



ANNUAL REPORT



2012

## CONTENTS

<b>Year in Brief</b>	<b>1</b>	<b>Corporate Services</b>	<b>12</b>
<b>Overview of Services provided</b>	<b>2</b>	<b>Environment</b>	<b>13</b>
<b>Report to the Community</b>		<b>Human Resources</b>	<b>14</b>
– Chief Executive Officer	<b>3</b>	<b>Our Volunteers</b>	<b>16</b>
– President's Report	<b>4</b>	<b>Social Club</b>	<b>16</b>
<b>Medical Services</b>	<b>5</b>	<b>Strategic Plan</b>	<b>17</b>
<b>Nursing Care</b>	<b>6</b>	<b>Statutory Compliance</b>	<b>18</b>
<b>Community Care</b>	<b>8</b>	<b>Acknowledgments and local map</b>	<b>19</b>
<b>Corporate Governance</b>	<b>10</b>	<b>Disclosure Index</b>	<b>20</b>
<b>Organisational Chart</b>	<b>11</b>		

## VISION

Castlemaine Health will be widely acknowledged within our industry and by stakeholders as a preeminent Australian Rural Health Service.

## MISSION

As a comprehensive rural health service for the Castlemaine district we shall maturely continue to expand our knowledge, learning, services and skills and partner with other stakeholders to provide person centred care of the highest quality.

### Castlemaine Health... a centre for learning

On 22 December 1894, Alice King (pictured on cover) was granted the first nursing certificate at the Castlemaine Hospital. Alice King left Castlemaine in January 1895 to work at the Women's Hospital in Melbourne and later at a clinic in St Kilda. She returned to Castlemaine in the early 1920's where she lived until her death in 1960, spending the last few years of her life in the Halford Street Hospital.

Alice King began a tradition of learning at Castlemaine that continues to this day. In addition to nursing students from Australia and overseas, Castlemaine Health supports students and staff members from many health disciplines in their educational pursuits.

Over the past six months, fourteen staff members have participated in the Advanced Diploma of Management at Castlemaine Health. They included managers, assistant managers and coordinators from various departments within the Hospital, including Human Resources, Nursing, Allied Health, Community Programs, Hotel Services, and Information Management.

Castlemaine Health recently awarded two scholarships to two local students who are furthering their studies in the health field at La Trobe University in Bendigo.

Students from medicine, nursing and Allied Health work and learn together as part of the Whole of System Student Placement (WoSSP) project. Their clinical placements in the Castlemaine region aim to introduce students to: chronic and

complex health care, patient centred care, internal and external referral pathways, rural and regional locales and inter-professional work. Students work closely with selected patients and follow their journey through the local health and community service sector.

The Monash Medical Student program is in its third year at Castlemaine Health. Fourth year medical students gain experience in a rural setting through consulting with GP's in medical clinics and taking part in formal education sessions with rural health professionals.

**This commitment to educating and mentoring students from different disciplines and from all parts of the globe has helped to make Castlemaine Health the vibrant health service that it is today.**



## YEAR IN BRIEF

### Key achievements

- Fourteen staff supported to complete the Advanced Diploma of Management (page 3)
- Joint project with Latrobe University to appoint an Aged Care Nurse Practitioner (page 3)
- Innovative program, the Whole-of-System Student Placement (WoSSP) project for doctors, nurses and allied health practitioners (page 3)
- Education precinct built around good technology and good facilities (page 3)
- \$10 million funding commitment from the State Government for redevelopment for the coming year (page 3-4)
- Recruitment of General Practitioner Registrar to Connolly Rehabilitation Unit (page 5)
- The introduction of a Residential Intake Support Program. This team approach helps new residents (page 6)
- Refurbishment and purchase of equipment for palliative care patients achieved (page 6)
- Successful Aged Care Accreditation March 2012 (page 6)
- Palliative Care Expansion Project (page 8)
- Development of a high level External (Code Brown) Manual and a 'Grab & Go' folder to assist managers and staff in a Code Brown (bushfire, flood etc) emergency (page 15)
- Development of the Risk Management strategy (page 15)
- Two staff trained in non-violent crisis intervention through the International Crisis Prevention Institute (page 15)
- Contracted local security firm to provide security support to Castlemaine Health (page 15)

### Performance at a glance

ACTIVITY	2011-2012 ACTIVITY ACHIEVEMENT
WIES public	1479.58
WIES private	388.79
TOTAL WIES (public and private)	1868.37
WIES DVA	119.23
WIES TAC	2.44
WIES TOTAL	1990.04
<b>Sub acute inpatient discharged bed days</b>	
Rehab Level 2 (non DVA)	5311
GEM (non DVA)	1361
Rehab Level 2 DVA	763
GEM DVA	441
<b>Ambulatory occasions of service</b>	
SACS Non DVA	12516
SACS DVA	448
Post Acute Care non DVA	410
Post Acute Care DVA	22
<b>Aged Care</b>	
Aged Care Assessment Service	486
Residential Aged Care	55604
<b>Nursing Home Type discharged bed days</b>	
NHT non DVA	156
NHT DVA	43
<b>WIES Activity Performance</b>	
WIES (public and private) performance to target %	96
<b>Quality and safety</b>	
Health service accreditation	Full
Residential aged care accreditation	Full
Cleaning standards (5)	96.2
Submission of data to VICNISS (%)	Full
VICNISS Infection Clinical Indicators	No outliers
Hand Hygiene Program compliance (%)	79.2
Staphylococcus aureus bacteraemia (SAB) rate	1.0
Victorian Patient Satisfaction Monitor	84.0
<b>Maternity</b> – postnatal home care (%)	70.2

## OVERVIEW OF SERVICES PROVIDED

### Acute/Sub-Acute Facilities (65 staffed beds)

- Medical
- Obstetric
- Paediatric
- Rehabilitation
- Geriatric Evaluation & Management
- Respite
- Surgical
- Accident & Emergency

### Residential Aged Care

#### High Care (90 beds)

- Ellery House
- Thompson House

#### Low Care (63 beds) (Ageing in Place)

- Spencely
- Penhall
- Thompson House

### Community

- District Nursing Services / Palliative Care / Post Acute Care
- Post Acute Care Home Services
- Aged Care Assessment Service
- Adult Day Activity Centre
- Community Rehabilitation Centre / Allied Health Departments
- Volunteer & Social Support Program
- Castlemaine & District Accommodation & Resource Group (CADARG)
- Early Intervention Program
- Community Aged Care Packages
- Continence Service

### Client Services

- Medical
- Nursing & Personal Care
- Social Work
- Podiatry
- Occupational Therapy

- Physiotherapy
- Speech Therapy
- Dietetics
- Continence Management
- Volunteer Assistance
- Pharmacy
- Psychiatry
- Pastoral Care
- Infection Control
- Recreational Activities
- Pathology-Provided on site by Health Scope Pathology
- Radiology and Ultrasonography - Provided on site by Bendigo Radiology

### Corporate Services

- Engineering Services
- Supply Department
- Human Resources
- Health Information Services
- Information Services
- Public Relations / Fundraising
- Finance Department
- Hotel Services
- Occupational Health & Safety
- Quality Department

### Training and Development

- Training and Development Apprenticeships & Traineeships
- Graduate Nurse Program
- Overseas Registration Program
- Public Health Programs / Health Promotions
- Staff Education / Professional Development
- Undergraduate Programs
- Work Experience Program

### History of Transition

- 2009** "Mt Alexander Hospital" renamed "Castlemaine Health"  
New logo implemented
  - 2008** Thompson House upgraded
  - 2007** Ellery House opened
  - 2000** Newstead Hostel upgraded
  - 1998** Renshaw House upgraded
  - 1998** Spencely House upgraded
  - 1996** Penhall Hostel opened
  - 1995** Acute Facilities relocated
  - 1995** Thompson House opened
  - 1994** Building Program launched
  - 1986** Castlemaine District Community Hospital amalgamated with Alexander to become Mt Alexander Hospital
  - 1959** Mount Alexander Hostels established
  - 1939** Halford Street Hospital opened
  - 1860** Castlemaine Benevolent Asylum opened
  - 1853** Gingell Street Hospital opened
- Castlemaine Health is a public hospital incorporated under the Health Services Act 1998 and has a variety of programs and services funded by:
- The Department of Health Minister*  
The Hon David Davis
- The Department of Health and Ageing Ministers*  
The Hon Tanya Plibersek
- The Hon Mark Butler  
*The Department of Education Minister*
- The Hon Martin Dixon  
*The Department of Human Services Minister*
- The Hon Mary Wooldridge

## REPORT TO THE COMMUNITY

### Chief Executive Officer

It has been another exciting year for Castlemaine Health and the chosen theme of Education is fitting, given the significant investment and importance it has in this, our local health service. The continuation of the collaboration with Monash University for medical students, the partnership with Latrobe University in allied health and nurse training and our work with other institutions such as BRIT to support enrolled nurse training and personal care workers have all continued our focus on teaching and learning.

Learning is more than students; it is our continued investment in our Board through Australian Institute of Directors Training. We provided up to date training and continuing professional development to all levels of staff across all areas of service through a variety of training programs. A particular highlight was the fourteen staff being supported to complete the Advanced Diploma of Management. As part of their training, they have identified particular goals for improving communication and the hospital executive will support this as part of organizational improvement.

We continue our support of the Nurse Practitioner role in Palliative Care and this year have introduced a joint project with Latrobe University to appoint an Aged Care Nurse Practitioner. This innovative program, as well as the Whole-of-System Student Placement (WoSSP) project for doctors, nurses and allied health practitioners to work in a collaborative approach to case management, has been a great success.

We have invested significant funds into an education precinct built around good technology and good facilities and both our staff and visiting staff enjoy the capabilities and support this offers. Castlemaine Health is a centre of educational excellence and this support by the Clinical Education Department is a credit to the vision and commitment of the board and staff to continuous improvement and investment in our staff.

This year has had challenges, but with diligence we have achieved a balanced budget. We have continued to address significant maintenance issues and with that were greatly excited and appreciative of the \$10 million commitment from the State Government for the coming year. Planning is well advanced and we would hope to see works started either early next year or by June 2013.

None of the success of the health service would be achieved without the commitment of our staff. The latest (VPSM) Victorian Patient Satisfaction Monitor report shows their efforts do make a difference, with the patient satisfaction well above benchmarks of other health services in the State. We are not however complacent, and we continue to invest in addressing our culture. We have reshaped the executive team and expect great things from this group in the coming year.

We welcome new Executive Directors Rick Munari and Amanda Edwards (and all staff in all areas) to a team of people dedicated to providing professional high quality care to those we serve.

It is exciting to be involved in a current review for service planning, leading to a master plan to give long term stability to the health services. This is extremely important given the recent strategic goals set out by the Department of Health, not least because of the impacts arising from national reforms in health services and in aged care at a Federal level. The team at Castlemaine Health will work with the Department of Health to ensure there is critical analysis of our strengths, weaknesses, opportunities and threats (SWOT), industry trends, organisational capacity, local service demand and political realities to build a service plan. The Service Plan will clearly define what is needed to be built in master planning for our future. Included in this will be considerations ranging from a green fields site (new site) to refashioning the old building to contemporary requirements.



Graem Kelly, CEO

This is an extremely important issue for the service and the community more broadly and we ask invited community members take the opportunity to voice their issues so that our planning takes account of all interests.

The Board, under the leadership of Board President Glenn Sutherland, has provided strategic governance and direction for the continued success of this important health service. This year we have had significant political support, as reported by the President. I thank the Board for their vision; without their stewardship we would all be less successful.

Please accept this, our annual report, and be confident in the service being all it can be in addressing the health needs of this, our local area.

**Graem W Kelly, PSM**  
CEO

## Presidents Report

The past year has seen a consolidation of a number of much-needed changes in the structure and culture of Castlemaine Health. It has also been a year with some exciting prospects for the future.

### Strategic Planning

In October 2011, about 25 people including members of the Board, Senior Management and the Director of Medical Services, attended a Retreat. With the assistance of an external facilitator, we discussed our key directions for the next two years. These included:

1. Completing master planning for Castlemaine Health
2. Improving communication – People know what's happening and where they can access information
3. Building a workforce that is open respectful, supportive, trusting, capable and aligned to organisational strategic direction
4. Continue to enhance organisational skills in change management
5. Provide high quality governance and leadership
6. Define our role in the subregion

I should also say that just as important as the agreement on our actual objectives was the whole team arriving at a strong consensus on what our priorities should be. It was a real pleasure to see everyone working together at this level of strategic planning for Castlemaine Health.

In a similar vein, the Board has established closer alliances with major local partners CHIRP and Maldon Hospital, with a visit to CHIRP and a joint Board meeting with Maldon Hospital at which a guest speaker discussed a very innovative approach to the holistic training of medical, allied and nursing students here in Castlemaine.

### Capital Works

Whilst we missed out on the submission to the Commonwealth for a \$49 million major overhaul and upgrade of our

infrastructure, Castlemaine Health was delighted with the announcement in the state budget in May that we have been granted \$10 million over three years. With these funds we will build a second operating theatre, upgrade the day procedure facility and restructure the access to our urgent care centre. These improvements will help considerably to improve our urgent care centre capacity and to provide even better services for the Castlemaine community.

As a result there has been unprecedented political interest in Castlemaine Health this year, with visits by the Health Minister David Davis, the Treasurer Kim Wells and the Deputy Premier Peter Ryan. Local MLA Maree Edwards also presented a petition to State Parliament prior to the budget in respect of the \$10 million funding.

### Service Planning and Master Planning

The service planning is important in understanding our environment, government policy and competing forces within our industry and in where lies our services needs demands for improvement or growth.

The Master Planning is critical in building the foundations on which the future service from Castlemaine Health can be delivered.

### Board Professional Development

The Board has been very pleased to have the opportunity to become members of the Australian Institute of Company Directors. This has improved the professionalism of the Board, particularly in the delivery of more effective governance of Castlemaine Health. Board members have also attended a number of professional development events including the VHA conferences relating to healthcare. As Board Chair I have participated in the Loddon-Mallee Health Board Chairs meetings organised by the Regional Department of Health.



Glenn Sutherland President

### Some Challenges

- Our operating theatre will be closed down and relocated to a Private Day Surgery unit in Bendigo while our second theatre is being constructed.
- The funding by the Commonwealth for the National Health Aged Care reforms is still to be managed.

During the past year four members of the Board have retired. We thank Rob Waller, Jude Jackson, Bruce Johnsen and Bairbre Williams very much for their contributions to the Board and our sub-committees. I also want to express my gratitude to the Vice President Lee Bower, and the Treasurer Ian McKenzie for their advice and support and to all Board members for their incisive and caring contributions during this last year.

Finally, I want to pay tribute to the work of Graem Kelly as CEO. The Board is very appreciative of the vision, big-picture thinking and strategic advice that Graem brings to his role.

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 2012.



**Glenn Sutherland, MAICD**  
President.

## MEDICAL SERVICES

### Profile

Director of Medical Services, Dr Glenn Howlett, oversees the management of Medical Staff, Pharmacy and Infection Control. Glenn (Dr Howlett) chairs the Clinical Services Committee and Infection Control Committee, and provides regular updates to the Board's Clinical Governance Committee. Dr Howlett regularly attends meetings of the Medical Staff Group and provides recommendations to the Credentials and Medical Appointments Advisory Committee.

### Achievements and Outcomes

- Introduction of Limited Adverse Occurrence Screening (LAOS) program, in support of clinical risk management at Castlemaine Health.
- Recruitment of General Practitioner Registrar to Connolly Rehabilitation Unit.
- Expansion of external peer support for General Practitioner Obstetricians to include Midwives.
- Recruitment of new Infection Control Consultant.
- Clinical placement of fourth year pharmacy students from Latrobe University.
- Introduction of the National Standard Labelling for injectable medications.
- Participation in audit of the National Inpatient Medication Chart.

### Future directions

- Ensuring sustainability of after-hours Urgent Care services.
- Specialist Geriatrician support to Connolly Rehabilitation Unit.

### Pharmacy

Castlemaine Health has an onsite pharmacy service that oversees dispensing of medication to acute and subacute services and provides medication reviews for residents.

### Infection Control

The Infection Control Department manages the risk of infection transmission for staff, patients, residents and visitors to Castlemaine Health.

### Medical Staff

The General Practitioners of Castlemaine provide excellent inpatient services and also provide a comprehensive after hours urgent care service. A dedicated doctor oversees clinical care on the Rehabilitation unit and visiting surgeons and other specialists provides comprehensive specialist services. In collaboration with Monash University, medical staff supports fourth year medical students who spend two days each week working in doctors practices and one day a week participating in education at Castlemaine Health.



Dr Glenn Howlett  
Executive Director of Medical Services

“

The General Practitioners of Castlemaine provide excellent inpatient services and also provide comprehensive after hours urgent care

”

## NURSING CARE

### Profile

Under the management of Executive Director of Nursing Services Ann Allenby and Fiona Lukaitis (November 2011 to May 2012), clinical care is provided within Residential Aged Care, Rehabilitation, Acute Medical and Surgical, Midwifery and Accident and Emergency services.

### Achievements and Outcomes

- Successful submission for and implementation of Aged Care Nurse Practitioner project
- The introduction of a Residential Intake Support Program. This team approach helps new residents and their families make the often emotional transition to residential aged care.
- The successful development and implementation of an Interprofessional learning project (Whole of System Student Placement – WoSSP). Students from medicine, nursing and allied health courses began studying and working together in a groundbreaking project with excellent outcomes for those involved.
- Review of Maternity Services with resultant increases in training and development opportunities for midwives and doctors and improvement in our policies and procedures to align with best practice.
- Review of Residential Aged Care funding to ensure that we capture all the revenue that we are able to under the Commonwealth Aged Care Funding Instrument.
- Refurbishment and purchase of equipment for palliative care patients achieved.



Whole of System Student Placement (WoSSP) Program participants in 2012

- Students of the Monash Medical School continued this year with a smooth transition for medical students.
- Successful Aged Care Accreditation March 2012.
- Effective management of flood crisis in Thompson House in March 2012 with emergency planning proving successful.
- Lean Thinking implementation – ensuring right resources, right time, right place to improve efficiency.
- Leadership development focus for aged care team with training, education and coaching.
- Successful completion of Advanced Diploma of Management for 14 leaders within the organisation.
- Hospital redevelopment – ensuring that environment and workforce development meets the needs of patients attending the hospital.
- Facilitating the continuation of service for Operating Theatre during redevelopment.
- Partnering with Latrobe University to develop a sustainable Aged Care Nurse Practitioner role for Castlemaine Health and the wider region.
- Undertaking a project to map the number, skills, qualifications and roles of our enrolled nurses throughout the organisation. This information will then be used to determine future development of the enrolled nurse workforce and ensure that our nursing workforce adapts to the changing health environment.

### Future Directions

- Realignment of Nursing and Education Directorates to improve effectiveness and communication.
- Leadership development of Nurse Unit Managers and Associate Nurse Unit Managers as key change agents within the organisation.
- Further development of the Interprofessional Learning project with Monash and Latrobe Universities and involvement in the Clinical Placement Network to develop a strong and effective learning environment for our students.





- Strengthening the International Registration of Nurses program to ensure future sustainability.

### Geroe Acute Unit

Acute services cater for over 5440 urgent care patients, low risk midwifery patients and admissions booked by the local doctors. During the year there were 57 babies born at Castlemaine Health, with many other mothers and babies transferred from larger hospitals for care post birth. The Geroe Unit also cares for post surgical cases, mental health clients and medical patients.

### Operating Suite/Day Procedure Unit

The Operating Suite is comprised of one fully functioning operating theatre, a central sterilising unit, a three bay first stage recovery and a nine bed Day Recovery Room which enables 1752 major and minor surgical procedures to be performed each year.

Visiting Surgeons from Bendigo, Ballarat and Melbourne provide operative procedures for ophthalmic, orthopaedic, dental, gynaecology, ear, nose and throat, plastics and reconstructive, general and urology surgical procedures. Our waiting times are significantly lower than most major hospitals and the first class, personal service cannot be rivalled!

### Connolly Rehabilitation Unit

Our 30 bed Rehabilitation, Geriatric Evaluation and Management and Respite Unit helps people recover from their health crisis. Care for patients includes physiotherapy, speech therapy and/or occupational therapy to help our clients return to their optimal physical and emotional recovery. The time here also provides an opportunity for the client and family to consider the long term options,

whether it is to consider returning home with or without support services or a move into residential aged care.

### Recreational Team

A team of committed staff work together to provide all residents with individual and group opportunities to participate in life and social activities that are appropriate to individual needs. This includes the ability to participate in social activities that residents may have been a part of before their need to move into a residential facility. We know that one of the hardest decisions to make is the one to move into residential aged care so one of the major roles of the Recreation Team is to help new residents and their families settle in to their new home. The team works with new residents and families to help to navigate the aged care system and to get used to living in an aged care community.

### Residential Care

Castlemaine Health is home to 153 aged care residents. We want our community of residents to live the best life they can

live within the residential care environment, helping them to maintain their social and family connections as much as possible. Even though most people have reservations about entering residential care, we do our best to make it enjoyable and really focus on person centred care.

### Transition Care Program

The Transition Care Program provided for 4 clients in house and 2 clients in the community. The aim of the Program is to improve client's independence and confidence following a hospital admission. The program provides nursing care and low intensity therapy appropriate to the client; this may include physiotherapy, speech therapy or occupational therapy. This provides an opportunity for the client and family to consider the long term options whether it is to return home with or without support services, or transfer into a residential aged care facility.



Transition to Care client Susie Westcott (L) with Heather Harris, Nurse Unit Manager

## COMMUNITY CARE

### Profile

---

Multidisciplinary services include inpatient and outpatient rehabilitation, assessment, treatment and social support to clients from the Goldfields, Macedon Ranges, and Mount Alexander Shires.

### Achievements and Outcomes

---

- Increased number of allied health and social work students and participation in the Whole of System Student Placement (WoSSP) Project.
- Refurbishment of Metcalf Hostel to enable allied health therapists to expand the services we currently provide for school aged children.
- Successful Quality Review of the Case Management and National Respite for Carers Program.
- Implementation of the Nutrition Standards driven by the Nutrition Department.
- CADARG became an accredited provider under the Housing Assistance Support Standards.
- Five Community Programs staff completed the Advanced Diploma of Management.
- Restructure of Adult Day Service/ Volunteer Management, CACP's, OT and Podiatry HACC programs and appointment of a Community Services Manager.
- Implementation of strategies in the acute and rehabilitation units from the LSOP (Longer Stay Older Person) project around mobility, nutrition, and skin integrity.
- The Social Work Department has been pivotal in convening the local Mental Health Forum, which meets monthly and offers an opportunity to improve continuity and referral pathways for clients.

- HACC funding received to increase nursing in the continence service.
- Palliative Care Expansion Project

### Future Directions

---

- To expand services provided by the Early Intervention Program to include school age children. Along with the clinics, where families can access allied health services, we would be seeking the services of a Paediatrician and Psychologist.
- A Nutrition Assistant role has been trialled and will be included in the Dietetic Department's structure in the new financial year.
- Expansion of the Palliative Care Program.
- Increased levels of support through packaged care and case management aimed at promoting health and independence for the elderly.

### HARP

---

It has been a year of growth for the HARP team with the addition of two new staff who will join the existing team to provide care coordination and self management support to residents having frequent admissions to hospital.

### Occupational Therapy

---

The Occupational Therapy Department has seen some changes with the remodelling of the therapy space on rehabilitation, allowing staff to provide programs such as breakfast and project groups to patients on the unit. They continue their partnership work with Mount Alexander Shire and the new year will bring further diversity of service with a staff person who will specialise in paediatrics.



Frances St Ruth in Podiatry receiving a foot wax bath

### Physiotherapy

---

It has been an incredibly busy year, with demand consistently high for individual and group programs. One of the recommendations from the LSOP Project was to introduce a mobility program on the acute unit in addition to their usual schedule of individual treatment for patients on the units.

### Social work

---

The Department has expanded with the addition of a dedicated social work service within the Rehabilitation Unit. The Social Workers on Acute and Rehabilitation provide assessment, advocacy, counselling, family meeting facilitation and discharge planning.

## Early intervention

The Early Intervention sector continues to undergo reform. The advent of availability of therapy through Helping Children with Autism and Best Start funding has meant that services traditionally delivered by early intervention therapists is now being outsourced to private practitioners. We are focussed on developing a model that is mutually satisfying for families and therapists.

## CADARG

During the next twelve months CADARG will focus on programs to address homelessness in Mount Alexander shire that will support initiatives for affordable housing, along with continuing collaboration with our local and regional community services networks.

## Podiatry

The department continues to work in partnership with Mount Alexander Shire to provide the In Home Foot Care Program. Diabetes assessments have increased in the past year. The department will be working closely with Latrobe University during the next 12 months to increase the number of podiatry students placed.

## District Nursing/Palliative Care/ Post Acute Care

District Nursing Services continues to aim to provide quality nursing care for people in their own homes across most of the Shire of Mount Alexander.

517 clients have welcomed our visiting nurses in their homes in the last year; 366 District Nursing, 90 Post Acute Care episodes and 61 Palliative Care clients.

Our main quality improvements have been:

- Palliative Care Expansion Project - this project aims to expand the current reach of the Palliative Care Service to address some gaps in service provision identified over a number of years.
- Successful application to purchase three air mattress overlays.
- Education of two Wound Resource Education Nurses.
- Purchase of two laptops.

In the future our aims are:

- To expand the Palliative Care Program.
- To provide increased services for Lymphoedema clients.
- Utilisation of laptops out in the community.
- To enhance wound care program
- Review of referral pathway.

## Community Services

Home and Community Care Services (HACC) include Podiatry, Occupational Therapy, Continence Management, Nursing, and Social Support through planned activity groups and volunteer programs. There has been increased demand in the social support sector from carers in need of respite, especially when looking after a loved one with dementia. The Case Management Service has helped 20 clients with complex needs to remain in their homes.



During the next twelve months CADARG will focus on programs to address homelessness in Mount Alexander shire



Some of the 14 staff that completed the Advanced Diploma of Management in 2012

## CORPORATE GOVERNANCE

### Board of Management

#### **PRESIDENT**

##### **Mr Glenn Sutherland**

BA, Dip Ed, Grad Dip Ed Admin, Grad Dip Mgmt  
Lecturer and Online Retailer  
Appointment Expires 30 June 2013

#### **VICE PRESIDENT**

##### **Ms Lee Bower**

BSc (Monash)  
Employment & Training Consultant  
Appointment Expires 30 June 2014

#### **TREASURER**

##### **Mr Ian McKenzie**

Bachelor of Pharmacy  
Pharmacist / Wine Maker  
Appointment Expires 30 June 2013

#### **BOARD MEMBERS**

##### **Dr Les Fitzgerald**

RN, RM, Dip (Teach),  
BA Ed, M Nurse PhD  
Senior Lecturer in Health Sciences  
Appointment Expires 30 June 2014

##### **Ms Sharon Fraser**

Master of Business (Management)  
Bachelor of Applied Science (Speech Pathology)  
General Manager  
Appointment Expires 30 June 2013

##### **Ms Elizabeth Grainger**

Trained Infant Teachers Cert  
Grad Dip, Special Ed  
Assistant Principal (Retired)  
Appointment Expires 30 June 2012

##### **Ms Jude Jackson**

Trained Primary Teachers Cert  
Grad Dip, Special Ed (Retired)  
Appointment Expires 30 June 2012

##### **Mr Bruce Johnsen**

BSc Biology, Grad Dip Computing  
Business Analyst  
IT Security Assurance  
Appointment Expires 30 June 2012

##### **Ms Maria Simpson**

BA, Master of Business (Administration),  
Diploma of Education  
CEO  
Appointment Expires 30 June 2014

##### **Ms Carolyn Wallace**

Master Public Policy & Management  
Graduate Diploma of Education,  
Bachelor of Arts  
Healthy Communities Project Coordinator  
Appointment Expires 30 June 2013

##### **Mr Rob Waller**

Resigned Feb 2012  
CEA (REIV)  
Estate Agency Director  
Appointment Expires 30 June 2012

##### **Mrs Bairbre-Terese Williams**

Dip Ed (Ec), B Mus, B Ed, Cert IV  
Massage  
Cert IV Workplace Training &  
Assessment, Enrolled Nurse  
Self Employed  
Appointment Expires 30 June 2012

### Board of Management Structure and Function

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

Members are required by the Act to act with integrity and objectivity at all times. They are required to declare a pecuniary interest, when applicable, during Board debate and withdraw from proceedings. There were no occasions that required declaration this year.

Conflict of interest is declared during Board proceedings, in accordance with the By-Laws of the service.

Board members serve in a voluntary capacity and do not receive payments.

A number of sub-committees consisting of Board, Staff, Visiting Medical Officers

and members of the community have been formed to advise and recommend on relevant matters.

The Board of Management meets on the fourth Monday evening of each month (except January) to deal with a formal agenda and reports on the Hospital's performance as reported by the Chief Executive Officer. Meetings commence at 6.30pm in the Board Room, Level 4 of the Hospital and are open to the Public.

### Board of Management membership of Sub-committees

#### **Credentials & Medical Appointments Advisory Committee**

Mr Les Fitzgerald  
Ms Elizabeth Grainger  
Mr Glenn Sutherland  
Ms Bairbre-Terese Williams

#### **Chief Executive Officer Evaluation Committee**

Mr Glenn Sutherland (President)  
Ms Lee Bower (Vice President)  
Mr Ian McKenzie (Treasurer)

#### **Audit Committee**

Mr Ian McKenzie (Chair)  
Mr Glenn Sutherland (President)  
Mr Rob Waller (BOM)  
Ms Carolyn Wallace (BOM-Emergency)  
Mr Richard Hetherington (Independent)

#### **Clinical Governance Committee**

Ms Sharon Fraser (Chair)  
Ms L Bower  
Ms E Grainger  
Ms M Simpson



## ORGANISATIONAL CHART

### Executive Management

The Directors meet with the Chief Executive Officer every month to discuss strategic issues relating to the management of the organisation. The Director of Medical Services does not attend on that day, but attends a full day each Thursday at the Hospital.

#### CHIEF EXECUTIVE OFFICER

Mr Graem Kelly, PSM

BA App Sc, Grad Dip Rural Health, Adv Dip Bus, RN, AFCHSE, MAICD, AIMM, FARLF

#### EXECUTIVE DIRECTOR OF COMMUNITY SERVICES

Mrs Rhonda Williams

RN, B Pub Health

#### EXECUTIVE DIRECTOR OF FINANCE & CORPORATE SERVICES (Commenced January 2012)

Mr Richard Munari

Bachelor Business (La Trobe)

#### EXECUTIVE DIRECTOR OF FINANCE & CORPORATE SERVICES (Resigned December 2011)

Mr Laurence Smith

BBus (Acc), MBA, MAppFin, ICAA

#### DIRECTOR OF MEDICAL SERVICES

Dr Glenn Howlett

MB BS LLB FRACGP

#### EXECUTIVE DIRECTOR OF NURSING SERVICES

Ms Amanda Edwards

(Commenced June 2012)

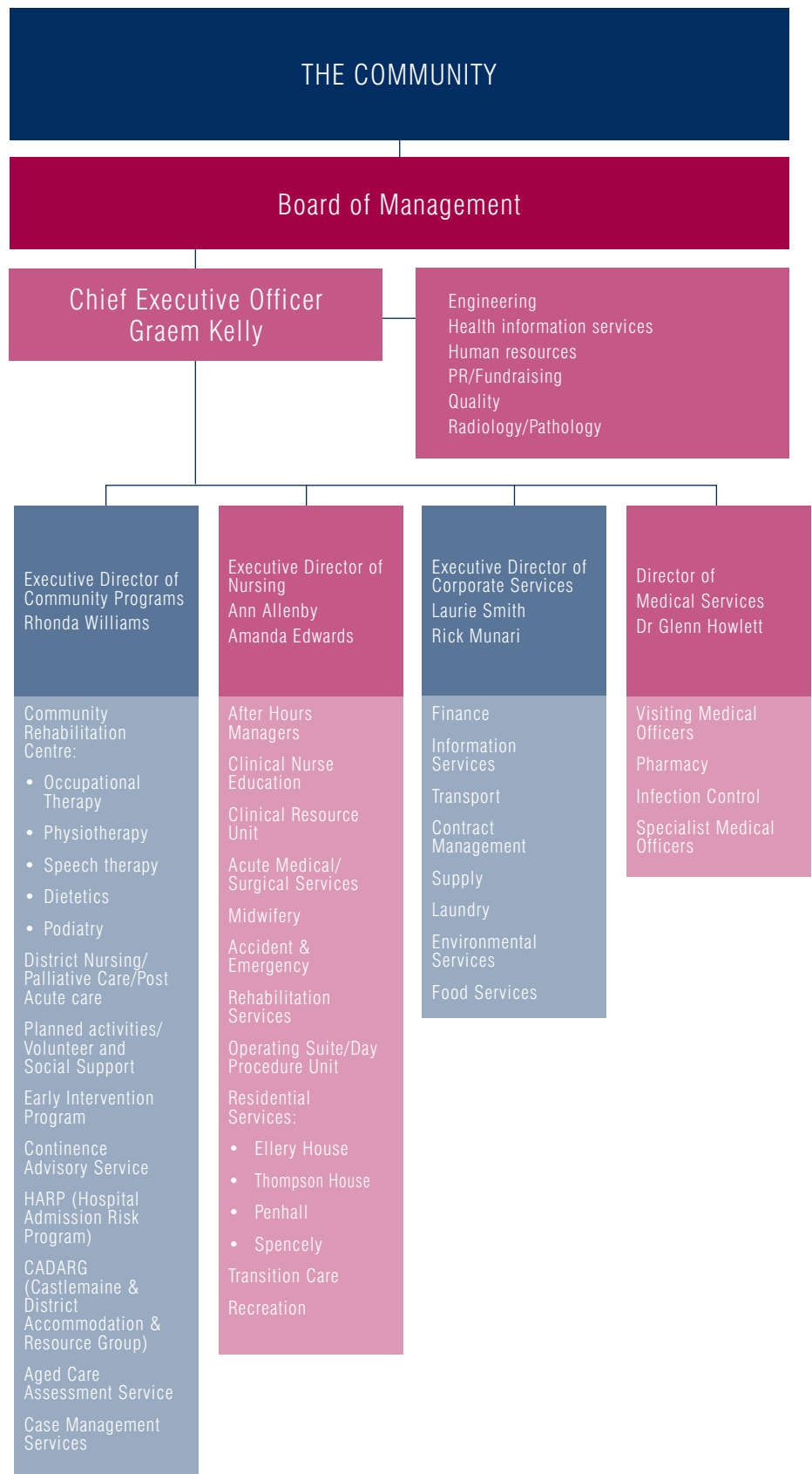
MHSM, PGDAN (Emergency), PGDAN (Mid), RN

#### EXECUTIVE DIRECTOR OF NURSING SERVICES

Dr Ann Allenby

(Resigned June 2012)

RN, Cert Onc Nsg, Cert Steril & Inf Control, MedSt, DN, MRCNA, Cert Business & Admin



## CORPORATE SERVICES

### FINANCE, SUPPLY, INFORMATION TECHNOLOGY, PATIENT TRANSPORT, FLEET MANAGEMENT, LAUNDRY, FOOD AND CATERING, ENVIRONMENTAL AND SECURITY

#### Profile

This team is responsible for financial management of:

- The operation, procurement and supply of materials (including new equipment).
- Information technology services.
- Linen and laundry services.
- Food preparation and catering.
- Cleaning.
- Waste disposal.
- Security services.
- Management of fleet vehicles.

#### Achievements and Outcomes

- During the past year, our Environmental, IT and Food Services Managers all participated in the Advanced Diploma of Management course, which was a demanding, but very rewarding experience that promises future benefits to the organisation over many years.
- Wireless networking was initiated throughout certain buildings, allowing staff to access the computer network from mobile devices, such as laptops and mobile phones.
- EFTPOS facilities were introduced earlier this year to enable patients and residents to pay their bills using a credit card.

#### Finance

The Finance staff endured a very difficult year in 2011, but have now re-grouped and consolidated into a very productive team. The addition of Melissa Edwards has provided much-needed back-up of several positions and boosted the level of customer service available to residents and staff. A number of financial areas are now being administered far more rigorously than in recent times.

#### Food

Castlemaine Health continues to enjoy a very enviable reputation for quality meals. Our customer satisfaction surveys consistently report excellent results, and the Food Services team are to be congratulated on the quality and consistency of their work, considering they provide more than 275,000 meals each year to patients, residents, visitors and staff.

An external Food Safety Audit was conducted in June this year, again with excellent results.

The Meals on Wheels contract to the Mount Alexander Shire was successfully re-tendered during the year. This program involves the hospital staff preparing approximately 11,000 meals per year to be distributed by Council staff to needy residents in their own homes.

#### Supply

Our Supply team has consolidated behind their new Co-ordinator in Carolyn Chislett after the previous Manager was not replaced, gaining valuable efficiency savings. This small team works tirelessly to collate requisitions from staff, place orders, receive and dispatch materials to all areas across the Castlemaine site, as well as to Maldon Hospital.

#### Information Technology

Our small IT team were kept busy this year installing and configuring a host of new equipment to build our IT platform. Ten virtual network servers were commissioned during the year, including a mail server upgrade, replacing older systems that were well past their "use-by" date. A driving force behind this upgrade was to enable all staff to have their own computer login and email account, providing improved security and more efficient communications among staff.

The new mail server incorporates a quota system, which will help to free up our limited IT resources and will also provide a much better interface for staff accessing email from off-site.



Rick Munari  
Executive Director of Corporate Services

#### Transport & Fleet Management

New software was successfully implemented in May this year enabling web-based fleet management of all fleet vehicles. This system provides comprehensive analysis and reporting of our fleet operation and allows for improved utilisation and better management of costs.

#### Environmental & Security Services

Hospital cleaning standards are very demanding and our Environmental Services staff continued delivering excellent results across the facility, with external cleaning audits returning the following results:

Very High Risk Areas	97.5%
High Risk Areas	95.3%
Moderate Risk Areas	95.8%

In preparedness for future bushfires, Renshaw House was established as an emergency evacuation area for residents of Maldon Hospital. Meanwhile, part of Renshaw House is now being contracted out to our neighbours Don KR Castlemaine (part of George Weston Foods Ltd) for use as consulting rooms.

An increased demand for a security presence resulted in a new contracted service being commenced in May this year.



## ENGINEERING

Contracted providers will now respond to security guard and Code Black situations. This service was previously provided in-house, but out-sourcing is proving more cost-effective.

### Linen & Laundry Services

After many years of operation, the financial viability of our on-site laundry service came under review this year. Laundry has become a volume game and like Bendigo Health and many other smaller providers, we cannot escape the need to assess the possibility of a more viable means of delivering this important service to residents and patients. The laundry staff has been extremely co-operative during this very difficult time and recognise the need to change. As a result, any decision on the ongoing viability of this service has been deferred until at least January 2013 after a number of improvements are trialled and evaluated.

### Future Directions

Financial reporting to Department Managers will be increased substantially this year to enable more planning and control of operations. Training will soon be provided to allow Managers to access detailed payroll, revenue and expenditure information relating to their respective areas.

The wireless network will be extended to other buildings and patients and residents will be able to access the internet and their email using these services.

In the coming months, all remaining staff will be provided with a network login and email account.

Engineering completed over 7,128 programmed and requested work orders for the year.

We had no workers compensation lost time and no sick leave for three months during the year.

The introduction of the Personal Data Assistant (PDA) has allowed Engineering to keep an accurate and up to date record of work orders, with around 400 work orders in the system at any one time.

Engineering will continue the building works program, which to date has included painting, room refurbishment, creation of new office space, new equipment, air-conditioning and heating upgrades just to name a few.



We had no workers compensation lost time and no sick leave for three months during the year



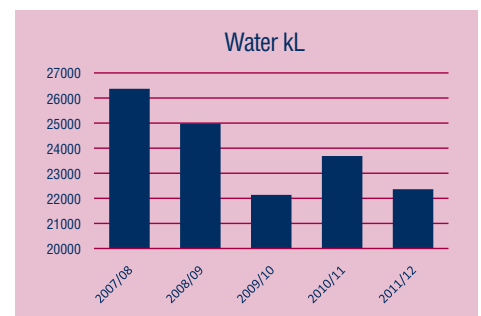
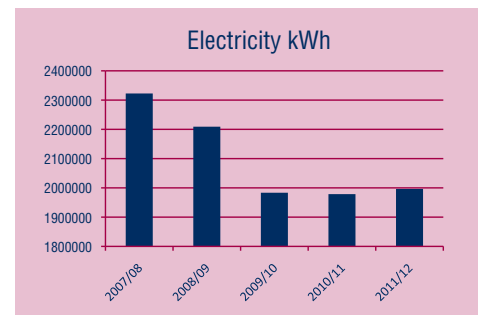
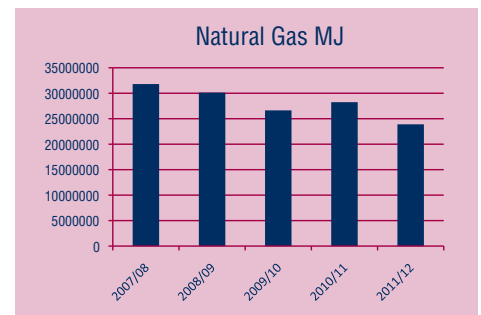
Greg Hughes keeps the gardens looking beautiful

## ENVIRONMENT

Power consumption for the financial year 2012 shows a 1% increase over 2011 consumption. Air-conditioning in Spencely and Slater House have added to our electrical demand.

Natural gas consumption is down by 15% due to a recommissioning of the boiler control system and overview of the control strategy.

Water consumption is also down from 2011 by 6%, due to the Ellery house water harvesting system.



## HUMAN RESOURCES

### Profile

---

The Human Resources Department is managed by Bruce Duncan who has now been in his position since January 2011. The Human Resources Department includes the functions of recruitment and retention, professional development, employee support, payroll, emergency management, risk management and occupational health and safety (including WorkCover). More recently education, including clinical education, was transferred to the Department.

### Achievements and Outcomes

---

- Fourteen staff members successfully completed an Advanced Diploma of Management co-ordinated through VHIA.
- Introduced a more streamlined system for flexible working arrangements through the successful implementation of the Purchased Leave Procedure.
- Better promotion of job vacancies and employment benefits through the new look website. Work is currently being completed on the online recruitment process.
- A formal review of staff uniforms was completed after receiving feedback from employees. As a result an alternate domestic manufacturing clothing supplier was selected to reduce the cost of uniforms by up to 30% per item, reduce waiting times on ordered goods and to source better quality products for extended usage.
- The Employee Assistance Program (EAP) procedure and provider was reviewed to ensure easier and faster access could be obtained by employees in need.

### Future directions

---

- Commenced work on the KRONOS Time & Attendance and Rostering Project due for September 2012 implementation. This will see more streamlined rostering practices at Castlemaine Health which in effect will result in more accurate payment of wages.

- Online recruitment will be implemented during 2012/13. The State Services Authority supported eRecruitment system (Springboard) will increase efficiency and effectiveness in the way our recruitment and selection is processed.

### Education and personnel management

---

#### Student Placement Program

As a result of education being relocated to HR a central staffing contact for student placement has been developed to better coordinate all placements across Castlemaine Health.

#### Graduate Nurse Program 2012

Castlemaine Health offers a comprehensive Graduate Nurse Program combining rotations through our acute unit, rehabilitation unit and aged care units. The program also includes short supernumerary placements in Theatre and District Nursing. Four positions are offered annually for newly graduated Registered Nurses and enquiries are accepted through the computer match service.

#### Pre Registration Program

Castlemaine Health has facilitated four pre registration programs totalling 25 nurses in the 2011-2012 financial year. The Pre Registration Program includes the Return to Practice Program and the Initial Registration of Overseas Nurses program. We have assisted nurses from all over the world, including India, the Philippines, Kenya, Pakistan and all states of Australia.

#### Staff Training and Development

Staff education is an ongoing commitment at Castlemaine Health. Professional Development assists Health Professionals to maintain, improve and broaden their knowledge, expertise and competence. The new lecture and training rooms provide an excellent setting for traditional and interactive education sessions. We offer Aged Care channel live broadcasts monthly and

have access to their complete DVD catalogue. The videoconference facility gives staff the opportunity to access sessions from external venues.

#### Equal Employment Initiatives

To comply with this legislation we have effectively developed systems that ensure:

- Open competition in recruitment, selection, transfer and promotion
- All employment decisions are based on merit
- Employees are provided with a reasonable avenue of redress against any unfair treatment

#### Industrial Relations

The Workplace Consultative Committee provides a forum for open communication with staff representative groups and unions. This committee continues to meet monthly and is attended by the Executive and representative employees across Departments. Information is exchanged and provides the opportunity to table proposed changes and assists with planning for the future.

To assist with its processes, a Change Management Procedure was developed and approved by this committee.

#### Staff Support Services

Professional pastoral care and bereavement support is provided to all Castlemaine Health staff, as well as clients and their families, as individual needs are identified. Confidentiality is strictly maintained and staff appointments with the pastoral care coordinator are available on request. Memorial services and services such as the "Time of Peace Place of Reflection" service are held, providing opportunities for staff to reflect and process grief and loss issues in the workplace. The pastoral care coordinator also trains nursing graduates in identifying the pastoral and emotional needs of clients.

Employees are also provided with access to Prevention of Bullying and Harassment Contact Officers, a staff





gymnasium and Employee Assistant Program services as required by The Commonwealth Rehabilitation Service.

**Emergency preparedness**

We have continued to send out regular bulletins to staff advising them of any risk situations. There have been email bulletins in relation to flooding (advising staff of closed roads and areas affected), heat waves and fires.

**Risk and Safety**

Castlemaine Health is committed to the health and safety of its employees, visitors, clients and contractors. Management and employees work together to ensure the legislative requirements of the Occupational Health and Safety Act 2004 (Vic) are met. The Safety Health and Environment Committee provide a high level consultative forum for health & safety issues. The elected Health & Safety Representatives provide active involvement of employees at a local level.

The 2011/2012 financial year saw the implementation of the three year Safety, Health and Environment Strategic Plan by the Risk and Safety Team.

**Achievements include:**

**Occupational Health and Safety**

- Implementation of the recommendations from the WorkSafe site improvement plans has resulted in Actions Plans being developed for high risk areas: laundry, kitchen and environmental services, and high risk issues such as chemicals management, bullying & harassment.
- 41 nursing staff trained in Manutention principles through the Keep Nurses Nursing Project, funded by the Nurse Policy Unit of the Department of Health.
- 78 staff attended free health checks funded by WorkSafe.

**Emergency Management**

- Development of a high level External (Code Brown) Manual and a 'Grab &

**Staff Profile as at 30 June 2012**

Labour category	June current month FTE*		June YT FTE*	
	2012	2011	2012	2011
Nursing	169.87	171.03	164.11	176.21
Administration and Clerical	64.02	58.40	60.92	55.87
Medical Support	14.65	8.81	14.63	7.79
Hotel and Allied Services	117.49	139.27	119.24	136.57
Medical Officers (inclusive of hospital medical officers)	1.21	1.42	1.22	9.6
Ancillary Staff (allied health)	32.78	27.93	34.05	24.30
<b>TOTAL</b>	<b>400.02</b>	<b>406.86</b>	<b>394.17</b>	<b>402.09</b>

Go' folder to assist managers and staff manage a Code Brown emergency. A Code Brown is an external emergency – bushfire, flood etc.

- Review of the Internal Emergency Management procedures including drills to test the system.

**Risk Management**

- Development of the Risk Management Strategy which provides strategic oversight of risk management process and includes the 10 top strategic risks and Key Performance Indicators.
- Development of the Risk Framework which is the operational component of the Risk Management Strategy.

**Security Management**

- Two staff trained in non-violent crisis intervention through the International Crisis Prevention Institute.
- Contracted local security firm to provide security support to Castlemaine Health.

**Workcover**

Premiums		
Year	Premium (\$)	% of Remuneration
11/12	692,323	2.5191
10/11	530,144	1.9928
09/10	465,390	2.1113
08/09	414,971	1.9363
07/08	353,124	1.6879

WorkCover days	
Year	Days Ccompensation paid compensation paid
11/12	907
10/11	616
09/10	517
08/09	480
07/08	294

Workcover claims	
Year	New claims lodged
11/12	15
10/11	10
09/10	6
08/09	10
07/08	4

**Equal Employment Opportunity (EEO) Act (VIC) 2010**

To comply with this legislation we have effectively developed systems that ensure

- Open competition in recruitment, selection, transfer and promotion
- All employment decisions are based on merit
- Employees are provided with a reasonable avenue of redress against any unfair treatment

## VOLUNTEERS

### Every ONE counts

Castlemaine Health Volunteers contribute close to 21,000 hours annually for the benefit of residents, patients, community clients and support services. Volunteers contribute their time, skills and enthusiasm to many areas of hospital life.

From driving and escorting older members of the community to health related appointments and leading a weekly Walking Group in the Botanic Gardens, to assisting in the cafe and ensuring residents of our Aged Care Units have the opportunity to buy small necessities and treats or receive a library book or magazine.

Volunteers assist residents with meals, visit with their pets, take people for walks and coffee in the cafe, entertain, assist people to pursue interests and to stay in touch with the community. Volunteers are closely linked to the Residential Recreation Team.

The Christian churches within the Shire engage with residents through the Volunteer Pastoral Care Visiting Program, ensuring that people who wish to continue practising or reconnect with their preferred religion or discuss their beliefs can do so.

Volunteers actively engage with the Adult Day Service, encouraging older group members from Castlemaine and surrounding areas (including many who have dementia as well as adults with a disability) to socialise, exercise and have fun in a supportive environment. Volunteer guests regularly visit for music and art and craft activities. Accompanying group members on outings and short holidays is also a role enjoyed by Volunteers.

Being part of a positive social world may be more powerful than receiving a particular act of help. According to Rosemary Nicholas who manages both the Adult Day Service and Volunteer program, health and wellbeing are a consequence of participation in a meaningful social context. Volunteers and clients benefit from social interaction.

It's a win win for all according to Rosemary.

**Interested in volunteering or know someone who is?**

**Contact the Volunteer Office on 5471 1565.**

## OUR SOCIAL CLUB

The Social Club has experienced a busy and active year. Evidence of the Club's success can be judged by the attendance of members, partners and friends who participated in the diverse range of activities held during the year.

Highlights for the year included the Staff Christmas Dinner, Children's Christmas Party, St Valentine's Day lunch, the Cafeteria theme lunches plus fantastic prize draws including accommodation packages, tickets to the theatre, fuel and café vouchers and many more that were purchased through our local businesses.

The Club continued the Christmas tradition of contributing to the welfare and residential environment of our residents at Castlemaine Health. All residents received a Christmas gift from the Social Club.

This is a big task that would not be possible without the assistance of the Unit Managers, staff, the Recreation Team and the Clubs' resident Santa's, Sean and Rick.

This year the Children's Christmas Party returned to the Botanical Gardens with an increased number of children delighted with the broad range of activities. An enthusiastic welcome was provided to Santa as he arrived on his Harley Davidson, much to the delight of the children - and some envious dads.

The Club would like to thank Darren Hall for providing the Jumping Castle without charge and Melissa and Chris Andrew for providing the musical entertainment during the afternoon.

The annual Staff Christmas Dinner was well attended and provided an opportunity for staff to enjoy a night out together and reflect on the past year. The hall looked fabulous, the food was delicious and there were great prizes.

Varied and interesting costumes, along with some well rehearsed performances by staff, contributed to an entertaining and enjoyable night. Thanks to Greg Hughes and Chris Pollard for lending their precious motorbikes to add to the theme for the night.



Long term volunteer Pat Taylor at her retirement

During the year the Club farewelled two long serving members, Marion Sykes and Cheryl Bridgland. The Social Club Committee and Members wish them good health and happiness in their retirement. The Club also extends its appreciation to Marg Patten who has decided to have a break after serving for many years as a Committee Member.

The Social Club Committee and members would like to express their thanks and appreciation to the Board of Management, Executive, Food Services Department staff, Cafeteria Staff, Pay Office, Public Relations, Hospital Staff and the local Business Community for their support over the past year. Without their ongoing support, successful Social Club activities would not be possible.

In conclusion, I would like to convey my sincere thanks to a hard working Committee, consisting of Dallas Weston, Greg Hughes, Heather & Robert Stuchbree, Diann Turnbull, Lisa Pollard, Amanda Watson, Vanessa Davies, and Melissa Andrew for their excellent work over the past year.

**Frank Carroll**

Social Club President



## STRATEGIC PLAN

Castlemaine Health's strategic plan expresses our priorities and plans for the period 2009-14.

In 2011-12 Castlemaine Health Service contributed to the achievement of these priorities by:

Victorian Health Priorities Framework	Health Service Strategy	Deliverables
Developing a system that is responsible to people's needs	<p>Ensure health care is provided in the most clinically effective and cost effective environments</p> <p>Reduce and prevent unnecessary hospital admissions by promotion the provision of care in community settings where appropriate</p> <p>Improve care planning and coordination of care for patients with chronic and complex conditions</p> <p>Enhance individuals and families ability to make decisions that improve their health status and reduce their risk of ill health by improving health literacy</p>	<p>Maternity strategy to align with the state wide service capability framework by June 2012</p> <p>Review of strategic plan, making special consideration of quality in aged care by December 2011</p> <p>Development of evidence based policies and procedures which support person centred care models, including admission and discharge processes</p> <p>Long Stay Older Patients Project Officer appointed August 2011</p> <p>Initiative to minimize functional decline of people over 65 admitted to acute care with a particular focus on Hospital Admission Risk Program Long Stay Older Patient Program and Health Independence Program – revised models of care by June 2012</p> <p>Review of community consultation processes and seek to enhance engagement in planning and review of services by June 2012</p>
Expanding services, workforce and system capacity	Maintain and enhance building infrastructure to ensure services meet community needs	<p>Sustain ongoing dialogue with Department of Health Capital Branch in relation to capital funding and planning of:</p> <ul style="list-style-type: none"> <li>• New urgent care centre</li> <li>• Second theatre</li> <li>• New day surgery unit</li> <li>• Upgrade of roof and chillers</li> </ul> <p>June 2012</p>
Increasing the system's financial sustainability and productivity	Reduce cost and improve efficiencies within the organisation	<p>Business improvement plan developed by September 2011</p> <p>Aged care occupancy and efficiency review by September 2011</p>
Utilising e-health and ICT	Ensure best use is made of new technologies to enhance service delivery	<p>Information and Communication Technology plan endorsed by Board by December 2011</p> <p>Participation in regional Geriatrician telemedicine project commencing July 2011</p>
Increasing accountability and transparency	Review strategic plan with special consideration of quality governance in residential aged care	Review completed and relevant changes to policies and procedures implemented by September 2011

## STATUTORY COMPLIANCE

**Risk Management:** I, Glenn Sutherland, certify that Castlemaine Health has risk management processes in place consistent with the *Australian/New Zealand Risk Management Standard* and an internal control system is in place that enables the executives to understand, manage and satisfactorily control risk exposures. The *audit committee* verifies this assurance and that the risk profile of Castlemaine Health has been critically reviewed within the last 12 months



Glenn Sutherland  
**Board President**

11 July 2012

**Attestation on Data Accuracy:** I, Glenn Sutherland, certify that Castlemaine Health has put in place appropriate internal controls and processes to ensure that the Department of Health is provided with data that reflects actual performance. Castlemaine Health has critically reviewed these controls and process during the year



Glenn Sutherland  
**Board President**

11 July 2012

**Ex-Gratia Payments:** Castlemaine Health made zero ex-gratia payments for the year ending 30 June 2012.

**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 on the website [www.castlemainehealth.org.au](http://www.castlemainehealth.org.au), or by phoning 5471 1555. Application charges and fees apply.

Twenty-two requests were received under Freedom of Information in 2011/12. All requests were processed within the required timeframes.

**Consultancies:**

Consultant	Purpose of consultancy	Start date	End date	Total approved project fee (ex GST)	Expenditure 2011-12 (ex GST)	Future expenditure (ex GST)
Aspex Consulting	Process review	26/9/11	12/10/11	\$19,965.46	\$19,965.46	nil
Angela Ballard	Process review	25/7/11	26/10/11	\$21,000.00	\$21,000.00	nil

In 2011-12, Castlemaine Health engaged 5 consultancies where the total fees payable to the consultants were less than \$10,000.00 with a total expenditure of \$25,611.51 (excluding GST).

**Whistle blowers Act 2001:** The Whistle Blowers Act 2001 provides protection for any person who would like to make a disclosure of improper or corrupt conduct by an official of a public entity. Castlemaine Health received no complaints under this Act during the year.

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

**Victorian Industry Participation Policy Act 2003 (FRD 25):** During the year there were no contracts completed at Castlemaine Health that VIPP applied.

**Statement on National Competition Policy (FRD 22C):** Castlemaine Health complied with all Government policies regarding neutrality requirements with regards to all tender applications.

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

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

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

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

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



## ACKNOWLEDGEMENTS

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

**Printing:** Bendigo Modern Press

**Cover and page layout:** Jane Prideaux graphic design

**Photography:** Fran Taylor

**Collation and editing:** Laura Keogh, Tina White

**Support data:**

**Bank:** Bendigo Bank

**Auditor:** Auditor-General, Victoria

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

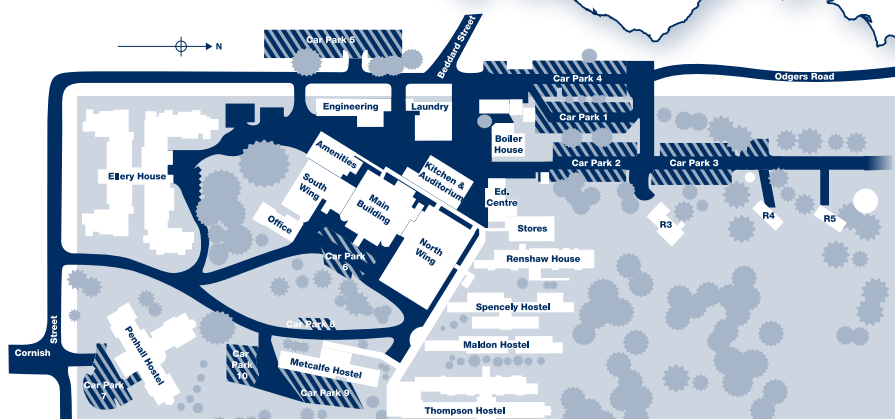
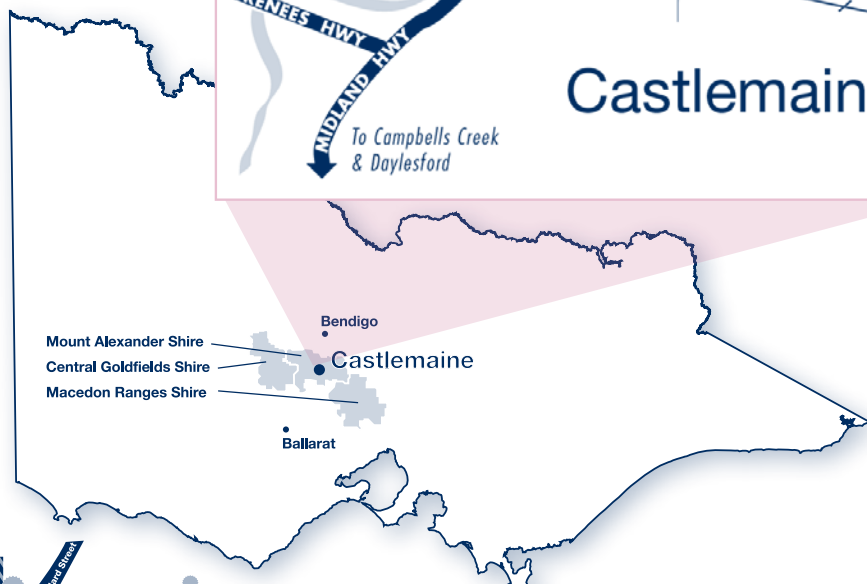
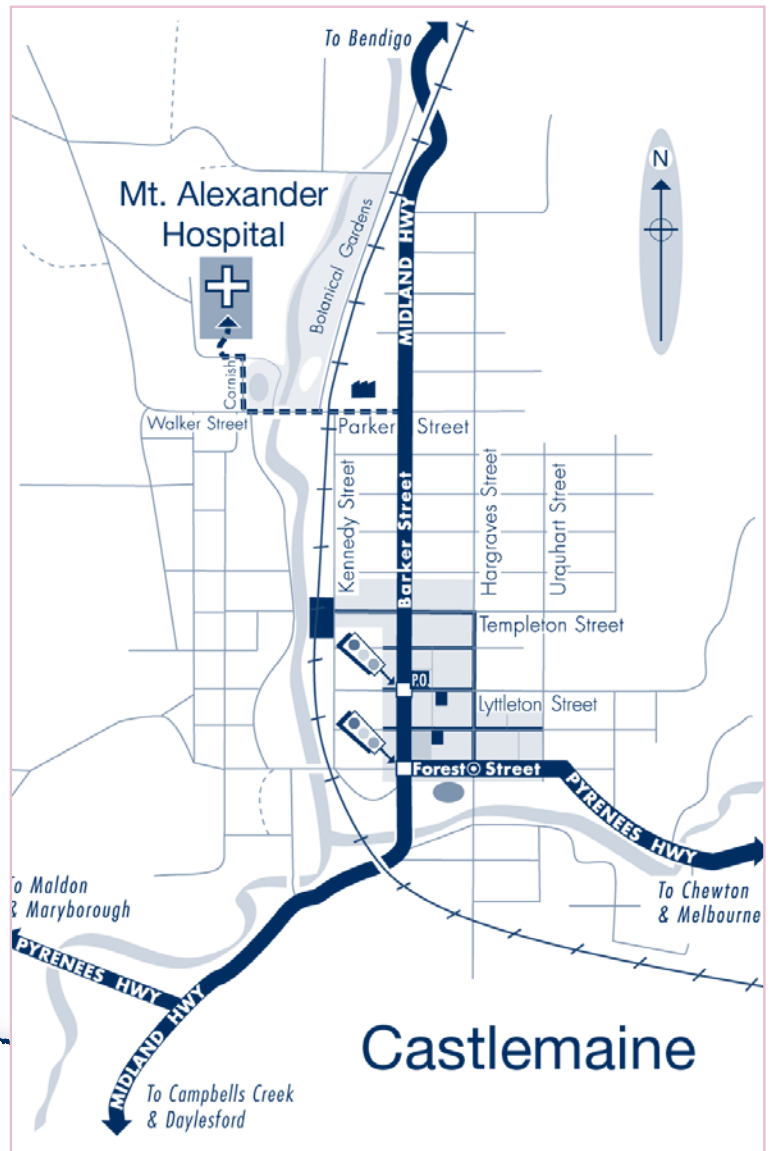
**Internal auditor:** Accounting and Audit Solutions, Bendigo

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

**Contact details:**

Address  
 Castlemaine Health  
 P O Box 50  
 Castlemaine VIC 3450

Email  
[ceo@castlemainehealth.org.au](mailto:ceo@castlemainehealth.org.au)  
 Website  
[www.castlemainehealth.org.au](http://www.castlemainehealth.org.au)



## 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.

LEGISLATION	REQUIREMENT	PAGE REFERENCE
<b>MINISTERIAL DIRECTIONS</b>		
REPORT OF OPERATIONS		
CHARTER AND PURPOSE		
FRD 22C	Manner of establishment and the relevant Ministers	2
FRD 22C	Objectives, functions, powers and duties	IFC
FRD 22C	Nature and range of services provided	2
MANAGEMENT AND STRUCTURE		
FRD 22B	Organisational structure	11
	Strategic Plan	17
FINANCIAL AND OTHER INFORMATION		
FRD 10	Disclosure index	20
FRD 11	Disclosure of ex-gratia payments	18
FRD 15B	Executive officer disclosures	AFS
FRD 21A	Responsible person and executive officer disclosures	AFS
FRD 22C	Application and operation of Freedom of Information Act 1982	18
FRD 22C	Application and operation of the Whistleblowers Protection Act 2001	18
FRD 22C	Compliance with building and maintenance provisions of Building Act 1993	18
FRD 22C	Details of consultancies over \$10,000	18
FRD 22C	Details of consultancies under \$10,000	18
FRD 22C	Major changes or factors affecting performance	AFS
FRD 22C	Occupational health and safety	15
FRD 22C	Operational and budgetary objectives and performance against objectives	AFS
FRD 22C	Significant changes in financial position during the year	AFS
FRD 22C	Statement of availability of other information	18
FRD 22C	Statement on National Competition Policy	18
FRD 22C	Subsequent events	AFS
FRD 22C	Summary of the financial results for the year	AFS
FRD 22C	Workforce Data Disclosures including a statement on the application of employment and conduct principles	15
FRD 25	Victorian Industry Participation Policy disclosures	18
SD 4.2(j)	Sign off requirements	18
SD 4.5.5	Attestation on Compliance with Australian/New Zealand Risk Management Standard	18
FINANCIAL STATEMENTS		
FINANCIAL STATEMENTS REQUIRED UNDER PART 7 OF THE FINANCIAL MANAGEMENT ACT		
	Letter of Comfort	AFS
SD 4.2(a)	Statement of changes in equity	AFS
SD 4.2(b)	Operating Statement	AFS
SD 4.2(b)	Balance Sheet	AFS
SD 4.2(b)	Cash Flow Statement	AFS
OTHER REQUIREMENTS UNDER STANDING DIRECTIONS 4.2		
SD 4.2(a)	Compliance with Australian accounting standards and other authoritative pronouncements	AFS
SD 4.2(b)	Accountable officer's declaration	AFS
SD 4.2(c)	Compliance with Ministerial Directions	AFS
SD 4.2(d)	Rounding of amounts	AFS
LEGISLATION		
	Freedom of Information Act 1982	18
	Whistleblowers Protection Act 2001	18
	Victorian Industry Participation Policy Act 2003	18
	Building Act 1993	18
	Financial Management Act 1994	4/AFS

Key: IFC - Inside Front Cover, AFS - Audited Financial Statements



Jason Faux  
Clinical Support Nurse



Claire McCarthy  
RN – RTP program



Jenitha Vaz  
EN – IRON program



John van Strijp  
Clinical Support Nurse



Aji Mathew  
EN – IRON program



Kirsten Sayer  
RN – Graduate Nurse program



Janisha Augustine  
RN – IRON program

## CASTLEMAINE HEALTH EDUCATION 2012

*Then and now...* Castlemaine Health has a long history of educating nurses and other health professionals. The current education program caters to graduate nurses, Return to Practice (RTP) nurses and Initial Registration of Overseas Nurses (IRON), as well as medical and allied health students. Staff education/ professional development is also an ongoing commitment at Castlemaine Health.



Cath Sullivan  
RN – Graduate Nurse program



Andrew Lewis  
Clinical Support Nurse



Diana Hendricks  
EN – IRON program



Inderjeet Kaur  
RN – IRON program



Simone Albert  
RN – RTP program



Betsy Mani  
EN – IRON program

Financial Statement attached.  
If the statement is not attached please contact Tina White, PA to the CEO on (P) 03 54711401



Cornish Street, Castlemaine Vic 3450, PO Box 50  
[www.castlemainehealth.org.au](http://www.castlemainehealth.org.au)