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		<b>Unity</b>	We work as a team and in partnership with our communities.
		<b>Excellence</b>	We are committed to achieve our Vision.

### 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:

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## Year in review

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In 2017-18 Castlemaine Health continued to make a real difference to the people in our community, particularly our patients and families. We also strengthened our focus on the future as we work towards creating a service that is fit for future generations.

One of those major steps forward is the capital redevelopment of Castlemaine Health, which we've been working steadily on for the past few years. We've explored what a new facility might look like, where it might be located and what sort of services it might provide. We've also undertaken a comprehensive community consultation and published the results in *Shaping the Future of Castlemaine Health – A Summary of Community Feedback*.

Although Castlemaine Health has always worked closely with other local services, the past twelve months has been a period of consolidating and formalising those relationships. We have taken a more strategic approach to this by establishing the Mount Alexander Strategic Health and Wellbeing Partnership with Castlemaine District Community Health (CDCH), Mount Alexander Shire and more recently Maldon Health and Bendigo Health. The partnership recognises the integrated nature of our work and the importance of working together to improve the health and wellbeing of those in the community. We also signed a Memorandum of Understanding with CDCH and remain in formal partnership with Castlemaine Secondary College.

The master planning funding to scope a new health and wellbeing facility is an exciting outcome of this partnership. The bid has been strengthened by Mount Alexander Shire's endorsement in their recent *Council Plan 2017-2021* and the co-location of CDCH in the redevelopment.

We are thrilled that our bid for a collaborative, innovative service was successful and we're looking forward to the outcome of this work. There are certainly exciting times ahead for Castlemaine Health as we enter the master planning phase with the Department for Health and Human Services' Building Authority. The master planning process will continue for around 12 months.

Throughout, we'll continue to deliver our core services in Acute, Maternity, Urgent Care, Subacute, Residential Aged Care and Community Services, as well as continually looking for opportunities to establish new services not available locally.

In the past year we have also continued to achieve a high standard of care as reflected by our ability to meet all external accreditation standards, with all of our services being fully accredited. Throughout the accreditation and standards reviews, we heard many positive comments from surveyors in relation to

systems, documentation and client feedback. Congratulations are well deserved for everyone who took part in these important reviews.

We've also been able to undertake a number of important capital improvement projects. These include installation of a new nurse call system in Acute and Subacute, lift upgrades throughout the facility, new air conditioning units in our aged care residences and a full site upgrade of our security systems. Thanks to several key successful grant applications submitted in 2017-18, we're looking forward to upgrading the vast majority of our ageing beds in Acute, Subacute and Aged Care. We will also be redeveloping our external carpark area to deliver a safer, more secure and accessible environment.

We bid farewell to two Board members, Adam Sevdalis and David Goldberg. Both members have brought a wealth of experience and knowledge to our Board of Management. Adam led our Board in the role of Chair then Vice Chair from 2015 to 2017. Both members' legal and commercial acumen enriched our discussions and helped steer Castlemaine Health's direction towards the future. We'd like to thank them for their dedication and contribution.

As always, our heartfelt thanks go out to staff, our executive team, our medical practitioners and volunteers for their incredible efforts over the past year. It is entirely thanks to our people that we're able to continue delivering the very best services to our patients, families and visitors. Our positive patient feedback remains testament to their dedication and we're proud of what we've achieved.

We'd like to express our deepest gratitude to our donors and those who've contributed to our fundraising drives, which have enabled us to make numerous improvements to our facilities and equipment. In particular, our heartfelt thanks to the estates of the late Noel Frye, Williamina McBeath Todd and the Estate of Alexander Mactier and the Mactier Family for the incredibly generous gifts in their wills.

We'd also like to thank the Castlemaine community and those living in and around the Mount Alexander Shire. In the past year, we've felt privileged to be able to forge strong relationships with community groups like the Castlemaine Men's Shed and Rotary. It is humbling to see the high regard the community has for Castlemaine Health and we look forward to continuing to deliver the standard of service that this community deserves.

Thanks for a great year.



Sharon Fraser  
Board Chair



Ian Fisher  
CEO

## Catchment

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Castlemaine Health offers a comprehensive range of services for residents of Mount Alexander Shire, as well as sub-regional community services for residents of Mount Alexander, Mount Macedon and Goldfields Shires. Our surgical services also play an important role in reducing waiting times for people within the Loddon Mallee region.

## Services

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### Acute/sub-acute

(50 staffed beds)

- Medical
- Obstetric
- Paediatric
- Rehabilitation
- Geriatric Evaluation and Management
- 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)

- Rehabilitation (4 beds)
- Community (2 places)

Respite

### Community

- District Nursing Services and Palliative Care
- Adult Day Service
- Community Rehabilitation Centre (including Allied Health and Continence Service)

- Health Independence Programs (HIP) including Subacute Care Services (non-admitted SACS), Complex Care, Post-Acute Care

- Volunteers Program and Patient Transport

- Early Childhood Intervention Program

### Client Services

- Medical
- Nursing and Personal Care
- Social Work
- Podiatry
- Occupational Therapy
- Physiotherapy
- Speech Pathology
- Dietetics
- Continence Advisory Service
- Pharmacy
- Psychiatry
- Pastoral Care
- Infection Control
- Recreational activities
- Pathology (provided on site by Australian Clinical Labs)
- Radiology and ultrasonography (provided on site by Bendigo Radiology)

### Corporate Services

- Engineering
- Supply

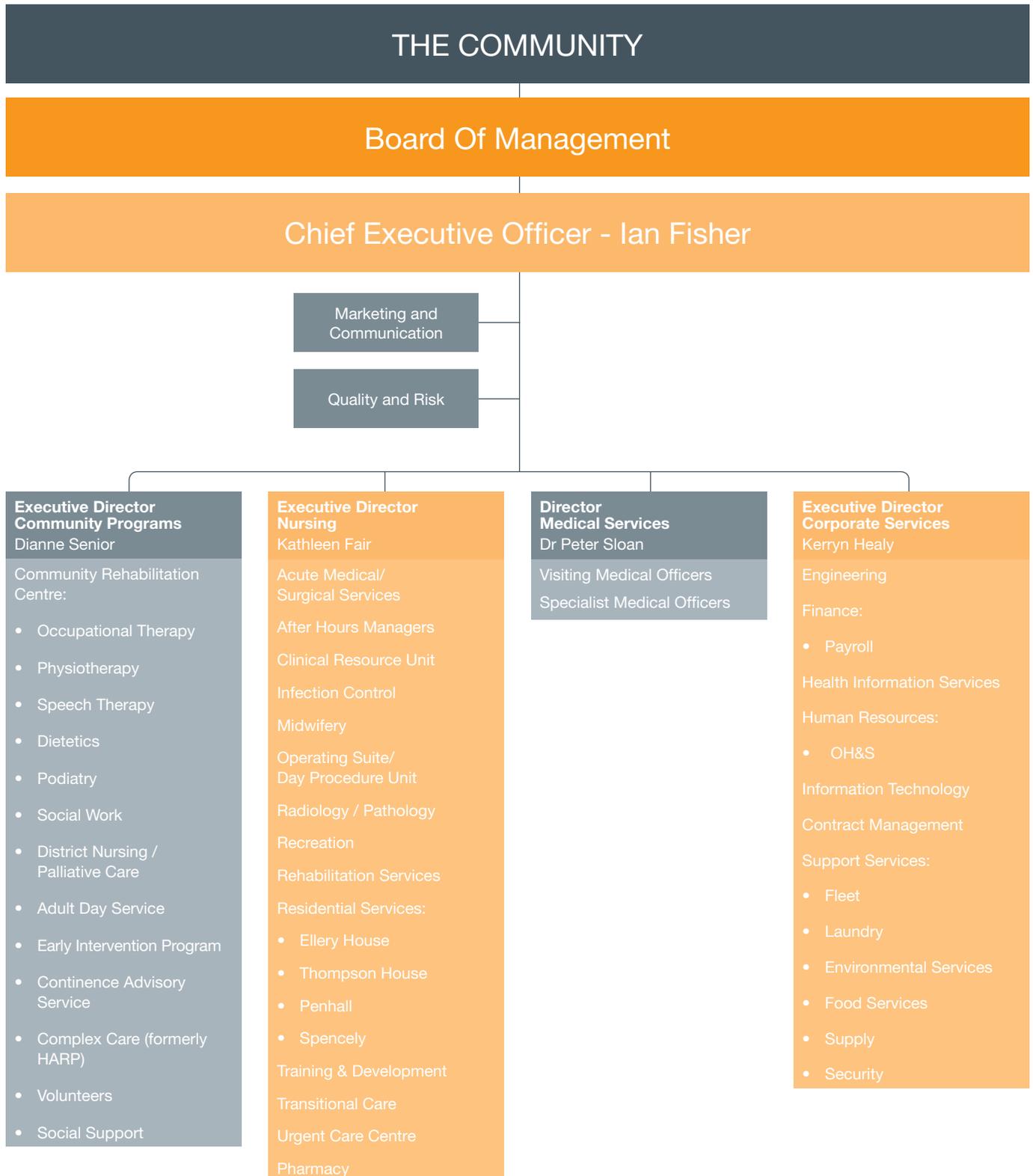
- Transport
- Human Resources
- Health Information Services
- Marketing, Communications and Fundraising
- Finance
- Occupational Health and Safety
- Quality and Risk
- Food Services
- Payroll
- Laundry
- Environmental Services
- Information Technology

### Training and Development

- Staff Education and Professional Development
- Traineeships in Administration
- Graduate Nurse Program
- Goldfields Hub, Monash University 4th Year MBBS
- Health promotion
- Student placement program with numerous Australian Universities and registered training organisations
- Work Experience Program

## Governance and Structure

### Organisation chart



## Governance and Structure (continued)

### Responsible Bodies

#### Declaration

In accordance with the *Financial Management Act 1994*, I am pleased to present the report of operations for Castlemaine Health for the year ending 30 June 2018.



**Sharon Fraser**  
Board Chair

**Castlemaine**  
06 July 2018

#### Manner of establishment and relevant ministers

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

#### Board of Management

The Board of Management oversees the governance of the health service and ensures that services provided comply with Health Act 1988 requirements and Castlemaine Health by-laws.

The Act requires members to act with integrity and objectivity at all times. They must declare a pecuniary interest during Board debate when applicable and withdraw from proceedings. There were no occasions that required declaration this year. Conflict of interest is declared during Board proceedings, in accordance with Castlemaine Health's by-laws.

Board members serve in a voluntary capacity and do not receive payments. A number of sub-committees consisting of board members, staff, Visiting Medical Officers and community members advise and recommend on relevant matters.

The Board of Management meets on the last Monday of each month to deal with a formal agenda and the Chief Executive Officer reports on the health service's performance. Meetings commence at 6.30pm in the Board Room at Castlemaine Health and are open to the public.

### Board Members

**Ms Sharon Fraser**  
Chair (December 2017 – June 2018)



MBA (Management), Bachelor of Applied Science (Speech Pathology)

Sharon is a principal consultant for Sharon Fraser Consulting. She has hands-

on experience implementing Collective Impact within the Australian context. Through her work she explores new ways of connecting people, ideas, sectors, languages, leadership approaches and wisdom to introduce long-lasting change. Sharon's appointment expires 30 June 2019.

**Mr Garry Fehring**  
Vice Chair (May 2017 – June 2018)



Bachelor of Nursing, Grad. Dip. Nursing Management, Registered Nurse, Cert. Oncology Nursing, Cert. Rehabilitation Nursing

Garry is a Registered Nurse whose background includes professional experience at The Alfred, Peter MacCallum Institute, Royal Talbot Rehabilitation Centre (Austin Health) and the Epworth Hospital. Garry's appointment expires 30 June 2020.

**Ms Peggy Anne Ronnau**  
Bachelor of Social Science, GAICD



With a Bachelor Degree in Social Science and a keen interest in community wellbeing, Peggy brings strong knowledge of the service sector and experience as a

corporate services executive. She has long been an advocate for improved mental services and has worked with homeless people in inner Melbourne who experience mental illness and in the Local Government sector, encouraging others to redesign their work roles to build better jobs. Peggy's appointment expired 30 June 2018.

**Ms Carolyn Wallace**  
Master of Public Policy & Management, BA, Grad. Dip. Education  
Chair July 2017 - November 2017



Carolyn has 20 years' experience in regional development, health and community services. Her specific interest is around how the public, private and

community sectors can work together to improve access to services, resources and opportunities for growth. Carolyn's appointment expires 30 June 2019.

**Mr Adam Sevdalis**  
Bachelor of Economics, MBA



Adam is an accomplished commercial and strategic advisor specialising in health and aged care. He has advised numerous for-profit and not-for-profit

organisations including aged care/retirement living operators, public and private hospitals, community health organisations and corporate healthcare providers. Adam's appointment expired 30 June 2018.

**Mr David Goldberg**  
BA, LLB (Hons), GAICD



David is an experienced General Counsel, having led the legal functions in a number of major and complex public entities. He has broad experience leading governance,

risk management, compliance, procurement and ethical standards functions. David's appointment expired 30 June 2018.

## Governance and Structure (continued)

### Ms Anna Skreiner

LLB, Grad. Dip. Applied Corporate Governance



Anna's areas of expertise are financial services, corporate governance, stakeholder management, regulation and compliance and

dispute resolution. She has extensive legal practice and government experience. She's also experienced in providing leadership, strategic direction and advice, and managing a wide range of investigations, regulatory outcomes and court proceedings concerning corporate governance and financial services issues. Anna's appointment expires 30 June 2019.

### Dr Simon Judkins

MBBS, Fellow of the Australasian College of Emergency Medicine (ACEM)



Simon is the Deputy Director of Emergency Medicine at Austin Health, where he has worked for the past 20 years. He has a passion for resource stewardship and

health sustainability and is also a peer support coach, supporting clinicians through challenging situations. Simon is a strong advocate for equity and access to healthcare for all. Simon's appointment expires 30 June 2020.

### Ms Vicky Mason

Master of Public Health, MBA, GAICD



Vicky is an innovative, adaptive and resilient leader with significant experience in a range of executive roles across Victorian State and local governments, health

and community services and the private sector. She is committed to continuous improvement and applying her learnings to the benefit of organisations and communities. Vicky's appointment expires 30 June 2020.

### Ms Kerry Anderson

Grad. Dip. Direct Marketing, Dip. Training & Assessment, GAICD



Kerry is a central Victorian author, businesswoman, and community advocate. She is passionate about rural and regional Australia. She empowers

businesses, groups and communities to embrace change and create new opportunities for themselves. Kerry's appointment expires 30 June 2020.

## Sub-committees

### Credentials and Medical Appointments Advisory Committee

Ms Peggy Ronnau (Chair)  
Dr Simon Judkins  
Dr Richard Mayes (Independent Member)

### Chief Executive Officer Evaluation Committee

Ms Sharon Fraser (Chair)  
Ms Peggy Ronnau  
Mr Garry Fehring  
Ms Carolyn Wallace

### Finance Committee

Mr Rod Lester (Chair) (Independent Member)  
Mr Adam Sevdalis  
Ms Kerry Anderson  
Ms Carolyn Wallace

### Community Consultation Committee

Ms Peggy Ronnau  
Ms Vicky Mason  
Ms Elizabeth Grainger, Chair (Independent Member)  
Ms Ann Roman (Independent Member)  
Mr Bob Forde (Independent Member)  
Ms Marleen Bell (Independent Member)  
Ms Margaret Rasa (Independent Member)  
Ms Bev Orgill (Independent Member)  
Ms Moira Kean (Independent Member)  
Mr Mark Little (Independent Member)

### Audit and Risk Management Committee

Mr Rod Lester (Independent Chair)  
Ms Sharon Fraser (Independent Board Member)  
Ms Anna Skreiner (Independent Board Member)

Ms Vicky Mason (Independent Board Member)

### Clinical Governance and Quality Committee

Ms Peggy Ronnau (Chair)  
Dr Simon Judkins  
Mr Garry Fehring  
Dr Helen Dewhurst (Medical Staff Group)  
Ms Liz Grainger (Independent Member)  
Mr David Stratton (Independent member)

## Executive Management

Executive directors meet with the Chief Executive Officer weekly to discuss strategic and operational issues relating to the management of the organisation. Our executive directors are:

Mr Ian Fisher, Chief Executive Officer  
Ms Kerryn Healy, Executive Director of Corporate Services  
Ms Dianne Senior, Executive Director of Community Programs  
Ms Kathleen Fair, Executive Director of Nursing Services  
Dr Peter Sloan, Director of Medical Services

# Statement of Priorities Report

## Part A: Strategic Priorities

Goals	Strategies	Health Service Deliverables	Status
<b>Better Health</b>			
A system geared to prevention as much as treatment	Reduce statewide risks	Further develop plans to reduce falls including installation of improved nurse call systems, regular trending of falls data and individual analysis of falls to determine preventative strategies.	<b>Achieved</b> Nurse call system implemented and reporting of falls data reviewed and improved.
Everyone understands their own health and risks	Build healthy neighbourhoods		
Illness is detected and managed early	Help people to stay healthy	Identify gaps in mental health support / services and implement strategies to reduce those gaps through the Mount Alexander Health Services Alliance (MAHSA) and in collaboration with Bendigo Health Mental Health Services.	<b>Achieved</b> Held one meeting in September with Bendigo Health regarding issues related to providing mental health support and care. Discussions with Bendigo Health are occurring concurrently to highlight challenges with Bendigo Health's support.  Matter on the agenda for Mount Alexander Strategic Health and Wellbeing Partnership.  Executive Director Community Programs has been attending Mt Alexander Suicide Response Meeting.
Healthy neighbourhoods and communities encourage healthy lifestyles	Target health gaps	Support the awareness and prevention of bowel cancer in collaboration with Castlemaine community groups.	<b>Achieved</b> Relationship with Rotary Castlemaine and Castlemaine Health established to promote awareness and prevention of bowel cancer.
		Increase the referrals to Castlemaine Health's Cancer Survivorship Service in collaboration with Castlemaine District Community Health service.	<b>Achieved</b> 41 clients currently in the cancer survivorship stream and successfully received funding to increase referrals from the sub-region (ie. Kyneton and Maryborough) for our HIP programs.
		Develop and implement activities in collaboration with other services to encourage and support healthy lifestyles and access to services.	<b>Achieved</b> MOU signed with Castlemaine Secondary College and Castlemaine District Community Health.
<b>Better Access</b>			
Care is always there when people need it	Plan and invest	Review Castlemaine Health's service profile through extensive community and stakeholder engagement.	<b>Achieved</b> Comprehensive community engagement process completed and reported back to the community.
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	Develop a Hospital in the Home program in conjunction with the GPs.	<b>Achieved</b> New policy, procedures and admission criteria have been approved. Admissions occurring and will be built on progressively.
		Review the palliative care service model to enhance and promote the care of our clients at home with a life-threatening illness.	<b>Achieved</b> Additional palliative care skills were recruited into District Nursing to enhance and promote the care of clients at home with life threatening illness.

## Statement of Priorities Report (continued)

### Part A: Strategic Priorities (continued)

Goals	Strategies	Health Service Deliverables	Status
<b>Better Access (continued)</b>			
		Implement a "Whole of Hospital Model" in family violence prevention and support in conjunction with Bendigo Health.	<p><b>Achieved</b></p> <p>'Portraits of Respect' displayed at Castlemaine Health during the 16 days of activism. 93 staff including Board members participated in producing the portraits. 20 staff participated in domestic violence study days in December.</p> <p>With the assistance of Bendigo Health significant progress made on strategies to increase awareness and implement preventative strategies.</p>
		Establish Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) inclusion and diversity education for staff utilising HOW2 training. Ensure these diversity questions are included in the patient admission process.	<p><b>Achieved</b></p> <p>Education delivered along with strategies included in the action plan to demonstrate a strong commitment to ensure Castlemaine Health is progressing to be a LGBTI inclusive organisation.</p>
<b>Better Care</b>			
Target zero avoidable harm	Put quality first	Further develop open disclosure processes in line with the Australian Open Disclosure Framework.	<p><b>Achieved</b></p> <p>Further processes have been developed to increase compliance.</p>
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	Further develop the review of clinical incidents to assist with the identification of underlying system issues and root causes, and use of this information to improve safety.	<p><b>Achieved</b></p> <p>Clinical incidents are being monitored daily, with in-depth reviews being flagged as necessary.</p> <p>All Cat 1 and 2 Clinical Incidents are now reviewed by the Quality Coordinator Clinical and reported to the Clinical Governance and Quality Committee (Board Sub-Committee) with case reviews/root cause analysis conducted when appropriate.</p> <p>Trended data is provided to working parties on falls, pressure injuries, skin tears and medications errors.</p> <p>Frequent fallers are identified and individual case analysis conducted to ensure adequate controls.</p>
	Embed evidence		
	Ensure equal care		
<b>Mandatory actions against the 'Target zero avoidable harm' goal:</b>			
	Develop and implement a plan to educate staff about obligations to report patient safety concerns	Provide regular education sessions to staff in relation to incident reporting and quality activities evolving from patient safety concerns.	<p><b>Achieved</b></p> <p>Education requirements and feedback from NUMS was evaluated.</p> <p>A training package was developed. Incident and Quality Activity (VHIMS) training has been provided in September and November 2017.</p> <p>Regular education sessions on Incident and Quality Activity (VHIMS) is included on 2018 Education calendar for all staff.</p>

## Statement of Priorities Report (continued)

### Part A: Strategic Priorities (continued)

Goals	Strategies	Health Service Deliverables	Status
<b>Better Care (continued)</b>			
<b>Mandatory actions against the 'Target zero avoidable harm' goal (continued):</b>			
	Establish agreements to involve external specialists in clinical governance processes for each major area of activity (including mortality and morbidity review)	Provide regular peer reviews for Urgent Care, Midwifery, Subacute and Theatre, supported by the Loddon Mallee Regional Clinical Council.	<b>Achieved</b> Currently have arrangements in place for UCC, Maternity, Sub-acute and Acute. Looking for surgeon to review theatre.  Member of the Loddon Mallee Clinical Advisory Committee.
	In partnership with consumers, identify three priority improvement areas using Victorian Healthcare Experience Survey data and establish an improvement plan for each. These should be reviewed every six months to reflect new areas for improvement in patient experience.	<b>Priority 1:</b> Review car parking for clients, develop an improvement plan and measure impact.	<b>Achieved</b> Car parking reviewed and planning concepts agreed. New secure staff carpark approved for construction.
		<b>Priority 2:</b> Review menu and heating of meals, develop an improvement plan and measure impact.	<b>Achieved</b> New food delivery system has been installed resulting in a higher level of satisfaction and improved feedback.
		<b>Priority 3:</b> Review pre-surgery information on expected impact on usual activity post-surgery (especially for patients with young children), amend documentation and measure impact.	<b>Achieved</b> Review of information has occurred.

### Part B: Performance Priorities

<b>High quality and safe care</b>			
Key performance indicator		Target	2017-18 result
<b>Accreditation</b>			
Accreditation against the National Safety and Quality Health Service Standards		Full compliance	Achieved
Compliance with the Commonwealth's Aged Care Accreditation Standards		Full compliance	Achieved
<b>Infection prevention and control</b>			
Compliance with Hand Hygiene Australia program		80%	89%
Percentage of healthcare workers immunised for influenza		75%	80%
<b>Patient experience</b>			
Victorian Healthcare Experience Survey	– patient experience Q1	95% positive experience	97%
	– patient experience Q2	95% positive experience	99%
	– patient experience Q3	95% positive experience	100%
Victorian Healthcare Experience Survey	– discharge care Q1	75% positive experience	88%
	– discharge care Q2	75% positive experience	92%
	– discharge care Q3	75% positive experience	89%
Victorian Healthcare Experience Survey	– patient perception of cleanliness Q1	70%	91%
	– patient perception of cleanliness Q2	70%	94%
	– patient perception of cleanliness Q3	70%	90%

## Statement of Priorities Report (continued)

### Part B: Performance Priorities (continued)

High quality and safe care (continued)		
Key performance indicator	Target	2017-18 result
<b>Adverse events</b>		
Number of sentinel events	Nil	0
Mortality – number of deaths in low mortality DRGs	Nil	1
<b>Maternity and newborn</b>		
Rate of singleton term infants without birth anomalies with Apgar score <7 to 5 minutes	≤ 1.6%	0%
Rate of severe foetal growth restriction (FGR) in singleton pregnancy undelivered by 40 weeks	≤ 28.6%	N/A*
<b>Continuing care</b>		
Functional independence gain from an episode of GEM admission to discharge relative to length of stay	≥ 0.39	0.36
Functional independence gain from an episode of rehabilitation admission to discharge relative to length of stay	≥ 0.645	0.958
Strong governance, leadership and culture		
Key performance indicator	Target	2017-18 result
<b>Organisational culture</b>		
People Matter Survey - % staff with an overall positive response to safety and culture questions	80%	79%
People Matter Survey - % staff with an overall positive response to the question “I am encouraged by my colleagues to report any patients safety concerns I may have”	80%	88%
People Matter Survey - % staff with an overall positive response to the question “Patient care errors are handled appropriately in my work area”	80%	79%
People Matter Survey - % staff with an overall positive response to the question “My suggestions about patient safety would be acted upon if I expressed them to my manager”	80%	82%
People Matter Survey - % staff with an overall positive response to the question “The culture in my work area makes it easy to learn from the errors of others”	80%	72%
People Matter Survey - % staff with an overall positive response to the question “Managers are driving us to be a safety-centered organisation”	80%	82%
People Matter Survey - % staff with an overall positive response to the question “This health service does a god job of training new and existing staff”	80%	61%
People Matter Survey - % staff with an overall positive response to the question “Trainees in my discipline are adequately supervised”	80%	63%
People Matter Survey - % staff with an overall positive response to the question “I would recommend a friend or relative to be treated as a patient here”	80%	85%
Effective financial management		
Key performance indicator	Target	2017-18 result
<b>Finance</b>		
Operating result (\$m)	0.25	Refer to AFS
Average number of days to paying trade creditors	60 days	Refer to AFS
Average number of days to receiving patient fee debtors	60 days	Refer to AFS
Public and private WIES activity performance to target	100%	Refer to AFS
Adjusted current asset ratio	0.7 or 3% improvement from health service base target	Refer to AFS
Number of days of available cash	14 days	Refer to AFS

\* Less than 10 cases of severe foetal growth restriction in singleton pregnancy recorded.

## Statement of Priorities Report (continued)

### Part B: Performance Priorities (continued)

#### Consultancies

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

In 2017-18, 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 2017-18, there were three consultancies where the total fees payable to the consultants were \$10,000 or greater. The total expenditure incurred during 2017-18 in relation to these consultancies is \$111,190 (excl. GST). Details of individual consultancies can be viewed at [www.castlemainehealth.org.au/about-us/corporate-consultancy-details](http://www.castlemainehealth.org.au/about-us/corporate-consultancy-details)

### Part C: Activity and Funding

Funding type	2017-18 activity achievement
<b>Acute admitted</b>	
WIES Public	2,858
WIES Private	556
WIES DVA	50
WIES TAC	8
Other admitted	0
<b>Acute Non-Admitted</b>	
Emergency Services	6,176
Specialist Clinics – Public	3,289
Specialist Clinics - DVA	9
<b>Subacute &amp; Non-Acute Admitted</b>	
Subacute WIES – GEM Private	45
Subacute WIES – GEM Public	100
Subacute WIES – Rehabilitation Private	49
Subacute WIES – Rehabilitation Public	143
Subacute WIES - DVA	19
<b>Subacute Non-Admitted</b>	
Palliative Care Non-Admitted	807
Health Independence Program - Public	16,786
Health Independence Program - DVA	116
<b>Aged Care</b>	
Residential Aged Care	54,110
HACC	4,539
<b>Other</b>	
Health Workforce	8
Other specified funding	0
<b>Total Activity</b>	<b>89,665</b>

## Nursing & Midwifery Care, Pharmacy & Staff Development

### Kathleen Fair, Executive Director Nursing



It has been a very busy year for the nursing directorate. We continue to strive to meet the community's expectation of excellent clinical and residential care,

while reviewing current services and ensuring ongoing quality and safety.

### Achievements

- Residential Aged Care successfully achieved three-yearly Australian Aged Care Quality Agency accreditation in March 2018
- Over 3,300 procedures performed in our Operating Suite, an increase of almost 4%
- Implementation of Sub-Regional Elective Surgery Initiative (SESI), assisting in the reduction of regionally waitlisted surgical procedures
- Almost 6,200 people treated in Urgent Care Centre (UCC), an increase of over 5%
- Commission of independent review of UCC, providing assurance that we are providing care consistent with our capability framework, and offering suggestions for future consideration
- Six staff awarded scholarships by the Murray Primary Health Network to complete Rural and Isolated Practice Endorsed Registered Nurses (RIPERN) training
- Undertaking and completing the Castlemaine Health Maternity Services Roadmap 2018-23
- Successful grant application for \$780,000 to replace ageing beds across all areas
- Implementation of Birthing Outcomes System (BOS) electronic documentation program
- Very low hospital acquired infection rates, targets met for hand hygiene and on track for staff influenza vaccinations (to be achieved by end of July 2018)

### Operating Suite

We've again increased the number of surgeries performed over this financial year. An agreement is in place to assist Bendigo Health reduce their elective waitlist via the Sub-Regional Elective Surgical Initiative (SESI), by undertaking more lower risk procedures at Castlemaine Health. We have engaged more surgeons to assist with this initiative which is expected to be ongoing.

### Maternity Services

We had 41 babies born and a further 21 mums and babies transferred back to us from higher level services.

A key achievement for this service has been the completion of the Maternity Services Roadmap 2018-23, which provides direction and provision for Maternity Care at Castlemaine Health over the next five years. This was a project led by an external consultant and which included members from the Maternity Service, all local General Practitioners/Obstetricians, community members, Department of Health and Human Services, and executive and Board members.

We've also fully implemented the Birthing Outcomes System (BOS) clinical management system to more accurately capture maternity health information.

### Residential Aged Care

In March 2018 Castlemaine Health successfully completed its three-yearly accreditation survey conducted by the Australian Aged Care Quality Agency. The successful outcome emphasises the experience and quality of our care, and reflects our efforts to continually improve the experience and quality of life for residents.

We have increased our use of a program initiated by Bendigo Health called 'Geri-Connect', which uses teleconferencing to enable geriatricians, nurse practitioners and aged care staff to assess residents in consultation with the resident's own GPs. The program has been expanded to give all residents the opportunity for a detailed geriatric assessment and care plan recommendation for discussion with the resident's own GP and care team, without the need to leave their residence.

### Connolly Subacute

The Subacute unit continues to provide excellent team care in rehabilitation and Geriatric Evaluation and Management (GEM) services and through the Transitional Care Program (TCP).

We entered into an agreement with Bendigo Health at the beginning of the financial year to have geriatrician services provided three days per fortnight. This has provided numerous benefits, including more cohesive patient management with Bendigo Health, decreased length of stay, improved patient flow and more comprehensive care for patients.

### Urgent Care Services

The number of visits to our Urgent Care Centre (UCC) continues to grow with almost 6,200 presentations this year, an increase of more than 5% over last year. Medical services are provided by local GPs who work with UCC staff to provide care for our community.

Several nurses in the unit have received scholarships to undertake Rural and Isolated Practice Endorsed Registered Nurses (RIPERN) training which will increase the knowledge and skill of the dedicated UCC staff. This training will continue throughout 2018.

### Geroe Acute

Our Acute unit has experienced a slight rise in inpatient numbers at over 1,500 admissions, which includes medical admissions from our local community and surgical admissions from the larger Bendigo region.

### Pharmacy

Our onsite pharmacy service dispenses medication to Acute and Subacute services. Over 3,500 scripts are dispensed annually, along with medication information and education for patients on discharge.

Last year we replaced our intravenous (IV) pump fleet which required significant training for staff. This year this was expanded to the pumps used in theatre for anaesthetics and patient controlled analgesia (PCA). This was accomplished by pharmacy developing protocols to be programmed into these machines

## Nursing & Midwifery Care, Pharmacy & Staff Development (continued)

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according to the prescriptions requested by anaesthetists.

### Infection Control

Hospital acquired infection rates continue to be very low and we continue to work hard to reduce the risk of infection for patients. We consistently achieve the targets set by DHHS for hand hygiene. Staff influenza vaccination rates are on target for the 2018 influenza season.

### Staff Development

Ongoing education is a critical element of providing high quality care and services to our patients, clients and residents. As a teaching hospital we support clinical experience for medical, nursing, allied health, pharmacy and personal care students.

One of the key ways that education supports our clinical staff is through the Graduate Nursing program – a partially funded initiative that provides support for eight new nurses yearly and exposes them to nursing in several areas of the hospital over twelve months. This increases their exposure to areas that they may not have known much about, and gives them an opportunity in a supported manner to develop their new skills after graduation.

## Community Programs

### Dianne Senior, Executive Director Community Programs



Community Programs provides a range of multidisciplinary services including outpatient rehabilitation, functional assessment,

therapeutic intervention, home nursing and palliative care, care coordination and social support to clients of all ages in the Mount Alexander, Macedon Ranges, and Goldfields shires.

### Achievements

- Reviewed all services to improve alignment with funding guidelines, improve access and enhance clinical care and expertise.
- The Cancer Survivorship project funded by the DHHS Victorian Cancer Survivorship Program (VCSP) finished on 1 May 2018 and the final report was submitted. All key deliverables were met and the evaluation indicated some very good outcomes for the clients involved with the service. A key accomplishment of this project has been the successful establishment of a sustainable multidisciplinary cancer survivorship service that is fully integrated into the existing outpatient services at Castlemaine Health.
- Podiatry will now offer services at Castlemaine District Community Health. The advantages are easier access for some clients who do not have transport as CDCH is in town and the ability for some clients to see Diabetes Educators and podiatrists at the same time.
- We received a grant from Home and Community Care Program for Younger People (HACC PYP) to hold a 'Carers' Day Out' and 'Siblings Rock' event during Carers Week in October.
- Adult Day Service has provided supported holidays throughout the year. These holidays offer much-needed respite for carers along with a range of activities for participants. These included a carers couple holiday at Mornington held in October, 2017, an Out and Out holiday to Geelong in

October, 2017 and an Active Tuesday holiday to Echuca in May, 2018.

- We achieved 'registered provider' status in the National Disability Insurance Scheme (NDIS) for our Early Childhood Intervention Service and the 'Out and Out Club' which is part of our Adult Day Service.
- Successful in application for a further grant from DHHS for Cancer Survivorship for older people to commence in June 2018.
- Commenced Lymphoedema service in the Community Rehabilitation Centre in January 2018, which has demonstrated excellent outcomes for people living with lymphoedema in the local community and reduced the need for travel to Bendigo or Melbourne for services.
- Introduction of NDIS Allied Health services through the Community Rehabilitation Centre.
- The Speech Pathologists presented their new triage tool for dysphagia referrals from residential aged care at the National Speech Pathology Conference in Adelaide.

### Health Independence Programs

Health Independence Programs (HIP) funding is a primary funding source for Castlemaine Health's allied health and nurse-led outpatient programs, and services are open to people from across Macedon Ranges, Mount Alexander and Central Goldfields shires. A key aspect of HIP services is the provision of goal-directed care coordination and multidisciplinary intervention.

These services are specifically designed to support those who require rehabilitation following significant injury, surgery or illness, or who need coordinated multidisciplinary support to manage chronic conditions. Our multidisciplinary teams provide highly coordinated care and expertise in specific clinical rehabilitation areas such as:

- neurological rehabilitation
- hand therapy
- musculoskeletal disorders/ orthopaedic rehabilitation

- cardiac rehabilitation
- pulmonary rehabilitation
- falls and balance
- cognitive rehabilitation
- pain management
- cancer rehabilitation and survivorship
- continence management.

### Several new services have been introduced this year and include:

- Lymphedema clinic: for management of swelling due to lymphedema
- Vestibular rehabilitation service: rehabilitation therapy for conditions such as vertigo, dizziness and visual disturbance
- Healthy Hearts cardiac failure program: exercise and education for chronic cardiac disease
- Food School: program run by Dietitians, Speech Pathologists and Occupational Therapists to support young children who are fussy eaters or have feeding difficulties.

This year also saw a partnership with the Victorian Centre of Excellence in Eating Disorders (CEED) to train CRC staff as facilitators for a Beyond Diets program at Castlemaine Health. Beyond Diets is a non-diet approach to healthy eating for adults who wish to learn about maintaining good health and positive body image for every size and shape.

### Commonwealth Home Support Program

The Commonwealth Home Support Programs (CHSP) includes Podiatry, Occupational Therapy, Physiotherapy, Continence Service, District Nursing and Adult Day Services. Over the past twelve months these services have transitioned to CHSP for those aged 65+ years and those aged 50+ years from an Aboriginal or Torres Strait Island background. CHSP is funded by the Commonwealth Government.

### Home and Community Care

The HACC PYP program will continue for those aged under 65 years and those under 50 years from an Aboriginal or Torres Strait Islander background who

## Community Programs (continued)

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have a disability or who are caring for someone with a disability. Work is already underway to transition HACC PYP clients, where appropriate, to the NDIS over the next 12 months. HACC PYP is funded by the Victorian Government.

### Children's Services

Our Children's Centre provides Occupational Therapy, Physiotherapy, Speech Pathology, Dietetics, Podiatry and Continence Services to children in the local community and surrounding areas. These services, along with a transdisciplinary keyworker approach for Early Childhood Intervention Services, can also be accessed by children who have plans under the NDIS as Castlemaine Health is a registered NDIS Provider.

### District Nursing and Palliative Care Service

This year has seen some significant changes in the service. A new software system has been implemented which will enable more comprehensive reports on our clients and better reporting capabilities for DHHS. The next step is for each member of the District Nursing and Palliative care team to be provided with a tablet device to enable them to access to information in client's homes and record visit and care details. A new role of Clinical Coordinator has also been created to provide a more responsive service for referrals and more clinical support for palliative care staff and clients.

### Family Violence

At Castlemaine Health, we recognise that family violence across the life span is a complex and serious community issue. On White Ribbon Day (22 November) we launched our 'Portraits of Respect' display. We photographed 93 people at Castlemaine Health holding statements that reflected a stand against family violence. Those photographed included staff and members of the public. The portraits are displayed in a variety of areas across Castlemaine Health. They send a personal message about our values here at Castlemaine Health and those of the community. We have encouraged staff to attend education about domestic violence that helps enable us to identify those people at risk and be able to refer on to specialist services.

### Diversity

At Castlemaine Health we have been working to celebrate diversity and create a culture of inclusion. We have a shire-wide Diversity Plan developed in conjunction with our partners Mount Alexander Shire and Maldon Hospital. Castlemaine Health hosted a very successful Close the Gap lunch with speakers from the education and health sectors. Kerri Douglas, an Aboriginal woman and artist who works for the Victorian Department of Education and Training as a KESO worker, spoke in depth about issues in education. Her presentation was followed by Paul Frye, Principal at Castlemaine Secondary College, and Kathleen Fair from Castlemaine Health. Education sessions have included 'Asking the Question' training which was hosted by local Aboriginal Elders in 2017. In 2018 we have had two Cultural Awareness training sessions for staff hosted by Bendigo and District Aboriginal Cooperative. Castlemaine Health has purchased artwork and has an ongoing commitment to continue building upon this. Our Aboriginal Liaison Officer has actively consulted with the local Aboriginal community to complete a survey of their needs.

Two staff attended the HOW2 training program then presented their learnings to the Castlemaine Health Board of Management. They outlined the Rainbow Tick standards and discussed ways to improve LGBTI inclusion in health care. This has led to a review of the *Access and Inclusion Plan* to, among other things, incorporate a celebration of important days on the LGBTI calendar and develop a more inclusive approach throughout the organisation. This year the International Day Against Homophobia, Biphobia, Intersexism and Transphobia (IDAHOBIT) was celebrated with the raising of the rainbow flag and information slides being made available on the intranet. On the International Transgender Day of Visibility information slides were available on the intranet along with a screensaver.

## Corporate Services

### Kerryn Healy, Executive Director Corporate Services



Corporate Services support the care delivery areas of Castlemaine Health to deliver great services to our community. The support services include Health

Information, Information Technology, Human Resources, Food and Environmental, Finance, Payroll, Supply and Resident Laundry.

### Achievements

- Two new software applications were rolled out during the year; the Birthing Outcome Systems (BOS) used in maternity services and UNITI which is used in District Nursing.
- Organisation readiness to upload discharge summaries to the Commonwealth Government's My Health Record when the system becomes opt out by the end of 2018.
- Developed an Occupational Violence and Aggression (OVA) prevention and management plan.
- Completed stage two of the main building security system to provide increased security especially after hours.
- Increased wellbeing support to staff with an Employee Assistance Program provider now available on-site one day per week to improve access to the confidential counselling service.

### Finance and Payroll

During 2017-18 the state-wide Oracle Finance System was upgraded. This upgrade presented a number of challenges which are progressively being resolved.

Direct Debit payment functionality was implemented for Residential Aged Care which provides a more convenient mechanism for account payments.

Finance continues to develop a multi-skilled team to support leave replacement and succession planning.

Payroll has expanded its role as a sub-regional provider and now offers payroll processing services to six other health services. The strategy to provide sub-regional services is designed to support the provision of a skilled and balanced payroll team for Castlemaine Health and its service customers.

### Gifts in Wills

We were deeply and sincerely grateful to receive very generous Gifts in Wills from the Estate of the Late Noel Frye for \$100,000, the Estate of Alexander Mactier and the Mactier Family for \$50,000 and the Estate of the Late Williamina McBeath Todd for \$71,448.52.

### Fundraising

In October Run the Maine raised \$13,500, April's Murray to Moynes cycle relay raised \$68,211 (includes the generous \$50,000 Gift in Will from the Estate of Alexander Mactier and the Mactier Family), our June Tax Appeal raised \$5,495 and from the Colliers Charitable Foundation we received \$30,000.

We would like to express our sincere thanks to our donors, committees, supporters and the local community, who have contributed to our various fundraising efforts over the past 12 months. Your support is invaluable in helping us deliver high quality care and equipment, and keep families close in our local community.

### Application of employment and conduct principles

Castlemaine Health 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.

### Human Resources

During 2017-18 Human Resources continued operating a shared services model for the sub-region, providing a range of support to other health agencies including Maldon Hospital, Maryborough District Health, Inglewood and Districts Health Service and Heathcote Health.

A focus on Castlemaine Health staff health and wellbeing was maintained and enhanced. Two Human Resources staff undertook training and accreditation as Return To Work Coordinators to support injured staff members through their return to work journey. The Employee Assistance Program was strengthened with an Employee Assistance Provider on-site one day per week to make it easier for staff to access the confidential counselling service.

Human Resources have continued to roll out the Lead to Achieve program, which is based on Studer principles. The program helps establish and track key performance indicators for the organisation. It also promotes employee engagement by encouraging leaders to regularly meet with their direct report staff for rounding conversations with the aim of creating and/or maintaining open and candid communications.

Human Resources have also been developing Castlemaine Health's

Hospitals labour category	June current month FTE		June YTD FTE	
	2017	2018	2017	2018
Nursing	178.77	189.41	177.31	182.12
Administration and Clerical	66.40	65.50	62.46	65.91
Medical Support	22.46	19.72	21.32	20.63
Hotel and Allied Services	90.81	85.17	92.83	92.16
Medical Officers (including Hospital Medical Officers)	1.24	1.35	1.37	1.16
Sessional Clinicians	.34	.39	.21	.27
Ancillary Support (Allied Health)	36.78	37.91	37.82	37.61
<b>Total</b>	<b>396.80</b>	<b>399.45</b>	<b>393.33</b>	<b>399.85</b>

## Corporate Services (continued)

Workforce Plan. The work is exploring Castlemaine Health's current status and future needs. The plan is expected to drive identification of training requirements and opportunities, as well as the creation of clear succession plans for key dependency positions throughout the organisation.

Continuous improvement was also a focus, with the Human Resources team regularly dedicating time to reviewing, streamlining, and (when necessary) overhauling processes, procedures and policies. This has included a shift towards paperless operations whenever possible with new employee files now being managed electronically and the creation of updated forms intended for completion on-screen, rather than printing to hard copy.

### Occupational Health and Safety

A proactive three-year plan has been devised to support and build upon our organisational culture of workplace health and safety (WHS) and our responsiveness to both internal and regulator identified risk profiles. Specific areas of focus are:

- leadership capabilities through education and KPIs
- injury prevention through targeted initiatives
- healthy work environment and risk management processes
- staff health and wellbeing through targeted initiatives
- well-supported return to work practices, including manager education

Over the past 12 months, a range of key action areas have helped us to continually improve our WHS management systems and embed WHS considerations in all organisational operations and processes. These include:

- implementing a new system for ongoing internal auditing of our WHS management system against the current Australian Standard for Occupational Health and Safety Management Systems
- developing an Occupational Violence and Aggression (OVA) prevention and management plan
- implementing the delivery of mandatory Management of Clinical Aggression (MOCA) training to all staff
- undertaking a review of procurement processes to ensure consideration of WHS principles when contracting/procuring goods and services
- publishing our WHS policy statement on our website.

Over the next 12 months, we will:

- review our processes and management of manual handling
- develop a plan to guide our management of mental health within the workplace
- implement and review planned actions from the OVA action plan
- provide WHS management and Return To Work training for managers.

Staff representation as Health and Safety Representatives (HSRs) remains

a strong component of our consultative process and proactive health and safety management. Departmental budgeting allocates resources to cover their initial and annual refresher training and monthly activity days needed for attending their WHS management responsibilities. The CEO chairs monthly WHS meetings that involve, support and educate executive level staff on WHS issues and initiatives.

The majority of our occupational violence incidents come from our aged care areas primarily due to aggression from residents with dementia or delirium. A review of the proactive management of these types of incident is part of the OVA action plan.

There has been a slight decrease in the number of overall standard Workcover claims per EFT for 2017-18 with a significant reduction in the average cost per claim and number of compensation days paid. This is indicative of effective early intervention strategies and rehabilitation programmes where staff are supported to return to work in a timely and sustainable manner.

### Engineering

Projects completed during 2017-18 included stage two of the main building security system upgrade and a direct digital control upgrade for the kitchen's air-conditioning system controls to reduce energy usage. Projects planned for 2018-19 include improved secure parking for after-hours staff, various plant upgrades and replacements, and the installation of a reverse osmosis water purification plant for theatre sterilisation processes.

Occupational violence statistics	2017-18
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	58
Number of occupational violence incidents reported per 100 FTE	14.5
Percentage of occupational violence incidents resulting in a staff injury, illness or condition	19%

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.

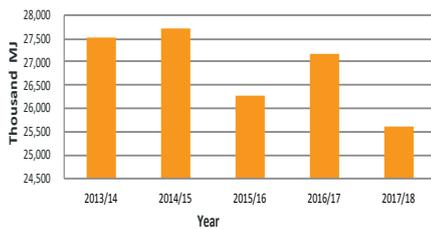
Occupational Health and Safety statistics	2015-16	2016-17	2017-18
Total number incident reports (including hazard and near miss) for the year per 100EFT staff members	49	58	54
Number 'lost time' standard claims for year per 100EFT staff members	1.25	3.5	3
Average cost per claim for year	\$74,098	\$69,154	\$37,155

## Corporate Services (continued)

### Environmental performance

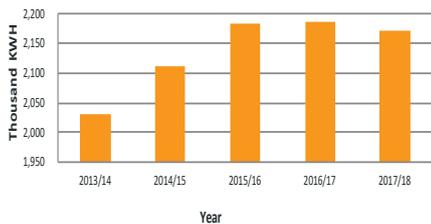
Castlemaine Health continues to implement strategies from our Sustainability and Environmental Plan 2016-21. These strategies focus on waste reduction and recycling, energy reduction and resource efficiency.

#### Natural Gas Consumption MJ ('000)/pa



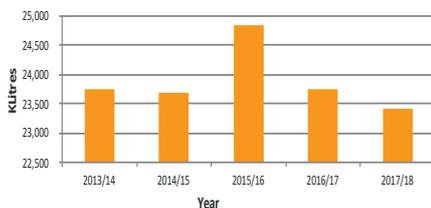
Natural Gas consumption is down 5.8% compared to the previous year. This result is due to a reduction in hot water attributable to laundry use.

#### Electricity Consumption KWH ('000)/pa



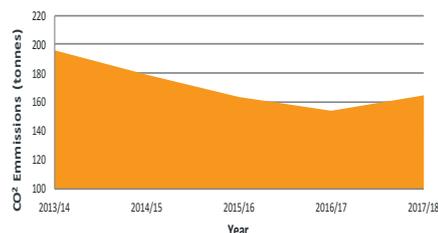
Electricity consumption is down 0.70% compared to the previous year. Whilst efficiency gains have been achieved through continued LED lighting, airconditioning control and computer upgrades, these have been offset, to a certain extent, by increased power consumption of the recently introduced Burlodge food delivery system.

#### Water Consumption kL/pa



Water consumption is down 1.4% compared to the previous year. The outsourcing of the non Resident Laundry Service has resulted in a reduction in water consumption during 2017-18.

#### CO<sub>2</sub> Emissions Motor Vehicle Fleet



Increasing CO<sub>2</sub> emissions reflect the aging motor vehicle fleet at Castlemaine Health. The fleet is being progressively replaced which will result in reduced CO<sub>2</sub> emissions over time.

### Information Technology

2017-18 was another busy year in the IT Department. Late last year we completed an upgrade of 80 computers with more memory and solid state drives, which has improved their performance while also reducing power consumption. The in-house IT Helpdesk system was upgraded which has seen over two thousand Helpdesk jobs resolved in the last twelve months.

Two new software applications were rolled out during the year, Birthing Outcome Systems (BOS) and UNITI. BOS will reduce the burden of paperwork and periodic reporting, allowing clinicians to focus on care of mothers and neonates. UNITI is used in District Nursing to record and report on individual care provided to people in their own homes across the Mount Alexander Shire.

A major project currently underway and due for completion in 2018 is the migration of our phones and related systems onto a Unified Communications (UC) platform. UC will transfer our phone system from a very old PABX platform onto the Loddon Mallee Rural Health Alliance (LMRHA) Wide Area Network using VoIP (Voice over Internet Protocol). The project is being overseen by the LMRHA, who lead ICT upgrades for the Loddon Mallee region.

The Unified Communications project will result in all Castlemaine Health phone numbers being within one number range instead of the current five different number ranges. When the UC project is completed our phone numbers will retain the same last three digits but will have a new five digit prefix. More information about these changes will be made available on the Castlemaine Health website and in local news publications and other sources.

The total ICT expenditure incurred during 2017-18 is TBC (excluding GST) with the details shown in the table below.

Business as usual ICT expenditure (\$)			Non-Business as usual ICT expenditure (\$)	
Total (a+b)	Operational expenditure (a)	Capital expenditure (b)	Operational expenditure	Capital expenditure
2,023,502	1,053,061	970,441	0	0

### Support Services

Our Food Services combined with Environmental Services, Supply, Laundry, Fleet Management and Café departments, have seen significant change and improvements over the past year.

Environmental Services continues to achieve better than state average Acceptance Quality Limit (AQL) scores across our three risk types in external cleaning audits. Our external auditor's report shows that our average score was 89.5 against the AQL 86.6 average. This is a very pleasing result and a testament to our dedicated workforce. In July 2017, Castlemaine Health introduced steam cleaning across our site. This change supports our Sustainability and Environmental Plan 2016-21 as it has allowed us to dramatically reduce the use of chemicals and provide a safer environment for staff, patients and residents alike.

A barcode scanning project is being rolled out across the organisation to improve the supply process, minimise wastage and standardise purchasing activity. We have consulted and entered into a partnership with Maryborough District Health Services to assist with improving their supply requirements and to roll out barcoding throughout their organisation.

Our Food Services department has once again excelled in delivering in excess of 300,000 meals to patients and residents at both Castlemaine Health and Maldon Hospital, and meals on wheels recipients. In October 2017 the BURLODGE food heating system was introduced. This system involves food being prepared and plated cold in our main kitchen, allowing time for our chefs to 'present their food'. The food is then placed into the heating units which refrigerate the food in the kitchen and then heat the food in the exact location it is to be served in. Our patients and residents now receive piping hot meals that cater for all dietary and medical requirements. From a compliance

## Corporate Services (continued)

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perspective our food services have once again met the Food Safety standard requirements, as attested by our external auditors and council compliance officers.

In September 2017, our Café facility was outsourced to a private provider and aptly named the Quick Fix Café. It has undergone a culinary rebirth and has proven to be a resounding success. The Café currently trades seven days a week, offering additional services to our clientele. There are internal redesign plans afoot to modernise and enhance the dining experience in the Café for all.

Our laundry service has successfully transitioned to Gouge Linen Service. We have trialled new lightweight allergenic free blankets in our Operating Suite with much success, demonstrating the potential to roll them out across Castlemaine Health. Our internally provided Resident Laundry Service has also evolved over the last year. It now operates a quicker, more responsive process and delivers a more personalised service to our residents. Feedback to date has reflected a positive acceptance of these changes.

### Health Information Service

In 2017-18 we have continued to provide clinical coding services to Inglewood, Heathcote, Boort and the East Wimmera group. As part of succession planning we are training an existing staff member in Clinical Coding and subsidised her Certificate IV in Clinical Classification. Participation in a project run by LMHRA has enabled us to be in a position to upload discharge summaries into the My Health Record by the end of 2018. Staff have continued to rise to the challenges presented by increased Operating Suite activity and data compliance demands.

## Statutory Compliance

**Conflict of Interest:** I, Ian Fisher, certify that Castlemaine Health 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 Castlemaine Health 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.

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

**Health Purchasing Victoria (HPV) Health Purchasing policies:** I, Ian Fisher, certify that Castlemaine Health 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.

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

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

**DataVic Access Policy:** Consistent with the DataVic access policy issued by the Victorian Government in 2012, the information contained in all data tables in

this Annual Report will be available at <http://www.data.vic.gov.au/> in machine readable format.

**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. Castlemaine Health provides a report on these requests to the Department of Justice. Freedom of Information requests can be submitted in writing to the Chief Executive Officer, Castlemaine Health, PO Box 50, Castlemaine 3450. Application forms are available at [www.castlemainehealth.org.au](http://www.castlemainehealth.org.au), or by phoning 5471 1555. Application charges and fees apply. Eighteen requests were received under Freedom of Information in 2017-18. Of these requests, fifteen were valid. Requestors were Transport Accident Commission, lawyers, private individuals and one Member of Parliament. All were processed within the required timeframes without any exemptions. More information about Freedom of Information can be found at [www.foi.vic.gov.au](http://www.foi.vic.gov.au).

**National Competition Policy:** Castlemaine Health 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 Castlemaine Health under Part 9 are available in the *Protected Disclosure Policy*. There were no disclosures notified to the IBAC under section 21(2) in 2017-18.

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

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

**Additional information available on request:** The items listed below have

been retained by Castlemaine Health 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 Castlemaine Health about itself, and how these can be obtained
- details of changes in prices, fees, charges, rates and levies charged by Castlemaine Health
- details of major external reviews carried out on Castlemaine Health
- details of major research and development activities undertaken by Castlemaine Health 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 Castlemaine Health 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 Castlemaine Health 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 Castlemaine Health, the purposes of each committee and the extent to which those purposes have been achieved
- details of all consultancies and contractors including consultants/contractors engaged, services provided, and expenditure committed for each engagement.

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# Disclosure Index

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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FRD 22H	Purpose, functions, powers and duties	04
FRD 22H	Initiatives and key achievements	11-18
FRD 22H	Nature and range of services provided	02
<b>Management and structure</b>		
FRD 22H	Organisational structure	03
<b>Financial and other information</b>		
FRD 10A	Disclosure index	IBC
FRD 11A	Disclosure of exgratia expenses	Refer to AFS*
FRD 21C	Responsible person and executive officer disclosures	Refer to AFS*
FRD 22H	Application and operation of <i>Protected Disclosure 2012</i>	19
FRD 22H	Application and operation of <i>Carers Recognition Act 2012</i>	19
FRD 22H	Application and operation of <i>Freedom of Information Act 1982</i>	19
FRD 22H	Compliance with building and maintenance provisions of <i>Building Act 1993</i>	19
FRD 22H	Details of consultancies over \$10,000	10
FRD 22H	Details of consultancies under \$10,000	10
FRD 22H	Employment and conduct principles	15
FRD 22H	Information and Communication Technology Expenditure	17
FRD 22H	Major changes or factors affecting performance	Refer to AFS*
FRD 22H	Occupational violence	16
FRD 22H	Operational and budgetary objectives and performance against objectives	Refer to AFS*
FRD 22H	Summary of the entity's environmental performance	17
FRD 22H	Significant changes in financial position during the year	Refer to AFS*
FRD 22H	Statement on National Competition Policy	19
FRD 22H	Subsequent events	Refer to AFS*
FRD 22H	Summary of the financial results for the year	Refer to AFS*
FRD 22H	Additional information available on request	19
FRD 22H	Workforce Data disclosures including a statement on the application of employment and conduct principles	15
FRD 25C	Victorian Industry Participation Policy disclosures	19
FRD 29B	Workforce Data disclosures	15
FRD 103F	Non-Financial Physical Assets	Refer to AFS*
FRD 110A	Cash flow Statements	Refer to AFS*
FRD 112D	Defined Benefit Superannuation Obligations	Refer to AFS*
SD 5.2.3	Declaration in report of operations	Refer to AFS*
SD 3.7.1	Risk management framework and processes	Refer to AFS*
<b>Other requirements under Standing Directions 5.2</b>		
SD 5.2.2	Declaration in financial statements	Refer to AFS*
SD 5.2.1(a)	Compliance with Australian accounting standards and other authoritative pronouncements	Refer to AFS*
SD 5.2.1(a)	Compliance with Ministerial Directions	Refer to AFS*
<b>Legislation</b>		
<i>Freedom of Information Act 1982</i>		19
<i>Protected Disclosure Act 2012</i>		19
<i>Carers Recognition Act 2012</i>		19
<i>Victorian Industry Participation Policy Act 2003</i>		19
<i>Building Act 1993</i>		19
<i>Financial Management Act 1994</i>		19
<i>Safe Patient Care Act 2015</i>		19

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

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Artist: Kerri Douglas

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