology admits or implies an admission of fault in connection with the matter.
Classification	The process for capturing relevant information about an incident to ensure the complete nature of the incident, including causative and contributory factors from a range of perspectives, is documented and understood.
Clinical Excellence Commission (CEC)	A Board governed statutory health corporation established under the <i>Health Services Act (section 41)</i> . It builds on the foundation work carried out by the Institute of Clinical Excellence established in 2001. Under the Act, a statutory health corporation is established to enable certain Health Services and support services to be provided within the State other than on an area/local health district basis.
Clinical Governance Unit	The Clinical Governance Unit (CGU) has the role of support, performance and conformance to develop and monitor policies and procedures for improving systems of care. The CGU will contribute to the Patient Safety and Clinical Quality program by ensuring it is uniformly implemented across the state and for overseeing the risk management of patient safety and clinical quality by building upon existing incident management and investigation.
Clinical Risk Action Group (formerly Clinical Risk Review Committee/Reportable Incident Review Committee)	<p>The NSW Health Clinical Review Action Group (CRAG) is responsible for examining and monitoring serious clinical adverse events reported to the MoH via Reportable Incident Briefs and ensuring that appropriate action is taken. The Committee analyses information reported to it on specific incidents, identifies issues relating to morbidity and mortality that may have statewide implications and provides strategic direction and advice on policy development to effect health care system improvement.</p> <p>The workings of this Committee are subject to special statutory privilege under section 23 of the <i>Health Administration Act 1982</i>.</p>
Clinician	A health practitioner or Health Service provider of any profession regardless of whether the person is a registered health practitioner.
Complaint	<p>A complaint is</p> <ol style="list-style-type: none"> 1. An expression of dissatisfaction that may have one or more associated issues 2. A concern that provides feedback regarding any aspect of service that identifies issues requiring a response. <p>A complaint may, for example be about policies, procedures, employee conduct, provision of information, quality of communication or treatment, or</p>

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	<p>quality, access to or promptness of service. Complaints do not include requests for services or information or explanation of policies or procedures or industrial matters between Health Services and unions.</p> <p>Complaints may be made, for example, in person, by telephone, letter, survey and in some cases through the media.</p>
Hazard	A source or situation with a potential for harm in terms of human injury or ill health, damage to property, damage to the environment or a combination of these.
Health Service	Refers to Public Health Organisations including Statutory Health Corporations and Affiliated Health Organisations, and the Ambulance Service of NSW.
IIMS	The NSW Health Incident Information Management System ¹ .
Incident	Any unplanned event resulting in, or with the potential for, injury, damage or other loss. This includes a near miss.
Incident category	Grouping of incidents in the incident management system, for example clinical, staff, visitor/contractor incidents, property, security, hazard incidents and complaints.
Incident Investigation	The management process by which underlying causes of undesirable events are uncovered ² .
Incident Management	A systematic process for identifying, notifying, prioritising, investigating and managing the outcomes of an incident and steps are taken to prevent similar occurrences.
Incident type	The core issues of the incident such as a fall or medication error. There can be more than one type of incident associated with each registered incident.
Local Health Districts (LHDs)	Bodies corporate constituted under section 17 <i>Health Services Act 1997</i> that are principally concerned with the conduct of public hospitals and health institutions and the provision of Health Services to residents within a designated geographic area.
Minimum Dataset	The minimum amount of information to be captured for the incident notification to be considered completed in the incident management system. It refers to the datasets associated with the incident type selected.
Near miss	Any event that could have had adverse consequences but did not. An arrested or interrupted sequence where the incident was intercepted before causing harm e.g. an incorrect medication added to an infusion but not administered.
Notifier	Any member of staff of the NSW health system who enters information into the incident management system of an incident or near miss, for any incident category. Consumers may notify an incident via the complaints process.

¹ The Incident Information Management System (IIMS) incorporates the Advanced Incident Management System (AIMS®) software application as its underlying database.

² Woloshnowych M, Rogers S, Taylor-Adams S, Vincent C. "The investigation and analysis of critical incidents and adverse events in healthcare." Health Technology Assessment, 2005 9 (9): vii.

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Notification	The process of entering or documenting data about an incident or near miss for any of the incident categories into the incident management system.
Open Disclosure	The process of communicating with a patient and/or their support person about a patient related incident.
Registered user	An authorised person nominated by the health district/ network/ service with registered access to the incident management system.
Reportable Incident	An incident requiring a RIB. This includes both clinical and corporate SAC 1 incidents and also any matter that requires direct notification to the MoH under existing legislative reporting requirements or policy directive. See section 3 of this policy.
Reportable Incident Brief (RIB)	The method for reporting defined health care incidents to the MoH. The RIB process encompasses clinical and corporate incidents. Clinical RIBs are created for the purpose of authorised investigation and research and are privileged under the <i>Health Administration Act 1982</i> .
Root Cause Analysis (RCA)	A method used to investigate and analyse incidents to identify the root causes and factors that contributed to the incident. The process yields recommended actions directed at the prevention of a similar occurrence.
SAC 1 Reportable Incident	An incident occurring in the health system that must be reported to the MoH. All clinical SAC 1 incidents require an RCA.
Severity Assessment Code (SAC)	A numerical score applied to an incident based predominantly on its consequence. Its prime purpose is to direct the level of investigation required for a particular event (<i>Appendix A</i>).
Significant Patient Risk	A significant risk is one where there is a high probability of a substantial and demonstrable adverse impact. In each case a significant risk will be sufficiently serious to warrant an immediate response to reduce the risks to patients. This may include interventions or changes to systems, clinical care or clinical practice. http://www.safetyandquality.gov.au/publications/advisory-a1301-notification-of-significant-risk/
Specialty Health Networks	Statutory health corporations constituted under section 41 Health Services Act that are specialty network governed pursuant to section 52F <i>Health Services Act 1997</i> .
Support Person	An individual identified by the patient as a nominated recipient of the information regarding their care. This may include the patient's family members, partner, carer or friends. In cases of dispute between the patient's family members, partner or carer and /or friends about who should receive information the patient's wishes should be paramount. Where a patient is unable to give consent, the next person responsible under the <i>Guardianship Act 1987</i> should be approached.

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1.5 Acronyms

CE	Chief Executive
CEC	Clinical Excellence Commission
CGU	Clinical Governance Unit
CHASM	Collaborating Hospitals Audit of Surgical Mortality Committee
CRAG	Clinical Risk Action Group
DCG	Director of Clinical Governance
MoH	Ministry of Health
ID	Identification (number)
IIMS	Incident Information Management System
LHD	Local Health District
MDS	Minimum Data Set
PD	Policy Directive
RCA	Root Cause Analysis
RIB	Reportable Incident Brief
SAC	Severity Assessment Code
SCIDUA	Special Committee for Investigating Deaths Under Anaesthesia
SHN	Specialty Health Network
GIPA	Government Information (Public Access) Act 2009
QSA	Quality Systems Assessment
WH&S	Work Health and Safety

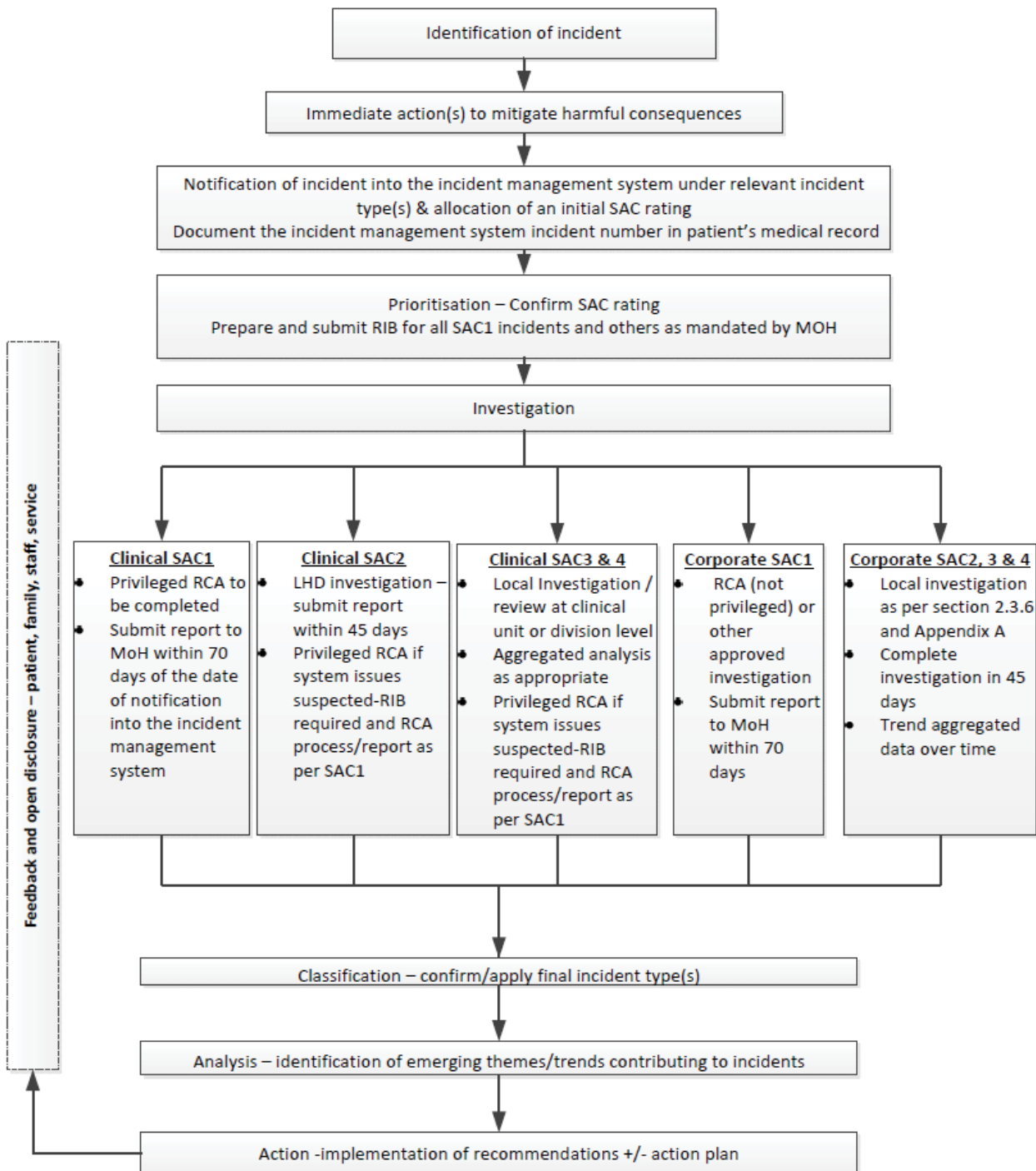
2 THE INCIDENT MANAGEMENT PROCESS

When an incident occurs in a Health Service a series of actions must follow. The importance of identifying these as separate steps is to ensure that all appropriate action is taken. The incident management process is represented diagrammatically below.

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Diagram 1: The NSW Health Incident Management Process



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2.1 Step 1 – Identification

Incidents may be identified through a number of methods. These may include: direct observation, team discussion, Coroner's reports, mortality and morbidity review meetings, death review processes, staff meeting discussions, complaints, audits and/or chart reviews.

Incidents may be identified at the time they occur or at any time after the event. Health Services need to implement processes which facilitate the identification and reporting of all incidents in a timely manner.

2.2 Step 2 – Immediate action

Following identification of an incident, it may be necessary to take immediate actions to mitigate the harmful consequences of the incident. These actions may include:

- a. Providing immediate care to individuals involved in the event (patient, staff or visitors) to prevent the harm from becoming worse
- b. Making the situation/scene safe to prevent immediate recurrence of the event
- c. Removing malfunctioning equipment or supplies, isolating these items and preserving them intact
- d. Gathering basic information from staff while the details are still fresh in the minds of the involved clinicians. Further direction on how facilities might ensure this is done in a manner which maintains privilege in SAC 1 and other events requiring a privileged RCA (see 4.2.3). Information will not attract privilege unless it is prepared for the dominant purpose of assisting an appointed RCA team in the conduct of its investigation
- e. Notifying police and security.

2.3 Step 3 – Notification

Staff members are required to notify all identified incidents (both clinical and corporate), near misses and complaints in the incident management system.

2.3.1 Documentation of the clinical incident in the health record

- All actual clinical incidents must be documented in the patient's health record.
- Care must be taken to ensure only clinically relevant information is included in the health record.
- Staff must document the incident management system ID number in the health record with the information about the incident.
- If the incident has been identified via a complaint, the complaint details should not be recorded in the health record.

2.3.2 Incident notification in the incident management system – by the Notifier

All incidents, both clinical and corporate, once identified, need to be recorded in the incident management system. The notifier undertakes an initial assessment of severity of the incident using the SAC (see *Appendix B*) and gives their

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opinion of how the incident may have been prevented. The notifier may choose to remain anonymous, or include identifying information.

This step:

- a. Must occur as soon as practicable and preferably by the end of the notifier's work day
- b. Must not include identifiable details such as staff names.

There are several mandatory fields that must be entered into the system for each incident. The minimum dataset (MDS) that guides further review, management and classification for each incident is determined by the incident category.

Health Services should have in place a mechanism for patients and/or their family members or carer to report an incident. The use of the complaints management process may be appropriate in some instances, but the patient/family member or carer should be able to notify that the incident has occurred, without the need to register a complaint. In this instance it may be appropriate for a clinician or manager to record the incident in the incident management system.

2.3.3 Incident notification – Management responsibility

The manager reviews the incident notification, completes the incident management screen and either allocates or confirms the SAC according to the details of the incident or near miss. The actual SAC must be applied and incident status changed from the original classification of 'new' within 5 days of the incident being notified in incident management system.

If it has been necessary to use a paper-based notification form, the incident form is not to be retained once entered into the incident management system.

2.3.4 Notification to Patient – Open Disclosure

As early as possible after the event, the provider should share with the patient and/or their family or carer what is known about the event and what actions have been taken to immediately mitigate or remediate the harm to the patient. An expression of apology or regret can be extended at that time.

Refer to NSW Health policy and guidelines on open disclosure for further guidance (*Appendix A*).

2.3.5 Notification to NSW Treasury Managed Fund (TMF)

Incidents with the potential for a medico legal claim must be reported to TMF as soon as possible.

2.3.6 Notifications for Corporate Incidents

The following policies outlining notification responsibilities may be relevant depending on the nature of the corporate incident (the list is not exhaustive-further relevant policies are listed at Appendix A):

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- Workplace Health & Safety: Policy and Better Practice Guide PD 2013-005– notifications to WorkCover
- Legal Matters of Significance To Government PD2006-009 –notification to the General Counsel, MoH
- Corrupt Conduct - Reporting to the Independent Commission
- Against Corruption (ICAC) PD 2011-070-notification to ICAC
- Public Interest Disclosures PD 2011-061-may involve notification to ICAC or NSW Police
- Child related Allegations, Charges and Convictions against Employees PD 2006_025 – notification to NSW Ombudsman, Police, Family and Community Services
- Criminal Allegations, Charges or Convictions against employees PD2006_026 notification to NSW Police.

2.4 Step 4 – Prioritisation

The purpose of prioritisation is to ensure that a standardised, objective measure of severity is allocated to each incident or near miss. The SAC must be used to prioritise all notifications. The key purpose of the SAC is to determine the level of investigation and action required. Therefore the degree of harm suffered should be the key consideration. Experience has demonstrated that predicting the likelihood of recurrence is not helpful as it can be unreliable. In some situations it has led to inappropriate downgrading of incidents and inadequate analysis and management. Caution is therefore recommended when applying the “frequency” component.

The SAC guides the level of investigation and the need for additional notification. The Chief Executive of the organisation must be advised of all SAC 1 (clinical and corporate) incidents.

2.4.1 Severity Assessment Code Scoring Steps

A SAC is to be applied to all incidents. Details about the SAC process can be found at *Appendix B*. There are two steps required:

Step 1: Determine the consequence or outcome of the incident by assessing the actual outcome of the incident based on the definitions provided in the consequence table. The matrix also provides for the calculation of likelihood of recurrence. This can be difficult to assess, and adds little value in the context of deciding the level of investigation for an incident that has already occurred.

Step 2: Implement appropriate action

Each incident is assessed for the actual consequence and the potential consequence. The potential consequence is the worst-case scenario for the incident being assessed. There is a great deal of benefit in investigating near miss incidents especially if the potential consequence of the near miss could have been a SAC 1 or SAC 2 event.

Wherever possible, and as early as practicable, the patient and/or the family/carer and other relevant persons should be given the opportunity to provide information (verbal or written), as part of the investigation process.

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The collection of evidence and basic facts about the incident should commence at the earliest possible time, preferably when the event is first recognised. For clinical SAC 1 incidents, direction is provided at 4.2.3 about the process for appointing core personnel of the RCA team, as soon as possible after the event so that statutory privilege under the *Health Administration Act 1997* attaches to the information obtained.

2.5 Step 5 – Investigation

All notified incidents require review at an appropriate level. The SAC applied in the prioritisation stage guides the level of investigation. If additional input is needed before an accurate SAC score can be applied, steps should be taken to address this immediately so that legislated requirements can be met without delay. It may be necessary to make a “judgement call” in relation to the SAC based on the best evidence available, where the gathering of further evidence will amount to an unacceptable delay.

All Health Services should:

- a. assign appropriate levels of responsibility for investigation and action on all incidents
- b. have procedures in place for the investigation of incidents
- c. provide access to training programs for the investigation of incidents
- d. have appropriately trained staff to support staff involved in investigations
- e. assign appropriate levels of resourcing to enable effective investigations to be undertaken
- f. ensure that the Clinical Governance Unit and/or Corporate Governance Unit (or equivalent) provides appropriate oversight of the quality of investigation processes and outcomes

2.5.1 Levels of Investigation

As a general guideline, the following levels of investigation are considered appropriate.

CLINICAL INCIDENTS

Clinical SAC 1 incidents

- a. All clinical SAC 1 incidents require a privileged RCA investigation. This is a legislative requirement of the Health Administration Act 1982 and Regulations. See section 4 of this policy for detailed information about the requirements for a privileged RCA investigation of clinical SAC 1 incidents. The methodology taught and promoted by the Clinical Excellence Commission should not be deviated from without prior agreement with that organisation. This is to ensure that important considerations of investigation such as privilege and fairness are adhered to.
- b. All clinical SAC1 incidents must have the final RCA report completed and submitted to the MoH within 70 calendar days from the notification of the incident in the incident management system.

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Clinical SAC 2 Incidents

The following are the key components of management of SAC 2 incidents.

- a. Senior management is to be notified and management responsibility must be specified.
- b. An investigation is to be undertaken. This may be in the form of an RCA or any other investigation methodology which enables drilling down to the causative factors of the event. Each organisation is to have policies and procedures in place for the investigation of incidents and training programs in place for staff to investigate incidents.
- c. It should be noted that under the legislation a privileged RCA may be conducted for SAC 2, 3 or 4 incidents, if the Chief Executive is of the opinion that the incident may be the result of a serious systemic problem that justifies the appointment of an RCA team. The commissioning of the RCA must be in accordance with this Policy, as outlined at 4.2, to attract the statutory privilege. Clinical SAC 2 Reports of investigations conducted by RCA must be submitted to the MoH within the required 70 day time frame.
- d. If there is disagreement in relation to the type of investigation to be undertaken on a clinical SAC 2 incident, the Director of Clinical Governance (DCG) is to make the final determination. Ongoing monitoring and analysis by the organisation of aggregated incident data must occur.
- e. Organisational level improvement activities are to be developed and implemented.
- f. Investigation should be completed, where possible, within 45 days of being notified in the incident management system or a progress report outlining the management plan with a revised completion date should be submitted to the appropriate senior manager.
- g. Where available, State-wide or LHD tools and templates should be utilised for SAC2 investigation reports

Clinical SAC 3 & 4 Incidents

- a. All SAC 3 and 4 incidents need to be reviewed. Such reviews will be undertaken at the local level, but management responsibility for the review process must be assigned.
- b. It may be considered appropriate to aggregate a number of similar SAC 3 or 4 incidents and to perform a review of the aggregated incidents
- c. As well as investigation or review at the local level, monitoring of trended aggregated incident data may also identify and prioritise issues requiring a practice improvement project.
- d. Investigation should be completed, where possible, within 45 days of being notified in the incident management system or a progress report outlining the management plan with a revised completion date should be submitted to the appropriate senior manager
- e. As with SAC 2 incidents, a privileged RCA may be conducted for clinical SAC 3 and 4 incidents in the circumstances where the Chief Executive considers the incident may be the result of a serious systemic problem. In these

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circumstances the RCA report must be submitted to the MOH within the required timeframe of 70 days.

CORPORATE INCIDENTS

Corporate SAC 1 Incidents

- a. Investigations of SAC1 corporate incidents will be determined by the nature of the incident. They may be in the form of an RCA or any other investigation methodology which involves ascertaining the causative factors of the event. Relevant MoH and Health Service policy documents should inform the level and nature of the investigation (Appendix A)
- b. All Corporate SAC 1 incidents must have a detailed investigation completed and a report submitted to the MoH within 70 days from the notification of the incident in the incident management system

Corporate SAC 2, 3 and 4 Incidents

- a. All SAC 2,3 and 4 incidents need to be reviewed.
- b. The nature and the level of the investigations will be determined by the incident and its severity. Relevant MoH and Health Service policy documents should be referred to inform the level and nature of the investigation (Appendix A).
- c. Ongoing monitoring of trended aggregated incident data may identify and prioritise issues requiring a practice improvement project
- d. Investigation should be completed within 45 days of being notified in the incident management system or a progress report outlining the management plan with a revised completion date being submitted to the appropriate manager

An aggregated de-identified report on all corporate SAC1,2,3 and 4 incidents is to be provided by each LHD and SHN to its Internal Audit Committee. Similarly, an aggregated report on all Workplace Health and Safety (WHS) incidents is to be provided to the Director, Workforce Development and any relevant OH&S Committee.

2.5.2 Investigations and conduct/impairment/performance issues with individual clinicians

Investigations conducted under this policy should not attempt to assess the adequacy of an individual's performance or competence. Where a question of individual performance or competence arises, it is to be managed via the organisation's performance management system and/or PD2006_007 Directive Complaint or Concern about a Clinician – Principles for Action and GL2006_002 Complaint or Concern about a Clinician – Management Guidelines.

Investigators are, however, expected to explore **why** staff involved in incidents acted as they did, and should be encouraged to pose appropriate questions to

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explore the human factors aspects of the event in question. Typical issues might include fatigue, training and communication. In this way, the team is not endeavouring to judge the competence or adequacy of performance of any individual.

Professional Misconduct, Unsatisfactory Professional Conduct and Impairment

Under *section 200(1) of the Health Administration Act 1982*, where the RCA team forms the opinion that an incident may involve professional misconduct, unsatisfactory professional conduct or impairment by an individual clinician/s, the RCA team **must** notify the CE in writing. In relation to the meaning of “professional misconduct” and “unsatisfactory professional conduct”, see Part 8, Division 1 of the *Health Practitioner Regulation National Law (NSW)*. In relation to the meaning of “impairment”, see S5 of the *Health Practitioner Regulation National Law (NSW)*.

Unsatisfactory Professional Performance

Under *Section 200(2) of the Health Administration Act 1982* where the RCA team forms the opinion that an incident may involve unsatisfactory professional performance by a clinician, the RCA team **may** notify the CE in writing. Although the RCA team holds discretion to report in these circumstances, it should err on the side of caution and notify the concerns to the CE. “Unsatisfactory professional performance” means professional performance that is unsatisfactory within the meaning of Division 5 of Part 8 of the [Health Practitioner Regulation National Law \(NSW\)](#).

Content of Notification of Conduct, Performance or Impairment issues

The RCA team’s notification is to disclose the identity of the person to whom the notification relates, regardless of whether the person consents to the disclosure. The notification is also to specify whether the concern relates to professional misconduct, unsatisfactory professional conduct or unsatisfactory professional performance or whether the person is or may be suffering from impairment together with a brief description of the nature of the concern. No other information obtained during the privileged RCA should be provided.

See *Appendix C* for a template letter that may be used by the RCA Team Leader to inform the CE of an incident involving suspected individual conduct, performance or impairment issues.

The CE will determine appropriate action which will be in accordance with *PD2006_007 Complaint or Concern about a Clinician – Principles for Action* and *GL2006_002 Complaint or Concern about a Clinician – Management Guidelines*.

The RCA Team will take no further action on the matter that relates to the individual.

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The RCA Team may continue to investigate the systems issues in the incident.

2.5.3 Decommissioning RCAs

The only reason for decommissioning an RCA is where the RCA team identifies individual clinician conduct, impairment or performance issues that may be responsible for the incident and there are no readily identifiable systems issues to consider.

The Health Service notifies the MoH following the decommissioning of the RCA and provides the reason for the decommissioning of the RCA by completing the front page of the RCA template and submitting this to the MoH – email address quality@doh.health.nsw.gov.au

This is also the email address for submission of completed RCAs.

2.5.4 The management of SAC1/Privileged clinical incident investigations across Health Service boundaries

Clinical incidents may occur in one Health Service but be notified through another e.g. when there has been a patient transfer or services provided across organisational boundaries. It is the responsibility of each DCG to oversee the management of cross-boundary incidents.

The management process is:

- a. The incident is notified through the incident management system and a RIB is completed
- b. The authority for transfer of a clinical incident from one Health Service to another and acceptance of that transfer resides with the DCGs of each organisation
- c. If responsibility for managing the clinical incident is transferred to another Health Service this is to be reassigned in the incident management system. A request is to be provided to NSW Health Share helpdesk to arrange incident relocation in the incident management system
- d. The MoH is informed of action taken in regard to liaison with the other Health Service via the RIB
- e. The DCG of the Health Service with agreed primary responsibility for managing the clinical incident is responsible for overseeing management of the incident including the RCA and informing the notifying Health Service of their staff's involvement in the RCA process.

On occasion, both organisations may need to be involved in the clinical incident management when there are issues relevant to both parties, for example by participating in an RCA and accepting responsibility for implementation of recommendations. In that case, the incident should be copied and linked in the incident management system. Both parties may also need to be involved in the open disclosure process.

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RCA teams seeking to access patient health information for the purpose of an investigation across two or more Health Services are able to share the information for this purpose without patient consent under the *Health Records and Information Privacy Act 2002* and *Health Records and Information Privacy Regulation 2012*.

2.5.5 Investigation of clinical incidents across sectors

Some incidents may occur across more than one sector, for example in primary and in secondary care settings or between the public and the private or non government organisation sectors. It is the responsibility of each DCG to ensure appropriate management of cross-boundary incidents. Depending on the severity of the incident, the DCG may need to involve personnel from the other sector(s) in the incident reporting and investigation processes.

The incident management process should be discussed and agreed with an appropriate senior representative of the other entity and the process progressed in a manner that meets the legislated/licensing requirements of each and every entity.

Where a clinical incident involves both an LHD/SHN and a private health facility licensed under the *Private Health Facilities Act 2007*, then both entities may be required or permitted to carry out a privileged RCA under legislation (under the *Private Health Facilities Act 2007* licensed private health facilities are required to carry out an RCA in relation to clinical SAC 1 incidents, and are also permitted to carry out an RCA in respect of other clinical incidents where the incident indicates there may be a serious systemic problem).

In that event, it is possible for the LHD/SHN and licensed private health facility to elect to carry out a "joint" RCA investigation as follows:

- a. Each entity would separately appoint the same RCA team members and each team is then able to carry out the statutory functions, on behalf of each entity, concurrently.
- b. The RCA team members conduct meetings, interviews and other investigations acting in the capacity of both RCA teams, effectively at the same time. It is important that documentation of these processes makes it explicit that the RCA team is acting in two different statutory capacities simultaneously in carrying out these activities.
- c. Team members need to ensure that they address the notification requirements of both the *Health Administration Act 1982* and the *Private Health Facilities Act 2007* e.g. in relation to concerns about possible misconduct or unsatisfactory professional performance.
- d. A separate RCA report is required in respect of each Act, although, depending upon the team's findings and recommendations, the content of these Reports could be the same.

Such a joint RCA process is only appropriate where there may be common factual issues or issues relating to the interaction of the two service providers,

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for example issues relating to communication between the services or to transfer processes.

Incidents Involving Multiple States/Territories

There are several ways in which other jurisdictions may be engaged in an investigation by an RCA team appointed by an LHD or SHN.

- a. Representatives from the involved service or facility can be invited to participate actively as an RCA team member.
- b. The team can request a copy of the relevant medical records and related documentation from the other jurisdiction, to inform the analysis.
- c. RCA team members can include involved parties from the other jurisdiction in the interviewing and fact finding process.

Formal correspondence from the CE to his or her equivalent in the other State or Territory would assist the team in achieving its objectives. This should state clearly what the team is seeking and remind the recipient that participation on the team and provision of information to the team during interviews will be covered by privilege.

Access to relevant medical records held by another jurisdiction for the purposes of the RCA team's investigation will generally be governed by applicable privacy legislation in that jurisdiction. Further advice may be sought from the CEC.

Management of Corporate Incidents across Health Service Boundaries

The responsibility for managing cross boundary corporate incidents rests with the most appropriate Health Service CE.

The management process is:

- a. The incident is notified through the incident management system and a RIB is completed
- b. The authority for transfer of an incident from one Health Service to another and acceptance of that transfer resides with the CE of each Health Service.
- c. If responsibility for managing the incident is transferred to another Health Service this is to be reassigned in the incident management system. A request is to be provided to NSW Health Share helpdesk to arrange incident relocation in the incident management system
- d. The MoH is informed of action taken in regard to liaison with the other Health Service via the RIB
- e. The CE of the Health Service with agreed primary responsibility for managing the clinical incident is responsible for overseeing management of the incident including the RCA and informing the notifying Health Service of their staff's involvement in the RCA process.

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On occasion, both organisations may need to be involved in the corporate incident management when there are issues relevant to both parties, for example by participating in an RCA and accepting responsibility for implementation of recommendations. In that case, the incident should be copied and linked in the incident management system. Both parties may also need to be involved in the open disclosure process.

2.5.6 Director General Inquiries under the *Health Services Act 1997*

Clinical and corporate incidents can raise issues which may require a more formal inquiry that is independent of the Health Service. This may arise where a clinical or corporate incident raises broad State-wide or general clinical practice issues, serious public interest matters or matters where there is a potential conflict of interest in the organisation overseeing its own investigation. Where the CE considers an independent external inquiry may be required, he/she should contact the MoH's Legal and Regulatory Services Branch. In the event that the matter being investigated is clinically focused, the CEC will also have a role in determining further action.

2.6 Step 6 – Classification

This is the process of capturing relevant information from a range of perspectives about an incident to ensure that the complete nature of the incident, including causative and contributory factors, is documented and understood. Classification of all incidents involving patients, staff, visitors, volunteers, contractors or corporate systems can be made in the incident management system.

Classification is undertaken by nominated personnel according to the service delivery model of each Health Service and may include local managers, patient safety managers, Workplace Health & Safety managers and staff of Clinical Governance Units (CGU).

The SAC will determine the amount of information required in order to classify the incident. SAC 1 events require advanced classification. SAC 2 events require the basic classification. SAC 3 and 4 events only require completion of the minimum dataset.

2.7 Step 7 – Analysis

The purpose of analysis is to understand how and why the incident occurred, to identify ways of improving the systems of care and prevent recurrence. Analysis must take place at a number of levels in the system: at the level at which the incident occurred (for example the ward or the patient interface in a primary care setting); at the organisational level and at the State and National level. Different data are analysed and different action is expected at these various levels. Groups of incidents may be analysed to identify trends or emerging themes.

Health Services are responsible for analysis and action at the health organisation level; the MoH and the CEC are responsible for analysis and action at the State level.

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2.8 Step 8 – Action

Action is the implementation of recommendations from the investigations and reviews and the development of better systems to ensure improved practice.

A suitable timeframe for the implementation of recommendations must be documented in action plans and the incident management system. Information should also include who will be accountable for the actions.

Where an RCA is involved, the CE is responsible for deciding whether recommendations are accepted and approved and for ensuring implementation of the approved recommendations. The CE must be able to justify in writing at the time of submitting the RCA Report why a particular recommendation is not supported or actioned and what alternative actions might occur. The CE may consult with other staff about the RCA team's recommendations and provide feedback to the RCA team prior to sign-off (see 4.1.4) OK.

Ongoing monitoring is required to ensure recommendations are addressed in a timely manner and to evaluate the success of any action taken to achieve improvement.

2.9 Step 9 – Feedback following investigation

Feedback is an important component of a successful incident management program.

2.9.1 Feedback to Patients and/or Support Person - Open Disclosure

Information about SAC 1 and SAC 2 clinical incidents should be offered to the patient and/or their support person and/or family as it comes to hand. Feedback should be provided in accordance with NSW Health policy on Open Disclosure (see Appendix A).

- a. Disclosures should be made to the individual patient and any family/key support person the patient would like to be present
- b. In circumstances where discussion with the patient is not possible or appropriate, his or her next of kin, designated contact person, or representative should be informed
- c. Consideration must be given to the patient's cultural and ethnic identity and first language and the support needed.

The information provided to the patient and/or their support person and/or family can be based on a variety of sources. The final report from a RCA is one of those sources. A copy of the RCA report may be given to the patient/support person/family. Ideally, the report should be discussed with the patient/support person/family in person. This will allow for questions to be addressed and to ensure that the often impersonal and clinical nature of the report can be explained.

2.9.2 Feedback to Staff

The success of incident management is dependent on feedback to all staff on the results/outcomes of investigations in a timely manner.

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Feedback must be provided to staff involved in the incident and should occur as soon as possible, including after the completion of the RCA. The information to be provided is limited to that which is included in the final RCA report. This way staff involved in the incident will be informed of the conclusions reached by the team and of the recommendations arising from any investigation.

Feedback should also be given to the broader group of clinical providers and managers within the organisation. This feedback will focus on the lessons to be learned by the organisation and system amendments that will provide a greater chance that the incident will not happen again. Such feedback and discussion could take place at; for example, ward meetings, mortality and morbidity review meetings and Grand Rounds.

Regular reports on trended aggregated data and outcomes of RCAs are to be provided to the executive team and board of management, peak quality committee (or other relevant committee) and staff. Feedback should include updates as the changes are made and improvements achieved as a result of these changes. This will also provide a level of accountability for implementation of the recommendations that come from the RCA or other investigation.

3 REPORTABLE INCIDENT BRIEFS

The Reportable Incident Brief (RIB) system is designed for the reporting of specific health care incidents to the MoH. The RIB process is used for reporting both clinical and corporate incidents.

Clinical incidents: all clinical incidents reported in RIBs are referred to the NSW Health Clinical Risk Action Group (CRAG). CRAG is responsible for examining and monitoring serious clinical incidents via a number of mechanisms, including RIBs. The clinical incident RIBs and the work of this Group are subject to special statutory privilege under *Section 23 of the Health Administration Act 1982*.

Corporate incidents: Corporate incidents occurring in the health care setting are those involving staff, visitor, contractors, property, security and hazards.

3.1 RIB reporting requirements

All actual SAC 1 incidents, both clinical and corporate, must be notified to the MoH via a RIB, within 24 hours of notification of the incident in the incident management system (The RIB does not replace the requirement for early notification of an incident to the appropriate Deputy Director-General and the Strategic Relations and Communications Branch of the MoH).

The Chief Executive or his/her delegate is responsible for notifying the Minister's Office, the Director-General, the Deputy Director-General and the MoH's Media Unit when there are incidents which have the potential to become matters of public interest.

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Where there is a need to notify the MoH outside of business hours, the relevant Deputy Director-General is to be notified, as well as the on-call Media Unit officer, on pager 9962 9980.

Clinical RIBs are privileged in accordance with Section 23, *Health Administration Act 1982*, and should be maintained securely and not used for any other purpose.

An incident that has both clinical and corporate components will be covered by statutory privilege. Such incidents should be marked as “clinical” on the RIB.

A RIB is to be submitted within 24 hours of the SAC being allocated. There are instances where it is not possible to allocate a SAC to an incident (particularly a SAC 1 incident) until additional information is available. In such instances, the Health Service is required to act immediately to obtain such information or advice so that legislated requirements are met.

The following types of incidents require prompt advice to the MoH as a RIB.

3.1.1 Clinical Incidents

- Death of a patient unrelated to the natural course of illness
- Suspected suicide of a person (including a patient or community patient) who has received care or treatment for a mental illness from the relevant Health Services organisation where the death occurs within 7 days of the person’s last contact with the organisation or where there are reasonable clinical grounds to suspect a connection between the death and the care or treatment provided by the organisation
- Suspected homicide committed by a person who has received care or treatment for mental illness from the relevant Health Services organisation within six months of the person’s last contact with the organisation or where there are reasonable clinical grounds to suspect a connection between the death and the care or treatment provided by the organisation
- Unexpected intra-partum stillbirth
- Procedures involving the wrong patient / body part regardless of the outcome (SAC1-SAC4).

OR

- The Sentinel Events, those being:
 - Procedures involving the wrong patient or body part resulting in death or major permanent loss of function
 - Suspected suicide of a patient in an inpatient unit
 - Retained instruments or other material after surgery requiring re-operation or further surgical procedure
 - Medication error leading to the death of a patient reasonably believed to be due to incorrect administration of drugs
 - Intravascular gas embolism resulting in death or neurological damage
 - Haemolytic blood transfusion reaction resulting from ABO (blood group) incompatibility

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- Maternal death or serious morbidity associated with labour or delivery
- Infant discharged to wrong family.

“Major Clinical Consequences”

An incident with “major clinical consequences” is one which involves a patient:

- Suffering a major permanent loss of function (sensory, motor, physiologic or psychological) unrelated to the natural course of the illness and differing from the expected outcome of patient management
- Suffering significant disfigurement as a result of the incident
- At significant risk due to being absent against medical advice/absconding
- Subjected to threatened or actual physical or verbal assault requiring external or police intervention.

Probability of Recurrence

- (i) Frequent expectation that the incident will recur immediately or within weeks or months
- (ii) Likely probability incident will recur more than once within 12 months
- (iii) Possible possibility incident may recur at some time every 1 to 2 years
- (iv) Unlikely possibility incident may recur at some time in 2 to 5 years.

When Health Services are reporting incidents involving patient on patient or patient on staff assaults resulting in injury or death of a patient or staff member and there are reasonable clinical grounds to suspect a connection between the assault/death and care provided by the organisation these are to be reported as a clinical RIB.

3.1.2 Corporate Incidents

- Unexplained death of a staff member
- Suspected suicide or attempted suicides by a staff member where the staff member was not a client of mental Health Services
- Fire, bomb or other threatening activities in the health facility
- Critical equipment breakdown or failure
- Serious threats affecting the facility’s operation
- Complete loss of service i.e. power or water failure
- Criminal activity in or related to the workplace
- Non-accreditation of service provider
- Violence or threats of assaults on patients, staff or other persons in the Health Service. This includes incidents involving:
 - assaults on, and or abuse of, patients (including children) and other vulnerable patients by staff or other persons and incidents involving abuse of staff by patients or other persons
 - staff members assaulting other staff members
- Incidents for which reporting is mandated – (see 3.1.3 below).

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3.1.3 Mandated reporting - Legal and Policy Requirements

There are matters that require mandatory notification via a RIB to the MoH regardless of the SAC.

These include but are not limited to:

- a. Deaths or other incidents reportable to the Mental Health and Drug & Alcohol Office
- b. When methadone or buprenorphine is associated with or potentially associated with a child's presentation or admission to hospital
- c. Deaths in custody
- d. Significant legal action initiated by or against a Health Service. See PD2006_009 *Legal matters of significance to government*, for further information concerning the notification of significant legal matters
- e. Industrial disputes, particularly where an interruption may be marked
- f. The commencement of a Work Cover prosecution
- g. All incidents that involve the incorrect patient, procedure or site
- h. Radiation incidents reportable to the Radiation Advisory Council (RAC) under the Radiation Control Act (2003)
- i. Other matters either raising issues likely to have a major impact on the Health Service or have State-wide implications such as assault or violence against a patient/client by an employee
- j. Child related allegations, charges and convictions against staff which are notifiable to the Child Protection Helpline or Child Wellbeing Unit (where appropriate), NSW Police and/or Ombudsman and require investigation by the Health Service. These allegations may be work or non-work related
- k. Criminal charges against a staff member related to the workplace or that are outside of work but impact on the workplace in terms of risks, e.g. sexual assault criminal charges
- l. Accreditation agency notification to a health service of the detection of one or more significant risks to patient harm.³

See *Appendix A* for policy directives and legislation outlining existing reporting requirements.

3.2 RIB reporting process

The RIB reporting process is as follows:

- a. RIBs are to be completed in the incident management system or its approved equivalent
- b. A SAC is to be applied to all incidents reported via the RIB system
- c. The Chief Executive (CE) is responsible for authorising the RIB

³ The Australian Health Service Safety and Quality Accreditation (AHSSQA) Scheme also requires approved accrediting agencies to notify regulators if a significant patient risk is identified during an onsite visit to a health service organisation.

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- d. The RIB is then submitted to the MoH (RIBs@doh.health.nsw.gov.au) within 24 hours of the incident being notified in IIMS.⁴ RIBs must be forwarded under the signature of the CE or nominated delegate and dated. Where IIMS is in use, this will be by a system generated email
- e. If the issue requires urgent State-level response and/or involvement, the Health Service is to provide telephone advice that a RIB has been emailed. This information should be relayed to the Chief Executive at CEC and to the MoH's Strategic Relations and Communications Branch during business hours. After hours the on call media officer for the Ministry of Health should be notified
- f. If there is a requirement for the SAC to be altered after a RIB has been submitted, the CE is responsible for authorising any change to the SAC documented in the RIB. Once the CE authorises the change to the SAC, the RIB is resubmitted to the MoH. When the RIB is resubmitted the text of the RIB must clearly indicate that this is an update of a previously submitted RIB, quote the previous MoH TRIM number and provide a reason for the update
- g. All RIBs involving suspected suicide or suspected homicide by patients of mental Health Services must be referred to the local Director of Mental Health Services for review of the SAC prior to submission of the RIB to the DCG
- h. Clinical RIBs are privileged documents. There are restrictions on their distribution. They should not be used for purposes other than providing information to CRAG in accordance with the *Health Administration Act 1982*
- i. Health Districts/ Networks/Services should have processes in place to ensure security of RIBs.

3.3 Information required in the RIB report

- a. RIBs must provide a succinct description which clearly outlines the key issues and the circumstances of the event
- b. RIBs must state the incident type (clinical or corporate), the actual SAC and the reason for reporting the incident to the MoH
- c. Patient information contained in the RIB must be de-identified
- d. The RIB is to contain facts, initial analysis and future actions to be undertaken, opinion and subjective comment are to be avoided
- e. The RIB is to indicate if initial open disclosure has occurred
- f. Do **not** send attachments such as health care records, pathology or autopsy reports and other patient identifying reports with the RIB
- g. As identifying details are required on the Client Death Report Form that is completed for notification of deaths of mental health patients, this form should be sent directly to the Mental Health and Drug & Alcohol office at the NSW Ministry of Health.

⁴ Or later if it is not possible to determine that the incident rates a SAC 1 at this time. See Section 3.1 for further explanation.

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4 PRIVILEGED ROOT CAUSE ANALYSIS UNDER THE *HEALTH ADMINISTRATION ACT 1982*

All clinical SAC 1 incidents under Division 6C of the *Health Administration Act 1982* require the appointment of an RCA team, and the RCA process is afforded statutory privilege (see *Appendix D*). The provisions under the *Health Administration Act 1982* apply to all LHDs, the statutory health corporations and the affiliated health organisations, as provided under the *Health Services Act 1997*, as listed in *Appendix E*.

Further, the CE has discretion to appoint a RCA team to investigate any clinical incident of a lesser severity than SAC 1, if the CE is of the opinion that the incident may be the result of a serious systemic problem that justifies the appointment of such a team. In that event, the RCA process will also enjoy statutory privilege. Health Services should implement processes to allow local quality assurance committees and mortality and morbidity committees to recommend to the CE that an RCA team be appointed to review incidents or issues that may be indicative of serious systemic problems.

The legislation does not provide privilege for the investigation of corporate SAC 1 incidents.

4.1 Statutory Privilege

4.1.1 What the Privilege covers

The privilege provided under Division 6C of the *Health Administration Act 1982*, applies to:

- a. Any document prepared
- b. Any communications, whether written or verbal, between RCA team members and any other person (e.g. clinicians involved in the incident).

Where the document is prepared, or the communications are made, for the dominant purpose of the conduct of the investigation by the RCA team. Privilege will not apply to documents or communication created before a RCA team has been commissioned.

This means that:

- a. RCA team members cannot be compelled to produce or give evidence of any document created by or on behalf of, at the request of, the RCA Team, where the document was for the dominant purpose of the conduct of the investigation by the RCA team
- b. Any person who is not a member of the RCA team who creates a document or makes communications (written or verbal) that is for the dominant purpose of assisting with the conduct of the investigation by the RCA team (this may include administrative assistants to the RCA team, clinicians involved in the incident investigated by the team, or experts engaged by the RCA team to assist it with the investigation) cannot be compelled to produce or give evidence of the document or communication

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- c. The final RCA report prepared by the RCA team cannot be adduced or admitted as evidence in any proceedings (including coronial proceedings, or any proceedings in which it is claimed a procedure or practice was careless or inadequate)
- d. RCA team members acting in good faith for the purposes of the exercise of the RCA team's function are also protected from personal liability, including actions for defamation.

The legislation also establishes tight confidentiality requirements, making it an offence for a team member to disclose any information obtained during the investigation, unless it is for a purpose that is part of the RCA process.

4.1.2 Internal Working Documents of the Privileged RCA team

During the RCA process, the team will generate documents, including preliminary notes, records of interviews with staff/clinicians, minutes of meetings and records of discussions with various people either involved in the incident or with fundamental knowledge of the incident or processes involved. During the RCA process some of these items may need to be transferred to other team members or, in limited circumstances, to the CE e.g. in relation to proposed recommendations. **All this material is privileged.**

a. Storage and transfer of privileged RCA material

To protect the privilege, these records are to be maintained in a separate RCA team file marked "privileged" and stored securely in a location nominated by the Director of Clinical Governance to ensure the privilege is upheld in the event of a subpoena or application for access under GIPA.

Privileged material is not to be sent in the general post but should be sent by secure internal transport processes. Health Services need to have appropriate policies and procedures in place to manage the transfer of such materials.

b. Retention of RCA documents related to clinical incidents

Records relating to RCAs are required to be retained under the same rules applying to "legal matters and incident management" *under clause 1.14 of the General Retention and Disposal Authority — Public Health Services: Patient/Client Records (GDA 17)*. Under this requirement, the RCA records must be retained for a minimum of 7 years after the last action. As the records are not admissible in court or other proceedings, and can only be accessed by members of the RCA team, the 7 year period applies whether or not legal proceedings have been commenced.

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4.1.3 What the privilege does not cover

Statutory privilege does not cover:

- a. Pre-existing documents, such as clinical incident summaries, medical records or other records created in the course of providing general care of patients or management of the Health Service, and not as part of the RCA
- b. Notifications made by the RCA team under section 20O of the *Health Administration Act 1982*, which relates to the responsibility of the RCA team to notify the CE where the RCA team forms the opinion that the incident raises matters that may involve professional misconduct, unsatisfactory professional conduct, impairment or unsatisfactory professional performance of an individual clinician
- c. Information entered into the incident management system
- d. The final RCA report
- e. Any communication that is not for the dominant purpose of the RCA process.

4.1.4 Disclosure of information

The privilege does not prevent information being given by a RCA team to another privileged committee (for example a RCA team is entitled to give information to The Special Committee for Investigating Deaths Under Anaesthesia (SCIDUA), The Collaborating Hospitals Audit of Surgical Mortality Committee (CHASM); and the NSW Clinical Risk Action Group (CRAG)). Information provided in this way will retain privilege through the protections granted to those committees under Section 23 of the *Health Administration Act 1982*.

Further, a RCA team may disclose information about recommendation(s) proposed by the team to the CE of the Health Service that appointed the RCA team; for the purposes of informing the CE about the proposed recommendation(s) and enabling the CE to consult with other staff members of the Health Service about the proposed recommendation(s), and provide feedback to the RCA team regarding the proposed recommendation(s). All such communication between the CE and the RCA team about the proposed recommendation(s) will remain privileged, and should be done formally in writing.

4.2 The Privileged RCA Process

There are four key tasks involved in the root cause analysis process

4.2.1 Task 1 – Appointment and membership of the RCA Team

The CE is responsible for appointing and signing off the membership of the RCA team.

At least some of the members of the team should have fundamental knowledge of the care processes in the area where the incident occurred. No member of

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the RCA team should have been directly involved in the incident or in the care of the patient. Where possible and practical, the RCA team should include at least one member who is external to the LHD or Health Service. Further, RCA team members should not have any personal or non-professional connection with any clinician who has been involved in the incident. A direct line manager should not be a member of a RCA team which is investigating an incident involving his or her department or unit. All persons involved in overseeing the quality of the RCA process itself should be appointed members of the RCA Team. This will ensure they are covered by statutory privilege.

A RCA team investigating suspected suicide should in its membership include a senior mental health clinician who is independent of the facility involved in care. A RCA team investigating suspected homicides or other serious crimes should in its membership include a senior mental health clinician who is independent of the service involved in care.

Team members are to receive a letter of appointment. See *Appendix F* for a template.

a. Informing team members of their roles and responsibilities

Those appointed to a RCA team are to be informed of their role and responsibilities as members of a RCA Team. *Appendix G* provides a template letter outlining the role and responsibilities of team members.

b. Record of RCA Team appointment

The statutory privilege will only apply if it can be shown that the RCA team was properly constituted under the *Health Administration Act 1982*. As such, it is critical that comprehensive records are prepared and retained relating to the appointment of the RCA team.

Records will include:

- An original copy of the letters of appointment of the RCA team members
- The date of appointment
- Clear identification of the incident in relation to which the RCA is to be conducted
- The names of the RCA team members.

c. Process for appointment of RCA Team

The identification of appropriate personnel for appointment to a RCA team can delay the appointment of the RCA team. Best practice in conducting RCA investigations globally recognises the advantages of the immediate collection of evidence and facts pertaining to the event, particularly in the first 48 hours following a serious clinical incident. Health Services should have in place a process that enables the immediate appointment by the CE of core personnel to a RCA team as soon as a clinical SAC 1 incident is notified to the CE. This process would involve a standing instrument of appointment for certain experienced and trained personnel, who can facilitate the early collection of such information and material for the RCA investigation e.g. the

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DCG and/or Patient Safety Manager. A template for the immediate appointment of a “core” RCA team member is provided at *Appendix H*.

Once the remaining proposed RCA team members are identified, a further instrument of appointment should be executed by the CE that refers to the earlier instrument of appointment, and appoints the balance of the members of the RCA team. A template for the later appointment of additional members after appropriately qualified and/or expert individuals have been identified, is provided at *Appendix I*.

This process will ensure that statutory privilege attaches to all documents and communications prepared for the purposes of the RCA team in the initial period immediately following the incident, and prior to the appointment of the full RCA team.

4.2.2 Task 2 – Notification to staff involved in the incident

The RCA team will contact staff involved to discuss the incident and gather information as part of the investigation. A template that can be used to inform staff of the RCA process and to explain the staff members’ legal rights and responsibilities is provided at *Appendix J*.

4.2.3 Task 3 – The RCA Investigation

There are six key steps in undertaking an RCA investigation:

1. Interviews and gathering information– interviews of people relevant to the incident are undertaken. This must include clinicians who were involved in the incident as well as the patient and/or the family or carers. It may also include people relevant to current policy and process e.g. the pharmacist, the biomedical engineer or the hospital architect
2. Simple flow charting – a process to help determine what the team knows about the sequence of events, what they do not know and what they need to find out
3. Detailed flow charting – to enable the identification of the most significant problems where barriers might interrupt the flow of events for future prevention of similar events. Further causal analysis will centre on these issues to determine the underlying root causes
4. Causal factor charting – by asking what changed, what conditions were present and what was not done at each of the key potential barrier points, the team identifies the underlying causal issues and depicts them in a causal sequence. These causal factors are then analysed to determine root causes. A complex healthcare case will typically identify between 3 and 5 root causes, although this number can vary
5. Causation statements – a written description of each of the causal sequences presented in a statement linking the root causes to the outcome
6. Recommendations – the team nominates actions to causation that would most likely prevent or mitigate the root causes.

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4.2.4 Task 4 – Reporting

All privileged RCA Teams must prepare a final report. Once this final report is signed off by the CE it is not protected by statutory privilege. The report must contain:

- a. A de-identified description of the reportable incident
- b. A clear written description of the findings of the analysis of the information gathered about the reportable incident
- c. The incident ID from the incident management system and MoH RIB number
- d. Causation statement/s that indicate the reasons the RCA Team considers the incident occurred (assuming that causation has been established). These should be written in accordance with the rules of causation established by NSW Health (see *Appendix K*)
- e. Recommendations for system changes to improve procedures or practices to minimise recurrence of the incident if root causes have been determined and such recommendations can be made.

The final RCA report must not include the name or address of an individual patient or service provider involved in the incident, unless that person has consented, in writing, to that information being disclosed. The final report must also not disclose, as far as is practicable, any other material that identifies or may lead to the identification of such an individual. It should not contain details about the membership of the RCA team.

The final RCA report may contain recommendations about system improvement opportunities that have been identified during the investigation, but have not contributed to the adverse outcome.

See *Appendix L* for the final report template. Organisations should use this template to ensure the final report meets legislative and policy requirements.

4.2.4.1 Signing off the final report

- a. Prior to final sign-off, the RCA team may seek a formal written opinion from the CE about any proposed recommendations, in accordance with 4.1.4
- b. At the conclusion of the RCA, the RCA team must submit a copy of its signed report (but no other documentation) to the CE
- c. The CE is to review the RCA report and endorse the report prior to submission to the MoH
- d. Any disagreement that the CE may have with any of the recommendations in the final report is to be documented separately and submitted with the final report. It should outline the reason/s for the disagreement and any proposed alternative action. The original RCA team report is to be submitted unchanged accompanied by this additional documentation.

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The CE may delegate the responsibility for endorsing the final report prior to submission to the MoH, but remains ultimately accountable for its content.

4.2.5 Variation in RCA Process

There are instances when a variation to the RCA process is acceptable. These instances include:

- a. Assigning more than one incident to an RCA team where incidents are of the same classification
- b. Resolution of the RCA process in a shorter timeframe due to early completion of the investigation.

Any variation to the RCA process is to be documented in the final Report for sign off by the CE or nominated delegate.

4.2.6 Timeframes for RCA Process

The maximum time allowed for an RCA to be completed and the report to be submitted to the MoH is 70 calendar days from when the incident was notified in the incident management system. This time frame and requirement for submission applies to all privileged RCAs regardless of the incident's SAC.

4.2.7 Incidents involving the Coroner or Police

A referral for investigation of a death to the Coroner or the Police does not affect the requirement to undertake an investigation of an incident, including, where appropriate, an RCA.

If the Coroner requests a copy of the final RCA report, the LHD should provide it so that the Coroner is aware of any system changes that are occurring since the incident. The RCA report cannot, however, be tendered in evidence. If lawyers have been engaged to represent the LHD/SHN, the panel firm should forward the RCA report to the Coroner using a standard pro-forma letter which alerts the Coroner to S20R of the *Health Administration Act 1982*. If lawyers are not engaged, the CE should provide a covering letter with the report noting that the RCA has been provided for information only and that pursuant to S20R of the *Health Administration Act 1982*, it cannot be adduced or admitted in any proceedings.

A police or coronial investigation **should not** delay the commencement of an RCA.

4.3 The Corporate RCA Process

4.3.1 Detailed investigation for Corporate SAC 1 incidents

All corporate SAC 1 incidents require either a root cause analysis or a detailed investigation to be undertaken. The RCA Report or Detailed Investigation

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Report must be provided to the Ministry of Health within 70 calendar days after the incident is notified in the incident management system. RCAs of corporate SAC 1 incidents do not attract the statutory privilege outlined in section 4 that applies to RCAs conducted in respect of clinical SAC 1 incidents.

Nevertheless, it is important that any serious or major corporate incident that receives a SAC 1 rating be properly investigated, so that the cause of the incident can be identified, and any appropriate remedial action is implemented to mitigate against a similar incident occurring again.

4.3.2 Membership of the Corporate Investigation Team

The RCA or Detailed Investigation Team should generally consist of 3 to 5 members. The members should have fundamental knowledge about the corporate processes in the area where the incident occurred, but not have been directly involved in the incident.

4.4 Steps in the Investigation

There are six key steps in undertaking the detailed investigation.

1. Assessment of the incident to determine whether the issues, e.g. negligence, criminal, corruption and make initial reports if appropriate e.g. police, ICAC
2. Planning the investigation – identify scope, potential sources of information and resources required
3. Conduct interviews and collect detailed information about the incident
4. Assessing the results – once all information has been gathered, analyse the findings
5. Barriers and recommendations – identify the barriers that would most likely prevent or mitigate the problem – then determine appropriate recommendations
6. Reporting to the CE and the Ministry of Health.

4.5 Timeframes for Corporate Investigation Process

Detailed Investigation Reports must be submitted to the Ministry of Health within 70 calendar days of the incident being notified in the incident management system.

4.6 The Final RCA or Detailed Investigation Report

All RCA Teams or Detailed Investigation Teams must prepare a final Report.

The Report must contain:

- A description of the reportable incident
- The Incident ID from the incident management system
- A causation statement/s that indicates the reasons why the Investigation Team consider the incident occurred
- Recommendations for system changes to improve procedures or practices to minimise recurrence of the incident.

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4.7 Signing off the final report

- At the end of the investigation, the Investigation Team is to provide a copy of their Report to the CE.
- The CE reviews the recommendations for consideration and endorsement before the Report is submitted to the Ministry.
- The CE is able to seek clarification from the Investigation Team if the rationale for any recommendation is unclear.
- The CE is also able to add recommendations to the final report but this must be clearly documented.
- If the CE does not agree with any of the recommendations then this is documented in the final report with the reason/s why and the proposed alternative action.
- The CE is to ensure that any relevant final internal and external notification requirements as outlined in legislation and relevant policies is attended to including the NSW Health Service Check Register.

5 EVALUATION AND REVIEW

Clinical Incidents

The DCG is responsible for monitoring and evaluating notifications in the incident management system at the local level to ensure:

- a. The effective management of incidents that occur within health facilities
- b. The effectiveness of risk mitigation strategies.

The DCGs are to provide a report to their peak quality committee on the management of risks identified through incident management on a regular basis. This report includes a suite of performance indicators relevant to the LHD or SHN including those listed in Section 6.1.

5.1 Performance Indicators

5.1.1 Clinical Incidents

The key performance indicator in this policy is:

- Submission of final RCA Report to the MoH within 70 calendar days of incident notification in incident management system.

The following performance indicators should be included in the quarterly reports to the peak LHD/SHN quality committee:

- a. Submission of a RIB to the MoH, concerning all SAC 1 incidents, both clinical and corporate, within 24 hours of notification in the incident management system

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- b. Proportion of obligatory external notifications made within required time frames
- c. Proportion of SAC 2 incident investigations completed within 45 days as monitored in the incident management system or have a progress report outlining the management plan with a revised completion date being submitted to the appropriate senior manager
- d. Proportion of SAC 3 and 4 investigations completed within 45 days as monitored in the incident management system or have a progress report outlining the management plan with a revised completion date being submitted to the appropriate senior manager
- e. Proportion of SAC 1 incidents notified where incident status = new in ≤ 24 hrs of incident occurring
- f. Proportion of SAC 2, 3 and 4 incidents notified where incident status = new in ≤ 5 days of incident occurring=
- g. Proportion of all actual SAC 2, 3 and 4 incidents where incident status = complete in ≤ 45 days of incident occurring
- h. Proportion of RCA recommendations completed within stated timeframe
- i. Proportion of incidents notified which have recommendations for action
- j. Proportion of incidents notified where recommendations have been completed.

5.2 Corporate Incidents

The key performance indicator in this policy is:

- Submission of final RCA Report (where relevant) to the MoH within 70 calendar days of incident notification in the incident management system.

The following performance indicators should be included in the incident management framework at a Health Service level for corporate incidents:

- a. Submission of a Reportable Incident Brief to the MoH, concerning all SAC 1 corporate incidents within 24 hours of notification in the incident management system
- b. Proportion of obligatory external notifications made within required timeframes
- c. Proportion of SAC 2 incident investigations completed within 45 days as monitored in the incident management system or have a progress report outlining the management plan with a revised completion date being submitted to the appropriate senior manager
- d. Proportion of SAC 3 and 4 investigations completed within 45 days as monitored in the incident management system or have a progress report outlining the management plan with a revised completion date being submitted to the appropriate senior manager
- e. Proportion of SAC 1 incidents notified where incident status = new in ≤ 24 hrs of incident occurring
- f. Proportion of SAC 2, 3 and 4 incidents notified where incident status = new in ≤ 5 days of incident occurring
- g. Proportion of all actual SAC 2, 3 and 4 incidents where incident status = complete in ≤ 45 days of incident occurring
- h. Proportion of RCA recommendations completed within stated timeframe

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- i. Proportion of incidents notified which have recommendations for action
- j. Proportion of incidents notified where recommendations have been completed.

6 APPENDICES

6.1 Appendix A – Relevant NSW Health legislation, Policy Directives, Guidelines, Information Bulletins and other resources

6.1.1 Relevant NSW Health legislation

NSW Health Legislation can be accessed at:

<http://www0.health.nsw.gov.au/aboutus/legal/legal.asp>

- 1) *Health Administration Act 1982*
- 2) *Health Administration Regulation 2010*
- 3) *Health Care Complaints Act 1993 (NSW)*
- 4) *Health Records and Information Privacy Act 2002*
- 5) *Health Records and Information Privacy Regulation 2012*
- 6) *Health Services Act 1997*
- 7) *Privacy and Personal Information Protection Act 1998*
- 8) *Private Health Facilities Act 2007*
- 9) *Private Health Facilities Regulation 2010*

6.1.2 Relevant NSW Health Policy Directives and Guidelines

NSW Health Policy Directive, Guidelines and Information Bulletin can be accessed at:

<http://www.health.nsw.gov.au/policies/pages/default.aspx>

Policies, Guidelines and Information Bulletin	Document No.
Child Related Allegations, Charges and Convictions Against Employees	PD2006_025
Codes of Conduct – NSW Health	PD2012_018
Complaint or Concern about a Clinician – Management – Management Guidelines	GL2006_002
Complaint or Concern about a Clinician – Management – Principles for Action	PD2006_007
Complaint Management Policy	PD2006_073
Complaint Management Guidelines	GL2006_023
Corrupt Conduct – Reporting to the Independent Commission Against Corruption (ICAC)	PD2011_070

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Correct Patient, Correct Procedure and Correct Site	PD2007_079
Coroners Cases and the Coroner's Act 2009	PD2010_054
Criminal Allegations, Charges and Convictions Against Employees	PD2006_026
Data collections – Disclosure of unit record data held for research or management of Health Services.	PD2012_051
Deaths – Perinatal- Hospital procedures for review and reporting of perinatal deaths	PD2011_076
Effective Incident Response Framework for Prevention & Management in the Health Workplace	PD2005_234
Electronic Information Security Policy – NSW Health	PD2013_033
Employment Checks - Criminal Record Checks and Working with Children Checks	PD2013_028
Legal matters of significance to government	PD2006_009
Lookback Policy	PD2007_075
Management of Reportable Infection Control Incidents	PD2005_203
Management of a Sudden Unexpected Death in Infancy	PD2008_070
Medication Handling in NSW Public Health Facilities	PD2013_043
NSW HEALTHPLAN	PD2009_008
NSW Health Policy and Procedures for Injury Management and Return to Work	PD2011_054
NSW Health Privacy Manual (Version 2) 2005	PD2005_593
Open Disclosure Guidelines	GL2007_007
Open Disclosure Policy	PD2007_040
Protecting People and Property: NSW Health Policy and Standards for Security Risk Management	IB2013_024
Reportable Incident Definition under Section 20L of the Health Administration Act	PD2005_634
Reporting of Thefts and Losses	PD2005_026
Reporting of Maternal Deaths to the NSW Department of Health	PD2005_219
Risk Management – Enterprise-Wide Policy and Framework – NSW Health	PD2009_039
Workplace Health and Safety: Policy and Better Practice Guide	PD2013_050

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6.1.3 Other Resources

- 1) Easy Guide to Clinical Practice Improvement: A Guide for Healthcare Professionals. 2002
http://www0.health.nsw.gov.au/resources/quality/pdf/cpi_easyguide.pdf
- 2) IIMS Training Coordinator Guide
- 3) NSW Health Patient Matters Manual at
<http://www.health.nsw.gov.au/policies/manuals/Pages/patient-matters-manual.aspx>
- 4) Documentation Retention and Disposal
- 5) NSW Ombudsman, Child Protection in the Workplace – Responding to Allegations against Employees

Policies, Guidelines and Information Bulletin

- 6) General Retention & Disposal Authority – Public Health Services: Administrative Records – GDA 21 – IB2005_027
- 7) General Retention and Disposal Authority – Public Health Services: Patient/Client Records (GDA 17) – IB2004_20
- 8) NSW Health Patient Matters Manual: Chapter 9 Health Records and information
- 9) Investigation Resources - (Contact the Internal Audit Unit of your organisation for further information).

Resource Name

ICAC Fact Finder, A 20-step guide to conducting an inquiry in your organisation, Nov 2003

NSW Ombudsman, Investigating Complaints – A manual for Investigators

NSW Ombudsman, Natural justice/Procedural fairness, Fact Sheet 2004

NSW Ombudsman, Reasons for Decisions Fact Sheet, June 2005

Woloshynowych, M. Rogers S, Taylor-Adams S and Vincent C, The investigation and analysis of critical incidents and adverse events in healthcare. Health Technology Assessment 2005; Vol 9: number 19

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6.2 Appendix B – Severity Assessment Code (SAC) May 2011
STEP 1 Consequences Table (For notification, consider the actual consequence or outcome using this table as a guide. The examples listed here are not exhaustive.)

CLINICAL CONSEQUENCE	Action Required				Minimum
	Major	Moderate	Minor	Patients with No injury or increased level of care or length of stay	
Serious Patients with Death unrelated to the natural course of the illness and differing from the immediate expected outcome of the patient management or: ■ Suspected suicide ■ Suspected homicide ⁶ ■ Unexpected intra-partum stillbirth or any of the following: The Sentinel Events ■ Procedures involving the incorrect patient or body part resulting in death or major permanent loss of function ■ Suspected suicide of a patient in an inpatient unit ■ Retained instruments or other material after surgery requiring re-operation or further surgical procedure ■ Medication error leading to the death of a patient reasonably believed to be due to incorrect administration of drugs ■ Intravascular gas embolism resulting in death or neurological damage ■ Haemolytic blood transfusion reaction resulting from ABO incompatibility ■ Maternal death or serious morbidity associated with labour and delivery ■ Infant discharged to the incorrect family Death of staff member related to work incident or suicide, or hospitalisation of 3 or more staff Death of visitor or hospitalisation of 3 or more visitors Complete loss of service or output Loss of assets replacement value due to damage, fire etc > \$1M, loss of cash/investments/assets due to fraud, overpayment or their >\$100K or WorkCover claims > \$100K Toxic release off-site with detrimental effect. Fire requiring evacuation	Patients suffering a Major permanent loss of function (sensory, motor, physiologic or psychological) unrelated to the natural course of the illness and differing from the expected outcome of patient management or any of the following: ■ Suffering significant disfigurement as a result of the incident ■ Patient at significant risk due to being absent against medical advice ■ Threatened or actual physical or verbal assault of patient requiring external or police intervention	Patients with Permanent reduction in bodily functioning (sensory, motor, physiologic, or psychological) unrelated to the natural course of the illness and differing from the expected outcome of patient management or any of the following: ■ Increased length of stay as a result of the incident ■ Surgical intervention required as a result of the incident	Patients requiring Increased level of care including: ■ Review and evaluation ■ Additional investigations ■ Referral to another clinician	Patients with No injury or increased level of care or length of stay	
CORPORATE CONSEQUENCE Permanent injury to staff member, hospitalisation of 2 staff, or lost time or restricted duty or illness for 2 or more staff or pending or actual WorkCover prosecution, or threatened or actual physical or verbal assault of staff requiring external or police intervention Hospitalisation of up to 2 visitors related to the incident / injury or pending or actual WorkCover prosecution Major loss of agency / service to users Loss of assets replacement value due to damage, fire etc \$100K-\$1M, loss of cash/investments/assets due to fraud, overpayment or their \$10K-\$100K or WorkCover claims \$50K-\$100K Off-site release with no detrimental effects or fire that grows larger than an incipient stage	Medical expenses, lost time or restricted duties or injury / illness for 1 or more staff Medical expenses incurred or treatment of up to 2 visitors not requiring hospitalisation Disruption to users due to agency problems Loss of assets replacement value due to damage, fire etc \$50K to \$100K or loss of cash/investments/assets due to fraud, overpayment or theft to \$10K	First aid treatment only with no lost time or restricted duties Evaluation and treatment with no expenses Reduced efficiency or disruption to agency working	First aid treatment only with no lost time or restricted duties Evaluation and treatment with no expenses Reduced efficiency or disruption to agency working Loss of assets replacement value due to damage, fire etc to \$50K Off-site release contained without outside assistance	No injury or review required No treatment required or refused treatment Services: No loss of service No financial loss	

STEP 4 Action Required Table

Action Required

STEP 2 Likelihood Table

Probability Definition

⁵ Suspected suicide of a person (including a patient or community patient) who has received care or treatment from a Health Service or other PHO where the death occurs within 7 days of the person's last contact with the organisation or where there are reasonable clinical grounds to suspect a connection between the death and the care or treatment provided by the organisation.
⁶ Suspected homicide committed by a person who has received care or treatment from a Health Service or other PHO within 6 months of the person's last contact with the organisation or where there are reasonable clinical grounds to suspect a connection between the death and the care or treatment provided by the organisation

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1	Extreme risk – immediate action required – Reportable Incident Brief (RIB) for all SAC 1 incidents must be forwarded to the MoH within 24 hours. A Privileged Root Cause Analysis (RCA) investigation must be undertaken for all Clinical SAC 1 incidents with a report being submitted to the MoH.
2	High risk – need to notify senior management. Detailed investigation required. Ongoing monitoring of trended aggregated incident data may also identify and prioritise issues requiring a practice improvement project.
3	Medium risk – management responsibility must be specified – Aggregate data then undertake a practice improvement project. Exception – all financial losses must be reported to senior management.
4	Low risks – manage by routine procedures – Aggregate data then undertake a practice improvement project.

NB – An incident that rates a SAC 2, 3 or 4 should only be reported to the MoH if there is the potential for media interest or requires direct notification under existing MoH legislative reporting requirements or NSW MoH Policy Directive.

Categories	
Frequent	Is expected to occur again either immediately or within a short period of time (likely to occur most weeks or months)
Likely	Will probably occur in most circumstances (several times a year)
Possible	Possibly will recur – might occur at some time (may happen every 1 to 2 years)
Unlikely	Possibly will recur – could occur at some time in 2 to 5 years
Rare	Unlikely to recur – may occur only in exceptional circumstances (may happen every 5 to 30 years)

STEP 3 SAC Matrix

		CONSEQUENCE				
		Serious	Major	Moderate	Minor	Minimum
LIKELIHOOD	Frequent	1	1	2	3	3
	Likely	1	1	2	3	4
	Possible	1	2	2	3	4
	Unlikely	1	2	3	4	4
	Rare	2	3	3	4	4

Every incident assessed against the Severity Assessment Code Matrix should be scored separately for both their actual and potential consequence or outcome

Incident Management Policy**6.3 Appendix C – Sample letter informing CE of issues that may involve individual performance**

DATE

INSERT NAME
INSERT FACILITY
INSERT ADDRESS

Dear [Insert Name]

I am writing to advise you that the RCA Team appointed on [*insert date*] to investigate the Clinical incident [*insert the incident management system ID*], has identified that the incident raises issues that may relate to individual conduct.

The RCA Team is of the opinion that the incident raises matters that may involve (*Please delete which ever of the following is not relevant*).

- professional misconduct or unsatisfactory professional conduct
(*mandatory reporting requirement*)

or

- a person suffering from an impairment
(*mandatory reporting requirement*)

or

- unsatisfactory professional performance
(*discretionary reporting*)

The above concerns of the RCA Team relate to [insert name of the staff member who is of concern]. In brief the matter of concern is [Insert a brief outline of the matter of concern].

The matter is referred to you in accordance with the terms of section 200 of the *Health Administration Act 1982* for appropriate action.

The RCA Team will continue to investigate the systems issues related to the incident. / The RCA Team will now conclude its investigation of this incident. (*Please delete whichever is not relevant*).

Yours Sincerely

Signature
Name
Designation
RCA Team Leader

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6.4 Appendix D – Reportable Incident Definition under Section 20L of the Health Administration Act 1982

Under the provisions of Division 6C of Part 2 of the *Health Administration Act 1982* when a “reportable incident” involving a relevant Health Services organisation is reported to the Chief Executive of the organisation, the organisation is to appoint a root cause analysis team in relation to the reportable incident.

The Ministry of Health and *Health Administration Regulation 2005* has determined that “Reportable Incident” is defined as follows.

A “Reportable Incident” involves:

- (1) The incident must have had “serious clinical consequences” (as defined below) and the probability of recurrence must fall into one of categories (i) to (iv) listed below; OR
- (2) The incident must have had “major clinical consequences” (as defined below) and the probability of recurrence must fall into one of categories (i) to (ii) listed below.

Under section 20M of the Act, an RCA is required to be conducted once the incident has been reported to the Chief Executive.

The Chief Executive should be notified via a Reportable Incident Brief in accordance with this Policy.

“Serious Clinical Consequence”

An incident with “serious clinical consequence” is one that involves:

- The death of a patient unrelated to the natural course of the illness and differing from the immediate expected outcome of the patient management
 - Suspected suicide of a person (including an inpatient or community patient) who has received care or treatment for a mental illness from the relevant Health Services organisation where the death occurs within 7 days of the person’s last contact with the organisation or where there are reasonable clinical grounds to suspect a connection between the death and the care or treatment provided by the organisation
 - Suspected homicide committed by a person who has received care or treatment for mental illness from the relevant Health Services organisation within six months of the person’s last contact with the organisation or where there are reasonable clinical grounds to suspect a connection between the death and the care or treatment provided by the organisation
 - Unexpected intra-partum stillbirth
- OR
- The Sentinel Events those being:

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- Procedures involving the wrong patient or body part resulting in death or major permanent loss of function
- Suspected suicide of a patient in an inpatient unit
- Retained instruments or other material after surgery requiring re-operation or further surgical procedure
- Medication error leading to the death of a patient reasonably believed to be due to incorrect administration of drugs
- Intravascular gas embolism resulting in death or neurological damage
- Haemolytic blood transfusion reaction resulting from ABO (blood group) incompatibility
- Maternal death or serious morbidity associated with labour or delivery
- Infant discharged to wrong family.

“Major Clinical Consequences”

An incident with “major clinical consequences” is one which involves a patient:

- Suffering a major permanent loss of function (sensory, motor, physiologic or psychological) unrelated to the natural course of the illness and differing from the expected outcome of patient management
- Suffering significant disfigurement as a result of the incident
- At significant risk due to being absent against medical advice/absconding
- Subjected to threatened or actual physical or verbal assault requiring external or police intervention.

Probability of Recurrence

- (i) Frequent - expectation that the incident will recur immediately or within weeks or months
- (ii) Likely - probability incident will recur more than once within 12 months
- (iii) Possible - possibility incident may recur at some time every 1 to 2 years
- (iv) Unlikely - possibility incident may recur at some time in 2 to 5 years.

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6.5 Appendix E – Statutory health corporations and Affiliated health organisations

In addition to Local Health Districts the following facilities are defined as “relevant health Services organisations” subject to the RCA privilege provisions under the *Health Administration Act 1982*:

Statutory health corporations¹

- The Agency for Clinical Innovation
- Bureau of Health Information
- Clinical Excellence Commission
- Health Education and Training Institute
- The Justice Health and Forensic Mental Health Network
- NSW Kids and Families
- The Sydney Children’s Hospitals Network (Randwick and Westmead) (incorporating The Royal Alexandra Hospital for Children)

Affiliated Health Organisations

Name of organisation	Recognised establishment or recognised service
<i>Benevolent Society of New South Wales</i>	<ul style="list-style-type: none"> • Central Sydney Scarba Services • Early Intervention Program • Eastern Sydney Scarba Services • South West Sydney Scarba Services
<i>Calvary Health Care (Newcastle) Limited</i>	<ul style="list-style-type: none"> • Calvary Mater Newcastle
<i>Calvary Health Care Sydney Limited</i>	<ul style="list-style-type: none"> • Calvary Health Care Sydney
<i>Carrington Centennial Care Ltd</i>	<ul style="list-style-type: none"> • Carrington Centennial Nursing Home
<i>Catholic Healthcare Limited</i>	<ul style="list-style-type: none"> • St Vincent’s Health Service, Bathurst • Lourdes Hospital and Community Health Service (other than Holy Spirit Dubbo)
<i>Hammondcare Health and Hospitals Limited</i>	<ul style="list-style-type: none"> • Braeside Hospital, Prairiewood • Greenwich Hospital, Greenwich • Neringah Hospital, Wahrenonga • Northern Beaches Palliative Care Service
<i>Karitane</i>	<ul style="list-style-type: none"> • Child and Family Health Services at Carramar, Fairfield, Liverpool and Randwick

¹Current as the date this Policy Directive was issued

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<i>Mercy Care Centre, Young</i>	<ul style="list-style-type: none"> • Mercy Care Centre: Young, excluding Mount St Joseph's Nursing Home
<i>Mercy Health Service Albury Limited</i>	<ul style="list-style-type: none"> • Mercy Health: Albury
<i>NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS)</i>	<ul style="list-style-type: none"> • NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS)
<i>Royal Rehabilitation Centre Sydney</i>	<ul style="list-style-type: none"> • Royal Rehabilitation Centre Sydney
<i>Royal Society for the Welfare of Mothers and Babies</i>	<ul style="list-style-type: none"> • Tresillian Family Care Centres at Belmore, Penrith, Willoughby and Wollstonecraft
<i>St Vincent's Hospital Sydney Limited</i>	<ul style="list-style-type: none"> • Sacred Heart Health Service • St Joseph's Hospital (Auburn) • St Vincent's Hospital, Darlinghurst
<i>Stewart House</i>	<ul style="list-style-type: none"> • Child health screening services at Stewart House Preventorium, Curl Curl
<i>The College of Nursing</i>	<ul style="list-style-type: none"> • Nursing Education Programs conducted under agreement with the NSW Department of Health
<i>The Uniting Church in Australia</i>	<ul style="list-style-type: none"> • Lottie Stewart Hospital • War Memorial Hospital (Waverley)

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6.6 Appendix F – Appointment of RCA Team

In accordance with *Part 2, Division 6C of the Health Administration Act 1982*

I, *(insert name of Chief Executive)* in accordance with section 20M of the *Health Administration Act 1982*, do hereby appoint the following persons to a Root Cause Analysis Team:

Insert name, title, background, employing organisation (team leader)
 Insert name, title, background, employing organisation (team member)
 Insert name, title, background, employing organisation (team member)
 Insert name, title, background, employing organisation (team member)
 Insert name, title, background, employing organisation (team member)

to consider and determine the root causes and contributing factors for the Clinical incident *(insert the incident management system incident ID)*

[insert summary of incident (include date)]

and to prepare a report of the root cause analysis in accordance with section 20O of the *Health Administration Act 1982*.

A root cause analysis conducted in accordance with this appointment shall be privileged in accordance with the terms of Part 2, Division 6C of the *Health Administration Act 1982*.

(signed)

(name of CE)

(date)

Incident Management Policy**6.7 Appendix G – Letter to RCA Team Member**

DATE

INSERT NAME
INSERT FACILITY
INSERT ADDRESS

Dear (Insert Name)

I am writing to you to advise that in accordance with Division 6C of the *Health Administration Act 1982* and the *NSW Health Incident Management Policy*, you have been appointed to an RCA team to determine the root cause and contributing factors for the Clinical SAC 1 reportable incident (*insert the incident management system ID*), as set out in the attached appointment document.

You have been selected as a member of this team because your expertise and experience is essential to the review of this incident.

The work of the RCA team will be privileged in accordance with the *Health Administration Act*. This has a number of implications, of which you should be aware:

1. Restrictions on disclosure of information

You are required to maintain confidentiality in relation to your work as a member of this team, and you must not make your own record or discuss the investigation with anyone who is not part of the team, except for the purposes of exercising the function or any recommendation of an RCA team or for the purposes of preparing a report on the RCA.

2. Statutory Privilege

The internal workings of RCA Teams appointed under the *Health Administration Act* are *privileged*. This means:

- Members of the team cannot be compelled to give evidence about information obtained by them as part of their work on the RCA Team
- Members of the team cannot be compelled to produce to court, papers created or communications (written or verbal) made for the dominant purpose of the RCA Team carrying out its functions
- The final RCA report prepared by the RCA Team cannot be adduced or admitted as evidence in any proceedings (including coronial proceedings, or any proceedings in which it is claimed a procedure or practice was careless or inadequate)
- Members of the team are protected from personal liability, including actions for defamation, provided they act in good faith as a part of the RCA Team function.

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Team members should be aware there are limits to the privilege:

- The privilege will **not** apply to pre-existing documents such as a notification in the incident management system, or medical records or other records created for general care or management reasons
- The privilege does not prevent release of the final report outside the organisation, to the patient or family of the patient.

3. Concerns or complaints about an individual clinician not to be investigated

The RCA Team does not have any authority to investigate concerns or complaints about an individual clinician. Under the terms of the *Health Administration Act*, where the RCA Team considers the reportable incident *may* involve professional misconduct or unsatisfactory professional performance or possible impairment issues the team **must** notify the CE in writing.

The RCA Team may, at its discretion, notify the CE if an incident may involve unsatisfactory professional performance.

Following notification to the CE the team will take no further action on the individual matter.

4. Requirements for the Final RCA Report

The final report must contain:

- the incident management system incident number
- the MoH RIB number
- a description of the incident
- causation statements outlining root causes, where root causes have been determined
- recommendations for change and improvement where appropriate and
- monitoring processes for follow-up of recommended actions.

The final report is to be submitted to the CE on the (*insert date*)

Thank you for your participation in this important patient safety activity.

Yours sincerely

Signature
Name
Designation

Incident Management Policy



6.8 Appendix H – Appointment of Core RCA Team Members

In accordance with Part 2, Division 6C of the *Health Administration Act 1982*

I, *(insert name of Chief Executive)* in accordance with section 20M of the *Health Administration Act 1982*, do hereby appoint the following person/s to a Root Cause Analysis Team:

Insert name, title, background, employing organisation (Team leader)
 Insert name, title, background, employing organisation (Team member)

to consider and determine the root causes and contributing factors for the Clinical incident *(insert the incident management system incident ID)*

[insert summary of incident (include date)]

and to prepare a report of the root cause analysis in accordance with section 20O of the *Health Administration Act 1982*.

The Root Cause Analysis Team member/s listed above shall form the core personnel of the team, and may commence work immediately gathering material relevant to the discharge of the RCA Team's statutory functions under the *Health Administration Act*. I intend to appoint additional members to the RCA Team to assist it in its work as soon as further individuals with appropriate expertise and/or experience have been identified.

A root cause analysis conducted in accordance with this appointment, including any activities carried out by the core RCA Team members appointed by this instrument in carrying out their statutory functions, shall be privileged in accordance with the terms of Part 2, Division 6C of the *Health Administration Act 1982*.

(signed)

 (name of CE)

(date)

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6.9 Appendix I – Appointment of Additional Member to RCA Team

On [insert date] in accordance with Part 2, Division 6C of the *Health Administration Act 1982*, I appointed core members of an RCA Team to consider and determine the root causes and contributing factors for the Clinical incident [insert the incident management system incident ID].

A copy of the original instrument of appointment is **attached** and marked “A”.

Having regard to the nature of the incident and the appropriate expertise and/or experience required by the RCA Team in order to properly carry out its statutory functions, in accordance with section 20M of the *Health Administration Act 1982*. I have determined to appoint the following additional members to that RCA Team:

Insert name, title, background, employing organisation (team member)
 Insert name, title, background, employing organisation (team member)
 Insert name, title, background, employing organisation (team member)
 Insert name, title, background, employing organisation (team member)

and to prepare a report of the root cause analysis in accordance with section 20O of the *Health Administration Act 1982*.

A root cause analysis conducted in accordance with this appointment shall be privileged in accordance with the terms of Part 2, Division 6C of the *Health Administration Act 1982*.

 (signed)

 (name of CE)

 (date)

Incident Management Policy**6.10 Appendix J – Notification of staff involved in incident**

DATE

INSERT NAME
INSERT FACILITY
INSERT ADDRESS

Dear [insert name]

Following the recent reporting of incident number xxx in the Incident Information Management System and in accordance with the *Health Administration Act 1982* and the NSW Health Incident Management Policy, the [insert name] Local Health District Chief Executive has appointed a Root Cause Analysis (RCA) Team. The team will review systems and processes surrounding the incident to determine the root cause and factors contributing to the clinical incident [*provide a brief description of the incident*]. Because of your knowledge of this incident, a member of the RCA Team may contact you to arrange a suitable time to discuss the circumstances of the incident from your perspective. You are entitled to have a support person with you during the interview should you so wish.

The *Health Administration Act 1982* outlines specific restrictions on and responsibilities of RCA Teams. These include

1. Restrictions on disclosure of information

Members of the Root Cause Analysis Team are required to maintain confidentiality in relation to this investigation. They must not make their own records or discuss the investigation with anyone who is not part of the team, except for the purposes of the RCA Team or for the purposes of preparing a report on the RCA.

2. Statutory Privilege

The internal workings of RCA Teams appointed under the *Health Administration Act* are *privileged*. This means:

- RCA Team members cannot be compelled to produce or give evidence of any document created by or on behalf of, at the request of, the RCA Team, where the document was for the dominant purpose of the conduct of the investigation by the RCA Team
- Any document that you prepare, or any communication (written or verbal) that you make, that is for the dominant purpose of assisting with the conduct of the investigation by the RCA Team cannot be produced before any court, tribunal or other person

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- The final RCA report prepared by the RCA Team cannot be adduced or admitted as evidence in any proceedings (including coronial proceedings, or any proceedings in which it is claimed a procedure or practice was careless or inadequate)
- RCA Team members acting in good faith for the purposes of the exercise of the RCA Team's function are also protected from personal liability, including actions for defamation.

There are limits to the privilege:

- The privilege will **not** apply to pre-existing documents such incident management system notification classification, or medical records or other records created for general care or management reasons
- The privilege does not prevent release of the final Report outside the organisation, to the patient or family of the patient.

For further information, refer to the provisions of Part 2, Division 6C of the *Health Administration Act 1982* at <http://www0.health.nsw.gov.au/aboutus/legal/legal.asp>

3. Concerns or complaints about an individual clinician not to be investigated

The RCA Team does not have any authority to investigate concerns or complaints about an individual clinician. Under the terms of the *Health Administration Act*, where the RCA Team considers the reportable incident *may* involve professional misconduct or unsatisfactory professional conduct or possible impairment issues the team **must** notify the Chief Executive in writing.

The RCA Team may, at its discretion, notify the Chief Executive in writing if an incident may involve an unsatisfactory professional performance.

Once the CE has been notified the team will take no further action on the individual matter.

If you wish to discuss this matter, further please feel free to contact

insert name, title and contact number

Thank you for your participation in this important patient safety activity.

Yours sincerely

Signature
Name
Designation

Incident Management Policy



6.11 Appendix K – The Five Rules of Causation

*Adapted from David Marx and the Veterans Affairs National Center for Patient Safety

The five rules of causation are designed to improve the analysis and documentation of causal issues within the RCA process

- **Rule 1 - Causal Statements must clearly show the "cause and effect" relationship.**

When describing why an event has occurred, you should show the link between your root cause and the bad outcome. Focus on showing the link from your root cause to the undesirable patient outcome you are investigating.

Example:

- **Incorrect:** The established rostering practices in the surgical unit were inappropriate
- **Correct:** The established rostering practices in the surgical unit led to the resident's fatigue which increased the likelihood that he submitted a test request for the incorrect patient via the electronic system.
- **Rule 2 – Use specific and accurate descriptors for what occurred, avoiding negative or vague words**

To force clear cause and effect expressions (and avoid inflammatory statements), avoid the use of vague or negative words that can be replaced by a more accurate, clear description. Even words like "carelessness" and "complacency" are bad choices because they are broad, negative judgments that do little to describe the actual conditions or behaviours that led to the mishap.

Example:

- **Incorrect:** Poorly trained nurse
- **Correct:** The level of the nurse's training increased the likelihood that she misunderstood the IV pump controls which led to missing steps in the programming of the dose and rate. This resulted in the patient receiving a rapid infusion of the drug and his cardiac arrest.
- **Rule 3 – Identify the preceding cause(s), not the human error**

Most of our mishaps involve at least one human error. Unfortunately, the discovery that a human has erred does little to aid the prevention process. You must investigate to determine WHY the human error occurred. It can be a system-induced error (e.g., step not included in medical procedure) or an at-risk behaviour (doing task by memory, instead of a checklist). **For every human error in your causal chain, you must have a corresponding cause.** It is the cause of the error, not the error itself, which leads us to productive prevention strategies.

Incident Management Policy



Example

- **Incorrect:** The registrar did not review the discharge summary
- **Correct:** The absence of replacement medical staff to cover registrars on sick leave led to the registrar being rushed and taking short cuts resulting in the patient being discharged with the wrong discharge summary. This resulted in the GP continuing the wrong dose of anticoagulant therapy and the patient's gastro-intestinal bleed.
- **Rule 4 - Each procedural deviation must have a preceding cause.**

Procedural violations are like errors in that they are not directly manageable. Instead, it is the cause of the procedural violation that we can manage. If a clinician is violating a procedure because it is the local norm, we will have to address the incentives that created the norm.

Example

- **Incorrect:** The pharmacy technician did not follow the correct dispensing procedure
- **Correct:** The absence of an orientation programme led to the pharmacy technician being unaware of the practice of routine checking by two persons which resulted in the incorrect dispensing of the medication. This led to the provision of the wrong strength of solution resulting in the respiratory arrest of the child.
- **Rule 5 - Failure to act is only causal when there was a pre-existing duty to act.**

The duty to act may arise from standards and guidelines for practice; or other duties to provide patient care. We need to find out why this mishap occurred in our system as it is designed today. For instance, a doctor's failure to prescribe a cardiac medication after an infarct can only be causal if he was required by established guidelines to do so.

Example

- **Incorrect:** The Visiting Medical Officer (VMO) did not review the patient after surgery
- **Correct:** The absence of a requirement for VMOs to review patient's after they have undergone a surgical procedure led to the patient not being attended by a specialist for 10 days which contributed to the delay in recognition of the patient's deterioration and her subsequent death.

Incident Management Policy



6.12 Appendix L – Final RCA Report

Health District / Network			
Final RCA Report			
Reference Numbers (where applicable)			
MoH RIB No:		IIMS No:	
LHD TRIM No:		LHD File No:	
RCA No:		LHD RIB No:	
Incident Details			
Date of Incident:	___/___/___		
Date of Incident Notification in IIMS:	___/___/___		
Reporting Details			
Staff member/s responsible for feedback to staff (include position)			
Staff member/s responsible for feedback to patient/support person (include position)			
By when?			
Final RCA report signed off by RCA Team on:	___/___/___		
Date report due to CE:	___/___/___		
Date signed by CE:	___/___/___		
Date due to be submitted to NSW Ministry of Health:	___/___/___		
Date submitted to NSW Ministry of Health	___/___/___		
Date submitted to NSW Ministry of Health:	___/___/___		
Notification of decommissioning of RCA			
RCA decommissioned:	YES / NO (please select)		
Reason for decommissioning:			
If the RCA has been decommissioned has an investigation been undertaken on the systems issues:	YES / NO (please select)		
Comments			
Referral to other committees/agencies			
Health Care Complaints Commission	<input type="checkbox"/>	Coroner	<input type="checkbox"/>
Other	<input type="checkbox"/>		
If 'Other' please specify:			
Contact Details			
LHD / SHN	_____		
Contact Person:	_____		
Telephone Number:	_____		
Email Address:	_____		

Incident Management Policy



Final RCA Report

Description of incident that was investigated

(this is a concise chronological account of what happened to the patient)

Multiple horizontal lines for text entry.

Summary of RCA Team findings and recommendations

The following summary provides an analysis of the event, any contributing factors and what the team is recommending to prevent a similar occurrence in the future.

On investigation, the RCA Team found...

Multiple horizontal lines for text entry.

Following the investigation, the RCA team (Please select the appropriate box/boxes)

- Three checkbox options: 'was unable to identify any root causes or contributory factors', 'was unable to identify any gaps in service delivery', and 'identified systems improvement opportunities unrelated to the root causes / contributing factors.'

For Internal use only:

Form with three rows of input fields for tracking: 'Attached in TRIM', 'Copied to the CEC', and 'Filed', each with a corresponding 'Date' or 'File No.' field.

Incident Management Policy



Table 1 – Root Cause / Contributing Factors Table (a requirement when causes have been identified)
 Documentation of causation statements is a legislative requirement. All causation statements must comply with the Rules of Causation. Each root cause displayed must be addressed in the action plan. Describe the root cause and categorise the cause or contributing factor according to the triage cards and flip chart definitions.

Item No.	Description (of Root Cause / Contributory factor)	Category (described in the Checklist Flip Chart for Root cause Analysis Teams)						Safety Mechanisms
		Communication	Knowledge, skills and competence	Work environment / scheduling	Patient factors	Equipment	Policies / procedures	
1								
2								
3								
4								
5								

Incident Management Policy



Table 2 – RCA Team Recommendations (a requirement when causes have been identified)

Causation statement number ¹	Recommendation/s Description of action to be taken	Risk Classification. Eliminate, Control Accept ²	Position of person responsible for implementation Recommendation/s	Outcome measure	Completion date e.g. 3 months = 22/02/06	Management Concurrent Y/N
1						
2						
3						
4						
5						

¹ The number here relates to the numbered causation statement in Table 1 ROOT CAUSE / CONTRIBUTING FACTORS TABLE

² Actions can be classified as eliminating, controlling or accepting the risk. If accepting the risk, risk minimisation strategies need to be in place. Weaker actions are those that accept the risk and include redundancy/double checks, warnings and labels, new procedures and policies, new memorandums, training in absence of knowledge deficit and additional study/ analysis. Medium actions are those taken to control the risk and include checklists and cognitive aids, increased staffing, decreased workload, use of read backs, eliminating look-alikes and sound alike and eliminating or reducing distractions. Stronger actions are those taken to eliminate the risk and include simplified processes that remove unnecessary steps, standardise equipment, processes or care plans.

Incident Management Policy



Table 3 – Systems improvement opportunities unrelated to root causes or contributing factors (modification of these issues would not have helped to prevent the event)

Item No	Description	Recommendation	Position of person responsible for implementation Recommendation/s	Outcome measure	Completion date e.g. 3 months = 22/02/06	Management Concurrence Y/N
1						
2						
3						
4						
5						

Incident Management Policy



RCA Report Final Sign Off

The recommendation/s from the Root Cause Analysis of the incident are endorsed/not endorsed.

Name	Title	Signature	Date
[CE / Service Director]			
Name			
Name			
Name			

I, _____ from _____

endorse /endorse with the following provisions/ do not endorse¹⁰ the recommendations of this RCA.

(Signature)

Chief Executive / Service Director
Date

¹⁰ If not endorsed, please provide reasons and document revised action.

MOUNT PANORAMA MOTOR RACING ACT 1989

Conduct of Motor Racing and Associated Events

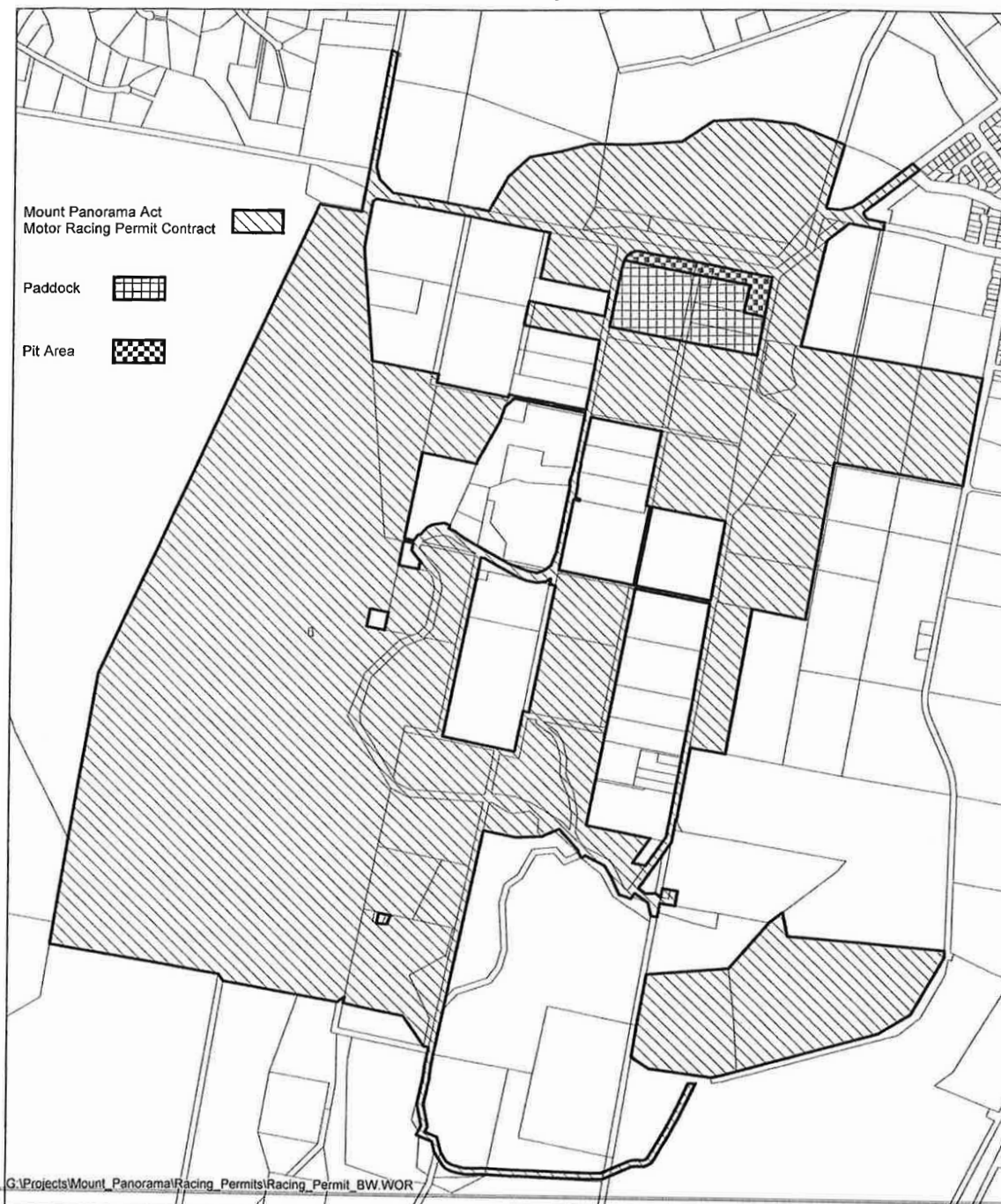
Mount Panorama

IN pursuance of the provisions of section 4 of the Mount Panorama Motor Racing Act 1989, I declare that the lands, as shown by hatching on the diagram hereunder, shall constitute the Mount Panorama Circuit for the purpose of motor racing, practice and associated events during the period 7 February to 12 February 2014, both dates inclusive.

Dated 11 January 2014.

GABRIELLE UPTON, M.P.,
Minister for Sport and Recreation

BATHURST REGIONAL COUNCIL
Mount Panorama Motor Racing Act Permit
2014 Liqui-Moly Bathurst 12 Hour
7-12 February 2014



Bathurst Regional Council expressly disclaims all liability for errors or omissions of any kind whatsoever, or any loss, damage or of consequence which may arise from any person relying on information in this Plan.

Date 13/11/2013

Note: The colours on this Plan do not indicate zones under the Bathurst Local Environmental Plan 1997.

Department of City

PRIVATE ADVERTISEMENTS

COUNCIL NOTICES

GOULBURN MULWAREE COUNCIL

Local Government Act 1993

Land Acquisition (Just Terms Compensation) Act 1991

Notice of Compulsory Acquisition of Land

GOULBURN MULWAREE COUNCIL declares with the approval of Her Excellency the Governor that the easement described in the Schedule below, excluding any mines or deposits of minerals in the land, are acquired by compulsory process in accordance with the provisions of the Land Acquisition (Just Terms Compensation) Act 1991 for a water pipeline.

Dated at Goulburn this 17th day of January 2014. CHRIS BERRY, General Manager, Goulburn Mulwaree Council, Locked Bag 22, Goulburn NSW 2580.

SCHEDULE

Easement rights for pipeline and water supply in the terms set out here under over the site described as:

Easement shown in DP 1171369 as '(A) Denotes proposed easement for pipeline and water supply 20 wide' over the Wollondilly River between Lot 13, DP 858473 and Lot 1, DP 1089760, Local Government Area of Goulburn Mulwaree, Parish of Nattery and Norrong, County of Argyle.

Terms of Easement for Pipeline and Water Supply

Full and free right title liberty and licence for Goulburn Mulwaree Council its successors and assigns TO CONSTRUCT lay maintain repair renew cleanse inspect replace and divert or alter the position of a watermain or pipeline with apparatus and appurtenances thereof in or under the surface of such part of the land herein indicated as the servient tenement and to carry and convey water through the said watermain or pipeline and for the purposes aforesaid or any of them by its officers servants and or contractors with or without motor or other vehicles, plant and machinery to enter upon and break open the surface of the servient tenement and to deposit soil temporarily on the servient tenement but subject to a liability to replace the soil and upon completion of the work restore the surface area of the said servient tenement to its former condition as far as reasonably practical. No building shall be erected nor any structures fences or improvements of any kind shall be placed over or under that part of the lot burdened as is affected by the easement for pipeline and water supply except with the prior consent in writing of Goulburn Mulwaree Council and except in compliance with any conditions which Goulburn Mulwaree Council may specify in such consent but that such consent will not be unreasonably withheld. [7353]

GWYDIR SHIRE COUNCIL

Naming of Roads

NOTICE is hereby given that Gwydir Shire Council, in pursuance of section 162 of the Roads Act 1993, has named the roads/lanes described hereunder:

Road No./Name	Description
Kings Lane	Between Frazer Street and Riddell Street Start at Cunningham Street

Finish at Finch Street, Village of Bingara
Length: 0.23km.

Bruxner Way Renaming of former Bruxner Highway
From Inverell Shire Council boundary to
Moree Plains Shire Council boundary

GENERAL MANAGER, Gwydir Shire Council, Locked
Bag 5, Bingara NSW 2404. [7354]

LAKE MACQUARIE CITY COUNCIL

Naming of Roads

LAKE MACQUARIE CITY COUNCIL advises that in accordance with section 162.1 of the Roads Act 1993 and Part 2, Division 2, Clauses 7-10, Roads Regulations 2008 it has named the following roads:

Location/Description	Name
Proposed subdivision of Lot 44, DP 1183213 and Lots 76 and 77, DP 755242 creating two new roads located off Station Street, Morisset	Kelowna Avenue Origin: Kelowna a city in the Okanagan Valley in central British Columbia Canada Aspen Grove Origin: Aspen trees from Canada

No objections to the proposed names were received within the advertising period. BRIAN BELL, General Manager, Lake Macquarie City Council, Box 1906, Hunter Region Mail Centre NSW 2310. [7355]

PENRITH CITY COUNCIL

Naming of Roads

PURSUANT to Clause 9 of the Roads Regulation 2008, notice is hereby given of the naming of the following road/s:

Name	Location
Fishburn Street	Jordan Springs
Wales Avenue	Jordan Springs
Mason Way	Jordan Springs
Portsmouth Circuit	Jordan Springs
Voyager Court	Jordan Springs
Marine Way	Jordan Springs

Private Roads within the Anglican Retirement Village Caddens:

Turon Terrace	off Manning Street Caddens
Werriwa Way	off Manning Street Caddens
Bellinger Way	off Manning Street Caddens
Oxley Place	off Manning Street Caddens
Coldstream Terrace	off Manning Street Caddens
Horton Parade	off Manning Street Caddens
Gloucester Court	off Manning Street Caddens
Hastings Parade	off Manning Street Caddens
Hawkesbury Crescent	off Manning Street Caddens
Myall Circuit	off Manning Street Caddens
Jenolan Close	off Manning Street Caddens
Wollemi Close	off Manning Street Caddens

Bargo Boulevard off Manning Street Caddens
 Tobins Place off Manning Street Caddens

For further information please contact Mr ALAN STONEHAM, General Manager, Penrith City Council, Civic Centre, 601 High Street, Penrith NSW 2750, tel.: (02) 4732 7777. [7356]

SHOALHAVEN CITY COUNCIL

Local Government Act 1993

Land Acquisition (Just Terms Compensation) Act 1991

Notice of Compulsory Acquisition of Land

SHOALHAVEN CITY COUNCIL declares with the approval of Her Excellency the Governor that the easement described in the Schedule below, excluding any mines or deposits of minerals in the land, is acquired by compulsory process in accordance with the provisions of the Land Acquisition (Just Terms Compensation) Act 1991 for the Wairo Beach water supply. Dated at Nowra this 23rd day of December 2013. RUSSELL PIGG, General Manager, Shoalhaven City Council, Bridge Road, Nowra NSW 2541.

SCHEDULE

Easement for water supply 5 wide marked (E) as shown in DP 1186330. [7357]

SHOALHAVEN CITY COUNCIL

Local Government Act 1993

Land Acquisition (Just Terms Compensation) Act 1991

Notice of Compulsory Acquisition of Land

SHOALHAVEN CITY COUNCIL declares with the approval of Her Excellency the Governor that the easement described in the Schedule below, excluding any mines or deposits of minerals in the land, is acquired by compulsory process in accordance with the provisions of the Land Acquisition (Just Terms Compensation) Act 1991 for the Wairo Beach water supply. Dated at Nowra this 23rd day of December 2013. RUSSELL PIGG, General Manager, Shoalhaven City Council, Bridge Road, Nowra NSW 2541.

SCHEDULE

Easement for water supply 5 wide marked (E) over Crown road as shown in DP 1186330. [7358]

THE HILLS SHIRE COUNCIL

Roads Act 1993, Section 10

NOTICE is hereby given that The Hills Shire Council dedicates the land described in the schedule below as public road under section 10 of the Roads Act 1993. GENERAL MANAGER, The Hills Shire Council, 129 Showground Road, Castle Hill NSW 2154.

SCHEDULE

All that piece or parcel of land known as Lot 11 in DP 1187916 in The Hills Shire Council, Parish of Nelson, County of Cumberland and as described in Folio Identifier 11/1187916. [7359]

THE HILLS SHIRE COUNCIL

Roads Act 1993, Section 10

NOTICE is hereby given that The Hills Shire Council dedicates the land described in the schedule below as public road under section 10 of the Roads Act 1993. GENERAL MANAGER, The Hills Shire Council, 129 Showground Road, Castle Hill NSW 2154.

SCHEDULE

All that piece or parcel of land known as Lot 23 in DP 1162467 in The Hills Shire Council, Parish of Castle Hill, County of Cumberland and as described in Folio Identifier 23/1162467. [7360]

URANA SHIRE COUNCIL

Roads Act 1993, Section 162

Renaming of Public Roads

NOTICE is hereby given that Urana Shire Council, in accordance with section 162 of the Roads Act 1993, has named the following road located within Urana Shire:

<i>Current Road Name</i>	<i>New Road Name</i>	<i>Location</i>
Faithfull Boundary Road	Irons Road	Commencing at the intersection of Sandigo Road and terminating at boundary of Urana Shire and Narrandera Shire

ADRIAN BUTLER, General Manager, Urana Shire Council, PO Box 55, Urana NSW 2645. [7361]

ESTATE NOTICES

NOTICE of intended distribution of estate. – Estate of EILEEN THERESA YATES. – Any person having any claim upon the estate of Eileen Theresa Yates, late of Chamberlain Gardens Aged Care, Wyoming, who died on 28 October 2013, must send particulars of the claim to the legal representative for the estate, Gary Cleary, care of Cleary Finlay Solicitors, 9 Broken Bay Road, Ettalong Beach NSW 2257, within 30 days from publication of this notice. After that time and after 6 months from the date of death of the deceased the legal representative intends to distribute the property in the estate having regard only to the claims of which the legal representative had notice at the time of distribution. CLEARY FINLAY SOLICITORS, 9 Broken Bay Road, Ettalong Beach NSW 2257 (DX 8809 Woy Woy), tel.: (02) 4344 1966. [7362]

COMPANY NOTICES

NOTICE of resolution passed (appointment of liquidator) – In the matter of RODVILLE INVESTMENTS PTY LIMITED, ACN 008 409 041. – Notice is hereby given that at an extraordinary general meeting of members of the above company duly convened and held on 21 December 2013 the following Special and Ordinary Resolutions were passed “That the company be wound up voluntarily” and “That Richard Bruce Nissen be appointed as liquidator of the company”. Dated this 21st day of January 2014. RICHARD BRUCE NISSEN, Liquidator, c.o. Roberts Nissen, Chartered Accountants, 121 Walker Street, North Sydney NSW 2060. [7363]

OTHER NOTICES

ANGLICAN DIOCESE OF NEWCASTLE

NOTICE of election of trustee. – ANGLICAN DIOCESE OF NEWCASTLE. – In accordance with the Church Trust Property 2012 Ordinance (Diocese of Newcastle), it is hereby notified that The Right Reverend GREGORY EDWIN THOMPSON was, on 14 September 2013, elected by the Synod of the Diocese of Newcastle as Bishop of Newcastle. This appointment as trustee is to take effect on 2 February 2014, Peter Stuart, Bishop Administrator of the Anglican Diocese of Newcastle. John Cleary, Diocesan Business Manager and Secretary of the Trustees of Church Property, Anglican Diocese of Newcastle, Diocesan Office, 134 King Street, Newcastle NSW 2300. [7364]

ANGLICAN DIOCESE OF NEWCASTLE

Anglican Church of Australia (Samaritans Housing)
Order 2013

Explanatory Note

The object of this Order is to declare that the members of the Samaritans Housing are a body corporate under the name “Samaritans Housing”. The relevant ordinances are The Samaritans Housing Ordinance 2013 and The Samaritans Housing Incorporation Ordinance 2013.

This Order is made under the Anglican Church of Australia (Bodies Corporate) Act 1938.

Anglican Church of Australia (Samaritans Housing)
Order 2013
under the

Anglican Church of Australia (Bodies Corporate) Act 1938

1 Name of Order

This Order is the Anglican Church of Australia (Samaritans Housing) Order 2013

2 Samaritans Housing

It is declared that the persons who for the time being are the members of the body known as the Samaritans Housing constituted under Samaritans Housing Ordinance 2013 are a body corporate under the name “Samaritans Housing”. [7365]

NOTICE of sale by public auction. – Unless the Sydney Local Court Writ for Levy of Property 2012/00228325 is previously satisfied, the Sheriff’s Office at Bathurst intends to sell by public auction the following real property of Craig Charles Stewart known as the land in deposited plan Lot 37, DP 1072864, at Portland, Local Government Area of Lithgow, Parish of Falnash, County of Cook, Title Diagram DP 1072864, also known as 45 George Parade, Portland NSW 2847 or so much as may be necessary to satisfy an outstanding judgement debt. The sale will be held on Saturday, 15 February 2014 at 11am at L. J. Hooker, 152-154 Main Street, Lithgow. Please address all enquiries of the sale to Jamie Giokaris c.o. L. J. Hooker at Lithgow, 152-154 Main Street, Lithgow NSW 2790, tel (02) 6351 2548. [7366]

COUNCIL NOTICES

FAIRFIELD CITY COUNCIL

Proposed Sale of Land for Unpaid Rates and Charges

Notice Pursuant to Section 715 of the Local Government Act 1993 (NSW)

NOTICE is hereby given to the person(s)/entity named hereunder that the Council of the City of Fairfield has resolved in pursuance of section 715 of the Local Government Act 1993, to sell the lands described hereunder (of which the persons(s)/entity named appear to be the owners or in which they appear to have an interest) and on which the amount of rates and charges stated in each case, as at 6 January 2014 is due:

<i>Owner or person having an interest in the land</i> (a)	<i>Description of the land (Lot, Section, Deposit Plan and Street Address)</i> (b)	<i>Amount of rates and charges overdue for more than 5 years</i> (c)	<i>Amount of all other rates and charges due and in arrears</i> (d)	<i>Interest accrued on amounts in column (c) and (d)</i> (e)	<i>Total</i>
Mt.Pritchard Development Pty Ltd	Lot 1, Sec 31, DP 214061, Area: 31.6 sqm 24 Hilltop Avenue, Mt Pritchard NSW 2170	\$9,862.49	\$175.00	\$14,032.05	\$24,069.54
Bakaros Pty Ltd	Lot 1, Sec 1, DP 502650, Area: 94.016 sqm 1A Quarry Road, Bossley Park NSW 2176	\$5,867.73	\$1,082.00	\$6,129.05	\$13,078.78
168 Sandal Crescent Investments Pty Ltd	Lot 19, SP 15496, Area: 67 sqm 19/168 Sandal Crescent, Carramar NSW 2163	\$8,877.16	\$100.00	\$11,841.03	\$20,818.19
168 Sandal Crescent Investments Pty Ltd	Lot 13, SP 15495, Area: 51 sqm 13/170 Sandal Crescent, Carramar NSW 2163	\$9525.20	\$100.00	\$12,427.19	\$22,052.39
Haddad Property Investments Pty Ltd	Lot 29, DP 609330, Area: 980 sqm 128 Hemphill Avenue, Mt Pritchard NSW	\$5,995.25	\$2,159.69	\$3,620.25	\$11,775.19

Date and time fixed for proposed sale: Wednesday, 30 April 2014 at 7pm.

Place of proposed sale: Fairfield City Council, Room 5 (Lunch Room), Level 1, 86 Avoca Road, Wakeley 2176.

Agent (Auctioneer) appointed for the proposed sale: Laing and Simmons Real Estate Cabramatta. Phone (02) 9754 1100.

Contact person: Sonny Tran. Phone: (02) 9754 1100, email: sonny@lscabratatta.com.au.

Fairfield City Council requests that any persons with an interest in any of the above lands that wants to make enquiries or make payment of the outstanding rates and charges (in a lump sum or by arrangement) should contact Fairfield City Council on (02) 9725 0222 or email: mail@fairfieldcity.nsw.gov.au. (Council's office hours are between 8.30am and 4.30pm – Monday to Friday.)

Persons with an interest in any of the above lands and potential purchasers should make themselves familiar with Chapter 17, Part 2, Division 5 of the Local Government Act 1993 (NSW) and are required to make their own enquiries with respect to any land with which they are concerned.

Fairfield City Council now gives express notice that:

1. Subject to applicable legislation, it makes no warranty, representation or guarantee with respect to any of the lands above including, but not limited to, their location, condition, accessibility to services and whether or not vacant possession will be obtained by any purchaser of same.

Any potential purchaser seeking clarification or information regarding the proposed sale should direct their requests to the agent appointed for the proposed sale. ALAN YOUNG, City Manager, Fairfield City Council, 86 Avoca Road, Wakeley NSW 2176.

[7367]

NARRANDERA SHIRE COUNCIL

Local Government Act, 1993

Section 713 2 (A)

Sale of Land for Overdue Rates and Charges

NOTICE is hereby given to the registered owner(s) and company named hereunder that the Narrandera Shire Council at its meeting of 17 September 2013 resolved in pursuance of section 713 2 (a) of the Local Government Act, 1993 to sell the land described hereunder on which the amount of rates and charges stated in each case as at 15 October 2013 is due:

<i>Registered owner(s) or company appearing to have an interest in the land</i> (a)	<i>Legal description of the subject land</i> (b)	<i>Amount of rates and charges (including extra charges) overdue for more than five (5) years</i> (c)	<i>Amount of all other rates and charges (including extra charges) payable and unpaid</i> (d)	<i>Total due</i> (e)
Lindsay John FRENCH	Lot 2, Section 32, DP 758477 25 Boree Street, Grong Grong NSW 2652	\$1,323.51	\$2,360.50	\$3,684.01
Lynsey Anne POUT	Lot 4, Section 59, DP 758477 77 Berrembed Street, Grong Grong NSW 2652	\$767.55	\$1,734.41	\$2,501.96
Donald Bryan HODSON	Lot 15, Section 2, DP 10667 12 James Street, Binya NSW 2665	\$177.03	\$1,400.05	\$1,577.08
John Andrew URQUHART	Lot 8, Section L, DP 2597 28 Chantilly Street, Narrandera NSW 2700	\$4,838.85	\$15,203.24	\$20,042.09
TILLERS FORGE PTY LTD	Lot 11, Section 48, DP 758757 116-120 Douglas Street, Narrandera NSW 2700	\$2,164.37	\$10,544.09	\$12,708.46

In default of payment to the Narrandera Shire Council of the amount stated in Column (e) above AND any other rates and charges (including extra charges and costs associated with the process of sale by public auction) becoming due and payable after 15 October 2013, or an arrangement satisfactory to the Council for such rates and charges including any other rates and charges (including extra charges and costs associated with the process of sale by public auction) becoming due and payable after 15 October 2013 being entered into by the Registered Owner(s), interested Person(s) or Company before the time fixed for the sale, the said land will be offered for sale by public auction by Narrandera Real Estate Services Pty Ltd at the Narrandera Council Chambers, 141 East Street, Narrandera NSW 2700, on Friday, 2 May 2014 commencing at 11.00am.

Any payment made to Council must be by way of Australian legal tender and be made in such a manner that the funds received are irrevocably cleared to the Narrandera Shire Council by the time and date set for the public auction. R. C. PLUIS, General Manager, Narrandera Shire Council, 141 East Street, Narrandera NSW 2700. [7368]

ISSN 0155-6320

By Authority
PETER MUSGRAVE, Government Printer