

# 2016

## ANNUAL REPORT



### **Our Vision**

Exceptional care  
of every person,  
every time



**CARE, QUALITY AND CHOICE**

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## Key Achievements

- Restructure of the Quality and Risk Department March 2016
- The National Respite for Carers Program was reviewed against the Home Care Standards November 2015 and found to be compliant
- All Services are fully accredited
- Financial surplus
- Additional surgical activity targets approved and achieved
- Increased membership of the Community Consultative Committee
- Improved security for staff
- Additional painting to refresh facilities
- Transfer of Transition Care to Sub-Acute Unit
- DHHS funding announced for Significant Refurbishment of Aged Residential Care Services
- DHHS funding announced for Electrical Safety System Upgrade – Acute and Subacute
- DHHS funding announced for new CT Scanner
- DHHS funding announced for Nurse Call System – Acute and Subacute
- Upgrading of flooring in Thompson House
- Participation in NAIDOC week
- Cancer Survivorship Program funding obtained
- WI FI implemented throughout our facilities
- Discharge Planning Project Officer appointed
- Pay Office relocated from Human Resources to Finance
- Revised menus implemented for all inpatient and residential services
- Positive indicators for Occupational Health and Safety
- Private Podiatry clinic established
- Montessori Project implemented in Aged Residential Care
- Nalderun Award acknowledging support to the aboriginal community

## Manner of Establishment and Relevant Ministers

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

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

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

The Hon Jenny Mikakos MLC, Minister for Families and Children



# Overview of Services provided

## Acute/Subacute

### (50 staffed beds)

- Medical
- Obstetric
- Paediatric
- Rehabilitation
- Geriatric Evaluation and Management
- Respite
- Surgical
- Urgent Care

## Residential Aged Care

### High care (90 beds)

- Ellery House (60 beds)
- Thompson House (30 beds)

### Low care (67 beds)

- Spencely (20 beds)
- Penhall (32 beds)
- Thompson House (15 beds)

### Transition Care (6 beds/places)

- Bed based (4 beds)
- Community (2 places)

## Community

- District Nursing Services / Palliative Care
- Adult Day Services
- Community Rehabilitation Centre / Allied Health departments and Continence Service
- Health Independence Programs: Subacute Ambulatory Care Services - non- admitted (SACS), Complex Care (formerly known as Hospital Admission Risk Program - HARP), Post Acute Care (PAC)
- Volunteers Program
- Early Childhood Intervention Program
- Case Management Service (Home Care Packages)

## Client Services

- Medical
- Nursing and Personal Care
- Social work
- Podiatry
- Occupational Therapy
- Physiotherapy
- Speech Pathology
- Dietetics
- Continence service
- Volunteers Program
- Pharmacy
- Psychiatry
- Pastoral care
- Infection control
- Recreational activities
- Pathology (provided on site by St John of God Pathology)
- Radiology and ultrasonography (provided on site by Bendigo Radiology)

## Corporate Services

- Engineering
- Supply
- Fleet
- Human Resources
- Health Information Services
- Public Relations / Fundraising
- Finance
- Occupational Health and Safety
- Quality and Risk
- Food Services
- Payroll
- Laundry
- Environmental Services
- Information Technology

## Training and Development

- Staff Education / Professional Development
- Traineeships in Administration
- Graduate Nurse Program (increased numbers 2016)
- Goldfields Hub, Monash University 4th Year MBBS
- Health promotion
- Student placement program with numerous Australian Universities and RTO's (average 255 students/year)
- Work Experience Program

## Report to the Community

The past 12 months have seen Castlemaine Health make substantial progress towards our vision of “exceptional care of every person, every time”.

Our focus this year has been on the patient journey and we have embarked on an innovative service redesign strategy. This will enable us to develop a more integrated and connected service focused on patient-centred care. We believe that patient-centred care improves the patient experience and creates public value for our services. Partnerships with our patients, clinicians and community are essential as we continue to plan for the impacts of the burden of chronic diseases, population growth and an ageing population. One of our key focuses is to improve health outcomes for people with chronic diseases. We have established specially designed programs, dedicated to the health improvement of chronic disease sufferers such as HARP ( Hospital Admission Risk Program) one of our Health Independence Programs, staff work with clients discharged from hospital and living in the community empowering them to better manage their chronic disease. We also offer programs specifically designed for clients suffering from pulmonary, cardiac and neurological chronic conditions in the Community Rehabilitation Centre. Our financial results this year demonstrate our commitment to providing high quality healthcare, while also recognising the importance of sustainability to meet the increased demand for health services in the future.

Over the past 12 months, we have also been looking at opportunities to collaborate with other health services to better respond to our community's health needs. Innovative models are being explored and implemented to work together to pool our needs and offer a more diverse clinical package than could be achieved individually. An example of this is the newly funded Cancer Survivorship Program which is multidisciplinary and designed to meet the needs of cancer survivors in our community. Castlemaine Health staff will

be working in partnership with Castlemaine District Community Health, Mount Alexander Shire, Cancer Support Services, GP's, Cancer Specialists and the community. We look forward to continuing to work with other health services in developing our approaches to patient-centred care.

Community engagement and increasing awareness in the community about the services and facilities we offer have also been a priority in the last year. We have invested in the recruitment of a new marketing and communications manager and soon will be looking to invest heavily in launching our new media initiatives including through Facebook and Twitter. We are focused on broadening our lines of communication with the community and are planning to launch new fundraising initiatives in the coming year – commencing with a tour of our newly completed operating theatres on Tuesday 30 August 2016.

This past year has seen significant change to our Board composition. In October 2015, Carolyn Wallace stepped down as Chair and I was appointed after having served 4 years as a director on the Board and Treasurer. We are lucky to still have Carolyn with us as Deputy-Chair. In June of this year we farewelled our long-standing Board members – Glenn Sutherland and Ian Mackenzie. Glenn was on our Board for 12 years and served as Chairman. Ian was on our Board for 15 years and served as Treasurer. We also farewelled Kate Hammond in June of this year and thank her greatly for her contribution.

On 1 July 2016, we welcomed three new Board members - David Goldberg, Sally-Ann Ross and Anna Skreiner. These three new directors bring legal, community engagement and corporate governance expertise to our Board and are highly complementary to the existing mix of backgrounds and experience on our Board.

I would like to take this opportunity to thank my past and present Board members and the Castlemaine Health Executive Management Team who have



Adam Sevdalis

worked tirelessly to continue to strive for and achieve our vision. I feel privileged to be appointed as Chair and to be given the opportunity to work with and lead an organisation of such dedicated and professional people. I look forward to working with my fellow Board members and the Executive Management Team over the next year.

**Adam Sevdalis,**  
Chairman

“

We believe that patient-centred care improves the patient experience and creates public value for our services.

# Report to the Community

It is again a pleasure to report on the activities and achievements of Castlemaine Health over the last 12 months. We have continued to achieve positive outcomes for the quality, safety and patient satisfaction across all of our services. Our patient and client activity has increased and our residential aged care facilities occupancy remained stable resulting in a financial surplus for the year.

Great outcomes can only be achieved if there is a common desire and commitment from the Board of Management, staff, visiting medical officers and volunteers. We express our appreciation to all who have contributed to our positive results. We also acknowledge the support of the community and the increasing number of community representatives participating on various Castlemaine Health committees that provide an important consumer perspective. Our good results are a strong indicator that we are in fact making good progress to realise our Vision of "Exceptional Care of Every Person Every time".

Our Strategic Plan 2014 to 2019, including our Vision, Mission and Values, continues to guide the organisations decisions and activities through 5 strategic directions. Some of the activities that have advanced our progress this year are:

## **Residents, Patients, Clients & Community**

*Strategies that focus on providing person centred, high quality and safe care that is appropriate and informed by our community.*

All our services are fully accredited and we continue to receive excellent results from surveys conducted to measure patient and resident satisfaction. We have implemented training on Person Centred Care and use feedback from our patients and residents to improve our services.

In June 2016 a volunteer medical appointment transport service was transferred to Castlemaine Health with the

support of the Department of Health and Human Services. This established and well utilised service, with 17 volunteer drivers, will continue to support people in the community that require assistance to attend their medical appointments.

Our Community Consultative Committee membership has increased and they have been an enthusiastic and valuable resource by providing feedback across all aspects of our activities.

We have a strong desire to work with and support the Aboriginal Community. This includes improving access to our services and development of employment opportunities.

## **Service Redesign**

*Strategies to redesign our services in collaboration with other local, regional and state health services to meet the needs of our community into the future.*

This year we were a party to a study to develop a Mount Alexander Shire Wide Service Plan with Windarrang, Maldon Hospital, Castlemaine District Community Health Service and the Mount Alexander Shire. The study looked at opportunities and potential models of governance that would promote coordinated and seamless access to various services provided by different agencies for individuals.

We have continued to strengthen our partnerships with Bendigo Health and neighbouring health services to fulfil our role as a service provider in the region and to our local community. Maldon Hospital also extended the contract for management services with Castlemaine Health for a further 3 years.

To ensure that Castlemaine Health's services continue to meet the health care needs of the community and our subregion, a process has commenced to define our service profile for the next 15 to 20 years. The profile will align to the State Governments policy directions with a focus on patients being able to access the high quality and safe care they need and deserve, when they need it, closer to home.

## **Staff and Volunteers**

*Strategies to maintain a productive, skilled and respected workforce, including volunteers.*

We have continued to respond to staff regarding training needs and also fulfil our mandatory training through both online and contact learning arrangements.

Our in-house injury prevention facilitators lead Manutention training that has been a great success in teaching our staff how to lift and undertake routine activities in their roles safely. Due to growing concerns about occupational violence and aggression we have started the implementation of a new Code Grey to respond to such incidents. Initial training has occurred and policy and procedures are under review while improved security arrangements have been implemented.

We participated in the People Matters Survey and with a significant increase in our participation levels and look forward to the results and addressing any gaps identified.

New systems for staff appraisals are being examined and will support arrangements that acknowledge and reward the commitment of staff.

## **Capital Infrastructure**

*Strategies to ensure our facilities and equipment are fit for purpose and support safe and efficient care.*

In last 12 months we have received substantial support from the Department of Health and Human Services (DHHS) with significant grants to upgrade our air conditioning, nurse call and resident lifting equipment in our aged residential care units. In acute and subacute the DHHS has provided significant funding to upgrade the nurse call, electrical safety system and CT Scanner.

In general there has been a significant increase in activity to ensure our facilities are well presented with additional painting, replacing floor coverings and new furnishings occurring.

Part of service redesign is to review our current site and facilities and plan for the future to ensure they will be fit for purpose and congruent with providing safe and high quality services.

### Financial Sustainability

*Strategies that improve our financial position and allow investment in capital, staff and development of new and existing services.*

Castlemaine Health's financial position is now stronger than it has been for many years. Our surplus result has been achieved through significantly improved financial management and reporting along with sustained patient, resident and client activity.

This has been led by the Board of Management through the Finance and Audit and Risk Management Committees that has included independent financial expertise. It is also a result of our Department Heads being included in the development of their budgets and having regular performance reviews.

For the first time the Board were presented with a five year capital budget which has assisted them to manage our assets.

Unfortunately two senior people who made major contributions to our success have resigned. Rhonda Williams, Executive Director of Community Programs, announced her retirement in May 2016. Rhonda has been employed and associated with Castlemaine Health for 50 years. We acknowledge Rhonda's contribution to Castlemaine Health and in particular to Community Programs and Allied Health services for her absolute commitment to delivering accessible and much needed services to the Mt Alexander community and neighbouring Shires.

Amanda Edwards, Executive Director Nursing Services resigned, also in May 2016, to take up an appointment at Djerriwarrh Health Services. Amanda made a significant contribution in

developing services, maintaining safe and high quality services, improving clinical governance reporting and representing Castlemaine Health at various industry forums and working parties.

As we do every year we will be seeking to continue to improve our services. A major focus next year will be to further enhance and support our staff culture and community engagement. It is well established that a positive staff culture and high levels of staff satisfaction has a positive impact on the quality and safety of services.

We will continue to engage with our community and encourage their participation in their care and seek their input to shape our future directions and significant decisions

I look forward to next year and working with the Chair Adam Sevdalis, the Board of Management, Executives and staff to build on the proud history of Castlemaine Health.



**Ian Fisher**

CEO

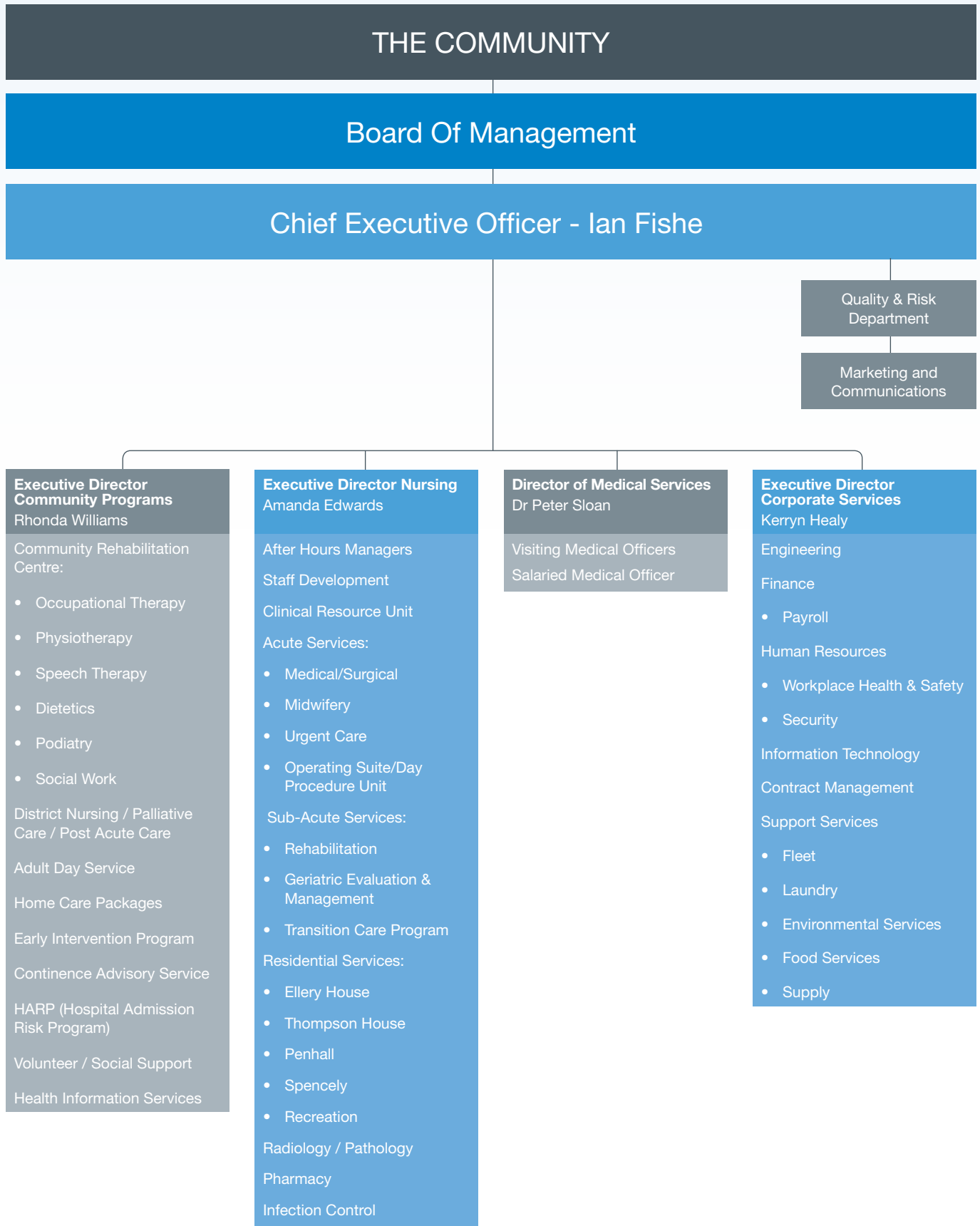


Ian Fisher

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Our good results are a strong indicator that we are in fact making good progress to realise our Vision of “Exceptional Care of Every Person Every time”.

# Organisational Chart





# Corporate Governance

## Board of Management

### CHAIRMAN

#### Mr Adam Sevdalis

Managing Director  
Bachelor of Economics, MBA  
Appointment Expires 30 June 2018

### VICE CHAIRMAN

#### Ms Carolyn Wallace

Regional Director  
Graduate Diploma of Education,  
Bachelor of Arts, GAICD  
Master of Public Policy and Management  
Appointment expires 30 June 2016

### TREASURER

#### Ms Janet Cropley

Small Business Mentor  
BA (Social Sciences)  
Dip in Business Studies, Grad Cert  
Industry and Training  
Appointment expires 30 June 2017

### BOARD MEMBERS

#### Mr Ian McKenzie

Pharmacist/Wine Maker  
Bachelor of Pharmacy  
Appointment expires 30 June 2016

#### Ms Peggy Anne Ronnau

Human Resources Consultant,  
BA (Social Science), GAICD  
Appointment expires 30 June 2018

#### Mr Glenn Sutherland

Retailer and Exporter  
BA, Di Ed, Grad Dip Ed, Administration,  
Grad Dip Management FAIM  
GAICD, Advanced Diploma of Business,  
Cert. IV Project Management  
Appointment expires 30 June 2016

#### Mr Garry Fehring

Director of Clinical & Site Services  
RN BN Cert Oncology Nursing,  
Cert Rehabilitation Nursing,  
Grad Dip Nursing Management  
Appointment expires 30 June 2017

#### Mr Rony Caspi

Psychotherapist  
BA Counselling Adv Cert (Gestalt  
Psychotherapy)  
Appointment expires 30 June 2018

#### Ms Kate Hamond

Primary Regulator  
Diploma of Teaching  
Appointment expires 30 June 2017

#### Ms Sharon Fraser

General Manager  
Master of Business (Management)  
Bachelor of Applied Science (Speech  
Pathology), GAICD  
Appointment expires 30 June 2016

## Board of Management Structure & Function

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

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

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

The Board of Management meets on the last Monday evening of each month to deal with a formal agenda and reports on the Health Services' performance as reported by the Chief Executive Office.

## Membership of Board of Management Sub-committees

### Credentials and Medical Appointments Advisory Committee

Mr Rony Caspi, Ms Janet Cropley

### Chief Executive Officer Evaluation Committee

Ms Carolyn Wallace, Ms Sharon Fraser, Mr Garry Fehring

### Finance Committee

Ms Janet Cropley  
Mr Adam Sevdalis  
Mr Ian McKenzie  
Mr Glenn Sutherland  
Mr Rod Lester (Independent Member)

### Community Consultation Committee

Mr Rony Caspi  
Ms Peggy Ronnau  
Ms Ann Roman (Independent Member)  
Mr Bob Forde (Independent Member)  
Mr Brian Stant (Independent Member)

Ms Elizabeth Grainger (Independent Member)  
Ms Judy Uren (Independent Member)  
Ms Lisa Minchin (Independent Member)  
Ms Margaret Rasa (Independent Member)  
Mr Mark Little (Independent Member)  
Ms Moira Kean (Independent Member)  
Ms Susan Dovey (Independent Member)

### Audit and Risk Management Committee

Mr Rod Lester (Independent Chair)  
Mr Adam Sevdalis  
Mr Ian McKenzie  
Ms Kate Hamond  
Ms Janet Cropley  
Mr Glenn Sutherland  
Ms Lucy Roffey (Independent Member)

### Clinical Governance and Quality Committee

Ms Peggy Ronnau  
Mr Rony Caspi  
Mr Garry Fehring  
Dr Helen Dewhurst (Medical Staff Group)  
Ms Yvonne Wrigglesworth (Independent Member)  
Mr David Uren (Independent Member)  
Mrs Liz Grainger (Independent Member)

### Executive Management

The Executive Directors meet with the Chief Executive Officer weekly to discuss strategic and operational issues relating to the management of the organisation.

### CHIEF EXECUTIVE OFFICER

Mr Ian Fisher  
MBA, Grad Dip Acc, P Grad Dip Health Administration

### EXECUTIVE DIRECTOR OF COMMUNITY PROGRAMS

Mrs Rhonda Williams  
RN, B Pub Health, Grad Dip Health Services Management

### EXECUTIVE DIRECTOR OF NURSING SERVICES

Ms Amanda Edwards  
MHSM, PGDAN (Emergency), PGDAN (Mid), RN

### DIRECTOR OF MEDICAL SERVICES

Dr Peter Sloan  
MB BS, MBA, FRACMA

### EXECUTIVE DIRECTOR OF CORPORATE SERVICES

Mrs Kerryn Healy  
BBus (Accounting) CPA, GAICD FHFHM

# Reporting against the Statement of Priorities

## Part A: Strategic Priorities

Domain	Action	Deliverables	Status
Patient experience and outcomes	Drive improved health outcomes through a strong focus on patient-centred care in the planning, delivery and evaluation of services, and the development of new models for putting patients first.	Review induction of staff to ensure there is a strong focus on person centred care including a consumer perspective. By September, 2015.	Achieved.  Commenced Montessori for Dementia training and education for all aged care clinical and non clinical staff and volunteers. This philosophy is changing the culture of aged care and driving person centred care.  Considered by the Community Consultative Committee.
		Increase consumer participation in education workshops. By June, 2016.	Achieved.  A "consumers and Health Services working together" workshop was conducted in October 2015 and attended well by staff.  A consumer has spoken to Acute and Rehab ward about hearing loss.  A poster is in place in the community Rehabilitation Centre inviting consumers to "tell staff their story."  It is planned to include a consumer in the induction video welcoming new staff to Castlemaine Health and voicing their expectation of staff in the organisation.  Departments have included consumer feedback into the agendas of staff meetings. This is less confrontational for the consumer and staff are able to listen to feedback and adjust their practise accordingly.
	Strengthen the response of health services to family violence. This includes implementing interventions, processes and systems to prevent, identify and respond appropriately to family violence at an individual and community level.	Develop and implement a policy and procedure that increases staff awareness and responsiveness to family violence both as an employee and community member. By May 2016.	In progress.  Working group created. First meeting in January, 2016. Documents and resources obtained from other agencies for adaption.
		Take a leading role with the Central Victorian Primary Care Partnership strategies to prevent, identify and respond to family violence. By May 2016.	In progress.  Castlemaine Health participating in training.
	Use consumer feedback and develop participation processes to improve person and family centred care, health service practice and patient experiences.	Provide evidence of improvements based on consumer feedback by June, 2016.  Develop comprehensive consumer participation and feedback mechanisms and demonstrate what improvements have occurred as a result of these. By March 2016.	Achieved.  Received feedback expressing dissatisfaction with the way residents left the home once they had died. Felt it was not dignified. Discussions wit residents and families by OM RAC and pastoral care officer to develop ways in which to better honour the memory of residents.  Number of improvements implemented in Operating Theatre based on feedback, including information given to patients in pre-admission, shorter fasting times, better reading material and music to listen to.  Consumer Participation Framework adopted with consumer input and well managed complaints and compliments system in place to identify opportunities for improvement.  Improvements resulting from consumer input documented in Quality Management Improvement Register.

## Reporting against the Statement of Priorities continued

## Part A: Strategic Priorities continued

Domain	Action	Deliverables	Status
	Implement an organisation-wide approach to advance care planning including a system for identifying, documenting and/or receiving advance care plans in partnership with patients, carers and substitute decision makers so that people's wishes for future care can be activated when medical decisions need to be made.	All clinical staff are educated regarding our advanced care planning procedure, forms and process. By October, 2015.	Achieved. Advanced care planning systems and processes in place. Education has commenced and will be ongoing. PRISM report indicates that we have comparable numbers with other regional hospitals of patients who are over 75 and have an advanced care plan.
Governance, leadership and culture	Demonstrate an organisational commitment to Occupational Health and Safety, including mental health and wellbeing in the workplace. Ensure accessible and affordable support services are available for employees experiencing mental ill health. Work collaboratively with the Department of Health and Human Services and professional bodies to identify and address systemic issues of mental ill health amongst the medical professions.	Board of Management adopt a statement committing to Occupational Health and Safety. By October 2015.  Ensure staff are aware and satisfied systems and services are in place to reduce and address mental health issues in the workplace. By April 2016.	Achieved. Board adopted statement that demonstrates a commitment to OH&S. Employee Assistance Program is in place and is being utilised by staff. Review of Castlemaine Health's Work Health and Safety Management system has commenced through the Internal Auditors with support from Bendigo Health.
	Monitor and publicly report incidents of occupational violence. Work collaboratively with the Department of Health and Human Services to develop systems to prevent the occurrence of occupational violence.	Systems in place to prevent incidents of occupational violence occurring or reoccurring. By May 2016.  Report to the Board through the Clinical Governance and Quality Committee dashboard report. By December 2015.	Achieved. Two staff members trained in code Grey. Incidents are being reported. Further education of staff is ongoing.  Dashboard reviewed and will be further enhanced through processes implemented as a result ongoing Department of Health and Human Services review of clinical governance and practice.
	Promote a positive workplace culture and implement strategies to prevent bullying and harassment in the workplace. Monitor trends of complaints of bullying and harassment and identify and address organisational units exhibiting poor workplace culture and morale.	Action strategies to improve workplace culture and morale, including the reduction of complaints of bullying and harassment. By May 2016.	Good systems and training in place and confirmed through a visit WorkSafe visit.
	Undertake an annual board assessment to identify and develop board capability to ensure all board members are well equipped to effectively discharge their responsibilities.	Board of Management use ACHG to assess areas needing further development. By April 2016.	Achieved. Board reviewed actions from prior year assessment and have undertaken a further assessment for 2016.
	Apply existing capability frameworks and clinical guidelines to inform service system planning, giving consideration to the capability of neighbouring services and how best to allocate available resources so as to deliver the maximum benefit to the local community.	Revisit Memorandum of Understanding with Bendigo Health to include Travis Review funding and reflect additional co-operative arrangements. By June 2016.	Achieved. Travis Review activity target achieved.
	Safety and quality	Ensure management plans are in place to prevent, detect and contain Carbapenem Resistant Enterobacteriaceae as outlined in Hospital Circular 02/15 (issued 16 June 2015).	Systems in place to prevent, detect and contain Carbapenem Resistant Enterobacteriaceae by May 2016.
Implement effective antimicrobial stewardship practices and increase awareness of antimicrobial resistance, its implications and actions to combat it, through effective communication, education, and training.		Improve effectiveness of antimicrobial stewardship, prescribing compliance and increase awareness of antimicrobial resistance through effective communication, education and training. By May 2016.	Achieved. Antimicrobial stewardship practices, procedures and monitoring in place. Audits undertaken and feedback provided to prescribers. Formulary with prescriber limitations in place. Training and education ongoing.

# Reporting against the Statement of Priorities continued

## Part A: Strategic Priorities continued

Domain	Action	Deliverables	Status
	Ensure that emergency response management plans are in place, regularly exercised and updated, including trigger activation and communication arrangements.	Emergency Response & Recovery Plan reviewed. By December 2015.  Staff and Emergency Services are familiar with the Emergency Response & Recovery Plan and have participated simulation exercises. By June 2016.	Achieved.  Emergency Response and Recovery Plan reviewed and confirmed  Simulation exercises occur annually.
Financial sustainability	Improve cash management processes to ensure that financial obligations are met as they are due.	Refine 3 year cashflow statement and confi cashflow arrangements with the Department of Health and Human Services. By September 2015.  Determine if any substantial assets can be sold to improve liquidity. By December 2015.	Achieved.  Three year cashflow completed and strategies to improve liquidity were approved by the Department of Health and Human Services and implemented.  Review resulted in one property being sold.
		Redesigned service profile to meet the community's health care expectations into the future and be financially sustainable By June 2016.	Achieved.  Board of Management have completed an internal review of current services and potential gaps in services based on current Government policy. A further study has commenced to define Castlemaine Health's future role that will meet community expectations and align to Government Policy.
	Identify opportunities for efficiency and better value service delivery.	Opportunities for further efficiencies documented in financial management improvement plan and implemented. By November 2015.	Achieved.  Strategies to improve the financial performance implemented and a positive financial result was achieved in 2015/2016.
	Undertake cost benchmarking and develop partnerships with peers to improve operating efficiency.	In conjunction with Group C Agencies undertake benchmarking in relation to cost weights and other major functions. By March 2016.	Achieved.  Participated in Victorian Cost Data Collection providing data to the Department of Health and Human Services on clinical costing. The information will assist Castlemaine Health determine future growth of surgical services.
Access	Implement integrated care approaches across health and community support services to improve access and responses for disadvantaged Victorians.	Implementation of culturally appropriate care plans.  Ensure all staff are aware of the HACC Diversity and Access and Inclusion Plans. By March 2016.	Achieved.  The HACC Cultural Diversity Plan has been reviewed and distributed to staff.  Access & Inclusion Plan now encompasses Disability, Cultural, and Koolin Balit.
	Progress partnerships with other health services to ensure patients can access treatments as close to where they live when it is safe and effective to do so, making the most efficient use of available resources across the system.	Shire Wide Service Planning Project agreed recommendations to be adopted by Board of Management. By March 2016.  MOU to be developed with Bendigo Health By April 2016.	Achieved.  Project completed. Ongoing meetings with partners to consider implementation of recommendations.  MOU current.  Ongoing discussions with Bendigo Health regarding Specialist access for sub-acute services.  Participate at the Regional Maternal and Morbidity review process.
	Optimise system capacity by ensuring that allocated points of care are implemented as per the Travis review recommendations.	Additional 260 patients treated from Bendigo Health waiting list. By June 2016.	Achieved.
	Reduce unplanned readmissions – with a focus on identifying high risk patients; delivering coordinated and integrated responses; and reducing the use of avoidable acute care services, where practicable and safe to do so.	Identify a sample of complex patients to track effectiveness of reducing unplanned readmissions through community based interventions over a 6 month period. By June 2016.	Achieved.  A Discharge Planning Project Officer appointed to review the discharge process from the units into HARP. Ten clients have been identified with admissions history over the previous 5 years who will be tracked for re-admissions related to their chronic illness following intervention from the HARP team.

## Reporting against the Statement of Priorities continued

## Part B: Performance Priorities

Safety and quality performance		
Key performance indicator	Target	2015-16 Result
Compliance with NSQHS Standards accreditation	Full compliance	Achieved
Compliance with the Commonwealth's Aged Care Accreditation Standards	Full compliance	Achieved
Cleaning standards	Full compliance	Achieved
Compliance with the Hand Hygiene Australia program	80%	Achieved
Percentage of healthcare workers immunised for influenza	75%	Achieved
Submission of infection surveillance data to VICNISS1	Full compliance	Achieved
Patient experience and outcomes performance		
Key performance indicator	Target	2015-16 Result
Victorian Healthcare Experience Survey - data submission	Full compliance	Achieved
Victorian Healthcare Experience Survey - patient experience	95%	Achieved
Maternity - Percentage of women with prearranged postnatal home care	100%	Achieved
Governance, leadership and culture performance		
Key performance indicator	Target	2015-16 Result
People Matter Survey - percentage of staff with a positive response to safety culture questions	80%	Achieved
Financial sustainability performance		
Key performance indicator	Target	2015-16 Result
<b>Finance</b>		
Operating result (\$m)	0	Refer to AFS
Trade creditors	< 60 days	Refer to AFS
Patient fee debtors	< 60 days	Refer to AFS
Public & private WIES performance to target*	100%	96%
<b>Asset management</b>		
Asset management plan	Full compliance	Achieved
Adjusted current asset ratio	0.7	Refer to AFS
Days of available cash	14 days	Refer to AFS

\* Subject to confirmatio



# Reporting against the Statement of Priorities continued

## Part C: Activity and Funding

Funding type	Target	2015-16 Activity Achievement*
Acute Admitted		
WIES Public	1,966	1,885
WIES Private	535	515
<b>WIES (Public and Private)</b>	<b>2,501</b>	<b>2,400</b>
WIES DVA	84	69
WIES TAC	23	2
<b>WIES TOTAL</b>	<b>2,608</b>	<b>2,471</b>
Subacute & Non-Acute Admitted		
Rehab Public	5,929	5,382
Rehab Private	1,496	1,957
Rehab DVA	677	502
GEM Public	1,366	709
GEM Private	254	94
GEM DVA	140	84
Subacute Non-Admitted		
Health Independence Program	16,521	15,872
Aged Care		
Residential Aged Care	55,324	53,954
HACC	24,071	23,513

\* Activity achievement is subject to confirmation



## Nursing Care and Education

The Nursing and Education Directorate continue to work hard to provide the high standard of clinical and residential care that the community has come to expect. A broad range of services are provided within the Directorate including Residential Aged Care, Rehabilitation, Acute Medical and Surgical, Midwifery, Urgent Care services and Staff Development.

### Achievements

Operating Suite. This year we were very fortunate to receive additional funding which allowed us to purchase extra equipment and do more Surgical Procedures than ever before. This year we topped over 2500 procedures both for people in our local community and the Bendigo region.

### Maternity Services

It's been a good year in Maternity too with 71 babies born here and a further 35 mums and babies transferred back from higher level services. Key achievements for this service has been the review of all policies and procedures to ensure we practice using the most up to date information, review of our outcome data which shows that care is being delivered safely and within the capability of our organisation. We are also most proud of Dr. Richard Mayes who received the prestigious honour of being named Trainer of the Year for the Advanced Life Support in Obstetrics program. Our GP Obstetricians have also undertaken rotations at Bendigo Health Service Maternity Services to build relationships and ensure up to date skills in managing obstetric complications and our midwives have travelled to other tertiary hospitals for the same objectives.

### Residential Aged Care

Residential Aged Care is an area where much has been happening to improve the experience and quality of life for residents. Our improved financial position has enabled us to undertake some fantastic projects. The very old and very ugly carpet has been replaced in both

Penhall Hostel and Thompson House. It has been a big undertaking in both homes but well worth the inconvenience with a new, fresh outlook. We have adopted the Montessori philosophy of care in conjunction with Castlemaine District Community Health Service, Maldon Hospital, Mt Alexander Shire and the Central Victorian Primary Care Partnership. Outcomes have been amazing with over 45 different projects implemented to improve the life experience of our residents. Staff and volunteers across the Shire now operate within this philosophy which recognizes and works with what people can do, not what they can't and finds ways to ensure that elderly people continue in roles that make them feel valued and connected in the community. The project has been so successful that we have been asked to present at two major conferences on how this was achieved.

### Rehabilitation

Connolly Rehabilitation continues to provide excellent team care for the community and sub region. Improvements have included an increase in equipment to assist very overweight patients and programs to reduce falls.

### Urgent Care Services

Our Urgent Care Centre treats around 5,500 people each year. These patients are assessed by our experienced nursing staff and treated by our local general practitioners on an on call basis. A number of critically ill people have been managed through the Urgent Care Centre this year which has prompted us to upgrade our video conferencing equipment. In the future we will be able to directly connect by video to the larger hospitals and access specialist support in the event of a serious emergency.



## Nursing Care and Education continued



### Acute Medical

Geroe Acute ward provides inpatient care for people in our local community. This year around 600 patients received care in the ward looked after by our local general practitioners.

The Nursing and Education Directorate have worked hard to provide better services at the same time as improving our financial position. I'm very proud to say that we have achieved a great result on both fronts with Clinical Programs netting a break even result and improvements in many key clinical areas. Congratulations to all the staff involved.

### Medical Services

Most of the medical services provided at Castlemaine Health are provided by "Visiting Medical Officers". These are the General Practitioners of the local area and surgeons and anaesthetists from all over Victoria. Many of these doctors have been involved for decades and their ongoing support is both invaluable and much appreciated. Dr. Robert Long remains our long standing and much esteemed Rehabilitation Specialist who does work at the hospital as his primary place of work. We are also fortunate to have a Registrar position on Connolly Rehabilitation Unit in partnership with Bendigo Health.

### Pharmacy

Castlemaine Health has an onsite pharmacy service that oversees dispensing of medication to acute and subacute services. Under the very knowledgeable eye of Heather Parsons, our Chief Pharmacist, over 3,500 scripts are dispensed along with medication information and education for patients on discharge.

### Infection control

The Infection Control Department works to reduce the risk of infection for patients, visitors and staff. Our program is comprehensive. This is an area closely watched by the Department of Health and Human Services and we continue to achieve excellent results in the key areas. Rates of hand hygiene compliance and cleaning standards are achieved well above the set targets. Hospital acquired infection rates are very low and effective screening processes in place to identify patients who may have acquired infections coming from other hospitals.

### Staff development

Ongoing education is a critical element of providing high quality care and services to our patients, clients and residents. The Staff Development unit has seen a number of changes this past year. Education provided on site has included Managing the Deteriorating Patient, Comprehensive Health Assessment of the Elderly, Montessori for Dementia Workshops, Fetal Surveillance, Neonatal Emergency and much, much more.

We are also a 'hub' of Monash University's Rural Medical Teaching program providing education and experience to 3rd and 4th year medical students.

As a teaching hospital we support clinical experience for nursing, allied health, pharmacy and personal care students – an important aspect of growing the future workforce.



## Community Programs

We provide a range of multidisciplinary services including outpatient rehabilitation, functional assessment, therapeutic intervention, home nursing and palliative care, care-coordination, case management, and social support, to clients of all ages in the Mount Alexander, Macedon Ranges, and Goldfields Shires. Programs include: District Nursing / Palliative Care, Early Intervention / Children's Services, Physiotherapy, Occupational Therapy, Speech Pathology, Podiatry, Dietetics, HARP (Hospital Admission Risk Program), PAC (Post Acute Care), Continence Service, Adult Day Service / Volunteers Program, Case Management, Social Work, and access to a visiting Psychologist and Pediatrician.

### Health Independence Programs (HIP)

HIP Programs include SACS (Sub-Acute Ambulatory Care Services), HARP, & PAC. Over the past 12 months services in the Community Rehabilitation Centre have been undergoing a review in order to improve alignment with the Health Independence Programs (HIP) funding guidelines, improve equity of access across the subregion, and to improve the quality of the clinical care and clinician expertise within the programs.

HIP funding is the primary funding source to Castlemaine Health for allied health and nurse led outpatient programs. A key aspect of HIP services is the provision of care-coordination and multidisciplinary intervention that is goal directed and time limited. The services are specifically designed to support people in the community who require rehabilitation (following significant injury, surgery or illness) or co-ordinated multidisciplinary support to manage chronic conditions. The multidisciplinary teams have been established to provide highly coordinated care, with staff that have expertise in specific clinical rehab areas. Clinics include: Neurological Clinic, Hand & upper Limb Clinic, Lower Limb Clinic, Cardiac Rehabilitation, Pulmonary Rehabilitation, Healthy Lifestyle, Falls & Balance, and Pain Management.



**Cancer Survivorship Program:**  
A successful funding application will enable us to develop a Cancer Survivorship Program in the Community Rehabilitation Centre (CRC) in partnership with other local community based services and cancer organisations, this model of survivorship care aligns with the Health Independence Guidelines. The project aim is to develop a model for utilising and re-organising resources in the CRC into an accessible, co-ordinated, multidisciplinary, supportive care program for cancer survivors and their carers in a rural setting.

### Home and Community Care (HACC)

Programs include: Podiatry, Occupational Therapy, Continence Service, District Nursing & Adult Day Service. Over the past twelve months the services have been preparing for the transition of the Home and Community Care (HACC) Program for older people to the Commonwealth. As part of the National Disability Insurance Scheme agreement the Victorian and Commonwealth Governments agreed that management of the program will split from July 2016. Services for people aged 65 years or over will be funded and managed by the Commonwealth and services for younger people will be funded and managed by the Victorian Government, with some services and clients transferring to the National Disability Insurance Scheme (NDIS) due to be rolled out in Victoria May 2017. The Department of Health & Human Services recently determined a

split of Castlemaine Health's HACC Funding according to the age profile of our clients.

### Children's Services

The Children's Centre at Castlemaine Health provides Occupational Therapy, Physiotherapy, and Speech Pathology services to children in the community funded through SACS (Sub-Acute Care) and the Early Childhood Intervention Service (ECIS). From May 2017, there will be significant changes across the Loddon Area as the National Disability Insurance Scheme (NDIS) rolls out. This is an Australian Government initiative which will provide additional funding for eligible clients and will include the children eligible for ECIS services. As a NDIS Provider Castlemaine Health will continue to provide ECIS services under NDIS for these children, and for those not eligible under SACS funding.

### Aged Care Packages

From July 2015 all Home Care Packages were required to be delivered on a Consumer Directed Care basis. Consumers are assessed by the Aged Care Assessment Team and then notified by MY AGED CARE when they have been assigned a package. The client is given clear information about what funding is available to them and how it is spent through individualised budget and monthly income statements. Clients are able to "shop around" for the most attractive package which means we are now in a very competitive market.

# Corporate Services

The Corporate Services Directorate provides support to the care delivery areas of our health services to assist those areas to provide great service to our community. The range of support services provided by the Corporate Services Directorate includes Finance, Human Resources, Information Technology, Engineering, Hotel Services, Supply, Laundry and the Café.

## Finance

During 2015/16 the Finance Department has focused on improving the level of support and reporting provided to department managers across the organisation. The result has been better outcomes for the Castlemaine Health, both operationally and financial .

For the first time, Castlemaine Health has contributed to the Victorian Cost Data Collection (VCDC) and introduced reliable Program Reporting across the various areas that fund the services we provide.

In May 2016, the Finance team merged with the Payroll team. The result of this change will see improved succession planning and multi skilling opportunities and aligns with one of our 2016-17 objectives - to improve salary & wage reporting across the organisation.

## Human Resources

The Human Resources Department is made up of professional and dedicated staff members that have continued to provide a value added service to Castlemaine Health.

During 2015/2016 Human Resources has been restructured. The Team now comprises Generalist HR & IR, Recruitment, Workplace Health and Safety and Emergency and Security Management. The Payroll Team was relocated to the Finance Team during this period.

The Human Resource function has been developing a shared services model across the sub region and is now providing HR Services along with Payroll Services. Payroll now pay 1,500 staff



across the region including Maryborough, Maldon, Boort, Inglewood and Heathcote. Human Resources provide services to around 1,100 staff across the region including Maryborough and Maldon.

Castlemaine Health was successful in obtaining funding to update our Aboriginal Employment Plan. We are working with the local Indigenous Community to review and further develop the plan.

Professional pastoral care and bereavement support is provided to all Castlemaine Health staff, as well as

clients and their families, as individual needs are identified. Memorial services and services such as the Time of Peace Place of Reflection a e held, providing opportunities for staff to reflect and process grief and loss in the workplace. The Pastoral Care Coordinator also trains nursing graduates in identifying the pastoral and emotional needs of clients.

Employees are also provided with access to Contact Officers, Employees Assistance Program provided by Counselling Bendigo, a staff gymnasium and short term accommodation.

Occupational violence statistics	2015-16
1. Workcover accepted claims with an occupational violence cause per 100 FTE	0
2. Number of accepted Workcover claims with lost time injury with an occupational violence cause per 1,000,000 hours worked.	0
3. Number of occupational violence incidents reported	18
4. Number of occupational violence incidents reported per 100 FTE	4.7
5. Percentage of occupational violence incidents resulting in a staff injury, illness or condition	11%

### Definition

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

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

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

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

Lost time – is defined as g eater than one day.

## Corporate Services continued

### Statement of Merit and Equity

Castlemaine Health 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 complaint processes.

### Occupational Health & Safety

Formerly the Occupational Health and Safety department, the Workplace Health and Safety department (WH&S) continues to focus on actively promoting the behaviours, values and attitudes that are supportive of a culture of safety amongst staff.

Over the past 12 months, a new Workplace Health and Safety policy has been approved and released across Castlemaine Health. This policy emphasizes, in particular, the notion of "safety always" and leadership commitment to continuous improvement and strong measurement, evaluation and management review of Castlemaine Health's safety system.

In this regard, the WH&S committee (formerly the Safety, Health and Environment committee) is now chaired by the CEO and has been meeting monthly to oversee, discuss and progress health and safety matters. Furthermore, an independent audit of the WH&S management system has also been conducted to inform future safety action plans. The WH&S department continues to revise its Board reporting to emphasize not just lag indicators such as injury rates but also leading indicators which essentially report what Castlemaine Health is proactively doing about safety and a measure of how we are fulfilling our obligations as an employer.

Significantly, a Bariatric Care working Party has been formed to address a number of identified issues with regard to management of bariatric clients/ funding/

Staff profile as at 30 June 201				
Labour category	June current month FTE*		June YTD FTE*	
	2015	2016	2015	2016
Nursing	162.30	178.39	166.10	172.95
Administration & Clerical	57.90	59.49	59.40	57.35
Medical Support	14.70	18.77	14.30	14.60
Hotel & Allied Services	111.05	100.40	107.78	101.91
Medical Officers (incl of Hospital Medical Officers)	1.80	1.09	2.10	1.23
Sessional Clinicians	0	0	0	0.20
Ancillary Staff (Allied Health)	38.60	37.73	36.00	36.08
<b>TOTAL</b>	<b>386.35</b>	<b>395.87</b>	<b>385.68</b>	<b>384.32</b>

equipment/resources. This working party has completed relevant audits of equipment, updated relevant risk registers and identified and progressed funding requests.

Toolbox talks have commenced. These are talks are conducted by Health and Safety Representatives with the purpose of refreshing and energising staff on health, safety and wellbeing topics.

There has been a decrease in the number of time lost WorkCover claims and also a decrease in the number of days compensation paid in the 2015/2016 insurance year. This trend can be attributed to supportive managers who are continuing to embed a proactive reporting culture with their staff for all WH&S incidents and hazards, as well as early intervention strategies and effective rehabilitation programs. There has been an increase in hazard and near miss reporting over the 2015/2016 year which is a positive trend - providing opportunities for issues to be addressed before incidents/injuries occur.

Castlemaine Health is continuing to utilise Community Rehabilitation Centre referrals for injured staff members to enable early treatment and the timely development of Return to Work plans.

### Support Services

It has been a busy year in the Support Services area which includes Hotel (Food & Environmental) Services, Supply, Fleet Management, Linen Service and Café.

During the year Castlemaine Health entered into a changed arrangement in Meals on Wheels delivery format. This change allows greater flexibility and efficiency for the council workers in the delivery of meal options to the community recipients of meals on wheels.

During the year, our Chefs and Dietitians worked with our aged care residents to develop a new menu which has resulted in an increased range of options available to our residents and patients. We have taken on board their suggestions and feedback to develop a menu which has seen an increase in the number of compliments we receive and a decrease in complaints which is pleasing.

We again successfully met the requirements of both the external auditors and the council with regard to compliance with Food Safety Standards.

Castlemaine Health has continued to perform well in our external cleaning audit

Comparative Workers Compensation Statistics			
Insurance Year	Days Comp Paid	Time Lost Claims	Total Standard Claims
2012/2013	1727	17	17
2013/2014	550	8	11
2014/2015	778	10	11
2015/2016	314	6	6

## Corporate Services continued

with the external auditors report showing an above average level of compliance with an average result being 7.2% greater than the suggested Acceptable Quality Level benchmarks.

We have been asked to participate in the trial of environmentally friendly chemicals. Subject to achieving a successful outcome to the trial, these environmentally friendly chemicals will be incorporated across the health service contributing to our strategy of becoming more environmentally friendly.

In another project undertaken to reduce our carbon foot print, we have reviewed our waste practices and established systems which deliver a greater capacity to sort and divide our by-products and waste maximizing recycling opportunities delivering better waste disposal activities.

Both the Environmental and Food Services staff have undertaken Dementia and Montessori education training which helps improve the co-ordination and standard of care provided to our residents and patients.

In a regional collaboration, we have entered into an agreement with Bendigo Health to oversee the majority of our purchasing function. This has helped stream line our process and take advantage of Bendigo Health's buying power as well as moving towards aligning products used across the region.

### Information Technology

Castlemaine Health was fortunate to received government funding which has allowed us to expand our Wireless Local Area Network to cover the whole campus with the project completed in late 2015.

This new infrastructure has allowed us to deploy a number of Computers On Wheels and other mobile technologies into the care areas that were not previously covered by the wireless network. This will allow clinical and business processes to be streamlined within these areas.

A further benefit of the wireless expansion will be the provision of Guest WiFi services to care recipients and

visitors to the health service, this will commence in July 2016.

A number of key applications have been upgraded to improve data handling and security. These applications included the Microsoft Office Suite, Internet Explorer, iPharmacy, PJB Data Manager and PowerBudget amongst others.

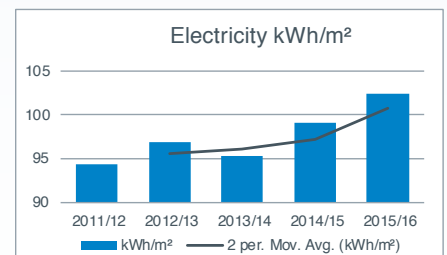
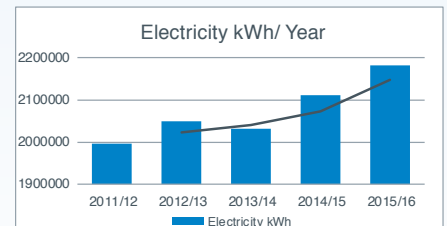
In keeping with our strategy to become a more environmentally friendly, we have replacement of our ageing printer fleet with much faster, more reliable and more capable printers. The new printer fleet will significantly reduce our printing costs and our carbon footprint.

### Engineering

Engineering completed a number of projects during the year including the installation of a replacement chiller that services the main building, improved security for the Urgent Care area, drugs rooms and the PABX, as well as the laying of vinyl flooring to the common areas of Penhall and Thompson House.

A number of infrastructure projects have been developed and funding received to undertake these projects in the 2016/17 financial year. These projects include an upgrade of the North wing lift, new Nurse Call systems throughout the hospital and the aged care facilities, an upgrade to the electrical safety systems to ensure compliance with new standards, patient lifting systems and new air-conditioning units for the aged care buildings.

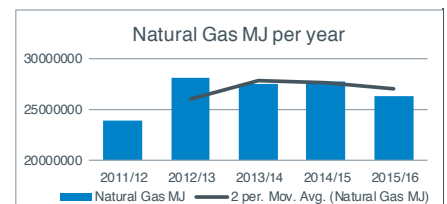
## Utilities Consumption Charts



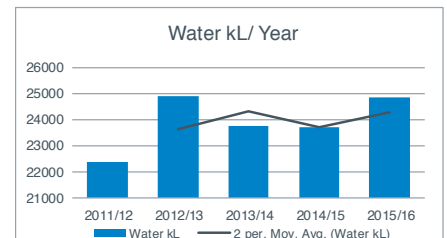
Electricity consumption has been trending higher from 2013/14 following the opening of the new Urgent Care Centre and Operating Theatre Suite.

Surgical activity over the past two years has increased requiring increasing use of the second operating theatre.

LED lighting and motion detectors are being installed in areas of intermittent use as a strategy to reduce consumption.



Natural Gas Consumption is down by 5% and has been trending down since 12/13. Engineering has been upgrading the heating controls throughout the Hospital and Aged Care building as Natural gas is the main source of heating this work is producing the desired result.



Water consumption is up by 4.7% compared to 2014/15. Water consumption varies depending on the season. Opportunities to reduce water consumption are actively pursued.

## Statutory Compliance

**Attestation on Data Integrity:** I, Adam Sevdalis certify that Castlemaine Health has put in place appropriate internal controls and processes to ensure that reported data reasonably reflects actual performance. Castlemaine Health has critically reviewed these controls and process during the year.

**Attestation for Compliance with the Ministerial Standing Direction 4.5.5 – Risk Management Framework and Processes:** I, Adam Sevdalis, certify that Castlemaine Health has complied with Ministerial Direction 4.5.5 – Risk Management Framework and Processes. The Castlemaine Health Audit Committee has verified this.



Adam Sevdalis  
Board Chairman  
13 July 2016

**Freedom of Information Applications:**

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

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

Sixteen requests were received under Freedom of Information in 2015/16. All requests were processed within the required timeframes.

**Specific Information Requirements:**

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

in the financial statement.

**Carers Recognition Act 2012:**

Castlemaine Health has taken all practical measures to comply with its obligations under the Act.

**Protected Disclosure Act 2012:** This Act enables people to make disclosures about improper conduct within the public sector without fear of reprisal. The Act aims to ensure openness and accountability by encouraging people to make disclosures and protecting them when they do. Castlemaine Health has policies and procedures in place to assist anyone seeking to make a protected disclosure. Castlemaine Health has received no complaints under this Act in the 2015/16 financial year.

**Disclosure of Major contracts:** There were no contracts greater than \$10 million entered into during the year ended June 2016.

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

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

**Victorian Industry Participation Policy Act 2003:**

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

**Statement on National Competition Policy:**

Castlemaine Health complied with all Government policies regarding neutrality requirements with regards to all tender applications.

**Fees Charged for Service:**

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

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

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

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

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

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

# Acknowledgements / Maps

We wish to thank everyone who contributed to the writing and production of this annual report. This includes staff, members of the community, volunteers and clients.

**Printing:** Bendigo Modern Press

**Covered design and page layout template:** Billington Prideaux Partnership

**Editors:** Chris Mitchell and Claire Johnson

**Bank:** Bendigo Bank

**External Auditor's agents:** Richmond Sinnott and Delahunty

**Internal auditor:** AFS and Associates Pty Ltd. Bendigo

**Feedback:** Castlemaine Health welcomes your valuable comments and feedback regarding our annual report.

Contact details:

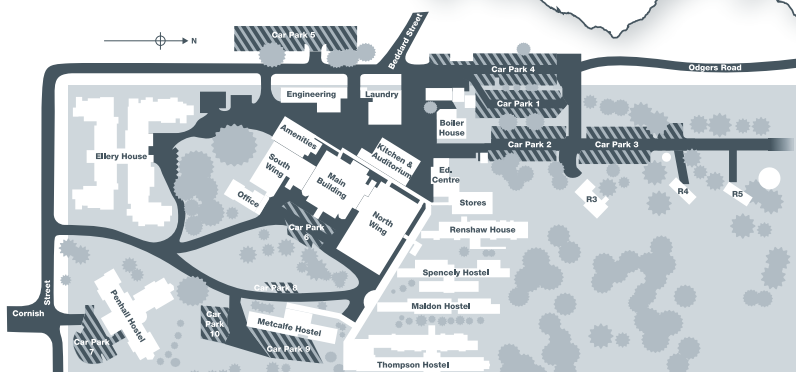
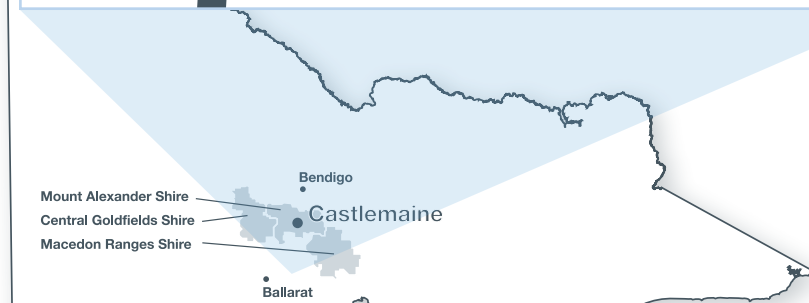
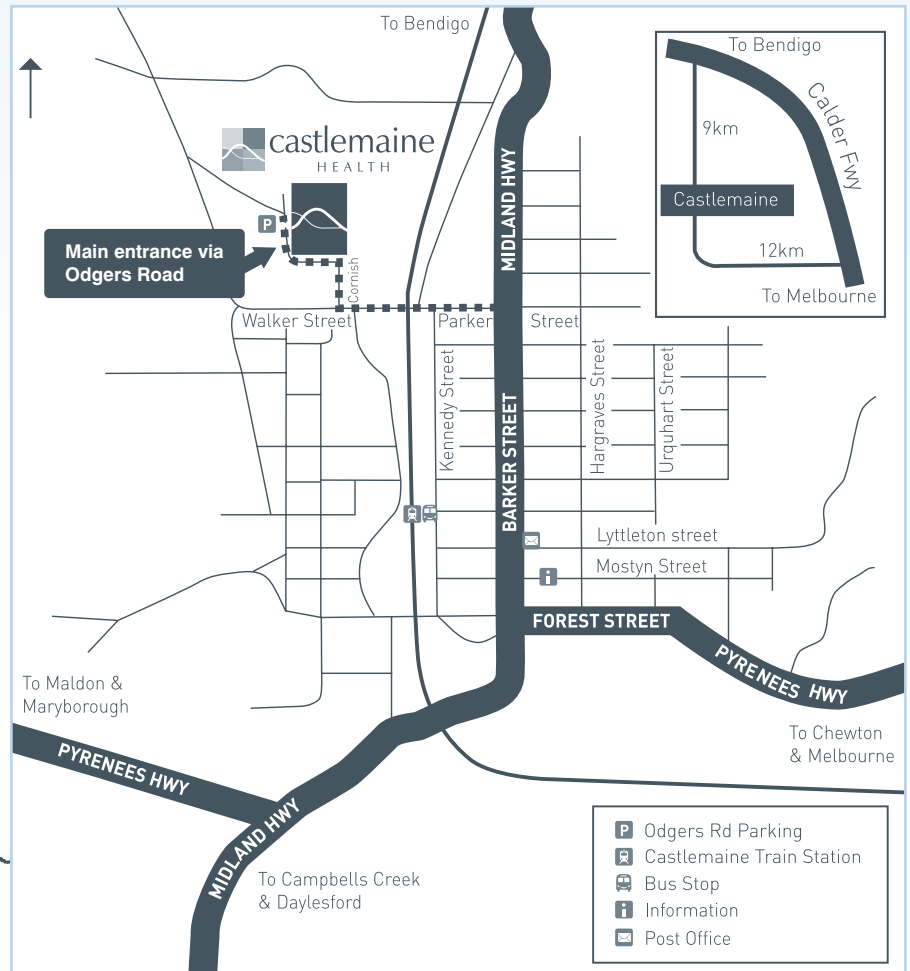
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# Disclosure Index

The annual report of Castlemaine Health 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.

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MANAGEMENT AND STRUCTURE		
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FINANCIAL AND OTHER INFORMATION		
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FRD 22G	Compliance with building and maintenance provisions of Building Act 1993	19
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FRD 22G	Details of consultancies under \$10,000	AFS
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FRD 22G	Major changes or factors affecting performance	AFS
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<i>Protected Disclosure Act 2012</i>		
<i>Carers Recognition Act 2012</i>		
<i>Victorian Industry Participation Policy Act 2003</i>		
<i>Building Act 1993</i>		
<i>Financial Management Act 1994</i>		

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

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



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