

ANNUAL REPORT

Partnering with the Community

2016/17



MALDON HOSPITAL

Partnering with the Community



MALDON HOSPITAL

Partnering with the Community

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Corporate Governance

Board of Management

Dr Helen McBurney, President,
appointed 1 November 2008

Ms Vanessa Healy, Vice President,
appointed 1 July 2014

Mr Colin Thornton, Treasurer,
appointed 1 July 2011

Ms Pam Millwood, Board Member,
appointed 1 July 2015

Mr Garry Johnstone, Board Member,
appointed 1 July 2014

Ms Julie Green, Board Member,
appointed 1 July 2015

Mr Ian Slattery, Board Member,
resigned September 2016

Ms Cindy Schultz-Ferguson, Board
Member, appointed 1 July 2016

Mr Stephen Gardner, Board Member,
appointed 1 July 2017

Board Sub-Committee Representation

Audit and Risk Committee

Mr Michael McCartney, Independent, Chair
Mr Stephen Gardner, Independent, Board
Mr Garry Johnstone, Independent, Board
Mr Colin Thornton, Board
Dr Helen McBurney, President,
Board of Management (ex-officio)

Clinical Governance and Quality (previously Clinical Care Committee)

Dr Helen McBurney, Chair
Ms Katrina Sparrow, Director of Nursing
Mr Ian Fisher, Chief Executive Officer
Ms C Noble/Mr J Sparrow – Quality
Coordinator/Quality and Risk Coordinator
Ms P Millwood, Board Member
Ms J Green, Board Member
Ms P Ballinger/E Comello,
Acting Nurse Manager
Dr Peter Sloan, Medical Director
Ms R Matheson/K Harding,
Infection Control
Ms L Paul, Consumer Representative

Community Consultation Committee

Dr Helen Mc Burney, President,
Board of Management (ex-officio)
Ms Katrina Sparrow, Director of Nursing
Mr Ian Fisher, Chief Executive Officer
Ms Pam Millwood, Board Member
Ms Cindy Schultz-Ferguson,
Board Member
Ms C Noble/ J Sparrow,
Quality Coordinator
Ms D Buck, Community Representative
Ms S Davidson, Community
Representative
Ms M Roche, Community Representative
Mr G Hamilton, Community
Representative
Mr Graham Rodgers, Community
Representative
Ms P Ballinger, Community
Representative/Staff Member

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.

4 December 2014 to 30 June 2017

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

4 December 2014 to 30 June 2017

The Hon. Jenny Mikakos MLC, Minister for
Families and Children

4 December 2014 to 30 June 2017

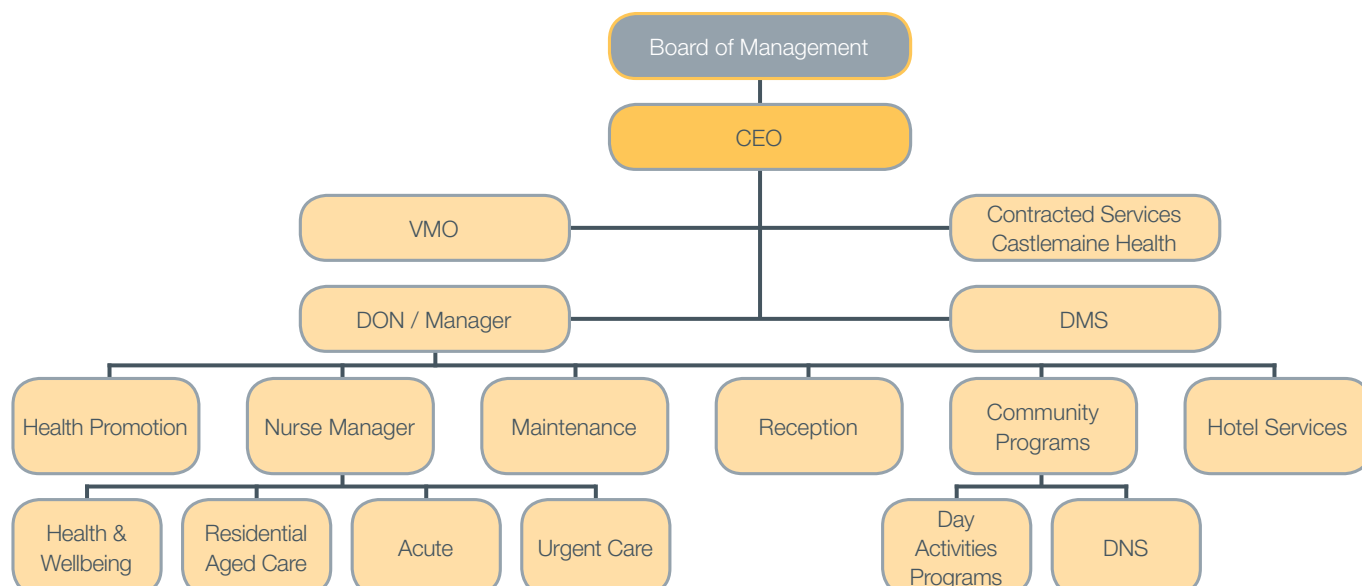
Responsible Bodies Declaration

In accordance with the Financial
Management Act 1994, I am pleased to
present the Report of Operations for
Maldon Hospital for the year ending 30
June 2017.

H McBurney

Dr Helen McBurney
Board President
July 2017

Organisational Chart



Report to the Community

We are pleased to be able to report that the 2016-17 financial year has again been a busy and successful one for Maldon Hospital. The hospital staff and volunteers have worked hard to ensure that the local community has been able to access safe and high quality care in acute aged care and community services.

The Board has continued to strive for the strategic aim of providing improvements in safe and quality care whilst maintaining high residential care occupancy in a friendly environment and looking at local needs for community services.

In August 2016 we underwent a full accreditation review for acute services under the National Safety and Quality program. Our accreditation was successfully maintained and the comments of the visiting reviewers regarding the quality of services provided were especially pleasing. Maintaining this level of care provision is an everyday effort for all staff and we acknowledge their skill and dedication.

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

In order to keep improving the quality of care at Maldon Hospital, we joined the Studer program in late 2016. This program aims to assist management level staff to work with all staff to provide a high level of individualised care for all our patients, residents and clients.

We have also been active in working with other health agencies to ensure good local

health services are available. In the Mount Alexander Shire this has involved working with Castlemaine Health, Castlemaine and District Community Health, Windarring and Shire staff to review service availability and coverage. We also have continued to work with the Department of Health and Human Services and other health agencies in the Loddon Mallee region to ensure standards of clinical care are maintained and improved.

In 2016 our newly installed array of solar panels was switched on and despite the addition of new individually controlled reverse cycle air conditioning units to improve the level of comfort in all resident rooms, we are able to report significant savings on our electricity costs.

Maldon Hospital was represented for the first time in April 2017 in the Murray to Moyne cycle relay. This was a fundraising opportunity undertaken for the hospital by a team of cyclists and support crew. With sponsors and community support the group raised sufficient funds to enable us to purchase a number of equipment items for use in both the hospital and the community. The resuscitation mannequin will be used for staff training but can also be accessed by community groups.

Late in the year we received notification of a successful grant application from the Department of Health and Human Services. This grant is to alter part of our garden to increase the amenity of outdoor spaces for residents with dementia. The area will be available for use by all and will provide a safe and secure space for residents and families to enjoy. Work will be starting on this soon.

Once again we would like to thank the community for their commitment to Maldon Hospital and to quality of care, particularly

those who have participated in fundraising and our volunteers who give their time either to directly assist residents or as community representatives on one of our committees. The Audit and Risk committee, Clinical Governance and Quality Committee and Community Consultative Committee all benefit from the input of local community members. These activities all contribute to enriching the lives of patients and residents.

We also acknowledge the commitment and contribution of Board members who as volunteers provide significant time, knowledge and skills to ensure sound governance for Maldon Hospital. To fulfil their obligations they participate in Board activities and in ongoing professional development to improve their knowledge and understanding of the operation of Maldon Hospital and of risk, finance, compliance, clinical and governance issues and standards. This year we welcomed two new Board members – Cindy Schulz-Ferguson and Stephen Gardner, who have contributed to Board deliberations and decisions in their fields of expertise. Garry Johnstone resigned from the Board during the year and we thank him for his years of service and are delighted that he will continue on the Audit and Risk Committee as a community member.

Maldon Hospital is currently in a sound position to continue providing the community with a safe and high quality health service into the future.



Dr Helen McBurney
Board President



Mr Ian Fisher
Chief Executive
Officer

Key Achievements

Dementia-friendly outdoor living area

We were very pleased to obtain a \$341,431 grant under the Victorian Government's Regional Health Infrastructure Fund. This grant will expand the current Jessie Bowe garden to provide a flat landscape with purpose-built garden and undercover outdoor living space designed as a multipurpose space for Maldon Hospital residents. This will enable Maldon Hospital to offer a safe outdoor area for all seasons and improve quality of life for residents. Planning for this project has commenced.

Studer Programme

Maldon Hospital staff trained in a Studer Programme called Living Values. Many staff initiatives have commenced, including staff and resident rounding, culture training, calendar of events and teamwork workshops to contribute to staff wellbeing.

Montessori project

Maldon Hospital collaborated with three other services to embed Montessori principles into practice across community and residential aged care services in Mount Alexander Shire. This has been achieved through ongoing training, consultation and mentoring at a local level.

Murray to Moyne bike team

This was the first year that Maldon Hospital was represented by a group of local volunteers in the Murray to Moyne cycle relay. The community was keen to support the team and together they raised a total of \$12,085.45, which funded a new resuscitation manikin, syringe driver and labelling machine for resident clothing.



Our Catchment

Maldon Hospital offers a range of health-related services for residents of Maldon and surrounding areas. Maldon Hospital provides residential aged care facilities, acute care, community and health promotion services.

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 a 24-hour Urgent Care service with a doctor on call to meet a range of presenting medical conditions. The Acute care unit also caters for residents of Maldon and surrounding areas with low acuity medical conditions and palliative care.

Residential care

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

Community Programs

Our community programs consist of a District Nursing Service and Adult Day Service program funded under both Home and Community Care (HACC) and Commonwealth Home Support

Programme (CHSP). 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. The program

Our Services (continued)

provides learning opportunities such as demonstrations, short courses, lectures and supports a range of projects. This financial year the programme has highlighted physical activity, family violence and dementia.

Environmental Services

A small team of staff provide Hotel Services to patients and residents at Maldon Hospital. This financial year we saw Environmental Services provide cleaning and food preparation for the whole of facility. Maldon Hospital continues to achieve very high cleaning standards in both internal and external audits.

Food Services

Thirty two meals are prepared for each meal service, each day by Castlemaine Health's Food Services. The food is then cooked and served by Maldon Hospital staff. Our customer satisfaction surveys continued to demonstrate excellent results for quality of residents' meals, and external audits again scored our service highly for meeting 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. It meets monthly from October to March each year and then on an as needs basis. An Emergency Response and Recovery Plan 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 performance and sustainability

Maldon Hospital has a strong commitment to improving the environment. Maldon Hospital is progressing towards transferring all lights to LEDs and installing sensor switches as appropriate.

Workforce Data

Labour Category	JUNE Current Month FTE		JUNE YTD FTE	
	2016	2017	2016	2017
Nursing	20.99	23.04	22.33	22.18
Administration & Clerical	1.66	1.32	1.58	1.47
Hotel & Allied	8.70	9.9	9.05	9.50
Medical support	0.39	0.74	0.09	0.47
Ancillary support	0.30	0	0.22	0.31
Total	32.04	35	33.27	33.93

Occupational Health & Safety

Maldon Hospital has a dynamic and committed Occupational Health and Safety Committee, which oversees the management of employee health and safety. Chaired by the Director of Nursing, with membership comprising key stakeholders and employee representatives, the committee addresses a variety of occupational health and safety (OHS) issues within the workplace in a proactive and consultative manner. It also manages OHS policy and procedures, and reviews health and safety management

systems. Maldon Hospital has access to OHS resources and expertise through a collaboration with Castlemaine Health. Through this collaborative relationship, Maldon Hospital has:

- implemented an internal patient lifting sling inspection process
- created the health, safety and wellbeing-related 'Toolbox Talks' - an interactive educational opportunity for staff.

Occupational violence statistics	2015-16	2016-17
1. Workcover accepted claims with an occupational violence cause per 100 FTE	0	0
2. Number of accepted Workcover claims with lost time injury with an occupational violence cause per 1,000,000 hours worked.	0	0
3. Number of occupational violence incidents reported	10	11
4. Number of occupational violence incidents reported per 100 FTE	30	33.3
5. Percentage of occupational violence incidents resulting in a staff injury, illness or condition	30%	54.5%

Definitions

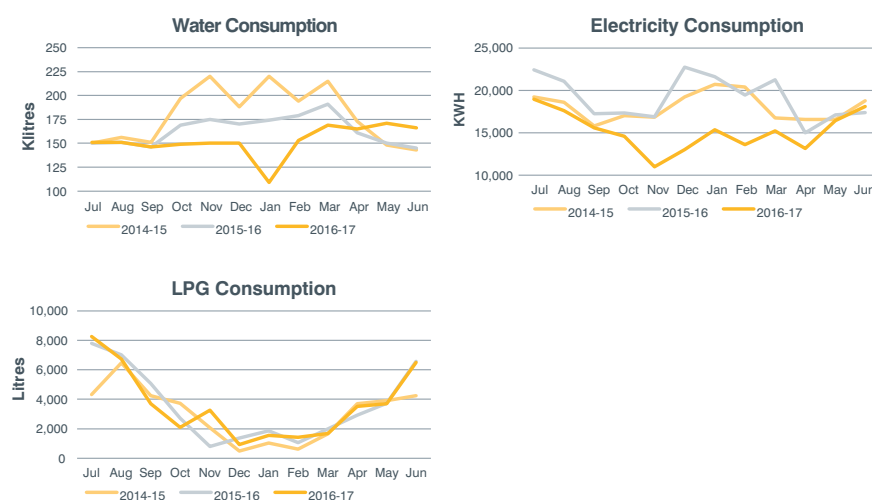
For the purposes of the above statistics the following definitions apply.

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 2016-17

Lost time - is defined as greater than one day.



Reporting against the Statement Of Priorities

Part A: Strategic Priorities

Domain	Action	Deliverable	Status
Access and timeliness	Identify opportunities and implement pathways to aid prevention and increase care outside hospital walls by optimising appropriate use of existing programs (i.e. the Health Independence Program (HIP) or telemedicine).	Review effectiveness of current community programs to ensure they are relevant, align with appropriate care pathways and meet community expectations by 31 December 2016.	Achieved
	Develop and implement a strategy to ensure the preparedness of the organisation for the National Disability Insurance Scheme (NDIS) and HACC transition and reform, with particular consideration to service access, service expectations, workforce and financial management.	Implement strategies to enable a smooth transition of HACC services by 30 June 2017.	Achieved
Governance and leadership	Demonstrate implementation of the Victorian Clinical Governance Policy Framework: Governance for the provision of safe, quality healthcare at each level of the organisation, with clearly documented and understood roles and responsibilities. Ensure effective integrated systems, processes, leadership are in place to support the provision of safe, quality, accountable and person-centred healthcare. It is an expectation that health services implement to best meet their employees' and community's needs, and that clinical governance arrangements undergo frequent and formal review, evaluation and amendment to drive continuous improvement.	Implement Studer Program strategies to drive leadership and positive culture by 30 June 2017.	Achieved
		Participate in the Regional Clinical Governance Council activity By 30 June 2017.	Achieved
		Undertake an annual self-assessment of the effectiveness of the Clinical Governance Framework by 31 May 2017.	Achieved
	Contribute to the development and implementation of Local Region Action Plans under the series of state-wide design, service and infrastructure plans being progressively released from 2016/17. This will require partnerships and active collaboration across regions to ensure plans meet both regional and local service needs.	Establish a Mount Alexander Shire-wide alliance with Castlemaine Health, Mount Alexander Shire Council, Castlemaine District Community Health Services and Windarrang to develop a collaborative approach to improving the communities' health and wellbeing.	Achieved
	Ensure that an anti-bullying and harassment policy exists and includes the identification of appropriate behaviour, internal and external support mechanisms for staff, and a clear process for reporting, investigation, feedback, consequence and appeal and the policy specifies a regular review schedule.	Commence Studer Program to provide a framework to review policies and procedures, and undertake further mandated staff training by 30 June 2017.	Achieved
	Board and senior management ensure that an organisational-wide occupational health and safety risk management approach is in place which includes: (1) A focus on prevention and the strategies used to manage risks, including the regular review of these controls; (2) Strategies to improve reporting of occupational health and safety incidents, risks and controls, with a particular focus on prevention of occupational violence and bullying and harassment, throughout all levels of the organisation, including to the board; and (3) Mechanisms for consulting with, debriefing and communicating with all staff regarding outcomes of investigations and controls following occupational violence and bullying and harassment incidents.	Review occupational health and safety systems to ensure compliance with legislation, and focus on training and support relating to occupational violence and bullying and harassment by 31 March 2017.	Achieved
	Implement and monitor workforce plans that: improve industrial relations; promote a learning culture; align with the Best Practice Clinical Learning Environment Framework; promote effective succession planning; increase employment opportunities for Aboriginal and Torres Strait Islander people; ensure the workforce is appropriately qualified and skilled; and support the delivery of high-quality and safe person-centred care.	Develop a 5-year workforce plan that supports the delivery of high quality and safe person-centred care by 30 June 2017.	Achieved
	Create a workforce culture that: includes staff in decision-making; promotes and supports open communication, raising concerns and respectful behaviour across all levels of the organisation; and includes consumers and the community.	Commence the Studer Program to develop and reinforce a positive and accountable workforce by 30 November 2016.	Achieved
	Ensure that the Victorian Child Safe Standards are embedded in everyday thinking and practice to better protect children from abuse, which includes the implementation of: strategies to embed an organisational culture of child safety; a child safe policy or statement of commitment to child safety; a code of conduct that establishes clear expectations for appropriate behaviour with children; screening, supervision, training and other human resources practices that reduce the risk of child abuse; processes for responding to and reporting suspected abuse of children; strategies to identify and reduce or remove the risk of abuse and strategies to promote the participation and empowerment of children.	Ensure all key staff have information and knowledge for the Maldon Hospital to demonstrate compliance with the legislation by 28 February 2017.	Achieved

Statement of Priorities Report (continued)

Part A: Strategic Priorities (continued)

Domain	Action	Deliverable	Status
Governance and leadership (continued)	Implement policies and procedures to ensure clinical staff have access to vaccination programs and are appropriately vaccinated and/or immunised to protect staff and prevent the transmission of infection to susceptible patients or people in their care.	Achieve 75% flu vaccinations across all staff.	Achieved
		Implement a strategy that ensures all direct staff have current required immunisation status by 31 March 2017.	Achieved
	Drive improvements to Victoria's mental health system through focus and engagement in activity delivering on the 10-Year Mental Health Plan and active input into consultations on the Design, Service and Infrastructure Plan for Victoria's Clinical Mental Health System.	Implement a strategy that ensures all direct staff have current required immunisation status by 31 March 2017.	Achieved
Quality & Safety	Implement systems and processes to recognise and support person-centred end-of-life care in all settings, with a focus on providing support for people who choose to die at home.	Provide further training in advance care planning and end-of-life care for clinical staff, with support from Castlemaine Health's palliative care staff to support their discussions with patients, residents and clients over 65 years, by 30 June 2016.	Achieved
	Advance care planning is included as a parameter in an assessment of outcomes including: mortality and morbidity review reports, patient experience, and routine data collection.	Review reporting to the Clinical Governance and Quality Committee to ensure that advance care planning is included in assessing patient outcomes by 30 April 2017	Achieved
	Progress implementation of a whole-of-hospital model for responding to family violence.	Work in partnership with local health providers and local organisations to develop a shared action plan for responding to family violence by 30 June 2017.	Achieved
	Develop a regional leadership culture that fosters multidisciplinary and multi-organisational collaboration to promote learning and the provision of safe, quality care across rural and regional Victoria.	Participate in the Regional Clinical Governance Council activity by 30 June 2017.	Achieved
	Use patient feedback, including the Victorian Healthcare Experience Survey, to drive improved health outcomes and experiences through a strong focus on person and family-centred care in the planning, delivery and evaluation of services, and the development of new models for putting patients first.	Review reporting systems to ensure patient, resident and client experiences are resulting in improved care and reflect putting patients first by 30 April 2017.	Achieved
Supporting healthy populations	Health services support shared population health and wellbeing planning at a local level - aligning with the Local Government Municipal Public Health and Wellbeing plan and working with other local agencies and Primary Health Networks.	Establish a shire-wide alliance with Maldon Hospital, Mount Alexander Shire, Castlemaine District Community Health Services, Windarrang Disability Services and Central Victorian Primary Care Partnership to develop a collaborative approach to improving the communities' health by 31 March 2017.	Achieved
	That health services focus on primary prevention, including suicide prevention, and aim to impact on large numbers of people in the places where they spend their time, adopting a place-based, whole-of-population approach to tackle the multiple risk factors of poor health.	Implement strategies of the newly funded Live Life Well program through Castlemaine District Community Health through representation on the steering committee and participation in the program by 31 May 2017.	Achieved
	Develop and implement strategies that encourage a culturally diverse environment, such as partnering with culturally diverse communities, reflecting the diversity of your community in the organisational governance, and having culturally sensitive, safe and inclusive practices.	Determine the cultural diversities in the community and develop strategies through the Community Consultative Committee to enable diverse cultures to be reflected in Maldon Hospital's governance and practices by 30 June 2016.	Achieved
	Improve the health outcomes of Aboriginal and Torres Strait Islander people by establishing culturally safe practices which recognise and respect their cultural identities, and safely meets their needs, expectations and rights.	Provide access to Castlemaine Health's Aboriginal Liaison Officer to improve Aboriginal people's access to health services that are culturally respectful and progress the Loddon Mallee Koolin Balit Action Plan, by 31 May 2016.	Achieved
	Drive improvements to Victoria's mental health system through focus and engagement in activity delivering on the 10-Year Mental Health Plan, and active input into consultations on the Design, Service and Infrastructure Plan for Victoria's Clinical Mental Health System.	Participate in shire-wide strategies to prevent suicides in the region and participate in the Live Life Well program.	Achieved
	Using the Government's Rainbow eQuality Guide, identify and adopt 'actions for inclusive practices' and be more responsive to the health and wellbeing of lesbian, gay, bisexual, transgender and intersex (LGBTI) individuals and communities.	Use the Community Consultative Committee to identify and develop from the Government's Rainbow eQuality Guide to improve Maldon Hospital's responsiveness the health and wellbeing of LGBTI individuals and communities by 30 April 2016.	Achieved

Statement of Priorities Report (continued)

Part A: Strategic Priorities (continued)

Domain	Action	Deliverable	Status
Financial sustainability	Further enhance cash management strategies to improve cash sustainability and meet financial obligations as they are due.	Maintain strong cash position through achieving a surplus operating result and exploring funding opportunities from multiple sources by 30 June 2017.	Achieved
	Actively contribute to the development of the Victorian Government's policy to be net zero carbon by 2050 and improve environmental sustainability by identifying and implementing projects, including workforce education, to reduce material environmental impacts with particular consideration of procurement and waste management, and publicly reporting environmental performance data, including measureable targets related to reduction of clinical, sharps and landfill waste, water and energy use and improved recycling.	Develop and implement a 5-year environmental sustainability plan that is consistent with the Victorian Government's policy by 30 June 2017.	Achieved

Appendix

Consultancies

The table below shows cost information relating to our engagement of consultants. Information on consultancies costing in excess of \$10,000 is available on our website at www.maldhosp.vic.gov.au/about/consultancies.

Consultancies costing in excess of \$10,000				
Consultants	Project	Total project fees (ex GST)	Total fees incurred	Future commitment
Provider Assist	ACFI uplift	\$31,075	\$31,075	\$0
Consultancies costing less than \$10,000				
Total number			Total cost (ex GST)	
1			\$3,416	

Part B: Performance Priorities

Quality and safety performance		
Key performance indicator	Target	2016-17 result
Health Service Accreditation	Full compliance	Achieved
Overall compliance with cleaning standards	Full compliance	Achieved
Very high risk (Category A)	90 points	Achieved
High risk (Category B)	85 points	Achieved
Moderate risk (Category C)	85 points	Achieved
Compliance with Hand Hygiene Australia program	80%	92%
Percentage of healthcare workers immunised for influenza	75%	76%
Patient experience and outcomes performance		
Key performance indicator	Target	2016-17 result
Victorian Healthcare Experience Survey – data submission	Full compliance	Achieved
Victorian Healthcare Experience Survey – patient experience Quarter 1	95% positive experience	Full compliance*
– patient experience Quarter 2	95% positive experience	Full compliance*
– patient experience Quarter 3	95% positive experience	Full compliance*
Victorian Healthcare Experience Survey – discharge care Quarter 1	75% positive experience	Full compliance*
– discharge care Quarter 2	75% positive experience	Full compliance*
– discharge care Quarter 3	75% positive experience	Full compliance*
Governance, leadership and culture performance		
Key performance indicator	Target	2016-17 result
People Matter Survey - percentage of staff with a positive response to safety culture questions	80%	69%

* Less than 42 responses were received for the period due to relative size of the health service.

Part C: Activity

Funding type	2016-17 activity achievement
Small Rural	
Small Rural Acute	5774
Small Rural Residential Care	4354
Small Rural HACC	5872

Statutory Compliance

Attestation for Compliance with the Ministerial Standing Direction 3.7.1 – Risk Management Framework and Processes:

I, Ian Fisher, certify that Maldon Hospital has complied with Ministerial Direction 3.7.1 – Risk Management Framework and Processes. The Maldon Hospital Audit and Risk Committee has verified this.



Ian Fisher
Chief Executive Officer
July 2017

Compliance with Health Purchasing Victoria (HPV) Health Purchasing Policies:

I Ian Fisher certify that Maldon Hospital has put in place appropriate internal controls and processes to ensure that it has complied with all requirements set out in the HPV Health Purchasing Policies including mandatory HPV collective agreements as required by the Health Services Act 1988 (Vic) and has critically reviewed these controls and processes during the year. Ian Fisher, Maldon, 13 July 2017

Compliance with DataVic Access Policy:

Consistent with the DataVic Access Policy issued by the Victorian Government in 2012, the information contained in all data tables included in this Annual Report will be available at <http://www.data.vic.gov.au/> in machine readable format.

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 received no complaints under this Act in the 2016-17 financial year.

Carers Recognition Act 2012: Maldon Hospital has taken all practical measures to comply with its obligations under the Act.

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, Castlemaine Health, PO Box 50, Castlemaine 3450, Application forms are available at www.castlemainehealth.org.au, or by phoning 5471 1555. Application charges and fees apply. No requests were received under Freedom of Information in 2016-17. All requests were processed within the required timeframes.

Compliance with Building and Maintenance Provisions of Buildings Act 1993:

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

Employment and conduct principles:

Maldon Hospital ensures a fair and transparent process for recruitment, selection, transfer and promotion of staff. It bases its employment selection 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 complaints.

Statement on National Competition Policy:

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

Additional information available on request:

Consistent with FRD 22H (Section 5.19) Maldon Hospital confirms that subject to the provisions of the FOI Act, the following information is retained by the Accountable Officer: (a) Declarations of pecuniary interests have been duly completed by all relevant officers; (b) Details of shares held by senior officers as nominee or held beneficially; (c) Details of publications produced by the entity about itself, and how these can be obtained; (d) Details of changes in prices, fees, charges, rates and levies charged by the Health Service; (e) Details of any major external reviews carried out on the Health Service; (f) Details of major research and development activities undertaken by the Health Service that are not otherwise covered either in the Report of Operations or in a document that contains the financial statements and Report of Operations; (g) Details of overseas visits undertaken including a summary of the objectives and outcomes of each visit; (h) Details of major

promotional, public relations and marketing activities undertaken by the Health Service to develop community awareness of the Health Service and its services; (i) Details of assessments and measures undertaken to improve the occupational health and safety of employees; (j) General statement on industrial relations within the Health Service and details of time lost through industrial accidents and disputes, which is not otherwise detailed in the Report of Operations; (k) A list of major committees sponsored by the Health Service, the purposes of each committee and the extent to which those purposes have been achieved; (l) Details of all consultancies and contractors including consultants/contractors engaged, services provided, and expenditure committed for each engagement.

Victorian Industry Participation Policy Act 2003:

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

Safe Patient Care Act 2015: Maldon Hospital has no matters to report in relation to its obligations under section 40 of the Safe Patient Care Act 2015.

Disclosure Index

Maldon Hospital's annual report 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
MINISTERIAL DIRECTIONS		
Report of Operations		
Charter and purpose		
FRD 22H	Manner of establishment and the relevant Ministers	01
FRD 22H	Purpose, functions, powers and duties	01
FRD 22H	Initiatives and key achievements	03
FRD 22H	Nature and range of services provided	03
Management and structure		
FRD 22H	Organisational structure	01
Financial and other information		
FRD 10A	Disclosure index	IBC ⁺
FRD 11A	Disclosure of ex gratia expenses	Refer to AFS*
FRD 21C	Responsible person and executive officer disclosures	Refer to AFS*
FRD 22H	Application and operation of Protected Disclosure 2012	08
FRD 22H	Application and operation of Carers Recognition Act 2012	08
FRD 22H	Application and operation of Freedom of Information Act 1982	08
FRD 22H	Compliance with building and maintenance provisions of Building Act 1993	08
FRD 22H	Details of consultancies over \$10,000	07
FRD 22H	Details of consultancies under \$10,000	07
FRD 22H	Employment and conduct principles	08
FRD 22H	Information and Communication Technology Expenditure	Refer to AFS*
FRD 22H	Major changes or factors affecting performance	Refer to AFS*
FRD 22H	Occupational violence	04
FRD 22H	Operational and budgetary objectives and performance against objectives	Refer to AFS*
FRD 24C	Reporting of office-based environmental impacts	04
FRD 22H	Significant changes in financial position during the year	Refer to AFS*
FRD 22H	Statement on National Competition Policy	08
FRD 22H	Subsequent events	Refer to AFS*
FRD 22H	Summary of the financial results for the year	Refer to AFS*
FRD 22H	Additional information available on request	08
FRD 22H	Workforce Data disclosures including a statement on the application of employment and conduct principles	04 and 08
FRD 25C	Victorian Industry Participation Policy disclosures	Refer to AFS*
FRD 29B	Workforce Data disclosures	04
FRD 103F	Non-Financial Physical Assets	Refer to AFS*
FRD 110A	Cash flow Statements	Refer to AFS*
FRD 112D	Defined Benefit Superannuation Obligations	Refer to AFS*
SD 5.2.3	Declaration in report of operations	Refer to AFS*
SD 3.7.1	Risk management framework and processes	Refer to AFS*
Other requirements under Standing Directions 5.2		
SD 5.2.2	Declaration in financial statements	Refer to AFS*
SD 5.2.1(a)	Compliance with Australian accounting standards and other authoritative pronouncements	Refer to AFS*
SD 5.2.1(a)	Compliance with Ministerial Directions	Refer to 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		
Safe Patient Care Act 2015		

* AFS – Attached Financial Statement. If the statement is not attached to this report, please call 03 5471 1401.

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