

SHAPING THE FUTURE

"Plan beyond
20 years"



"Aged care and
socialisation"



"Access for all"



"Community wellness
and treatment"



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Vision

Exceptional care of every person, every time.

Mission

A well run and trusted organisation that engages with the community to provide high quality health services.

Values

Integrity

We engage with others in the highest degree of dignity, equity, honesty and trust.

Care

We treat people with respect, are compassionate, thoughtful and responsive to their needs.

Unity

We work as a team and in partnership with our communities.

Excellence

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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Print: Bendigo Modern Press

Cover and template design:
Billington Prideaux Partnership

Bank: Bendigo Bank

External Auditor's agents:
Richmond Sinnott and Delahunty

Internal auditor:
AFS and Associates Pty Ltd

Report to the Community

It's always a pleasure to review the previous year. It's a chance to reflect on how our achievements have enriched our services and better enabled us to serve our community.

The breadth and scope of Castlemaine Health's services may surprise many people. Our work extends beyond the doors of our buildings into the community. We're welcomed into people's homes, local kindergartens and schools, and community centres. We treat and rehabilitate, and promote healthy lifestyles and wellness. We provide early childhood intervention services to pre-school aged children and residential care to the elderly and frail. Health is about staying well, as much as it is about recovering from illness or injury.

Castlemaine Health is part of a state-wide system for improving the health and wellness of all Victorians. In that system, we work hard to create and sustain relationships with health and community services and local government. Community connections are important to us because we're part of the community we serve. This year, we've signed a formal partnership agreement with Castlemaine Secondary College. The agreement recognises that education is an important determinant of health. As one of the largest employers in the Shire with a staff of 690, it also acknowledges the vital role our local students will have as part of our future workforce.

The safety and high quality of our services is a major focus for the Board. We are proud that Castlemaine Health's clinical performance indicators are very positive.

Feedback from patients is also very positive, for which we credit our dedicated staff. The Board will continue seeking safety and quality improvements. We will also continue working to improve our patients' experience of care. These goals are in line with Dr Stephen Duckett's recommendations in Targeting Zero.

The Board's role is to lead and oversee Castlemaine Health's strategy and performance. This year, we acknowledge and farewell two members, Janet Cropley and Rony Caspi. We also welcome three new members – Dr Simon Judkins, Kerry Anderson and Vicky Mason. Board members must undertake a rigorous appointment process. For the term of service, they must also undertake ongoing training and development. We are fortunate to have a skilled and dedicated Board membership, with valuable local insight and knowledge. This is an exciting period for the Board. We've moved through significant financial challenges and can now look towards redesigning services for the future. This includes advocating for new buildings and infrastructure to support them.

Health is an expensive business, both in asset management and operations. Our current strategic plan shows that business as usual will not sustain us into the future. So in 2016, the Board asked a health services group to tell us the range and type of services we'd need to best serve our community into the future. We also asked them to suggest some options for physical redevelopment. We then presented their recommendations in a discussion paper and asked the community 'what do you think?'

From May to July 2017, we held 11 community discussions, spoke with local associations and held pop-up stalls in town marketplaces. We've received hundreds of written submissions and it's been exciting to hear the community's ideas for change. It's also been gratifying to help people understand our services. In particular, how we work with other health services to deliver the best possible range of services. The overwhelming message has been that people value and trust Castlemaine Health. That our current site is problematic. That modern, accessible facilities are desperately needed to ensure equitable access to healthcare in this region. Our community wants to see significant changes to the current site on the hill or a new development on an alternative site. On the basis of this feedback, we will advocate for change and plan for the service mix and buildings our community deserves.

We finish our report with heartfelt thanks to our staff and volunteers. It's their dedication that enables us to continue delivering high quality services to every person who comes to us, and to do this with genuine care. Our volunteers visit residents and patients, drive people to medical appointments outside the Shire, fund raise and serve on committees and the board. They also use their unique perspectives to help us keep improving our person-centred care. Our positive patient feedback is testimony to the love and care that staff and volunteers bring to their work right across Castlemaine Health. Thanks for a great year.



Carolyn Wallace

Carolyn Wallace
Board Chair



Ian Fisher

Ian Fisher
CEO

Our Governance

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 2017.



Carolyn Wallace
Board Chair
13 July 2017

Manner of establishment and relevant ministers

Castlemaine Health is a public hospital incorporated under the Health Services Act 1998. It has a variety of programs and services funded by the State Government. Our ministers are the Hon. Jill Hennessy MLA, Minister for Health and Ambulance Services; the Hon. Martin Foley MLA, 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, Castlemaine Health and are open to the public.

Board members

Ms Carolyn Wallace
Chair, March–June 2017
Vice Chair, December 2015
–February 2017
Appointment expires 30 June 2019

Mr Adam Sevdalis
Chair, December 2015–February 2017
Appointment expires 30 June 2018

Mr Garry Fehring
Appointment expires 30 June 2017
Vice Chair, March–June 2017

Ms Janet Cropley
Treasurer
Appointment expires 30 June 2017

Mr David Goldberg
Appointment expires 30 June 2018

Ms Peggy Anne Ronnau
Appointment expires 30 June 2018

Mr Rony Caspi
Appointment expires 30 June 2017

Ms Sharon Fraser
Appointment expires 30 June 2019

Ms Anna Skreiner
Appointment expires 30 June 2019

Dr Simon Judkins
Appointment expires 30 June 2020

Ms Sally-Anne Ross
Board member from June 2016
–February 2017

Ms Kate Hamond
Board member from July 2014
–July 2016

Sub-committees

Credentials and Medical Appointments Advisory Committee

Ms Peggy Anne Ronnau
Mr Rony Caspi

Chief Executive Officer Evaluation Committee

Ms Carolyn Wallace
Ms Sharon Fraser
Mr Garry Fehring

Finance Committee

Ms Carolyn Wallace
Ms Janet Cropley
Mr Adam Sevdalis
Ms Sharon Fraser
Mr Rod Lester (Independent Member)

Community Consultation Committee

Mr Rony Caspi
Ms Peggy Ronnau
Ms Elizabeth Grainger (Independent Member)
Ms Ann Roman (Independent Member)
Mr Bob Forde (Independent Member)
Ms Marleen Bell (Independent Member)
Ms Judy Uren (Independent Member)
Ms Lisa Minchin (Independent Member)
Ms Margaret Rasa (Independent Member)
Ms Bev Orgill (Independent Member)
Ms Moira Kean (Independent Member)
Ms Susan Dovey (Independent Member)

Audit and Risk Management Committee

Mr Rod Lester (Independent Chair)
Ms Carolyn Wallace (BoM)
Ms Sharon Fraser (BoM)
Ms Janet Cropley (BoM)
Ms Anna Skreiner (Independent BoM)

Clinical Governance and Quality Committee

Ms Peggy Ronnau
Mr Roni Caspi
Mr Garry Fehring
Dr Helen Dewhurst (Medial Staff Group)
Mr David Uren (Independent Member)
Ms Elizabeth Grainger (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 Kerry Healy,
Executive Director of Corporate Services

Ms Dianne Senior,
Executive Director of Community Programs

Ms Kathleen Fair,
Executive Director of Nursing

Dr Peter Sloan,
Director of Medical Services

Our Structure

Organisation chart



Catchment

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.

Our Services

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)

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

Community

- District Nursing Services / Palliative Care
- Adult Day Services
- 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
- Volunteer Program (including Patient Transport)

- Castlemaine and District Accommodation and Resource Group (CADARG)
- Early Childhood Intervention Program

Client Services

- Medical
- Nursing and Personal Care
- Social work
- Podiatry
- Occupational Therapy
- Physiotherapy
- Speech Pathology
- Dietetics
- Continence service
- Volunteer Program
- 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

Statement of Priorities Report

Part A: Strategic Priorities

Domain	Action	Deliverable	Status
Quality and Safety	Implement systems and processes to recognise and support person-centred end-of-life care in all settings, with a focus on providing support for people who choose to die at home.	Develop strategies that are consistent with the Victoria's end of life palliative care framework with a focus on support for people who choose to die at home by June 2017.	Achieved
	Advance care planning is included as a parameter in an assessment of outcomes including: mortality and morbidity review reports, patient experience and routine data collection.	Documentation and compliance with advance care plans and end-of-life decisions included in clinical review processes by June 2017.	Achieved
	Progress implementation of a whole-of-hospital model for responding to family violence	Partner with Bendigo Health to implement the Strengthening Hospital Responses to Family Violence initiative by 30 June 2017.	Achieved
	Develop a regional leadership culture that fosters multidisciplinary and multi-organisational collaboration to promote learning and the provision of safe, quality care across rural and regional Victoria.	Develop leadership and accountability through implementation of the Studer Program and develop linkages with Bendigo Health to share education across all disciplines by June 2017.	Achieved
	Establish a foetal surveillance competency policy and associated procedures for all staff providing maternity care that includes the minimum training requirements, safe staffing arrangements and ongoing compliance monitoring arrangements.	Establish a foetal surveillance competency policy and associated procedures for all staff providing maternity care by February 2017.	Achieved
	Use patient feedback, including the Victorian Healthcare Experience Survey, to drive improved health outcomes and experiences through a strong focus on person and family-centred care in the planning, delivery and evaluation of services, and the development of new models for putting patients first.	Mandatory training requirements to include module on partnering with consumers by June 2017.	Achieved
		Partnering with consumers who are willing to 'tell their story'. Information from stories to be used in training scenarios by June 2017.	Achieved
	Develop a whole-of-hospital approach to reduce the use of restrictive practices for patients, including seclusion and restraint.	Review and develop policies and procedures that maintain a record of the level of restraint and seclusion practices by December 2016.	Achieved
Access and timeliness	Ensure the development and implementation of a plan in specialist clinics to: (1) optimise referral management processes and improve patient flow through to ensure patients are seen in turn and within time; and (2) ensure patient data is recorded in a timely, accurate manner and is working toward meeting the requirements of the Victorian Integrated Non-Admitted Health dataset.	Establish a process with Bendigo Health to provide appropriate and timely referral to specialist clinics, including the use of telemedicine, by 28 February 2017.	Achieved
		Review the Victorian Non-Admitted Health dataset reporting and implementing changes to improve timeliness and accuracy by 31 May 2017.	Achieved
	Identify opportunities and implement pathways to aid prevention and increase care outside hospital walls by optimising appropriate use of existing programs (i.e. the Health Independence Program or telemedicine).	Implement changes to the HIP and discharge process to streamline services for patients to transition faster from an inpatient to outpatient setting by 30 June 2017.	Achieved
	Develop and implement a strategy to ensure the preparedness of the organisation for the National Disability Insurance Scheme (NDIS) and HACC (Home and Community Care) transition and reform, with particular consideration to service access, service expectations, workforce and financial management.	The HACC transition group will monitor transition process and roll out education to existing referral services, including Mount Alexander Shire and staff, by June 2017.	Achieved
		The NDIS transition group will monitor transition to NDIS, initially for the Early Intervention Program, then Allied Health and Planned Activity Group by 30 June 2017.	Achieved

Statement of Priorities Report (continued)

Part A: Strategic Priorities

Domain	Action	Deliverable	Status
Supporting healthy populations	Support shared population health and wellbeing planning at a local level - aligning with the Local Government Municipal Public Health and Wellbeing Plan and working with other local agencies and Primary Health Networks.	Establish a Mount Alexander Shire-wide alliance with Maldon Hospital, Mount Alexander Shire Council, Castlemaine District Community Health Services and Windarrang to collaboratively identify and address health and wellbeing for the community by 31 May 2017.	Achieved
		Evaluate the Cultural Diversity Plan and ensure resources and responsibilities are allocated to further progress the plan by December 2016.	Achieved
	Improve the health outcomes of Aboriginal and Torres Strait Islander people by establishing culturally safe practices which recognise and respect their cultural identities and safely meets their needs, expectations and rights.	Appoint Aboriginal Liaison Officer to work with staff, Aboriginal community and patients to promote culturally safe practices within the health by 31 December 2016.	Achieved
	Drive improvements to Victoria's mental health system through focus and engagement in activity delivering on the 10-Year Mental Health Plan and active input into consultations on the Design, Service and Infrastructure Plan for Victoria's Clinical Mental Health System.	Develop strategies to improve local mental health facilities and services with Bendigo Health by June 2017.	Achieved
	Using the Government's Rainbow eQuality Guide, identify and adopt 'actions for inclusive practices' and be more responsive to the health and wellbeing of lesbian, gay, bisexual, transgender and intersex (LGBTI) individuals and communities.	Undertake the HOW2 Create an LGBTI inclusive service program by initially training two staff by November 2016.	Achieved
Governance and leadership	Demonstrate implementation of the Victorian Clinical Governance Policy Framework: Governance for the provision of safe, quality healthcare at each level of the organisation, with clearly documented and understood roles and responsibilities. Ensure effective integrated systems, processes, leadership are in place to support the provision of safe, quality, accountable and person-centred healthcare. It is an expectation that health services implement to best meet their employees' and community's needs, and that clinical governance arrangements undergo frequent and formal review, evaluation and amendment to drive continuous improvement.	Implement Studer Program strategies to drive leadership and positive culture by 31 October 2016.	Achieved
		Sign Memorandum of Understanding with other health services in Loddon Mallee Region to establish a regional Clinical Council Committee by December 2016.	Achieved
	Contribute to the development and implementation of Local Region Action Plans under the series of state-wide design, service and infrastructure plans being progressively released from 2016/17. Develop of Local Region Action Plans will require partnerships and active collaboration across regions to ensure plans meet both regional and local service needs, as articulated in the statewide design, service and infrastructure plans.	Undertake an annual self-assessment of the effectiveness of the Clinical Governance Framework by 31 May 2017.	Achieved
		Participate in Regional Leadership Forum involving CEOs of each public health service in Loddon Mallee Region established by December 2016.	Achieved
	Leadership Forum to develop Local Region Action Plans in response to statewide service design, service and infrastructure plans by DHHS by 30 June 2017.	Achieved	
Ensure that an anti-bullying and harassment policy exists and includes the identification of appropriate behaviour, internal and external support mechanisms for staff and a clear process for reporting, investigation, feedback, consequence and appeal and the policy specifies a regular review schedule.	Review policies and procedures relating to bullying and harassment, and use a Studer Program Framework to support staff to develop and implement strategies to identify and support appropriate behaviours by 30 June 2017.	Achieved	

Statement of Priorities Report (continued)

Part A: Strategic Priorities

Domain	Action	Deliverable	Status
Governance and leadership	Board and senior management ensure that an organisational-wide occupational health and safety risk management approach is in place which includes: (1) A focus on prevention and the strategies used to manage risks, including the regular review of these controls; (2) Strategies to improve reporting of occupational health and safety incidents, risks and controls, with a particular focus on prevention of occupational violence and bullying and harassment, throughout all levels of the organisation, including to the board; and (3) Mechanisms for consulting with, debriefing and communicating with all staff regarding outcomes of investigations and controls following occupational violence and bullying and harassment incidents.	Implement improvements in the OH&S management system identified through the internal audit process, including a focus on occupational violence and bullying and harassment by May 2017.	Achieved
	Implement and monitor workforce plans that: improve industrial relations; promote a learning culture; align with the Best Practice Clinical Learning Environment Framework; promote effective succession planning; increase employment opportunities for Aboriginal and Torres Strait Islander people; ensure the workforce is appropriately qualified and skilled; and support the delivery of high-quality and safe person-centred care.	Develop a comprehensive workforce plan to support the delivery of high quality and safe person-centred care by 30 June 2017.	Achieved
	Create a workforce culture that: (1) includes staff in decision-making; (2) promotes and supports open communication, raising concerns and respectful behaviour across all levels of the organisation; and (3) includes consumers and the community.	Implementation of Studer Program to develop leadership, accountability and strategies that align to Castlemaine Health's strategic plans to strive for the delivery of high quality and safe person-centred care by November 2016.	Achieved
	Ensure that the Victorian Child Safe Standards are embedded in everyday thinking and practice to better protect children from abuse, which includes the implementation of: strategies to embed an organisational culture of child safety; a child safe policy or statement of commitment to child safety; a code of conduct that establishes clear expectations for appropriate behaviour with children; screening, supervision, training and other human resources practices that reduce the risk of child abuse; processes for responding to and reporting suspected abuse of children; strategies to identify and reduce or remove the risk of abuse and strategies to promote the participation and empowerment of children.	Develop a code of conduct for working with children and young people and provide training for staff to comply with the legislation by 30 June 2017.	Achieved
	Implement policies and procedures to ensure clinical staff have access to vaccination programs and are appropriately vaccinated and/or immunised to protect staff and prevent the transmission of infection to susceptible patients or people in their care.	Implement strategies to increase by 10% the number of direct care staff who have reported current immunisation by 30 June 2017.	Achieved
Financial sustainability	Further enhance cash management strategies to improve cash sustainability and meet financial obligations as they are due.	Implement strategies to maximise residential aged care revenue, including through accurate resident assessment and completion of capital upgrades to meet eligibility for Commonwealth Significant Refurbishment accommodation subsidies by 30 June 2017.	Achieved
	Actively contribute to the development of the Victorian Government's policy to be net zero carbon by 2050 and improve environmental sustainability by identifying and implementing projects, including workforce education, to reduce material environmental impacts with particular consideration of procurement and waste management, and publicly reporting environmental performance data, including measureable targets related to reduction of clinical, sharps and landfill waste, water and energy use and improved recycling.	Develop and implement a 5-year environmental sustainability plan that is consistent with the Victorian Government policy by 30 June 2017.	Achieved

Nursing & Midwifery Care, Pharmacy & Staff Development



Kathleen Fair,
Executive Director Nursing

The Nursing Directorate continues to provide the high standard of clinical and residential care that the community has come to expect.

Achievements

- Acute, Subacute and Theatre successfully met all accreditation requirements for the National Safety and Quality Health Service in August 2016
- New nurse call system installed in Acute, Subacute, Theatre, Community Rehabilitation Centre (CRC), Thompson, Spencely and Penhall units
- Over 3,200 procedures in our Operating Suite, an increase of more than 22%
- More than 5,800 people treated in Urgent Care, an increase of almost 5%
- New training module for midwives and GP obstetricians and Management of Clinical Aggression training for all staff
- Replaced ageing fleet of infusion pumps and introduced theatre infusion units for all surgeons and anaesthetists to improve consistency, along with two new ECG machines to assist with diagnosis of cardiac issues
- Very low hospital acquired infection rates and targets met for hand hygiene and staff influenza vaccinations

Operating Suite

We have significantly increased the number of surgeries performed in this financial year. In large part, this is due to a longer waiting list at Bendigo Health with a resultant request for additional sessions at Castlemaine Health. This year we topped over 3,200 procedures for people in our local community and the Bendigo region – an increase of more than 22% on last year.

Maternity Services

We had 47 babies born and a further 25 mums and babies transferred back to us from higher level services. A key achievement for this service has been institution of the Practical Obstetric Multi-Professional Training (PROMPT) module for midwives and GP obstetricians. Our midwives continue to take part in mentoring clinical experiences in tertiary centres to enhance their skills and knowledge. We've also introduced a new computer programme to more accurately capture health information for DHHS reporting.

Residential Aged Care

In aged care, we are continually striving to improve the experience and quality of life for residents. This year, we're taking part in 'Geri-Connect', a Bendigo Health initiative that's using teleconferencing to enable a geriatricians, nurse practitioners and aged care staff to assess residents in consultation with residents' own GPs. Our Pain Management program is being further developed to provide residents with opportunity to reduce any pain they may be suffering. Therapies include massage, physiotherapy, and heat/cold application. We've also installed a new gantry system in two aged care units to help move residents with mobility issues.

Rehabilitation

The subacute unit continues to provide excellent team care in rehabilitation, Geriatric Evaluation and Management (GEM) services and through the Transitional Care Program (TCP). We have agreed with Bendigo Health to provide a geriatrician in the subacute unit three days per fortnight. We anticipate that this will enhance triage, introduce functional improvements consistent with planned goals and decrease length of stay.

Urgent Care Services

Our Urgent Care Centre treated over 5,800 people this year, an increase of almost 5% over last year. A number of critically ill people have been managed through the centre, 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.

Acute

Our Acute Ward has experienced a slight rise in inpatient numbers, which includes medical admissions from our local community and surgical admissions from the larger Bendigo region. This year over 1,500 patients received care primarily from our local general practitioners.

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. This year, we are implementing pumps with infusion to minimise risk.

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 hit the target for the 2017 influenza season well before the deadline – a great effort by all involved.

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. A key offering in the second half of the year was 'Management of Clinical Aggression' (MOCA) training. This four-hour mandatory session has had significant support and good uptake.

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
- Established new Cancer Survivorship Service
- Achieved 'registered provider' status in the National Disability Insurance Scheme for our Early Childhood Intervention Service

Health Independence Programs

Over the past 12 months, we've reviewed services in the Community Rehabilitation Centre (CRC) to improve alignment with HIP funding guidelines, improve equity of access across the sub-region and to improve the quality of the clinical care and clinician expertise within the programs.

HIP funding is a primary funding source for Castlemaine Health's allied health and nurse-led outpatient programs. A key aspect of HIP services is the provision of goal-directed and time limited 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
- cardiac rehabilitation
- pulmonary rehabilitation
- falls and balance
- cognitive rehabilitation
- pain management
- cancer rehabilitation and survivorship.

Cancer Survivorship Service

In 2016 Castlemaine Health successfully bid for funding from DHHS to develop a Cancer Survivorship Service in partnership with other local services and cancer organisations. The model draws existing services and expertise into an accessible, co-ordinated, multidisciplinary, rehabilitation and supportive care program for cancer survivors and their carers in a rural setting. After a six month period of stakeholder consultation, planning and upskilling of core allied health staff, the service officially launched in April 2017. We are now looking forward to providing high quality cancer rehabilitation and supportive care services close to home for cancer survivors and their carers.

Commonwealth Home Support Program

The Commonwealth Home Support Programs (CHSP) include Podiatry, Occupational Therapy, 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 Home and Community Care (HACC) program will continue for those aged under 65 years and those under 50 years from an Aboriginal or Torres Strait Islander background. Work is already underway to transition HACC clients, where appropriate, to the NDIS over the next 12 months. HACC is funded by the Victorian Government.

Children's Services

Our Children's Centre provides Occupational Therapy, Physiotherapy,

Speech Pathology, Dietetics, Podiatry, Continence and Early Childhood Intervention services to children in the local community and surrounding areas. Castlemaine Health is also a registered provider for NDIS, which is currently being rolled out across the Loddon region and provides additional funding for eligible clients. Children with NDIS funding can access all the services mentioned above, particularly the Early Childhood Intervention service, which sees clients in the home and the community.

Aged Care Packages

From July 2015, all Home Care Packages were required to be delivered on a consumer-directed care basis. This means clients are assessed by the Aged Care Assessment Team and notified when assigned a package. The client is given clear information about available funding and advice on how to spend it through a personal budget. Spending is tracked using monthly income statements. In practice, the changes mean that clients can now 'shop around' for the most attractive package. In terms of industry, the changes mean that Castlemaine Health now operates in a competitive marketplace.

Corporate Services



Kerryn Healy,
Executive Director Corporate Services

Corporate Services supports the care delivery areas of Castlemaine Health. Our support services are Finance, Human Resources, Information Technology, Engineering, Hotel Services, Supply, Laundry and the Café.

Achievements

- Improved succession planning and multi-skilling through Finance and Payroll merger
- New Aboriginal Liaison officer and Aboriginal aged care trainees to provide a more culturally safe and respectful service
- Education campaign to reinforce our zero tolerance of violent and aggressive behaviours towards healthcare staff
- Better environmental performance through fleet and PC upgrades, new linen service provider, engineering upgrades and Environmental Sustainability Plan
- Great feedback on our food services and new seasonal menus for clients
- New technology and software to increase efficiency, improve multi-site communication and offer better connectivity to clients and residents
- Lift upgrades, a new nurse call system and reverse cycle air-conditioning for residents in Penhall and Thompson House

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 financially. 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 Payroll. The change improves succession planning and increases multi-skilling opportunities for staff. It also aligns with our 2016-17 objective to improve salary and wage reporting across the organisation.

Human Resources

Human Resources operates a shared services model across the sub-region and is now providing services to around 1,100 staff across the region, including Maryborough District Health Service and Maldon Hospital.

Castlemaine Health has appointed an Aboriginal Liaison Officer to implement the strategies identified in our Aboriginal Employment Plan. We are working with the

local Indigenous community to further develop the plan. We have also employed two Aboriginal aged care trainees to work with our residents aged care.

Professional pastoral care and bereavement support is available to all 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 are regularly held. These provide valuable 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.

Staff also have access to contact officers, an Employees Assistant Program provided by Counselling Bendigo, a staff gymnasium and short-term accommodation.

Labour category	June current month FTE		June YTD FTE	
	2016	2017	2016	2017
Nursing	178.39	178.77	172.95	177.31
Administration & Clerical	59.49	66.40	57.35	62.46
Medical Support	18.77	21.57	14.60	20.71
Hotel & Allied Services	100.40	90.81	101.91	92.83
Medical Officers (incl. of Hospital Medical Officers)	1.09	1.24	1.23	1.37
Sessional Clinicians	0	0.34	0.20	0.21
Ancillary staff (Allied Health)	37.73	37.68	36.08	38.43
Total	395.87	396.80	384.32	393.33



Aboriginal Liaison Officer Melinda Harper hosts the Closing the Gap lunchtime discussion.

Corporate Services (continued)

Occupational Health & Safety

The Workplace Health and Safety department actively promotes behaviors, values and attitudes that support a culture of safety. Leadership is aligned and strongly committed to continuously improving health and safety within the organisation.

The Workplace Health and Safety Committee is chaired by the CEO and meets monthly to oversee, discuss and progress health and safety matters. In the past 12 months, the Committee has focused on developing a systematic risk management process which is specific to the requirements of workplace health and safety. It also continued to focus on building a proactive reporting culture and took action to address identified areas of risk.

Standard WorkCover claims have increased for the 2016/2017 insurance year however the days of compensation paid for the number of claims indicates that early intervention strategies and effective rehabilitation programs are enabling staff to return to work in a timely but sustainable manner. Castlemaine Health is continuing to refer injured staff to CRC for early treatment and return to work plans.

We have proactively responded to occupational violence and aggression in healthcare with an education campaign for staff and consumers that makes it clear that violent and aggressive behaviour towards healthcare workers is not acceptable. The campaign is supported by health and safety regulatory bodies. Campaign activity has included signage, procedural development, education on reporting mechanisms for staff, and the development of a structured follow up for those involved in incidents through debriefing and counselling processes.

A comprehensive training package in the Management of Clinical Aggression (MOCA) by an accredited trainer is available for all staff. A significant increase in the reporting of incidents has enabled better management of this risk. Action is being guided through the implementation of a regulatory approved 10 point plan in consultation with all stakeholders.



Castlemaine Health refers injured staff to CRC for early treatment and return to work plans.

Occupational violence statistics	2015-16	2016-17
Workcover accepted claims with an occupational violence cause per 100 FTE	0	0
Number of accepted Workcover claims with lost time injury with an occupational violence cause per 1,000,000 hours worked.	0	0
Number of occupational violence incidents reported	18	71
Number of occupational violence incidents reported per 100 FTE	4.7	18.10
Percentage of occupational violence incidents resulting in a staff injury, illness or condition	11%	28%

Definitions

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

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

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

Accepted Workcover claims - Accepted Workcover claims that were lodged in 2016-17

Lost time - is defined as greater than one day.

Corporate Services (continued)



New multi-functional vehicles have great flexibility across a range of activities.

Support Services

In yet another busy year for Support Services, which includes Food Production and Service, Café, Environmental Services along with the Supply, Laundry and Fleet Management departments, we have seen significant changes and improvements for the betterment of the health service.

We have replaced our aged and uneconomical purpose-built meal delivery vans with new, multi-functional vehicles that enable great flexibility across a range of activities. We've also upgraded some of our fleet vehicles, introducing more fuel efficient and environmentally-friendly replacements.

Continuing our collaboration with Bendigo Health in relation to supply, we have begun rolling out a barcoding system for supplies. The system will standardise and streamline ordering processes, and help us better manage stock levels and reduce waste.

Our Food Services department has excelled over the past year as evidenced by the trend of increasing compliments and decreasing number of complaints

received. Our chefs, dietician and speech pathologists have collaborated with patients and residents on new seasonal menus being introduced in July 2017. The menus will offer clients and residents more seasonal variety throughout the year. We have once again met Food Safety standard requirements as attested by our external auditors and council compliance officers.

In May 2017, we transitioned our linen services to Gouge Linen, which has proved to be a great success. Gouge Linen's modern processes and plant mean we're able to reduce our environmental footprint. We have retained our resident laundry services on site and are now positioned to concentrate on delivering a more personalised service to our residents.

Environmental Services has continued to perform well. External auditors indicated that our hospital has scored an average of 94.4% in our cleaning audits against the state average of 86.6%. This is a great result and is testament to our dedicated workforce.

Information Technology

Consistent with our strategy to become a more environmentally-friendly organisation, we recently replaced 80 of our oldest computers with new higher performance and more power efficient models. We are also upgrading another 80 computers to improve their performance while reducing their power consumption.

Castlemaine Health has recently taken delivery of a number of MS Surface computers, which provide a platform for greater mobility for staff. They allow full access to all normal PC-based applications, as well as access to video conferencing and digital meetings. They will also be used with Azeus Convene, a new collaborative digital meeting solution that replaces traditional paper-based meetings. This will significantly reduce the amount of printing and the time involved in preparation of meeting papers.

We have also taken delivery of several new video conferencing units, which will better enable communication between staff and remote sites. This reduces downtime and the cost of travel while still facilitating face-to-face meetings.

Video conferencing units have also been placed in each of our residential aged care facilities, which will be used as part of the GeriConnect project.

Guest WiFi services for clients and visitors became available in August 2016. This service has been very well received and we plan to improve the service further this year.

Engineering

The Engineering department oversaw a significant number of projects during the 2016-17 year, including: North Wing Lift upgrade; electrical protection in Acute CRC and Rehabilitation; a new Nurse Call system across the whole site; patient lifting ceiling tracks; and reverse cycle air-conditioning for Penhall and Thompson House.

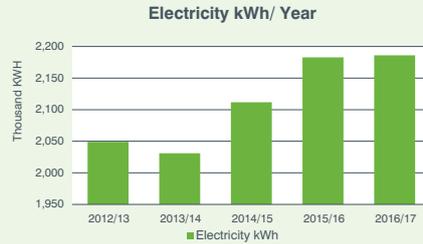
Three projects are planned for 2017-18: Renshaw House will be refurbished to combine student and staff accommodation into one building; a security system upgrade for the main building; and an upgrade to the kitchen's air-conditioning system controls to reduce energy usage.

Corporate Services (continued)

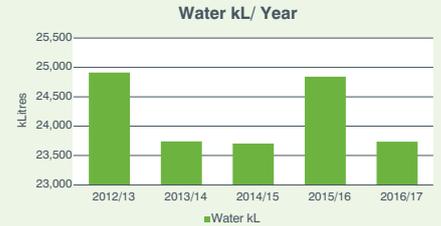
Environmental Performance

Castlemaine Health aims to manage its environmental impact and waste by applying best practice standards. In 2016-17, the board approved a Sustainability and Environmental Plan 2016-21, which sets out our environmental strategies and targets.

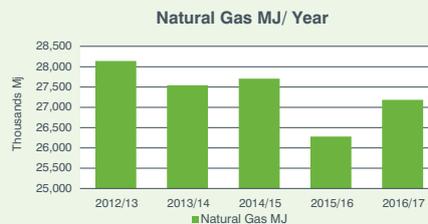
We are participating in the GreenLight Project 2017, which is sponsored by the Loddon Mallee Waste and Resource Recovery Group. The project supports more resource efficient, competitive and innovative enterprises and includes a diverse range of businesses from Castlemaine and Bendigo.



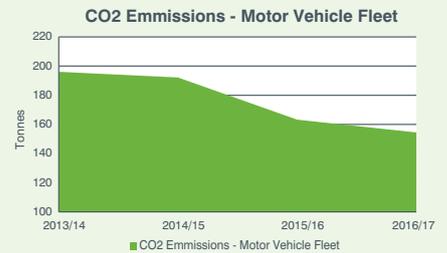
Electricity consumption for 2016-17 is the same as the previous year. Reverse cycle air conditioning has been installed in Penhall and Thompson House, which we expected to increase consumption. To offset this increase, we upgraded most hospital lighting to LEDs and motion sensors are also being fitted. PC upgrades and replacements are also expected to save 40w per PC.



Water consumption is down by 3.5%. Water consumption varies depending on the season. Opportunities to reduce water consumption are being pursued. Rain water runoff is already being used in Ellery House and an allocation is directed to the Castlemaine swimming pool.



Natural gas consumption is up by 3.4% and reduction strategies are being investigated. The reduced laundry load from June 2017 should result in a reduction of around 5% in the next year.



Our strategies to reduce CO² emissions generated by our motor vehicle fleet include reducing the number of vehicles, encouraging staff to use the train where possible and the purchase of hybrid vehicles.



The Acute Ward reception is just one of the many areas benefiting from new PCs, which use less power than their replacements.

Statutory Compliance

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

I, Carolyn Wallace, certify that Castlemaine Health has complied with Ministerial Direction 3.7.1 – Risk Management Framework and Processes. The Castlemaine Health Audit Committee has verified this.



Carolyn Wallace
Board Chair
13 July 2017

Compliance with 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. Ian Fisher, Castlemaine, 13 July 2017.

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

Protected Disclosure Act 2012: This Act enables people to make disclosures about improper conduct within the public sector without fear of reprisal. The Act aims to ensure openness and accountability by encouraging people to make disclosures and protecting them when they do. Castlemaine Health has received no complaints under this Act in the 2016-17 financial year.

Carers Recognition Act 2012:

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

Freedom of Information Applications:

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

Information requests can be submitted to the Chief Executive Officer, Castlemaine Health, PO Box 50, Castlemaine 3450. Application forms are available at www.castlemainehealth.org.au, or by phoning 5471 1555. Application charges and fees apply. Twenty-nine requests were received under Freedom of Information in 2016-17. All were processed within the required timeframes.

Compliance with Building and Maintenance Provisions of Buildings Act 1993:

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

Employment and conduct principles:

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 complaints.

Statement on National Competition Policy:

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

Additional information available on request:

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

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

Victorian Industry Participation Policy Act 2003:

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

Safe Patient Care Act 2015:

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

Appendix

Consultancies

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

Consultancies costing in excess of \$10,000				
Consultants	Project	Total project fees (ex GST)	Total fees incurred	Future commitment
Aspex Consulting	Concept design and feasibility study	\$12,986	\$12,986	None
Consultancies costing less than \$10,000				
Total number		Total cost (ex GST)		
11		\$43,492		

Statement of Priorities Report Part B: Performance Priorities

Part B: Performance Priorities

Quality and safety performance		
Key performance indicator	Target	2016-17 result
Health Service Accreditation	Full compliance	Achieved
Overall compliance with cleaning standards	Full compliance	Achieved
Very high risk (Category A)	90 points	98.3
High risk (Category B)	85 points	94.5
Moderate risk (Category C)	85 points	96.5
Compliance with Hand Hygiene Australia program	80%	90%
Percentage of healthcare workers immunised for influenza	75%	76%
Patient experience and outcomes performance		
Key performance indicator	Target	2016-17 result
Victorian Healthcare Experience Survey – data submission	Full compliance	Achieved
Victorian Healthcare Experience Survey – patient experience Quarter 1	95% positive experience	99%
– patient experience Quarter 2	95% positive experience	99%
– patient experience Quarter 3	95% positive experience	100%
Victorian Healthcare Experience Survey – discharge care Quarter 1	75% positive experience	85%
– discharge care Quarter 2	75% positive experience	90%
– discharge care Quarter 3	75% positive experience	92%
Governance, leadership and culture performance		
Key performance indicator	Target	2016-17 result
People Matter Survey - percentage of staff with a positive response to safety culture questions	80%	77%
Financial sustainability performance		
Key performance indicator	Target	2016-17 result
Operating result (\$m)	Update	Refer to AFS
Trade creditors	60 days	Refer to AFS
Patient fee debtors	60 days	Refer to AFS
Adjusted current asset ratio	0.7	Refer to AFS
Number of days with available cash	14 days	Refer to AFS
Public and private WIES performance to target	100%	Refer to AFS

Appendix (continued)

Statement of Priorities Report Part B: Performance Priorities

Part C: Activity and Funding

Funding type	2016-17 activity achievement
Acute Admitted	
WIES Public	2,215
WIES Private	480
WIES (Public and Private)	2,695
WIES DVA	53
WIES TAC	22
WIES TOTAL	2,768
Subacute & Non-Acute Admitted	
Subacute WIES – GEM Private	21
Subacute WIES – GEM Public	52
Subacute WIES – Rehabilitation Private	68
Subacute WIES – Rehabilitation Public	221
Subacute WIES – DVA	23
Subacute Non-Admitted	
Palliative Care Other Non-Admitted	611
Health Independence Program	16,035
Health Independence Program - DVA	150
Aged Care	
Residential Aged Care	24,001
HACC	6,599
Total Funding	30,871

Disclosure Index

Castlemaine Health's annual report is prepared in accordance with all relevant Victorian legislation. This index has been prepared to facilitate identification of the department's compliance with statutory disclosure requirements.

LEGISLATION	REQUIREMENT	PAGE
MINISTERIAL DIRECTIONS		
Report of Operations		
Charter and purpose		
FRD 22H	Manner of establishment and the relevant Ministers	02
FRD 22H	Purpose, functions, powers and duties	02
FRD 22H	Initiatives and key achievements	08-13
FRD 22H	Nature and range of services provided	04
Management and structure		
FRD 22H	Organisational structure	03
Financial and other information		
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 Protected Disclosure 2012	14
FRD 22H	Application and operation of Carers Recognition Act 2012	14
FRD 22H	Application and operation of Freedom of Information Act 1982	14
FRD 22H	Compliance with building and maintenance provisions of Building Act 1993	14
FRD 22H	Details of consultancies over \$10,000	Refer to AFS*
FRD 22H	Details of consultancies under \$10,000	Refer to AFS*
FRD 22H	Employment and conduct principles	14
FRD 22H	Information and Communication Technology Expenditure	Refer to AFS*
FRD 22H	Major changes or factors affecting performance	Refer to AFS*
FRD 22H	Occupational violence	11
FRD 22H	Operational and budgetary objectives and performance against objectives	Refer to AFS*
FRD 24C	Reporting of office-based environmental impacts	13
FRD 22H	Significant changes in financial position during the year	Refer to AFS*
FRD 22H	Statement on National Competition Policy	14
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	14
FRD 22H	Workforce Data disclosures including a statement on the application of employment and conduct principles	10 and 14
FRD 25C	Victorian Industry Participation Policy disclosures	Refer to AFS*
FRD 29B	Workforce Data disclosures	10
FRD 103F	Non-Financial Physical Assets	Refer to AFS
FRD 110A	Cash flow Statements	Refer to AFS
FRD 112D	Defined Benefit Superannuation Obligations	Refer to AFS
SD 5.2.3	Declaration in report of operations	Refer to AFS
SD 3.7.1	Risk management framework and processes	Refer to AFS
Other requirements under Standing Directions 5.2		
SD 5.2.2	Declaration in financial statements	Refer to AFS
SD 5.2.1(a)	Compliance with Australian accounting standards and other authoritative pronouncements	Refer to AFS
SD 5.2.1(a)	Compliance with Ministerial Directions	Refer to AFS
Legislation		
<i>Freedom of Information Act 1982</i>		
<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>		
<i>Safe Patient Care Act 2015</i>		

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

⁺ Inside back cover



Cornish Street, Castlemaine Vic 3450, PO Box 50
www.castlemainehealth.org.au