

MALDON  
HOSPITAL

ANNUAL  
REPORT

2017 / 18

Partnering with the Community



MALDON HOSPITAL

Partnering with the Community



# Contents

<b>YEAR IN REVIEW</b>	<b>01</b>
<b>CATCHMENT</b>	<b>02</b>
<b>GOVERNANCE AND STRUCTURE</b>	<b>02</b>
<b>ACHIEVEMENTS</b>	<b>04</b>
<b>SERVICES</b>	<b>04</b>
<b>STATEMENT OF PRIORITIES REPORT</b>	<b>07</b>
<b>STATUTORY COMPLIANCE</b>	<b>11</b>
<b>DISCLOSURE INDEX</b>	<b>IBC</b>

## Mission

Building community health and wellbeing.

## Vision

Our vision is to be a thriving health service contributing to a happy and healthy community.

## Values and principles

### Integrity

We strive for honesty, respect and compassion to reflect our sense of pride in our hospital.

### Safety

Our aesthetic environment is secure and safe for both physical and emotional wellbeing. It is inclusive whilst being respectful of all people.

### Positivity

Creating an environment that is supportive, joyous and welcoming.

### Professional

We provide a high quality of care with qualified staff that are accountable for maintaining best practice in a confidential environment.

### Service Driven

Our services are accessible and delivered in a timely, flexible and approachable manner to achieve common goals.

#### Acknowledgements and Feedback

We wish to thank everyone who contributed to this report – staff, members of the community, volunteers and clients. We value your comments and feedback, so please get in touch:

Ph: 03 5475 2000

Fax: 03 5475 2029

Web: [www.maldhosp.vic.gov.au/contact-us/](http://www.maldhosp.vic.gov.au/contact-us/)  
send-feedback

Print: Mulqueen Creative & Print

Cover and template design:  
Billington Prideaux Partnership

Bank: Bendigo Bank

External Auditor's agents:  
Richmond Sinnott and Delahunty

Internal auditor:  
AFS and Associates Pty Ltd



## Year in Review

Over the past twelve months, Maldon Hospital has continued to achieve outstanding results demonstrated by high levels of activity, excellent standards of safety and quality and a financial surplus. Most importantly our community has continued to have confidence that the health care they need is accessible and delivered by committed and highly skilled staff.

The Board is extremely proud of the staff and volunteers that enable a broad range of residential aged care, acute, urgent care and community services to be delivered. We thank all staff for their contributions and acknowledge the leadership of Katrina Sparrow, Director of Nursing. We also acknowledge and thank Dr Chris Fowler, who has recently celebrated 30 years of service to the Maldon Hospital and community, for his ongoing provision of medical services.

The Board has continued striving to ensure the long-term sustainability of Maldon Hospital. Strategies adopted by the Board have focused on financial stability, provision of accessible and safe services, maintenance and future planning of facilities and equipment, developing a positive staff culture and engaging the community around current activities and future directions.

We recognise the commitment and contribution of all Board members who as volunteers accept responsibility for increasing obligations that ensure Maldon Hospital is compliant and operates efficiently and safely. The Board members bring a range of valuable skills and spend many hours attending training and development, preparing and participating on Board sub-committees and planning for the future. This year we welcomed new Board members James Downing and Dallas Coghill, and we are grateful for the skills and experience they have brought to the Board.

We acknowledge the contribution of Garry Johnstone, who sadly passed away this year, for his valued insights and commitment to Maldon Hospital.

We also acknowledge the great contribution of Dr Helen McBurney, who completed nine years of service on the Board. Her time with Maldon Hospital has included roles on all subcommittees, participating in community engagement activities, representing Maldon Hospital at various external forums and three years as Board President.

A positive staff culture is very important for patient safety and the effective functioning of the health service. Last year the Board invested in the Studer Program to implement a

systematic approach to improve both accountability and a positive staff culture. The program is achieving positive results against the goals set by the Board.

Maldon Hospital is continuing to develop partnerships with other health services to support a boarder range of services in Maldon and across the Mount Alexander Shire. Maldon Hospital is a partner in the Mount Alexander Strategic Health and Wellbeing Partnership, which was established to create an integrated approach to improving health and wellbeing in the shire.

Community engagement remains a high priority. The Community Consultative Committee continues to provide valuable advice to the Board. Consumer and community participation on Board sub-committees and the development of community networks has helped Maldon Hospital to stay engaged with its community. This year Maldon Hospital has prioritised being active in the prevention of domestic violence and promoting inclusiveness actions for our local Lesbian, Gay, Bisexual, Transsexual and Intersex community.

The Board are grateful for the many donations Maldon Hospital has received over the past twelve months, which have enabled it to replace and upgrade equipment that supports care. Maldon Hospital's Murray to Moyne cycle relay team again made a significant contribution to fundraising efforts. In their second year together, the team not only raised funds but promoted the hospital's profile through their various activities.

In the last financial year, Maldon Hospital received funding to construct an outdoor activity area. We have progressed this project in the intervening time by completing a comprehensive consultation process to ensure the facility fits in with the environment and is practical and beneficial for residents and patients to use. Construction of the outdoor room has commenced offsite and the project will be completed in 2018.

The future of Maldon Hospital is extremely bright. Maldon Hospital will develop a new strategic plan this year which will be partially informed by our extensive community engagement process. We will continue looking for innovative ways in which we can provide services locally, including using eHealth solutions. We will continue to ensure that our current services are accessible and safe, and support our valued staff and volunteers to provide the required care. There is a strong sense that we are moving towards our vision of 'Building community health and wellbeing'.



Vanessa Healy  
Board President



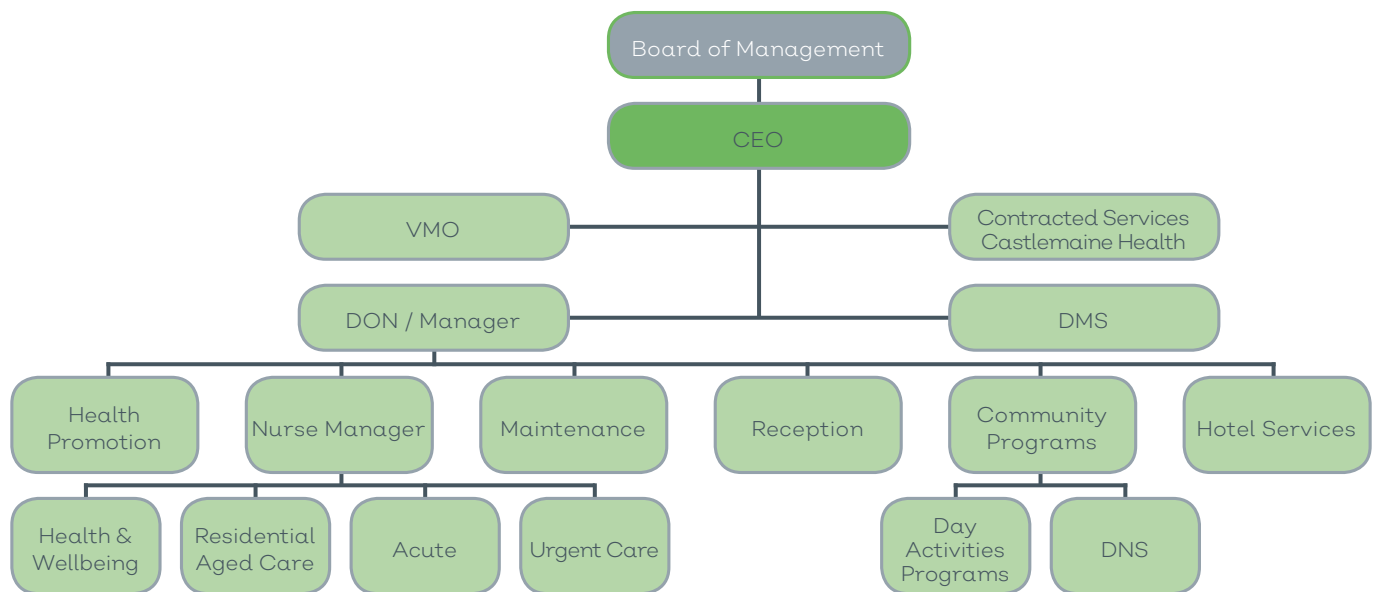
Ian Fisher  
CEO

# Catchment

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

# Governance and Structure

## ORGANISATION CHART



## Governance and Structure (continued)

### 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 2018.



Vanessa Healy  
Board President

Maldon  
27 July 2018

### MANNER OF ESTABLISHMENT AND RELEVANT MINISTERS

Maldon Hospital is a public hospital incorporated under the Health Services Act 1988. It has a variety of programs and services funded by the State Government. Our ministers are the Hon. Jill Hennessy MP, Minister for Health and Ambulance Services; the Hon. Martin Foley MP, Minister for Mental Health, Housing, Disability and Ageing; and the Hon. Jenny Mikakos MLC, Minister for Families and Children.

### BOARD MEMBERS

Vanessa Healy, President  
Appointed 1 July 2017

Julie Green, Vice President  
Appointed 1 July 2015

Colin Thornton, Treasurer  
Appointed 1 July 2014

Pam Millwood, Board Member  
Appointed 1 July 2015

Cindy Schultz-Ferguson, Board Member  
Appointed 1 July 2016

Stephen Gardner, Board Member  
Appointed 1 July 2016

Dallas Coghill, Board Member  
Appointed 1 July 2017

James Downing, Board Member  
Appointed 1 July 2017

### SUB-COMMITTEES

#### Audit and Risk Committee

Michael McCartney (Independent Chair)

Stephen Gardner (Independent Board Member)

James Downing (Independent Board Member)

Vanessa Healy (Ex-officio Independent Board Member) (Board President)

#### Clinical Governance and Quality Committee

Julie Green, Chair and Board Member

Katrina Sparrow, Director of Nursing

Ian Fisher, Chief Executive Officer

Jonathan Sparrow, Quality and Risk Coordinator

Pam Millwood, Board Member

Helen McBurney, Consumer Representative

Emma Comello, Nurse Unit Manager

Dr Peter Sloan, Medical Director

Rebecca Matheson, Infection Control

### Community Consultation Committee

Grant Hamilton, Chair and Community Representative

Katrina Sparrow, Director of Nursing

Ian Fisher, Chief Executive Officer

Pam Millwood, Board Member

Cindy Schultz-Ferguson, Board Member

Marjorie Smidt, Community Representative

Marg Roche, Community Representative

Glynis Kinnear, Community Representative

Peta Ballinger, Community Representative and staff member

Deanna Buck, Community Representative (resigned)

Graham Rodgers, Community Representative (resigned)



# Achievements

## OUTDOOR LIVING AREA – DEMENTIA FRIENDLY

We were very pleased to continue our work expanding the current Jessie Bowe garden. Our aim is to provide a flat landscape and purpose-built garden with undercover outdoor living space. The outdoor living area will have multiple uses, offering safe outdoor access for all seasons and improving the quality of life for residents. Inclusive planning and consultation has already taken place and offsite construction is near completion. We look forward to the garden works commencing in the near future. The project is being funded by a \$341,431 grant provided in the last financial year through the Victorian Government's Regional Health Infrastructure Fund.

## NEW MALDON HOSPITAL WEBSITE

This year we have created a new website that is both contemporary and fresh while also acknowledging our strong heritage. Incorporated in the site is an opportunity for people to send a message directly to a resident that is printed in large font with an image of choice. The new website improves access to information for consumers.

## AGED CARE AWARD FINALIST

We are delighted to have a well-respected member of staff, Jacinta Onans, recognised as a finalist in the Victorian Aged Care Awards. Jacinta's role as Health and Wellbeing Coordinator exemplifies our person-centered approach. Her work supports our residents to contribute with purpose and meaning to their community and environment.

## STEAM CLEANING

This year we have implemented steam cleaning and microfiber cloths to minimise the use of chemicals. Staff have been trained to use the new equipment and the new methods are reducing environmental impact and easing the lives of staff and residents prone to allergies.

# 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 nurse-led 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 AGED CARE

Maldon Hospital offers 28-bed permanent residential care for the aged members of our community. Residents in our care can access 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 the 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 older people and younger people with a disability. Most programs are of short duration, with an emphasis on physical activity, social connection and wellness.

## HEALTH PROMOTION

Health promotion in Maldon is supported by a qualified staff member providing learning opportunities such as demonstrations, short courses and lectures. This financial year the programme has highlighted physical activity, mental health and cultural inclusiveness.

## Services (continued)

### ENVIRONMENTAL SERVICES

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

### FOOD SERVICES

Thirty-two meals are prepared for each meal service daily by Castlemaine Health and served by Maldon Hospital staff. The menu offers a range of choices for meals and snacks which are designed in consultation with a Dietitian. This year saw the introduction of molded foods to ensure food requiring a puree consistency is served in a manner that represents whole foods.

### HUMAN RESOURCES

Maldon Hospital is committed to upholding the principles of merit and equity in all aspects of the employment relationship. To this end, we have policies and practices in place to ensure all employment-related decisions, including recruitment, promotion, training and retention, are based on merit. Any complaints, allegations or incidents involving discrimination, vilification, bullying or harassment are taken seriously and addressed. All staff are provided with education and training on their rights and responsibilities and are provided with the necessary resources to ensure equal opportunity principles are upheld.

### WORKFORCE DATA

Labour Category	June Current Month		June Year to Date	
	FTE		FTE	
	2017	2018	2017	2018
Nursing	23.04	22.39	22.18	23.27
Administration & Clerical	1.32	2.16	1.47	1.55
Medical Support	0.74	.61	.47	.56
Hotel & Allied Services	9.90	10.88	9.50	9.95
Ancillary Support (Allied Health)	0.00	0.00	0.31	0.00
<b>Total</b>	<b>35.0</b>	<b>36.04</b>	<b>33.93</b>	<b>35.33</b>

### OCCUPATIONAL HEALTH AND 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 and 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 by collaborating with Castlemaine Health.

Through this collaborative relationship, Maldon Hospital has:

- safety walk arounds and spot safety checks
- trained all staff to assist with prevention and management of clinical aggression
- established an email address for safety concerns.

Occupational violence statistics	2015-16	2016-17	2017-18
Workcover accepted claims with an occupational violence cause per 100 FTE	0	0	0
Number of accepted Workcover claims with lost time injury with an occupational violence cause per 1,000,000 hours worked.	0	0	0
Number of occupational violence incidents reported	10	11	21
Number of occupational violence incidents reported per 100 FTE	30	33.3	59
Percentage of occupational violence incidents resulting in a staff injury, illness or condition	30%	54.5%	33%

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: an event or circumstance that could have resulted in, or did result in, harm to an employee. Incidents of all severity rating must be included.
- Accepted Workcover claims: Accepted Workcover claims that were lodged in 2017-18.
- Lost time: is defined as greater than one day.
- Injury, illness or condition: This includes all reported harm as a result of the incident, regardless of whether the employee required time off work or submitted a claim.

## Services (continued)

The reporting rate for incidents (which includes hazards and near misses) is indicative of a strong reporting culture and this is reflected in both the occupational violence statistics and the overall reporting of incidents. All reported incidents are investigated and consideration given to the processes and controls in place to ensure a proactive approach to risk management is undertaken. The majority of occupational violence incidents are from aged care areas and review of the management of these types of incident is incorporated in the Occupational Violence Action Plan.

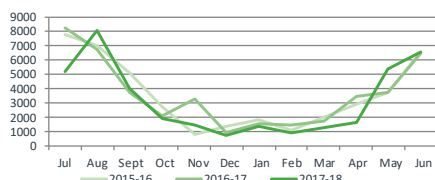
The standard claims data for 2017-18 is reflective of a proactive return to work programme where staff are supported through their return to work after injury in a timely and sustainable manner.

Occupational Health and Safety Statistics	2015-16	2016-17	2017-18
Total number incident reports (including hazard and near miss) for the year per 100EFT staff members	192	136	212
Number 'lost time' standard claims for year per 100EFT staff members	0	0	3.16
Average cost per claim for year	0	0	\$1,890

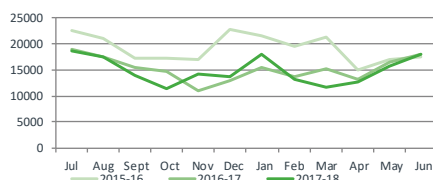
## ENVIRONMENTAL PERFORMANCE AND SUSTAINABILITY

Maldon Hospital has a strong commitment to improving the environment. In 2017-18 we completed a project to move all lights to LED and installed sensor switches to reduce our electricity consumption. Overall energy consumption has fallen. Electricity consumption has fallen by 2%, LPG Gas by 11% and Water by 7% compared with 2016/17.

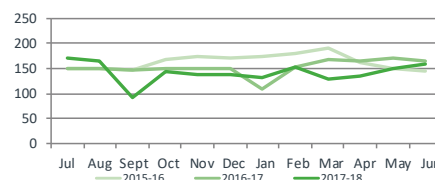
### LPG CONSUMPTION



### ELECTRICITY CONSUMPTION



### WATER CONSUMPTION



## INFORMATION TECHNOLOGY

The total ICT expenditure incurred during 2017-18 is \$154,894 (excluding GST) with the details shown below:

Business as usual ICT expenditure (\$)			Non-Business as usual ICT expenditure (\$)	
Total (a + b)	Operational expenditure (a)	Capital expenditure (b)	Operational expenditure	Capital expenditure
154,894	136,103	18,791	0	0



# Statement of Priorities Report

## PART A: STRATEGIC PRIORITIES

Goals	Strategies	Health Service Deliverables	Status
<b>Better Health</b>			
<p>A system geared to prevention as much as treatment</p> <p>Everyone understands their own health and risks</p> <p>Illness is detected and managed early</p> <p>Healthy neighbourhoods and communities encourage healthy lifestyles</p>	Reduce statewide risks	Prevent falls by conducting regular environmental scans, analysis of falls data and in-depth falls incident reviews to determine preventative strategies.	<b>Achieved</b> Regular environmental scans conducted, analysis of falls data occurring and activity is monitored by the Clinical Governance and Quality Committee.
	Build healthy neighbourhoods		
	Help people to stay healthy		
	Target health gaps	Through the Mount Alexander Health Alliance and in collaboration with Bendigo Health Mental Health Services, identify gaps in mental health support services and implement strategies to reduce those gaps.	<b>Achieved</b> Developing strategies to address mental health service gaps through participation in the Mount Alexander Health Alliance and as a member of the Mount Alexander Strategic Health and Wellbeing Partnership.
		Facilitate exercise programs for the community to reduce the incidence of obesity. In partnership with local agencies and services, develop and launch an activity guide for the local community. Maldon Hospital will be the lead agency.	<b>Achieved</b> Guide completed and new Thursday afternoon Active Outing group facilitated by Community Programs staff.
		Review access to health services by the Aboriginal community and develop strategies to address gaps.	<b>Achieved</b> Aboriginal artwork and Aboriginal flag displayed in foyer of Maldon Hospital.  Admission pack developed for Aboriginal people to support decision-making.
		In collaboration with other service providers and Maldon Primary School, develop and implement activities that encourage and support healthy lifestyles.	<b>Achieved</b> Inter-generation program established between local primary school and Maldon Hospital offering a range of activities based on sharing knowledge and understanding between generations.
<b>Better Health</b>			
<p>Care is always there when people need it</p> <p>More access to care in the home and community</p> <p>People are connected to the full range of care and support they need</p> <p>There is equal access to care</p>	Plan and invest	Conduct community and stakeholder consultations to formulate a service profile that supports the community's health needs into the future.	<b>Achieved</b> The community engagement process has commenced and its findings will inform the new strategic plan to be completed in 2018.
	Unlock innovation		
	Provide easier access		
	Ensure fair access	Investigate further opportunities to develop more outreach programs in the home.	<b>Achieved</b> The expansion of more outreach services has been explored and will continue to be developed as opportunities arise.
		Review the model for palliative care to enhance and promote the care of our clients at home with a life-ending illness.	<b>Achieved</b> The model of palliative care has been reviewed.
		Establish a family violence prevention and support 'whole of hospital' model in conjunction with Bendigo Health.	<b>Achieved</b> Train the trainer completed. Further staff training arranged.  Policies and procedures in place. Portraits of Respect completed and displayed.
		Work towards meeting Rainbow Tick Accreditation to enhance services to Lesbian, Gay, Bisexual Transgender and Intersex people.	<b>Achieved</b> Further resources have been allocated to progress towards Rainbow Tick Accreditation.

# Statement of Priorities Report (continued)

## PART A: STRATEGIC PRIORITIES

Goals	Strategies	Health Service Deliverables	Status
<b>Better Care</b>			
	Put quality first Join up care Partner with patients Strengthen the workforce Embed evidence Ensure equal care	Develop and implement a plan to educate staff about obligations to report patient safety concerns, including provision of regular education sessions in relation to incident reporting and quality activities evolving from patient safety concerns.	<b>Achieved</b> Action plan developed and 80% completed.
<b>Mandatory actions against the 'Target zero avoidable harm' goal:</b>			
	Develop and implement a plan to educate staff about obligations to report patient safety concerns	Further develop open disclosure processes in line with the Australian Open Disclosure Framework. Review access to health services by the Aboriginal community and develop strategies to address gaps.	<b>In Progress</b> Strategies in place to further educate and refine the process to align with open disclosure framework.
	Establish agreements to involve external specialists in clinical governance processes for each major area of activity (including mortality and morbidity review)	Participate in Loddon Mallee Hospitals' Chief Executive Officer Group, Loddon Mallee Morbidity and Mortality rounds and Loddon Mallee Regional Clinical Advisory Council.	<b>Achieved</b> Participated in the Loddon Mallee Hospitals' Chief Executive Officer Group.
		Conduct an external review of medical support every three years.	<b>Achieved</b> External review of services is now planned to occur on a rolling three-year basis
	In partnership with consumers, identify three priority improvement areas using Victorian Healthcare Experience Survey data and establish an improvement plan for each. These should be reviewed every 6 months to reflect new areas for improvement in patient experience.	<b>Priority 1:</b> Review and improve resident personal clothing laundry service.	<b>Achieved</b> Labelling of clothing on site and laundering process improved.
		<b>Priority 2:</b> Review food and nutrition services.	<b>Achieved</b> Review of food services occurred and strategies to improve have been put in place.
		<b>Priority 3:</b> Develop activities in the new outdoor area that improve resident satisfaction.	<b>Achieved</b> Plans are in place to ensure activities for the new outdoor area are ready for when it is opened.

# Statement of Priorities Report (continued)

## PART B: PERFORMANCE PRIORITIES

High quality and safe care		
Key performance indicator	Target	2017-18 result
<b>Accreditation</b>		
Accreditation against the National Safety and Quality Health Service Standards	Full compliance	Full compliance
Compliance with the Commonwealth's Aged Care Accreditation Standards	Full compliance	Full compliance
<b>Infection prevention and control</b>		
Compliance with Hand Hygiene Australia program	80%	84.6
Percentage of healthcare workers immunised for influenza	75%	80
Patient experience		
Key performance indicator	Target	2017-18 result
Victorian Healthcare Experience Survey		
– patient experience Q1	95% positive experience	*
– patient experience Q2	95% positive experience	*
– patient experience Q3	95% positive experience	*
Victorian Healthcare Experience Survey		
– discharge care Q1	75% positive experience	*
– discharge care Q2	75% positive experience	*
– discharge care Q3	75% positive experience	*
Victorian Healthcare Experience Survey		
– patients perception of cleanliness Q1	70%	*
– patients perception of cleanliness Q2	70%	*
– patients perception of cleanliness Q3	70%	*

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

# Statement of Priorities Report (continued)

## PART B: PERFORMANCE PRIORITIES

Strong governance, leadership and culture		
Key performance indicator	Target	2017-18 result
<b>Organisational culture</b>		
People Matter Survey - % staff with an overall positive response to safety and culture questions	80%	68%
People Matter Survey - % staff with an overall positive response to the question "I am encouraged by my colleagues to report any patients safety concerns I may have"	80%	87%
People Matter Survey - % staff with an overall positive response to the question "Patient care errors are handled appropriately in my work area"	80%	72%
People Matter Survey - % staff with an overall positive response to the question "My suggestions about patient safety would be acted upon if I expressed them to my manager"	80%	81%
People Matter Survey - % staff with an overall positive response to the question "The culture in my work area makes it easy to learn from the errors of others"	80%	68%
People Matter Survey - % staff with an overall positive response to the question "Managers are driving us to be a safety-centered organisation"	80%	74%
People Matter Survey - % staff with an overall positive response to the question "This health service does a good job of training new and existing staff"	80%	43%
People Matter Survey - % staff with an overall positive response to the question "Trainees in my discipline are adequately supervised"	80%	47%
People Matter Survey- % staff with an overall positive response to the question "I would recommend a friend or relative to be treated as a patient here"	80%	70%
Effective financial management		
Key performance indicator	Target	2017-18 result
<b>Finance</b>		
Operating result (\$m)	0.10	Refer to AFS
Average number of days to paying trade creditors	60 days	Refer to AFS
Average number of days to receiving patient fee debtors	60 days	Refer to AFS
Public and private WIES activity performance to target	100%	Refer to AFS
Adjusted current asset ratio	0.7 or 3% improvement from health service base target	Refer to AFS
Number of days of available cash	14 days	Refer to AFS

## CONSULTANCIES

### Details of consultancies (under \$10,000)

In 2017-18, there was one consultancy where the total fees payable to the consultants were less than \$10,000. The total expenditure incurred during 2017-18 in relation to this consultancy was \$5,651 (excl. GST).

### Details of consultancies (valued at \$10,000 or greater)

In 2017-18, there were no consultancies where the total fees payable to the consultants were \$10,000 or greater. Details of individual consultancies can be viewed at [www.maldhosp.vic.gov.au](http://www.maldhosp.vic.gov.au).

## PART C: ACTIVITY AND FUNDING

Service	Activity 2017-18
Small Rural Acute	80
Small Rural Residential Care	4290
HACC	129



# Statutory Compliance

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

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

**Conflict of Interest:** I, Ian Fisher, certify that Maldon Hospital has put in place appropriate internal controls and processes to ensure that it has complied with the requirements of hospital circular 07/2017 Compliance reporting in health portfolio entities (Revised) and has implemented a 'Conflict of Interest' policy consistent with the minimum accountabilities required by the VPSC. Declaration of private interest forms have been completed by all executive staff within Maldon Hospital and members of the Board, and all declared conflicts have been addressed and are being managed. Conflict of interest is a standard agenda item for declaration and documenting at each executive Board meeting.

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

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

**Financial Management Compliance:** I Ian Fisher, on behalf of the Responsible Body, certify that Maldon Hospital has complied with the applicable Standing Directions of the Minister for Finance under the Financial Management Act 1994 and Instructions.

**Freedom of Information Act 1982:** The Freedom of Information Act 1982 provides a legally enforceable right of access of information held by Government agencies and a report is provided on these requests to the Department of Justice. Freedom of Information requests can be submitted in writing to the Chief Executive Officer, Castlemaine Health, PO Box 50, Castlemaine 3450. Application forms are available at [www.castlemainehealth.org.au](http://www.castlemainehealth.org.au), or by phoning 5471 1555. Application charges and fees apply. Maldon Hospital received no FOI requests for the reportable period. More information about Freedom of Information can be found at [www.foi.vic.gov.au](http://www.foi.vic.gov.au)

**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.

**National Competition Policy:** Maldon Hospital applies competitive neutral costing and pricing arrangements to significant business units within its operations. These arrangements are in line with Government policy and the model principles applicable to the health sector.

**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. The procedures established by Maldon Hospital under Part 9 are available in the *Protected Disclosure Policy*. There were no disclosures notified to the IBAC under section 21(2) in 2017-18. Maldon Hospital has received no complaints under this Act in the 2017-18 financial year.

**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.

**Victorian Industry Participation Policy Act 2003:** During the year there were no contracts completed requiring the application of VIPP.

**Additional information available on request:** The items listed below have been retained by Maldon Hospital and are available to the relevant Ministers, Members of Parliament and the public on request (subject to freedom of information requirements, if applicable):

- Declarations of pecuniary interests have been duly completed by all relevant officers
- Details of shares held by senior officers as nominee or held beneficially
- Details of publications produced by Maldon Hospital about itself, and how these can be obtained
- Details of changes in prices, fees, charges, rates and levies charged by Maldon Hospital
- Details of any major external reviews carried out on Maldon Hospital
- Details of major research and development activities undertaken by Maldon Hospital that are not otherwise covered either in the report of operations or in a document that contains the financial statements and report of operations
- Details of overseas visits undertaken including a summary of the objectives and outcomes of each visit
- Details of major promotional, public relations and marketing activities undertaken by Maldon Hospital to develop community awareness of the Health Service and its services
- Details of assessments and measures undertaken to improve the occupational health and safety of employees
- A general statement on industrial relations within Maldon Hospital and details of time lost through industrial accidents and disputes, which is not otherwise detailed in the report of operations
- A list of major committees sponsored by Maldon Hospital, the purposes of each committee and the extent to which those purposes have been achieved
- Details of all consultancies and contractors including consultants/contractors engaged, services provided, and expenditure committed for each engagement.

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## 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
Charter and purpose		
FRD 22H	Manner of establishment and the relevant Ministers	03
FRD 22H	Purpose, functions, powers and duties	03
FRD 22H	Initiatives and key achievements	04
FRD 22H	Nature and range of services provided	04
Management and structure		
FRD 22H	Organisational structure	02
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	11
FRD 22H	Application and operation of Carers Recognition Act 2012	11
FRD 22H	Application and operation of Freedom of Information Act 1982	11
FRD 22H	Compliance with building and maintenance provisions of Building Act 1993	11
FRD 22H	Details of consultancies over \$10,000	10
FRD 22H	Details of consultancies under \$10,000	10
FRD 22H	Employment and conduct principles	05
FRD 22H	Information and Communication Technology Expenditure	06
FRD 22H	Major changes or factors affecting performance	Refer to AFS*
FRD 22H	Occupational violence	05
FRD 22H	Operational and budgetary objectives and performance against objectives	Refer to AFS*
FRD 22H	Summary of the entity's environmental performance	06
FRD 22H	Significant changes in financial position during the year	Refer to AFS*
FRD 22H	Statement on National Competition Policy	11
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	11
FRD 22H	Workforce Data disclosures including a statement on the application of employment and conduct principles	05
FRD 25C	Victorian Industry Participation Policy disclosures	11
FRD 29B	Workforce Data disclosures	05
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		
<i>Freedom of Information Act 1982</i>		11
<i>Protected Disclosure Act 2012</i>		11
<i>Carers Recognition Act 2012</i>		11
<i>Victorian Industry Participation Policy Act 2003</i>		11
<i>Building Act 1993</i>		11
<i>Financial Management Act 1994</i>		11
<i>Safe Patient Care Act 2015</i>		11

\* AFS – Attached Financial Statement. If the statement is not attached to this report, please call 03 5475 2000.



**MALDON HOSPITAL**

Partnering with the Community

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