

# MALDON HOSPITAL ANNUAL REPORT

Partnering with the Community



MALDON HOSPITAL

Partnering with the Community

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## MISSION STATEMENT

Building community health and wellbeing

## VISION

To be a thriving health service contributing to a happy and healthy community

## VALUES

<b>Integrity</b>	We strive for honesty, respect and compassion to reflect our sense of pride in our hospital.
<b>Safety</b>	Our aesthetic environment is secure and safe for both physical and emotional wellbeing. It is inclusive whilst being respectful of all people.
<b>Positivity</b>	Creating an environment that is supportive, joyous and welcoming.
<b>Professional</b>	We provide a high quality of care with qualified staff that are accountable for maintaining best practice in a confidential environment.
<b>Service Driven</b>	Our services are accessible and delivered in a timely, flexible and approachable manner to achieve common goals

## KEY ACHIEVEMENTS

### Graduate Nurse Program

January 2016 saw the commencement of the Nurse Graduate Program at Maldon Hospital for the first time. Maldon Hospital believes in advancing the nursing profession and with strong support from the nursing leadership team the Graduates have the opportunity to experience a range of nursing practices. Working closely with the Castlemaine Health Education Department, Maldon Hospital offers a rotation for 4 months for first year Registered Nurses which includes study days and clinical support.

### Air Conditioning

This financial year we saw the completion of installation of air conditioning in all resident bedrooms and common areas. This great achievement allows residents to individually control the temperature setting in their rooms and greatly improves their comfort over the summer months.

### Solar Panels

A 40kw Solar Power System was commissioned in June 2016.

## Report to the Community

We are pleased to be able to report that the 2015/2016 financial year has again been both busy and successful for Maldon Hospital. By providing safe and high quality health care in acute, aged and community services our local community is able to access essential health services close to home.

Over the next years the Board of Management will continue to strive for the strategic aim of pursuing safety and quality improvements in care whilst maintaining high occupancy in residential care and expanding community services to meet local needs. To achieve these goals and ensure future viability we have been exploring options in partnership with other local organisations as outlined below. In this last year we have also spent considerable time reviewing and updating all aspects of governance and of risk identification and management.

The staff have continued to demonstrate a high level of commitment to care and a willingness to explore opportunities to improve and develop our services. Mountview home was successful in achieving all standards required to be reaccredited when reviewed in early 2016 and we are moving to the full review of our acute section under the National Safety and Quality Standards in August.

Two major projects undertaken by staff in this year have focussed on improvement in safety and quality of care. A Person Centred Care project in conjunction with other organisations in the Shire of Mount Alexander has seen staff undertake training in the use of Montessori principles and then implement these to improve the quality of care to patients and residents. A Community based project in partnership with the Neighbourhood centre and funded by the Council focused on raising the awareness of preventing family violence. As an organisation we have also participated with four other organisations in Mount Alexander Shire, in a review and planning exercise to improve the provision of primary health care for local residents.

We thank all staff for their contributions, loyalty and commitment under the leadership of Katrina Sparrow, Director of Nursing. We also acknowledge and thank Dr Fowler for his medical services and assistance in meeting the increasing demands of accreditation standards.

In the past year we have also been able to complete two major capital works projects. The entire aged care section is now air-conditioned with individual controls so that each resident is able to enjoy a self-selected level of comfort. We have also been able to install a large bank of solar panels on the roof and anticipate that this will help contain power costs into the future.

Our Community Consultative Committee has provided input into key policies and publications. This committee has undergone significant changes in membership in this last year due to changes in the circumstances of individual members. We would like to acknowledge the contributions of those who have moved on to other activities and to welcome those who have recently taken on new involvement in the Hospital in this way. We would also like to acknowledge the significant contributions to the hospital made by many volunteers from the community. Your activities enrich the lives of patients and residents.

We also acknowledge the commitment of all Board members who as volunteers provide significant time, knowledge and skills to ensure sound governance for Maldon Hospital. To fulfil their obligation they participate in ongoing development of their knowledge and understanding of the operations of Maldon Hospital and of risk, finance, compliance and governance issues and standards. This year we welcomed three new Board Members: Julie Green, Pam Millwood and Ian Slattery, who have all contributed to Board discussions and deliberations. Gordon Carter resigned during the year and we thank him for his years of service and leadership.

In November 2015 we presented life governorships to Barbara Ford, Michael Grimes as an acknowledgement of many years of service to the hospital. We thank Barbara for her 12 year contribution as a Board Member and Michael for his contribution as a Board Member and then as an independent Chair of the Audit and Risk Committee. We are fortunate that we have been able to recruit Michael McCartney to take on the Chair of the Audit and Risk committee and we thank him for being willing to contribute his expertise to Maldon Hospital in this way.

We are positive about the future for Maldon Hospital and look forward to working further with the community to ensure that we have a health service able to evolve with community needs.



**Dr Helen McBurney President**



**Ian Fisher CEO**

# Corporate Governance

## Board of Management

**Dr Helen McBurney**, President  
– appointed 1 November 2008

**Vanessa Healy**, Vice President  
– appointed 1 July 2014

**Colin Thornton**, Treasurer  
– appointed 1 July 2011

**Pam Millwood**, Board Member  
– appointed 1 July 2015

**Garry Johnstone**, Board Member  
– appointed 1 July 2014

**Julie Green**, Board Member  
– appointed 1 July 2015

**Ian Slattery**, Board Member  
– appointed 1 July 2015

**Gordon Carter**, Board Member  
– resigned Nov 2015

## Board Sub-Committee Representation

### Audit and Risk Committee

Michael McCartney (Chair) (Independent)  
Colin Thornton, BOM  
Ian Slattery, BOM  
Vanessa Healy, BOM  
Garry Johnstone, BOM  
Dr Helen McBurney, BOM (ex officio)

### Clinical Care Committee (Now Clinical Governance and Quality)

Julie Green(Chair), BOM  
Pamela Millwood, BOM  
Dr Helen McBurney-President BOM (Ex-officio)

### Community Consultation Committee

Pam Millwood – (Chair), BOM  
Dr Helen McBurney-President BOM (ex-officio)

## Manner of Establishment and Relevant Ministers

*Maldon Hospital is a public hospital incorporated under the Health Services Act 1998 and has a variety of programs and services funded by the State Government.*

The Hon Jill Hennessy MLA, Minister for Health, Minister for Ambulance Services

The Hon Martin Foley MLA, Minister for Mental Health, Minister for Housing, Disability and Ageing

The Hon Jenny Mikakos MLC, Minister for Families and Children

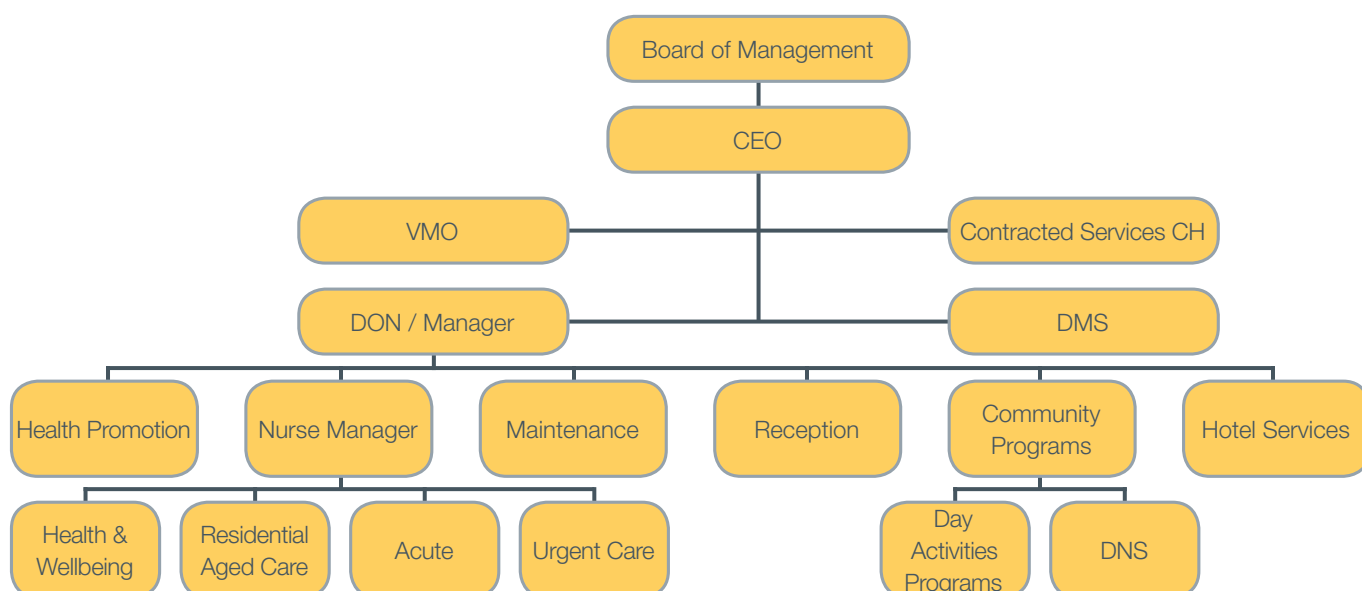
## Board of Management Structure & Function

The function of the Board of Management is to oversee the governance of the Health Service and to ensure that the services provided by the Health Service comply with the requirements of the Health Act 1988 and the By-Laws of the Health Service.

Members are required by the Act to act with integrity and objectivity at all times. They are required to declare a pecuniary interest, when applicable, during Board debate and withdraw from proceedings. There were no occasions that required declaration this year. Conflict of interest is declared during Board proceedings, in accordance with the By-Laws of Maldon Hospital.

Board members serve in a voluntary capacity and do not receive payments. A number of sub-committees consisting of Board, Staff, Visiting Medical Officers and members of the community have been formed to advise and recommend on relevant matters.

# Organisational Chart



## Our services

Maldon Hospital continues to operate under the Department of Health and Human Services Small Rural Health Services model. This model allows the hospital flexibility to tailor services to meet the changing needs of our community.

### Acute Care

Maldon Hospital provides 24 hour Urgent Care service with a doctor on call to meet a range of presenting medical conditions. Together with an Acute Care unit that caters for residents of Maldon and surrounding areas with low acuity medical conditions and palliative care.

### Residential Aged Care

Maldon Hospital offers 28 bed permanent residential care for the aged members of our community. Whilst living in residential care residents continue to access allied health professionals, such as physiotherapist, podiatrist, speech pathologist, dietician, visiting geriatrician and adult mental health services as required.

### Home and Community Care (HACC)

Our community programs consist of a District Nursing Service and Adult Day Service programs. District Nursing delivers home based nursing support, health education and promotion seven days a week throughout the year. The hospital nurses travel from Welshman's Reef to Laanecoorie and Baringhup to Walmer. Adult Day Service program staff and volunteers assist Maldon residents to participate in a range of activities for frail aged and younger people with a disability. Most programs are of short duration, with an emphasis on physical activity and social connection and wellness.

### Health Promotion

Health promotion in Maldon is supported by a qualified staff member who provides learning opportunities including demonstrations, short courses, lectures and supports a range of projects. This financial year the programme has highlighted mental health and wellbeing, family violence and dementia.

### Environmental Services

A small team of staff provide the Hotel Services to patients and residents at Maldon. They provide cleaning and food preparation functions for the whole of facility. This financial year we saw all Environmental Services staff transfer from Castlemaine Health to become Maldon Hospital employees.

### Food Services

Thirty two meals are prepared for each meal service daily. The food is prepared by a combination of Castlemaine Health and Maldon Hospital staff with meals plated and served by Maldon Hospital Food Services staff. Our customer satisfaction surveys continue to demonstrate excellent results in terms of the quality of residents' meals, and external audits again scored our service highly in terms of the strict food safety standards demanded of public hospitals.

### Emergency Management

#### Emergency Response and Recovery Planning Committee

The Emergency Response and Recovery Planning Committee is a joint committee with Castlemaine Health and meets on a monthly basis from October to March each year and then on an as needs basis.

The Emergency Response and Recovery Plan (ERRP) documents the arrangements for the prevention of, response to, and recovery from an incident, emergency or crisis that may impact upon Maldon Hospital, its staff, the community, stakeholders or physical assets. It is expected that knowledge of and adherence to these procedures will ensure that all clients, visitors and Staff are guaranteed the highest possible standards of health and safety whilst in Maldon Hospital.

### Environmental Sustainability

Maldon Hospital has a strong commitment to improving the environment. Accordingly an important part of the evaluation of all significant projects and purchases is the impact on the environment. In the current year Maldon Hospital installed solar panels to reduce electricity usage which reduces power costs and has a positive environmental impact.



# Reporting against the Statement of Priorities

## Part A: Strategic Priorities

Domain	Action	Deliverables	Status
Patient experience and outcomes	Drive improved health outcomes through a strong focus on patient-centred care in the planning, delivery and evaluation of services, and the development of new models for putting patients first.	Review induction of staff to ensure there is a strong focus on person centred care (PCC) including a consumer perspective. By September 2015.	Achieved.  Reviewed and implemented changes to ensure a focus on person centred care. Staff orientation booklet includes a 2-3 page PCC publication and is part of Mandatory online ReHSEN education for nursing staff.  Volunteer induction includes written and one to one discussion regarding PCC approach.
		Increase consumer participation in education workshops. By June 2016.	Achieved.  Consumer who was also a member of the consumer consultative committee meeting attended mandatory staff education session. This will be an ongoing agenda item for staff mandatory study days.
		Participate in the Montessori Leadership program implement recommendations. By May 2016.	Achieved.  Completed some projects such as staff name badges in large font, increase signage in Day Activity Area.
		Provide evidence of improvements based on consumer feedback. By June 2016.	Achieved.  Consumer led improvements – Improved communication, name badges, staff profile in resident newsletter, sliding doors.
	Strengthen the response of health services to family violence. This includes implementing interventions, processes and systems to prevent, identify and respond appropriately to family violence at an individual and community level.	Develop and implement a policy and procedure that increases staff awareness and responsiveness to family violence both as an employee and community member. By May 2016.	In Progress.  Policy written. Community education session, Maldon against family violence project, 2 hour staff education session regarding recognising, interventions, and responding.
		Take a leading role with the Central Victorian Primary Care Partnership strategies to prevent, identify and respond to family violence. By May 2016.	In Progress.  Significant work undertaken by CVPCP which will be used by MH to develop strategies and processes.
	Use consumer feedback and develop participation processes to improve person and family centred care, health service practice and patient experiences.	Consumer led education of their "hospital experience" at mandatory training for all staff. By Dec 2015.	Achieved.
	Identify service users who are marginalised or vulnerable to poor health, and develop interventions that improve their outcomes relative to other groups, for example, women, Aboriginal people, people affected by mental illness, people at risk of elder abuse, people with disability, homeless people, refugees and asylum seekers, people whose alcohol and other drug use is damaging their health or impacting on their recovery.	Develop and implement strategies from the "Mental Health-Live Life Well" project steering committee. By June 2016.	In Progress.  Part of Shire wide roll out including education sessions commencing December 2015.
		Maldon Hospital to facilitate a mental health first aid course. By October 2015.	Achieved.
		Identify Mental Health services requirements for Maldon. By June 2016.	In Progress.
Governance, leadership and culture	Demonstrate an organisational commitment to Occupational Health and Safety, including mental health and wellbeing in the workplace. Ensure accessible and affordable support services are available for employees experiencing mental ill health. Work collaboratively with the Department of Health and Human Services and professional bodies to identify and address systemic issues of mental ill health amongst the medical professions.	Board of Management adopt a statement committing to OH&S. By October 2015.	Achieved.
		Ensure staff are aware and are satisfied systems and services are in place to reduce and address mental health issues in the workplace. By April 2016.	Achieved.  Staff education session regarding mental health wellbeing, Leadership team full day training regarding positive culture, advertising EAP program, commencement of Health Together Achievement Program.
	Monitor and publically report incidents of occupational violence. Work collaboratively with the Department of Health and Human Services to develop systems to prevent the occurrence of occupational violence.	Systems in place to prevent incidents of occupational violence occurring or reoccurring. By May 2016.	Achieved.  Occurrences are being monitored. Nil to date. Grievance procedure in place for staff conflict.

# Reporting against the Statement of Priorities continued

## Part A: Strategic Priorities continued

Domain	Action	Deliverables	Status
	Promote a positive workplace culture and implement strategies to prevent bullying and harassment in the workplace. Monitor trends of complaints of bullying and harassment and identify and address organisational units exhibiting poor workplace culture and morale.	Implement system to measure work place culture and effectiveness of action strategies to improve workplace culture and morale. By May 2016.	In Progress. Part of mandatory training and will be part of the People Matters Survey 2016.
	Undertake an annual board assessment to identify and develop board capability to ensure all board members are well equipped to effectively discharge their responsibilities.	Complete Board of Management meeting effectiveness survey. By October 2015.	Achieved. Completed as part of the ACHG review.
		Board governance capability assessment completed and identification of education requirements. By June 2016.	Achieved.
	Support a positive and healthy workplace culture by participating in the Healthy Together Achievement Program.	Commence program by March 2016.	Achieved. Commenced and working group in place.
Safety and Quality	Ensure management plans are in place to prevent, detect and contain Carbapenem Resistant Enterobacteriaceae as outlined in Hospital Circular 02/15 (issued 16 June 2015).	Systems in place to prevent, detect and contain Carbapenem Resistant Enterobacteriaceae by May 2016.	Achieved.
	Implement effective antimicrobial stewardship practices and increase awareness of antimicrobial resistance, its implications and actions to combat it, through effective communication, education, and training.	Improve effectiveness of antimicrobial stewardship, prescribing compliance and increase awareness of antimicrobial resistance through effective review of antibiotic usage, communication, education and training. By May 2016.	Achieved.
	Ensure that emergency response management plans are in place, regularly exercised and updated, including trigger activation and communication arrangements.	Emergency response management plans are current and communicated to ensure staff are well prepared to handle emergency situations.  8 emergency drills are completed. By June 2016.	Achieved. Data base commenced to record emergency training, Warden Training for all grade 5 nurses offered and attended, fire extinguisher training for all staff, emergency procedure training on mandatory training day. Emergency drills completed.
Financial sustainability	Improve cash management processes to ensure that financial obligations are met as they are due.	Monitor cash flow to maintain solid cash position' with 'Ensure debt collection and debt payment turnover days are maintained within the Department guidelines of 60 days. By June 2016.	Achieved.
	Work with Health Purchasing Victoria to implement procurement savings initiatives.	Implement purchasing strategies adopted by Castlemaine Health to obtain procurement savings. By February 2016.	Achieved. Well advanced and compliant with HPV procurement requirements.
	Invest in revenue optimisation initiatives to ensure maximisation of revenue from both public and private sources.	Ensure ACFI is aligned to care plans and Medicare claims are substantiated. By November 2015.	Achieved. Second ACFI audit substantiated claims and system improvements.
		Upgrade air conditioning to meet criteria to qualify for the higher significant refurbished daily rate. By December 2015.	Achieved. Work completed and now meets significant refurbishment claim criteria.
Access	Implement integrated care approaches across health and community support services to improve access and responses for disadvantaged Victorians.	Shire wide service plan completed and recommendations actioned. By March 2016.	Achieved. Shire wide service plan completed. Commenced local partnership meeting to commence actions.
	Progress partnerships with other health services to ensure patients can access treatments as close to where they live when it is safe and effective to do, making the most efficient use of available resources across the system.	MOU in place with Castlemaine Health and Castlemaine District Community Health Service. By December 2015.	Achieved. MOUs in place with Castlemaine Health and Castlemaine District Community Health.
	Optimise alternatives to hospital admission.	Focus on health promotion, allied health and HACC activities that reduce hospital admissions. By June 2016.	Achieved. Contract with Castlemaine District Community Health aimed at reducing admissions.

# Reporting against the Statement of Priorities continued

## Part B: Performance Priorities

Safety and quality performance		
Key Performance Indicator	Target	2015-16 Actual
Safety and quality performance		
Compliance with NSQHS Standards accreditation	Full compliance	Achieved
Compliance with the Commonwealth's Aged Care Accreditation Standards	Full compliance	Achieved
Cleaning standards	Full compliance	Achieved
Compliance with the Hand Hygiene Australia program	80%	95%
Percentage of healthcare workers immunised for influenza	75%	74%
Submission of infection surveillance data to VICNISS	Full compliance	Achieved
Patient experience and outcomes performance		
Victorian Healthcare Experience Survey - data submission	Full compliance	Achieved
Governance, leadership and culture performance		
People Matter Survey - percentage of staff with a positive response to safety culture questions	80%	83%
Financial sustainability performance		
Key Performance Indicator	Target	2015-16 Actual
Finance		
Operating result (\$m)	0	Refer AFS
Trade creditors	< 60 days	
Patient fee debtors	< 60 days	
Asset management		
Asset management plan	Full compliance	Achieved
Adjusted current asset ratio	0.7	1.5
Days of available cash	14 days	271 days

## Part C: Activity and Funding\*

Funding Type	Activity	2015-16 Actual
<b>Small Rural Health</b>		
Small Rural Acute	96	110
Small Residential Aged Care	10,125	9,799
Small Rural HACC	6,501	5,966

\* Activity Achievement is subject to confirmation



## Workforce

Hospitals Labour Category	JUNE Current Month FTE		JUNE YTD FTE	
	2015	2016	2015	2016
Nursing	23.80	20.99	23.29	22.33
Administration and Clerical	1.58	1.66	1.13	1.58
Hotel and Allied*	1.99	8.70	1.99	9.05
Medical support	0.00	0.39	0.00	0.09
Ancillary support	0.00	0.30	0.00	0.22
<b>TOTAL</b>	<b>27.37</b>	<b>32.04</b>	<b>26.41</b>	<b>33.27</b>

\* Effective from 1st July 2015 Hotel & Allied staff transferred to direct employment by Maldon Hospital rather than as a contracted service delivered by Castlemaine Health employed staff.

## Statement of Merit and Equity

Maldon Hospital ensures a fair and transparent process for recruitment, selection, transfer and promotion of staff. It bases its employment on merit and complies with the relevant legislation. Policies and Procedures are in place to ensure staff are treated fairly, respected and provided with avenues for grievance and complaint processes.

## Occupational Health & Safety

Maldon Hospital has a dynamic and committed Occupational Health and Safety committee which oversees the management of the health and safety of its employees. Chaired by the Director of Nursing, with membership of key stakeholders and employee representatives, the committee addresses a variety of health and safety issues within the workplace in a proactive and consultative manner in addition to policy, procedure and health and safety management system review.

Key initiatives have recently included the introduction of an incident action audit, to ensure that incidents are addressed and followed through to completion. Such actions have resulted in the recent

introduction of a microfibre mopping system which will reduce slip/ trip and manual handling hazards from conventional wet mopping practices and the exploration of possible management strategies to mitigate the risk of hazards associated with instances of occupational violence.

Maldon Hospital has access to resources and expertise related to health and safety within the workplace through its collaboration with Castlemaine Health, which has seen the implementation of an internal patient lifting sling inspection process and health, safety and wellbeing related 'Toolbox Talks' that can be presented as an informal and interactive, educational opportunity to staff.

## Workcover Statistics

Insurance Year	Days Comp Paid	Time Lost Claims	Total Standard Claims
2012/2013	0	0	0
2013/2014	0	0	0
2014/2015	191	1	2
2015/2016	50	1	1

## Occupational Violence

Occupational violence statistics	2015-16
1. Workcover accepted claims with an occupational violence cause per 100 FTE	0
2. Number of accepted Workcover claims with lost time injury with an occupational violence cause per 1,000,000 hours worked.	0
3. Number of occupational violence incidents reported	10
4. Number of occupational violence incidents reported per 100 FTE	30
5. Percentage of occupational violence incidents resulting in a staff injury, illness or condition	30%

For the purposes of the above statistics the following definitions apply.

**Occupational violence** - any incident where an employee is abused, threatened or assaulted in circumstances arising out of, or in the course of their employment.

**Incident** - occupational health and safety incidents reported in the health service incident reporting system. Code Grey reporting is not included.

**Accepted Workcover claims** - Accepted Workcover claims that were lodged in 2015-16.

**Lost time** - is defined as greater than one day.

# Statutory Compliance

## Regulatory Compliance Statutory Compliance

**Attestation on Data Integrity:** I, Ian Fisher, certify that Maldon Hospital has put in place appropriate internal controls and processes to ensure that reported data reasonably reflects actual performance Maldon Hospital has critically reviewed these controls and processes during the year.

**Attestation for Compliance with the Ministerial Standing Direction 4.5.5 – Risk Management Framework and Processes:** I, Ian Fisher, certify that Maldon Hospital has complied with Ministerial Direction 4.5.5 – Risk Management Framework and Processes. The Maldon Hospital Audit Committee has verified this.



Ian Fisher  
Chief Executive Officer  
July 2016

### Freedom of Information

**Applications:** All applications were processed in accordance with the provision of the Freedom of Information Act 1982, which provides a legally enforceable right of access of information held by Government agencies. Maldon Hospital provides a report on these requests to the Department of Justice.

Freedom of Information requests can be submitted to the Chief Executive Officer, Maldon Hospital, PO Box 50, Castlemaine 3450, Application forms are available on the website [www.castlemainehealth.org.au](http://www.castlemainehealth.org.au), or by phoning 5471 1555. Application charges and fees apply.

No requests were received under Freedom of Information in 2015/16. All requests were processed within the required timeframes.

### Specific Information Requirements:

This report provides users with general information about the entity and its activities, operational highlights for the reporting period, future initiatives and other relevant information not included in the financial statements.

### Carers Recognition Act 2012:

Maldon Hospital has taken all practical measures to comply with its obligations under the Act.

### Protected Disclosure Act 2012:

This Act enables people to make disclosures about improper conduct within the public sector without fear of reprisal. The Act aims to ensure openness and accountability by encouraging people to make disclosures and protecting them when they do. Maldon Hospital has policies and procedures in place to assist anyone seeking to make a protected disclosure. Maldon Hospital has received no complaints under this Act in the 2015/16 financial year

### Disclosure of Major contracts:

There were no contracts greater than \$10 million entered into during the year ended June 2016.

### Compliance with Building and Maintenance Provisions of Buildings Act 1993:

All building works have been designed in accordance with the Department of Health and Human Services Guidelines and comply with the Building Act 1993 and the Building Code of Australia 1996.

### Victorian Industry Participation Policy Act 2003:

During the year there were no contracts completed requiring the application of VIPP.

### Statement on National Competition Policy:

Maldon Hospital complied with all Government policies regarding neutrality requirements with regards to all tender applications.

**Fees Charged for Service:** All fees and charges charged by Maldon Hospital are regulated by

the Commonwealth Department of Health & Ageing and the Hospitals & Charities (Fees) Regulations 1986, as amended and as otherwise determined by the Department of Health and Human Services, Victoria. Policies and procedures are in place for the effective collection of fees owing to the service.

**Ethical Standards:** The Board of Management promotes the continued maintenance of corporate governance practice and ethical conduct by the Board members and employees of Maldon Hospital. The Board has endorsed a code of conduct that applies to Board Members, officers and all employees.

**Pecuniary Interests:** Members of the Board of Management of Maldon Hospital are required to notify the Chairman of the Board of any pecuniary interests which might give rise to conflict of interest in accordance with Maldon Hospital Board's Code of Conduct.

**Tax Deductible Gifts:** Maldon Hospital is endorsed by the Australian Taxation Office as a Deductible Gift Recipient. Gifts to Maldon Hospital as a Public Health Service qualify for a tax deduction under item 1.1.1 of Section 3-BA of the Income Tax Assessment Act 1997.

**Disability Act 2006:** Maldon Hospital has completed an Access and Inclusion Plan that incorporates requirements of the Disability Act 2006.

**Availability of Other Information:** Maldon Hospital confirms that it retains additional information specified in Financial Reporting Direction 22G and that this information is available to the relevant Ministers, Members of Parliament and the public on request (subject to the provisions of the *Freedom of Information Act 1982*, if applicable).

# Disclosure Index

The annual report of Maldon Hospital is prepared in accordance with all relevant Victorian legislation. This index has been prepared to facilitate identification of the Department's compliance with statutory disclosure requirements.

LEGISLATION	REQUIREMENT	PAGE REFERENCE
<b>MINISTERIAL DIRECTIONS</b>		
REPORT OF OPERATIONS		
CHARTER AND PURPOSE		
FRD 22G	Manner of establishment and the relevant Ministers	2
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FRD 22G	Initiatives and key achievements	IFC
FRD 22G	Nature and range of services provided	3
MANAGEMENT AND STRUCTURE		
FRD 22G	Organisational structure	2
FINANCIAL AND OTHER INFORMATION		
FRD 10A	Disclosure index	IBC
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FRD 22G	Application and operation of Carers Recognition Act 2012	8
FRD 22G	Application and operation of Freedom of Information Act 1982	8
FRD 22G	Compliance with building and maintenance provisions of Building Act 1993	8
FRD 22G	Details of consultancies over \$10,000	AFS
FRD 22G	Details of consultancies under \$10,000	AFS
FRD 22G	Employment and conduct principles	7
FRD 22G	Major changes or factors affecting performance	AFS
FRD 22G	Occupational health and safety	7
FRD 22G	Operational and budgetary objectives and performance against objectives	AFS
FRD 22G	Significant changes in financial position during the year	AFS
FRD 22G	Statement on National Competition Policy	8
FRD 22G	Subsequent events	AFS
FRD 22G	Summary of the financial results for the year	AFS
FRD 22G	Workforce Data Disclosures including a statement on the application of employment and conduct principles	7
FRD 25B	Victorian Industry Participation Policy disclosures	8
FRD 29A	Workforce Data disclosures	7
SD 4.2(g)	Specific information requirements	8
SD 4.2(j)	Sign off requirements	8
SD 3.4.13	Attestation on data integrity	8
SD 4.5.5	Risk management compliance attestation	8
FINANCIAL STATEMENTS REQUIRED UNDER PART 7 OF THE FINANCIAL MANAGEMENT ACT		
SD 4.2(a)	Statement of changes in equity	AFS
SD 4.2(b)	Comprehensive Operating Statement	AFS
SD 4.2(b)	Balance Sheet	AFS
SD 4.2(b)	Cash Flow Statement	AFS
OTHER REQUIREMENTS UNDER STANDING DIRECTIONS 4.2		
SD 4.2(a)	Compliance with Australian accounting standards and other authoritative pronouncements	AFS
SD 4.2(c)	Accountable officers declaration	AFS
SD 4.2(c)	Compliance with Ministerial Directions	AFS
SD 4.2(d)	Rounding of amounts	AFS
LEGISLATION		
Freedom of Information Act 1982		
Protected Disclosure Act 2012		
Carers Recognition Act 2012		
Victorian Industry Participation Policy Act 2003		
Building Act 1993		
Financial Management Act 1994		

AFS – Attached Financial Statement; IFC – Inside Front Cover; IBC – Inside Back Cover

Financial Statement attached. If the statement is not attached please contact Claire Johnson or Kerrie Goulding, EA to the CEO on (P) 03 5471 1401.



**MALDON HOSPITAL**

Partnering with the Community

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