

MALDON HOSPITAL ANNUAL REPORT 2018·2019



Partnering with the Community



MALDON HOSPITAL

Partnering with the Community



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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/send-feedback

Print: Mulqueen Creative & Print

Graphic Design: Billington Prideaux Partnership

Bank: Bendigo Bank

External Auditor's agents:

Richmond Sinnott and Delahunty

Internal Auditor: AFS and Associates Pty Ltd



Maldon Hospital acknowledges the support of the Victorian Government

YEAR IN REVIEW

It is with pride and pleasure that we report on the Maldon Hospital's achievements and performance in 2018–19.

The wonderful care our patients and residents receive is thanks to the efforts of our Board, senior management, staff, volunteers and doctors. We are grateful for the support from our Community Consultative Committee and the community. We also acknowledge the many donations received from individuals, families and fundraising groups that help us to acquire equipment and to support the staff to deliver care.

This year we've focused on five significant projects. These are a community engagement project, new Strategic Plan, continued construction of the Jessie Bowe outdoor area, an external staff review, and the Mount Alexander Strategic Health and Wellbeing Partnership (MASHWP).

In recent years we have strengthened our community partnerships to ensure we continue delivering the safe and high quality acute and residential care services our community deserves. We take responsibility for the health of the communities we serve, which goes beyond the valued community services we currently provide to a much broader health promotion role. As part of this we are also working to ensure the Aboriginal and Torres Strait Islander people, as the traditional custodians and owners of the land, can access services at Maldon Hospital knowing their culture is very well recognised and respected.

We know that Maldon Hospital has a strong reputation in the community. Residential aged care services are very highly valued and the care delivered is highly praised. To sustain that reputation, Maldon Hospital engaged the community in 2018 as part of its strategic planning cycle. We consulted with residents of Maldon and surrounds to understand health services they want services delivered in the future, and how access to current services can be improved. In total, 195 people completed the survey and 20 people participated in community conversations – a total representing 13 percent of the local population.

The priorities identified were:

- improved access to general practice
- additional health support services in order of priority: dental services, physiotherapist, optometrist, podiatrist, psychological supports, including counselling, and drug and alcohol services
- a stronger focus on health promotion and preventative health care.

In relation to existing services, respondents highlighted the need for:

- better awareness about services, in particular the urgent care centre, health promotion and community services
- more clarity about eligibility for services, which includes patient bus service, urgent care and hospital admission.

In line with our Vision and Mission, Maldon Hospital wants to support a socially connected, happy, well and thriving population. To progress our Vision the Board has been developing a new strategic plan to direct our work for the period 2019–23. The plan calls for enhanced partnerships with key providers and other stakeholders, authentic community collaborations, safe services, developing and acknowledging the value of staff and embracing a focus on improving the health and wellbeing of people in the Maldon community.

The Board guaranteed the community engagement findings would be reflected in the Strategic Plan 2019–23. This was achieved by reference to the final community engagement report and conducting a strategic planning conference that was made up of representatives from local service agencies and businesses, community members, staff, Castlemaine Health and several Board members. The key strategic directions were identified in this forum, and the draft strategic plan was reviewed and agreed to by our Community Consultative Committee.

The new strategic plan clearly indicates that improving availability and access to a broader range of community services will best be achieved through partnerships. In the last 12 months Maldon Hospital and become a partner in MASHWP with Castlemaine Health, Castlemaine District Community Health, Mount Alexander Shire and Bendigo Health. This partnership is driving improvements in the health and wellbeing of the Shire's population.

We achieved exceptional positive clinical and patient satisfaction indicators for our care of patients, residents and clients. However, our People Matter survey results were poor compared to our peers, in particular for job and role factors relating to negative behaviours. To understand and address these results, the Board engaged external consultants to review staff culture. The review reinforced the absolute commitment staff have for the care of patients and residents and made a number of recommendations. Actions to address these recommendations are already well advanced.

We are very excited about the coming year. We anticipate completion of the Jesse Bowe outdoor area in Summer 2019, we will undertake National Standards accreditation for our acute services, further develop our staff culture and, most importantly, keep working with our community to meet their expectations of safe and accessible services.

Vanessa Healy,
Chair

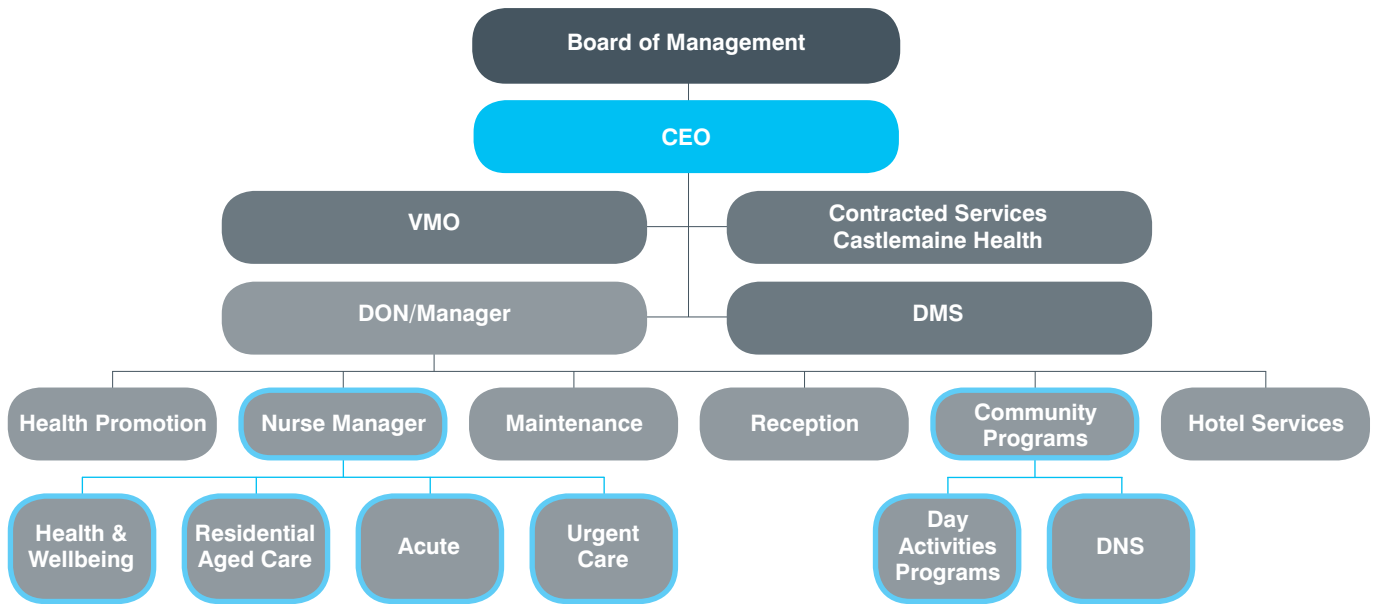
Ian Fisher,
Chief Executive Officer



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.

ORGANISATIONAL CHART



GOVERNANCE AND STRUCTURE

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 2019.



Vanessa Healy, Chair
8 July 2019, Maldon

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 for 2018–19 are as follows: Hon. Jill Hennessy MP, Minister for Health and Ambulance Services (1 July 2018 to 29 November 2018); the Hon. Martin Foley MP, Minister for Mental Health, Housing, Disability and Ageing (1 July 2018 to 30 June 2019); the Hon. Luke Donnellan, Minister for Disability, Ageing and Carers (December 2018 – 30 June 2019); the Hon. Jenny Mikakos, Minister for Health and Ambulance Services (29 November 2018 to 30 June 2019).

BOARD MEMBERS

Vanessa Healy, Chair
(Appointed 1 July 2014)

Julie Green, Chair
(Appointed 1 July 2015)

James Downing, Treasurer
(Appointed 1 July 2017)

Colin Thornton, Board Member
(Appointed 1 July 2011)

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)

SUB-COMMITTEES

Audit and Risk Committee

Michael McCartney, Independent Chair

Colin Thornton, Independent Board Member

Stephen Gardner, Independent Board Member

James Downing, Independent Board Member

Vanessa Healy, Independent Board Member and Ex-officio

Clinical Governance and Quality Committee

Julie Green, Chair

Pam Millwood, Board Member

Helen McBurney, Consumer Representative

Dr. Peter Sloan, Director Medical Services

Katrina Sparrow, Executive Director Nursing

Jonathon Sparrow, Quality and Risk

Emma Comello, Nurse Unit Manager

Rebecca Matheson, Infection Control

Ian Fisher, Chief Executive Officer

Community Consultation Committee

Grant Hamilton, Chair

Pam Millwood, Board Member

Peta Ballinger, Community Representative

Marg Roche, Community Representative

Glynis Kinnear, Community Representative

Colin Lewis, Community Representative

Ian Fisher, Chief Executive Officer

Katrina Sparrow, Executive Director Nursing

Emma Comello, Nurse Unit Manager

Marjorie Smidt, Community Representative

Cindy Schultz-Ferguson, Board Member



ACHIEVEMENTS

OUTDOOR LIVING AREA – DEMENTIA-FRIENDLY

The ongoing work towards our new outdoor spaces has continued this year with the garden near complete. The garden includes a large flat landscape with even ground cover, raised garden beds, privacy garden beds, potting station, BBQ area and pergola. We have completed further internal work to ensure easy access to the new garden from indoors via a light filled atrium area. We look forward to completing this project, along with the undercover outdoor living space, which will be a lovely gathering space for all seasons. The project is funded by a \$341,431 grant through the Victorian Government's Regional Health Infrastructure Fund.

YOUR COMMUNITY, YOUR HEALTH

Our community engagement efforts this year involved seeking information from the community to help us understand the health services local people would like delivered in the future and how access to current services can be improved. This involved over 200 people providing written and verbal feedback through different options such as social media, face-to-face gatherings and surveys. These findings were invaluable to lead our strategic planning processes.

STRATEGIC PLANNING

Driven by the Board the new strategic plan was developed with members from the Maldon community, local health services and hospital staff and volunteers. This plan reflects the community's feedback and innovatively looks to our future in a changing environment, especially around technology, environment and the impact on health planning. It is a well consulted and considered plan that will provide guidance over the coming five years.

STAFF HEALTH AND WELLBEING

During the past year we have continued developing our support for staff and volunteers with some key initiatives. We have continued the Studer program "Living Values", which supports regular and informal feedback from staff and provides a mechanism for acknowledging colleagues. Our Wellness Events occur at least twice each month. These provide information to staff in areas such as superannuation, dealing with stress and flexible work options, and mix in enjoyable events which often raise money for charities. We have focused on aligning performance reviews and position descriptions with the hospital values to ensure we are all working towards the same goals.

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 physiotherapists, podiatrists, speech pathologists, dieticians, a 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.

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. Maldon Hospital continues to increase the variety of food choices that are sought by individual residents.

SERVICES (continued)

HUMAN RESOURCES

This year a major staff review was conducted to improve the feedback received through the People Matter survey. 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 DATA¹

Hospitals labour category	June current month FTE		June YTD FTE	
	2018	2019	2018	2019
Nursing	22.39	24.56	23.27	24.33
Administration and Clerical	2.16	1.31	1.55	1.42
Medical Support	.61	-	.56	-
Hotel Services	10.88	10.15	9.95	10.46
Ancillary Support (Allied Health)	0.00	0.00	0.00	0.00
Total	36.04	36.02	35.33	36.21

OCCUPATIONAL HEALTH AND SAFETY

Compulsory education for all staff this year relating to staff safety featured General Evacuation Training, Fire Extinguisher Training, Bullying and Harassment for Employees and Manual Handling.

Health and Safety Representatives have played active roles by consulting on safety matters in their designated work areas and continuing with risk assessments, safety checks and equipment trials together with input at monthly OHS meetings.

This year Maldon Hospital arranged an external company to audit our systems and processes which highlighted a strong safety culture and commitment by the organisation to staff safety. All systems were in place and working well. Maldon Hospital has access to OHS resources and expertise by collaborating with Castlemaine Health.

Occupational violence statistics 2018-19

Workcover accepted claims with an occupational violence cause per 100 FTE	0
Number of accepted Workcover claims with lost time injury with an occupational violence cause per 1,000,000 hours worked.	0
Number of occupational violence incidents reported	0
Number of occupational violence incidents reported per 100 FTE	0
Percentage of occupational violence incidents resulting in a staff injury, illness or condition	0

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.

Occupational Health and Safety statistics 2016-17 2017-18 2018-19

Total number incident reports (including hazard and near miss) for the year per 100EFT staff members	136	212	80
Number 'lost time' standard claims for year per 100EFT staff members	0	3.16	5.61
Average cost per claim for year	0	\$1,890	\$108,935

¹ The labour categories were updated and changed in this financial year therefore the data is not always comparable to the previous financial year. For example, more classifications were put in to Administration and Clerical and taken out of Medical Support and Sessional Clinicians were merged in to Medical Officers.



SERVICES (continued)

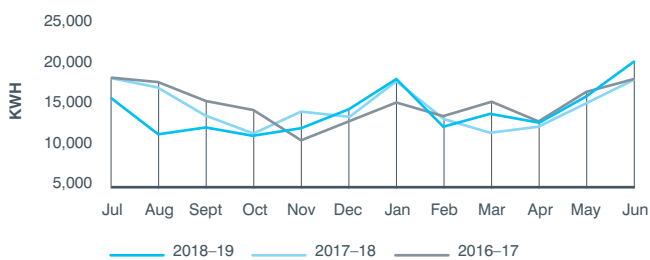
ENVIRONMENTAL PERFORMANCE AND SUSTAINABILITY

Maldon Hospital has a strong commitment to improving the environment. The introduction of solar panels has significantly reduced electrical consumption since 2017.

Over the past year initiatives to reduce our impact on the environment have included:

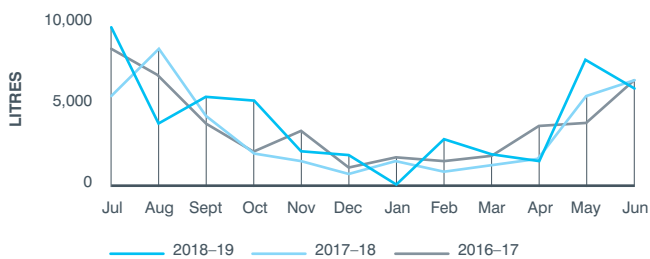
- reduction in chemical use by changing to a steam cleaning process
- introduction of recycle bins beside every waste bin to reduce waste going to landfill
- use of glass medicine cups replacing plastic cups to reduce waste.

Electricity Consumption



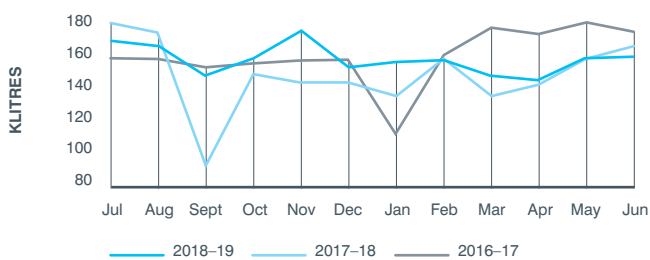
Electricity consumption reduces by 4% compared to 2017-18

LPG Consumption



Gas consumption remains consistent taking into consideration delivery timing

Water Consumption



Water consumption increased by 6% compared to 2017-18

INFORMATION TECHNOLOGY

IT projects and activities over the past year included:

- New server infrastructure was installed, allowing us to upgrade all of our servers to newer versions of operating systems to ensure we have removed all Server 2008 installs prior to its end of life in January 2020. This work included upgrading the Maldon Hospital Intranet, SQL Server and the UNITI server used for District Nursing.
- A new backup storage device was installed to improve the speed and reliability of network data backups.
- Planning for the upgrade of all PCs, Laptops and Tablet devices to Windows 10 and Office 2019 prior to the January 2020 end of life for these products.

The total ICT expenditure incurred during 2018-19 is \$154,637 (excluding GST) with the details shown below.

Business As Usual (BAU) ICT expenditure	Non-Business As Usual (non-BAU) ICT expenditure		
Total (excluding GST)	Total=Operational expenditure and Capital Expenditure (excluding GST) (a) + (b)	Operational expenditure (excluding GST) (a)	Capital expenditure (excluding GST) (b)
154,637	0	0	0

STATEMENT OF PRIORITIES

PART A: STRATEGIC PRIORITIES

Goals	Strategies	Health Service Deliverables	Status
Better Health			Achieved
A system geared to prevention as much as treatment	Reduce Statewide Risks	Identify and explore opportunities to work co-operatively through the Mt Alexander Strategic Health and Wellbeing Partnership (MASHWP) to address targeted health and wellbeing gaps in the Shire.	Maldon Hospital continues to be an active member of the MASHWP to further develop the availability of community services. Two additional health practitioners in private business are now working out of Maldon Hospital.
Everyone understands their own health and risks	Build Healthy Neighbourhoods		
Illness is detected and managed early	Help people to stay healthy		
Healthy neighbourhoods and communities encourage healthy lifestyles	Target health gaps		
Better Access			Continuing
Care is always there when people need it	Plan and invest	Further develop infrastructure plans for improving access to urgent care services and clustering of space to deliver primary and community-based services in accordance with the Maldon Hospital Blueprint.	Maldon Hospital Board continues to consider options for accommodating additional primary and community-based services.
More access to care in the home and community	Unlock innovation		
People are connected to the full range of care and support they need	Provide easier access		
There is equal access to care	Ensure fair access		
Better Care			Achieved
Target zero avoidable harm	Put Quality First	Progress development of reporting to the Clinical Governance and Quality Committee that aligns with the requirements of the Victorian Agency for Health Information, Aged Care and Community Services, Department of Health and Human Services (DHHS) and Safer Care Victoria.	Agenda and reporting is continuing to be refined based on VAHI and Safer Care Victoria reports and frameworks. New Quality Framework aligns to Safer Care Victoria pillars.
Healthcare that focusses on outcomes	Join up care		
Patients and carers are active partners in care	Partner with patients		
Care fits together around people's needs	Strengthen the workforce		
	Embed evidence		
	Ensure equal care		
Specific 2018–19 priorities (mandatory)			Achieved
	Disability Action Plans		
	Preparation for implementation of Disability Action Plans is completed in 2018–19.	Submit a Disability Action Plan to DHHS by 30 June 2019 that outlines the approach to implementation within three years of publication.	A disability action plan has been developed in conjunction with disability consumers for DHHS review.
	Volunteer engagement		Achieved
	Ensure that the health service arrangements for executives have appropriate measures to engage and recognise volunteers.	Review current recruitment and engagement arrangements for volunteers and implement any changes that will better support and recognise their value and contribution.	Feedback from volunteers has been used to improve support and recognition of their value to Maldon Hospital. One volunteer finalist in October 2018, Aged Care Awards. There are now 50 registered volunteers at Maldon Hospital.



STATEMENT OF PRIORITIES (continued)

PART A: STRATEGIC PRIORITIES

Goals	Strategies	Health Service Deliverables	Status
Specific 2018–19 priorities (mandatory)	Bullying and harassment		Achieved
	Actively promote positive workplace behaviours and encourage reporting. Utilise staff surveys, incident reporting data, outcomes of investigations and claims to regularly monitor and identify risks related to bullying and harassment, in particular include as a regular item in Board and Executive meetings. Appropriately investigate all reports of bullying and harassment and ensure there is a feedback mechanism to staff involved and the broader health service staff.	Review and improve on current processes regarding the education, investigating, feedback and reporting mechanisms related to bullying and harassment.	Significant staff review conducted by external consultant and recommendations are being implemented. Multiple health and wellbeing events held to support staff in stress, financial and mental health management. Monitoring continues at Board level.
	Occupational violence		Achieved
	Ensure all staff who have contact with patients and visitors have undertaken core occupational violence training, annually. Ensure the department's occupational violence and aggression training principles are implemented.	Ensure the DHHS occupational violence and aggression training principles are being implemented and systems are in place to ensure all staff who have contact with patients and visitors receive core occupational violence training.	MOCA training for all staff occurred.
	Environmental Sustainability		Continuing
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.	Review strategies and reset targets in Maldon Hospital's Environmental Sustainability Plan.	Current Environmental Sustainability Plan has been assessed by the DHHS.	
LGBTI		Achieved	
Develop and promulgate service level policies and protocols, in partnership with LGBTI communities, to avoid discrimination against LGBTI patients, ensure appropriate data collection, and actively promote rights to free expression of gender and sexuality in healthcare settings. Where relevant, services should offer leading practice approaches to trans and intersex related interventions.	Continue to implement and monitor the LGBTI action plan to progress towards eligibility of a Rainbow Tick by June 2020.	Progress continues to be made to meet the June 2020 target. Training has occurred for staff and the Board.	

STATEMENT OF PRIORITIES (continued)

PART B: PERFORMANCE PRIORITIES

High quality and safe care

Key Performance Indicator	Target	2018–19 result
Accreditation		
Accreditation against the National Safety and Quality Health Service Standards	Accredited	Accredited – Full compliance achieved across all standards
Compliance with the Commonwealth's Aged Care Accreditation Standards	Accredited	Accredited – Full compliance achieved across all standards
Infection Prevention and Control		
Percentage of healthcare workers immunised for influenza	80%	83%
Compliance with the Hand Hygiene Australia Program	80%	93%
Patient Experience		
VHES – percentage of positive patient experience responses – Quarter 1	95% positive experience	*
VHES – percentage of positive patient experience responses – Quarter 2	95% positive experience	*
VHES – percentage of positive patient experience responses – Quarter 3	95% positive experience	*
VHES – percentage of positive responses to questions on discharge care – Quarter 1	75% very positive experience	*
VHES – percentage of positive responses to questions on discharge care – Quarter 2	75% very positive experience	*
VHES – percentage of positive responses to questions on discharge care – Quarter 3	75% very positive experience	*
VHES – patient perception of cleanliness – Quarter 1	70%	*
VHES – patient perception of cleanliness – Quarter 2	70%	*
VHES – patient perception of cleanliness – Quarter 3	70%	*

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

Strong governance, leadership and culture

Key Performance Indicator	Target	2018–19 result
Organisational culture		
People Matter survey – percentage of staff with an overall positive response to safety and culture questions	80%	81%
People Matter survey – percentage of staff with a positive response to the question “I am encouraged by my colleagues to report any patient safety concerns I may have”	80%	93%
People Matter survey – percentage of staff with a positive response to the question “Patient care errors are handled appropriately in my work area”	80%	83%
People Matter survey – percentage of staff with a positive response to the question “My suggestions about patient safety would be acted upon if I expressed them to my manager”	80%	90%
People Matter survey – percentage of staff with a positive response to the question “The culture in my work area makes it easy to learn from the errors of others”	80%	80%
People Matter survey – percentage of staff with a positive response to the question “Management is driving us to be a safety-centred organisation”	80%	90%
People Matter survey – percentage of staff with a positive response to the question “This health service does a good job of training new and existing staff”	80%	59%
People Matter survey – percentage of staff with a positive response to the question “Trainees in my discipline are adequately supervised”*	80%	65%
People Matter survey – percentage of staff with a positive response to the question “I would recommend a friend or relative to be treated as a patient here”	80%	80%

* At Maldon Hospital trainees are employed within District Nursing only and ‘Not Applicable’ was not an option to answer this question, which is likely to have affected the result.



STATEMENT OF PRIORITIES (continued)

Effective financial management

Key Performance Indicator	Target	2018–19 result
Finance		
Operating result (\$m)	-0.30	Refer AFS
Average number of days to paying trade creditors	60 days	Refer AFS
Average number of days to receiving patient fee debtors	60 days	Refer AFS
Public and Private WIES ² activity performance to target	100%	Refer AFS
Adjusted current asset ratio	0.7 or 3% improvement from health service base target	Refer AFS
Forecast number of days a health service can maintain its operations with unrestricted available cash (based on end of year forecast)	14 days	Refer AFS
Actual number of days a health service can maintain its operations with unrestricted available cash, measured on the last day of each month	14 days	Refer AFS
Measures the accuracy of forecasting the Net result from transactions (NRFT) for the current financial year ending 30 June	Variance ≤\$250,000	Refer AFS

Consultancies

Details of consultancies (under \$10,000)

In 2018–19, there were no consultancies where the total fees payable to the consultants were less than \$10,000.

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

In 2018–19, there were three 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.

Consultant	Purpose of consultancy	Start date	End date	Total approved project fee (excl GST)	Expenditure 2018–19 (excl GST)	Future expenditure (excl GST)
Angela Ballard	Workplace Review	Oct 18	Dec 18	15,000	15,000	0
Conversant Asia Pacific	Strategic Plan	Oct 18	Dec 18	25,250	25,250	0
Larter	Community Engagement	May 18	Oct 18	15,000	13,185	0

PART C: ACTIVITY AND FUNDING

Service	2018–19 activity achievement
Small Rural Acute	3.67
Small Rural Residential Aged Care	10,071
HACC	306

² WIES is a Weighted Inlier Equivalent Separation

STATUTORY COMPLIANCE

Attestations

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 in 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.

Integrity, fraud and corruption: I, Ian Fisher, certify that Maldon Hospital has put in place appropriate internal controls and processes to ensure that Integrity, fraud and corruption risks have been reviewed and addressed at Maldon Hospital during the year.

Financial Management Compliance: I, Ian Fisher, on behalf of the Responsible Body, certify that Maldon Hospital has complied with the applicable Standing Directions 2018 under the *Financial Management Act 1994* and Instructions.

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, Accountable Officer
Maldon Hospital, 8 July 2019**



STATUTORY COMPLIANCE (continued)

Disclosures

Building Act 1993: All building works have been undertaken 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.

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

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 www.data.vic.gov.au in machine readable format.

Freedom of Information Act 1982: 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. A report on these requests was provided 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 or by phoning 5471 3555. Application charges and fees apply. In 2018–19, one request was received under Freedom of Information in 2018–19. It was processed within the required timeframes without any exemptions. More information about Freedom of Information can be found at www.foi.vic.gov.au.

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 2018–19.

Safe Patient Care Act 2015: Maldon Hospital has nil matters to report in relation to its obligations under section 40 of the *Safe Patient Care Act 2015*.

Local Jobs First Act 2003: During the year there were no contracts requiring disclosure under the Local Jobs First Policy.

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 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 to develop community awareness of Maldon Hospital 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.

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
Ministerial Directions Report of Operations		
Charter and purpose		
FRD 22H	Manner of establishment and the relevant Ministers	03
FRD 22H	Purpose, functions, power and duties	03
FRD 22H	Nature and range of services provided	04–05
FRD 22H	Activities, programs and achievements for the reporting period	05–06
FRD 22H	Significant changes in key initiatives and expectations for the future	05–06
Management and structure		
FRD 22H	Organisational structure	02
FRD 22H	Workforce data/employment and conduct principles	05
FRD 22H	Occupational Health and Safety	05
Financial information		
FRD 22H	Summary of the financial results for the year	Refer to AFS*
FRD 22H	Significant changes in financial position during the year	Refer to AFS*
FRD 22H	Operational and budgetary objectives and performance against objectives	Refer to AFS*
FRD 22H	Subsequent events	Refer to AFS*
FRD 22H	Details of consultancies under \$10,000	10
FRD 22H	Details of consultancies over \$10,000	10
FRD 22H	Disclosure of ICT expenditure	06
Legislation		
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FRD 22H	Compliance with building and maintenance provisions of <i>Building Act 1993</i>	12
FRD 22H	Application and operation of <i>Protected Disclosure 2012</i>	12
FRD 22H	Statement on National Competition Policy	12
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FRD 22H	Summary of the entity's environmental performance	06
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Other relevant reporting directives		
FRD 25D	Local Jobs First Act disclosures	12
SD 5.1.4	Financial Management Compliance attestation	11
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Reporting of outcomes from Statement of Priorities 2018–19		07–10
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Reporting obligations under the <i>Safe Patient Care Act 2015</i>		12

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



MALDON HOSPITAL

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