

2019-  
2020

# Annual Report



# Contents

## Report of Operations

Vision, Mission, Values .....
Establishment of Health Service.....
Annual Report .....
Responsible Ministers .....
Services and Programs .....
Statement of Priorities - Part A.....

## Year in Review

President's Report .....
Chief Executive's Report .....
Responsible Bodies' Declaration .....

## Corporate Governance

Board of Management .....
Committees of the Board of Management.....
Organisational Chart.....

## Legislative Compliance

Attestations .....
Compliance Information.....

Compliance Disclosure Index.....
----------------------------------

Glossary .....
----------------

Donations .....
-----------------

Financial Report Affixed to page .....
--

### **Maryborough District Health Service**

PO Box 155  
75-87 Clarendon Street  
Maryborough, Victoria 3465

Phone: +61 3 5461 0333  
Fax: +61 3 5461 4480

### ***Incorporating:***

#### ***Community Services***

PO Box 155  
75-87 Clarendon Street  
Maryborough, Victoria 3465

Phone: +61 3 5461 0333  
Fax: +61 3 5461 4828

#### ***Avoca Campus***

10 Templeton Street  
PO Box 75  
Avoca, Victoria 3467

Phone: +61 3 5465 1202  
Fax: +61 3 5465 3533

#### ***Dunolly Campus***

20 Havelock Street  
Dunolly, Victoria 3462

Phone: +61 3 5468 2900  
Fax: +61 3 5468 1188

# Vision, Mission, Values

## ***Vision***

Healthy Community

## ***Mission***

Our vision will be achieved by:

Promoting Health

Providing Optimal Services

Developing Our Workforce

Collaborating Through Partnerships

## ***We Value***

### ***Genuine***

Being consistently honest, trustworthy and accountable.

### ***Respect***

This is a reflection in our behaviours, attitudes and words, always being fair honest and caring to those we work with and come in contact with.

### ***Excellence***

Only the best by us will do, achieving the highest standards of service and care.

### ***Accountability***

We consistently do what we say we are going to do by supporting and holding each other to account.

### ***Togetherness***

Working together to support common values and vision for shared goals.



GENUINE



RESPECT



EXCELLENCE



ACCOUNTABILITY



TOGETHERNESS

# Report of Operations

## Establishment of the Health Service

Maryborough District Health Service is a health service established under the *Health Services Act 1988* (Vic).

Maryborough District Health Service is located across the Local Government Areas of Central Goldfields and Pyrenees Shires in Central Victoria and provides a comprehensive range of services including urgent care, theatre, acute inpatient, residential care, home and community based services to the local population of around 15,000 people.

The main campus is located in Maryborough with other services delivered from the Avoca and Dunolly campuses. The strong clinical and social links that have been developed and nurtured between the three campuses ensure that the community is cared for by trained staff who are committed to high standards of person centred care.

## Annual Report

The annual report is a legal document prepared in accordance with the Health Services Annual Reporting Guidelines for 2019-2020 under the *Financial Management Act 1994* (Vic).

The Annual Report 2019-2020 includes the Report of Operations and the Financial Report.

## Responsible Ministers

Responsible Ministers for the reporting period

Jenny Mikakos MP,  
*Minister for Health*  
*Minister for Ambulance Services*

Martin Foley,  
*Minister for Mental Health*

## Responsible Bodies Declaration

In accordance with the *Financial Management Act 1994* (Vic), I am pleased to present the Report of Operations for Maryborough District Health Service for the year ending 30 June 2020.



Peter McAllister  
Chairman, Board of Management  
Maryborough District Health  
Service

17 September 2020

## Services and Programs

Located at the Maryborough Campus are: Acute beds, the Urgent Care Centre, Diagnostic Services and Community Services with Allied Health and Community Health. The Dunolly Campus also includes two acute beds and two Transitional Care Beds alongside its Nursing Home beds. Community programs are managed and delivered throughout the region by MDHS. Aged Care Services are delivered at all three campuses along with Social Support at Maryborough and Dunolly. Programs and services are continually monitored and reviewed to ensure they meet expectations and reflect the health care needs of the changing community demographics.

	AVOCA	DUNOLLY	MARYBOROUGH
<b>Inpatient Beds</b>	0	2	28
<b>Residential High Care Beds</b>	19	15	43
<b>Residential Low Care Beds</b>	10	4	0
<b>Respite Beds</b>	1	0	0
<b>Urgent Care Trolleys</b>	0	0	4
<b>Haemodialysis Chairs</b>	0	0	6
<b>Day Surgery Trolleys</b>	0	0	4
<b>Day Surgery Chairs</b>	0	0	6

### Transition Care Beds

MDHS provides 2 inpatient TCP beds at Dunolly and 2 community based places = total of 4 Transition Care Beds

<b>Clinical Services</b>	Acute - Medical/Surgical	Allied Health Support for Inpatient Care	Central Sterilizing Department	Pre-Admission Clinic
	Dialysis	Drug & Alcohol Detoxification	Maternity Services	Urgent Care Centre
	Palliative Care	Theatre – Same day & Overnight	Post-Acute Care	Medical Imaging
<b>Aged Care</b>	Residential	Respite Care	Transition Care Program	
<b>Community Services</b>	District Nursing	Chronic Disease Management	Oral Health Services	Health Promotion
	Housing	Occupational Therapy	Physiotherapy	Social Support
	Speech Pathology	Dietetics	Dental	Alcohol & Drug
<b>Support Services</b>	Administration	Building Services	Emergency Management	Finance
	Health Information	Hotel Services	Human Resources	Occupational Health & Safety
	Quality & Risk	Staff Education	Student Management	Procurement & Supply

# Year in Review

## Chairs Report

The Board of Management (BoM) at Maryborough District Health Service (MDHS) consists of 10 community members, with a breadth of professional skills and interests independently appointed by Department of Health and Human Services.

The objective of the BoM is to ensure we maintain robust governance systems, provide strategic direction and support the delegation of operational day-to-day management of the Health Service to the Chief Executive. I take this opportunity to thank fellow Board Members and the Executive team on another great year of achievements.

As Chair I continue to be overwhelmed with the community support for MDHS. Across all of our catchment, be it in Avoca, Dunolly or in Maryborough, we have enjoyed a year of strong partnership and engagement.

At 30 June, we said goodbye to Andrea Ford, Caylene Vincent and Gerard Richmond our Board Treasurer. Gerard has been a strong guiding force within his portfolio of fiscal responsibility. The steady financial performance over his tenure will be a difficult act to follow. Thanks Gerard and all the best in your future endeavours. As a Board as of , we will welcome new board members bringing a breadth of experience and expertise in governance, finance, clinical operations and local knowledge.

I have often heard the phrase 'think Global act Local'. In recent months the global pandemic COVID-19 crisis has reinforced the significance of that often 'throw-about' phrase. I am extremely proud to say that from the onset of this confronting crisis our Health Service has responded brilliantly. There are far too many initiatives and individual /department efforts which are above and beyond expectations to call out. Our community can be very proud of how the team has responded and sustained an outstanding performance over an extended period. Staying vigilant in these trying times has been a keen focus for the whole of workforce and I commend the team for the sacrifices and efforts that they have all put in.

While we contend with the challenges facing the Service I am glad to report that the Student Accommodation project has progressed and at the time of writing is 'shovel ready' and awaiting final planning approval – stay tuned for more news around this exciting initiative!

Our Master Plan (Maryborough build) is also progressing in line with the project plan. Significant and consistent efforts over a number of years by the internal team has got us to this point. The next phases are where that effort will be on show for the wider community. I look forward to the project continuing on the journey to build a world-class facility for our community.

This is also an opportunity for me to acknowledge the many volunteers and auxiliaries who are an integral part of the MDHS fabric. With significant changes/reforms required to manage the COVID situation, each of these parties have successfully engaged in modified service activities to meet community requirements. We are all looking forward to when the service and, for that part, the whole of our country is back to normal!

In conclusion, on behalf of the Board I reiterate the outstanding efforts of our Executive and whole of staff. I believe we are the envy of many similar sized Health Services within our state of Victoria.

Our culture around safety and quality improvements at MDHS, is driven by our staff who are committed to excellence by working together to support shared goals to achieve the highest standard of care. The staff are led by Terry Welch an inspiring leader whose vision and drive reflects the high performing health service MDHS is today. We thank Terry and all our staff.



**Peter Mc Allister**

**Board Chair**

## Chief Executive's Report

It is in the most unique of circumstances that I am presenting this report, to provide you with a snapshot of what has been an incredible 2019/2020 for MDHS.

For many years I along with our Chair Peter McAllister have written about openings, new programs, service enhancement and a range of activities as we have aimed to "Inspire Health"

This year I write this report in the middle of a pandemic. While many slogans are being used to describe the current event, the reality is this pandemic has tested every fibre of the culture and systems of MDHS.

It is with great pride that I can report how amazingly well MDHS has adapted and kept the community and its staff safe during this pandemic. What we have seen are our values of GREAT on show every day, on every shift as we have worked through the pandemic.

We have adapted the way we engage with patients, adapted the personal protective equipment staff wear, adapt visiting hours across all areas and find ways to help keep our residents engaged with their loved ones.

As we continue through the pandemic, we are also extremely focused on our staff's wellbeing. I can't explain in enough detail the stressors they have had, keeping our community safe, keeping themselves safe while trying to also live within their normal lives. If you read this report, and know anyone who works within our health service please stop and thank them next time you see them.

While the year will always be remembered for the pandemic, it also remained a year of high achievement and outcomes.

The highlights of the year include:-

- Record service levels across multiple departments,
- Extended and rapidly growing Oncology Service
- Expanded x-ray services again providing more services than ever
- Uptake of the co-designed and industry leading Well Women's program. The reach of this program has been truly remarkable.

Our focus on continuing to train our next generation of staff across all areas of the business. The popularity and support provided to our students have been incredible, again demonstrated by the incredible pool of talented transition to Nursing Graduates we have had this year. We opening the Inspired Learning Space again highlighting to our complete focus and determination to gown our own team.

We continue to plan our capital redevelopments with the announcement of a commitment of \$100,000,000 to build a state of the art health service. Other funded projects include; student accommodation which will commence at the end of the masterplan planning phase. We upgraded the Maryborough kitchen; a wonderful outcome to support our amazing hospitality team.

We acknowledge and thank our amazing volunteers. With over 170 registered volunteers we have a robust support system. Our health service achieves so much as a result of their dedication and commitment. We cannot begin to describe how we have missed them during the Pandemic.

Thank you to those groups (too many to list) who have donated and supported MDHS in the past year. This support aids new equipment and developments, and overall enhances what we have to offer. It makes a huge difference.

I want to acknowledge and thank the Board of Management for their overwhelming support and guidance. Under the leadership of Peter McAllister, the board have provided robust governance and vision to the organisation. The legacy of Peter's leadership, spanning now 5 years will be a hallmark of history for MDHS in years to come.

We hope you enjoy this report and look forward with enormous enthusiasm to the year ahead.



**Terry Welch**

**CEO**



# Organisational Structure





# Corporate Governance

## Board of Management

The Board of Management (BOM) administers MDHS according to established Corporate Governance practices and procedures, which are reviewed regularly. The BOM is responsible for governance and legislative compliance and works within the framework of the *Health Services Act 1998* (Vic) to establish policies and deliver, within its financial limitations, a strategic direction for the management of MDHS.

Members of the BOM are appointed by the Governor-in-Council on the recommendation of the Minister for Health. The usual term of office is three years, with members able to seek re-appointment up to a maximum term of 9 years. Members receive remuneration for activities associated with the Health Service BOM.

### *Pecuniary and Conflict of Interest*

At the commencement of each Board meeting, members are asked to declare pecuniary interests and conflicts of interest. None were recorded for the year.

### *Board of Management as at 30 June 2020*

**President: Peter McAllister**

Appointed: 2013

Term of Office: 01.07.16 – 20.6.2021

**Vice-President: Kelly Mason**

B. Comm

Appointed: 2015

Term of Office: 01.07.18 – 30.06.21

**Treasurer: Gerard Richmond**

BBus, FCPA, MAICD

Appointed: 2016

Term of Office: 01.07.17 – 30.06.20

**Member: Anthony Snell**

MBChB, MRCP, FRACP

Appointed: 2016

Term of Office: 01.07.16 – 30.06.2022

**Member: Caylene Vincent**

(Ceased June 2020)

Appointed: 2018

Term of Office: 01.07.18 – 30.06.22

**Member: Windsor Main**

Appointed: 2018

Term of Office: 01.07.18– 30.06.21

**Member: Ron Eason**

Appointed: 2018

Term of Office: 01.07.18– 30.06.21

**Member: Andrea Ford**

(Ceased June 2020)

Appointed: 2018

Term of Office: 01.07.18– 30.06.21

**Member: Robyn Smith**

Appointed: 2018

Term of Office: 01.07.18– 30.06.21

**Member: Dianne Thiele**

Appointed: 2019

Term of Office: 01.07.2019- 30.06.2022

## Audit

The Audit committee is responsible for the operation of the financial and risk management framework of MDHS, the performance and independence of the internal auditors and the effectiveness of management and other systems of internal control. The committee also monitors compliance with laws and regulations, its own code of conduct and the code of financial practice. HLB Mann Judd has been the appointed Internal Auditor for 2019-2020.

### Members:

- Gerard Richmond
- Ron Eason
- Peter McAllister

### Attendees:

- HLB Mann Judd – Internal Auditor
- PPT - VAGO Auditors
- Chief Executive Officer
- Director Finance and Corporate Services
- Operations Manager Finance and Corporate Service
- Terry Richards (Chair)
- Linda McNeil
- Shannon Buckley

## Clinical Governance

The Clinical Governance committee is responsible for ensuring that client services are provided within an organisational wide quality program and culture. This is assured through monitoring, reporting, evaluation and improvement. It ensures that MDHS is compliant with all legal, regulatory and government standards and provides advice on clinical risk management planning processes and progress.

### Members:

- Anthony Snell (Chair)
- All Board of Management

### Attendees:

- Chief Executive Officer
- Director Clinical Services
- Operations Manager Maryborough
- Operations Manager Preventative Health

## Health & Community Collaborative

The Health & Community Collaborative (HCC), comprising of community representatives, advises the BOM on major strategic issues and initiatives relevant to the health of the community. Members participate in broad strategic planning, policy development processes and act as a conduit to the community, all of which contribute to the advancement of MDHS' services in the community.

### Members:

- Windsor Main
- Peter McAllister

### Attendees:

- Chief Executive Officer
- Director Clinical Services

## Workforce Data

HOSPITALS LABOUR CATEGORY	JUNE CURRENT MONTH FTE*		AVERAGE MONTHLY FTE**	
	2019	2020	2019	2020
Nursing	160.30	162.67	165.84	161.20
Administration and Clerical	31.49	34.53	32.44	33.95
Medical Support	20.53	17.60	16.93	18.60
Hotel and Allied Services	56.81	55.71	54.88	56.00
Medical Officers				
Hospital Medical Officers	0.00	0.00	0.09	0.00
Sessional Clinicians				
Ancillary Staff (Allied Health)	30.31	32.21	31.27	30.55

## Occupational Health and Safety

Respect is a core value and part of business, staff, visitors and contractors are required to respect themselves and those around them by ensuring they have regard for health and safety.

In line with legislative requirements risks have been identified relating to MDHS' business. A variety of process improvements, mechanical aids and policies and procedures have been implemented to reduce the potential for a staff member or a visitor becoming ill or injured at one of our campuses.

Using the Victorian Health Incident Management System (VHIMS), staff report incidents and near misses relating to their health and safety whilst at work. Reports from this system are presented to the Occupational Health & Safety Committee and Performance Committee, which in turn report to the BOM.

OCCUPATIONAL HEALTH AND SAFETY STATIS	2019-20	2018-19	2017-18
Number of reported hazards/incidents for the year per 100 FTE	19.33	24.22	35.71
Number of lost time standard WorkCover claims for the year per 100FTE	1.5	0.99	1.79
The average cost per WorkCover claim for the year (000)	\$40,034	\$65,235	\$52,840

## Occupational Violence

STATISTICS	2019-20
Workcover accepted claims with an occupational violence cause per 100 FTE	0.33
Number of accepted Workcover claims with lost time injury with an occupational violence cause per 1,00,000 hours worked	493,162
Number of occupational incidents reported	64
Number of occupational incidents reported per 100 FTE	21.31
Percentage of occupational violence incidents resulting in a staff injury, illness or condition	1.56%

## Financial Information

OPERATING RESULT	2020	2019	2018	2017	2016
	\$000	\$000	\$000	\$000	\$000
<b>Net operating result *</b>	246	1,243	440	278	994
Total revenue	44,320	43,146	39,491	36,561	33,789
Total expenses	48,056	45,480	41,603	37,963	35,694
<b>Net result from transactions</b>	(3,736)	(2,450)	(2,100)	(1,227)	(1,905)
Total other economic flows	(165)	(116)	(22)	166	(132)
<b>Net results</b>	(3,901)	(2,450)	(200)	278	998
Total assets	67,133	70,863	50,098	50,990	51,263
Total liabilities	16,586	15,832	13,760	12,552	11,598
<b>Net assets/Total equity</b>	50,547	54,448	36,338	38,438	39,665

## Reconciliation between the Net results from transactions reported in the model to the Operating result as agreed in the Statement of Priorities.

NET OPERATING RESULT	2019-20
	\$000
<b>Net operating result *</b>	(246)
Capital purpose items	305
Specific income	
COVID-19 State Supply Arrangements	43
- Assets received free of charge or for nil consideration under the State Supply	
State Supply items consumed up to 30 June 2020	(43)
Assets provided free of charge	0
Assets received for capital purposes	0
Depreciation and amortisation	(3,767)
Impairment of non-financial assets	0
Financial costs (other)	(28)
<b>Net result from transactions</b>	(3,736)

## Summary of financial results:

2019/2020 from a financial perspective has proven to be a challenging year for the organization due to COVID-19. Key cost pressures such as wages increased at a level not matched by income, thus MDHS has returned a deficit position. Maryborough District Health Service's response to the pandemic included the deferral of elective surgeries and reduced activity. This resulted in lost revenue as well as direct and indirect COVID-19 costs.

## Consultancies Information

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

In 2019-20, there were 11 consultancies where the total fees payable to the consultants were less than \$10,000. The total expenditure incurred during 2019-20 in relation to these consultancies is \$35,843 (excl. GST).

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

In 2019-20, there were 5 consultancies where the total fees payable to the consultants were \$10,000 or greater. The total expenditure incurred during 2019-20 in relation to these consultancies is \$165,181 (excl. GST). Details of individual consultancies can be viewed below.

Consultant	Purpose of consultancy	Start date	End date	Total approved project fee (excluding GST)	Expenditure 20 (excluding GST)	2019-Future expenditure (excluding GST)
Studer	Staff	1/7/2019	30/6/2020	\$62,711.97	\$62,711.97	\$0
Health Round Table	Organisation	1/7/2019	30/6/2020	\$34,450.00	\$34,450.00	\$20,000
Sustain Health Consulting	Recruitment	1/7/2019	30/6/2020	\$35,373.18	\$35,373.18	\$0
Angela Ballard Consulting	Recruitment	1/7/2019	30/6/2020	\$19,800.00	\$19,800.00	\$0
Redstone Recruitment	Recruitment	1/7/2019	30/6/2020	\$12,845.65	\$12,845.65	\$0

### ***Information and communication technology (ICT) expenditure***

The total ICT expenditure incurred during 2019–20 is \$1,083,964 (excluding GST) with the details shown below:

Business As Usual (BAU) ICT expenditure	Non-Business As Usual (non-BAU) ICT expenditure		
Total (excluding GST)	Total=Operational expenditure and Capital Expenditure (excluding GST) (a) + (b)	Operational expenditure (excluding GST) (a)	Capital expenditure (excluding GST) (b)
\$710,211	\$373,723	\$30,000	\$343,723

# Disclosures required under Legislation

## ***Freedom of Information Action Act 1982***

Access to documents and records held by MDHS may be requested under the *Freedom of Information Act 1982*. Members of the public wishing to access documents can apply in writing to the FOI Principal Officer, Nickola Allan at MDHS. Information can be found at: [www.mdhs.vic.gov.au](http://www.mdhs.vic.gov.au). This year 34 requests were received all from the general public, 31 were granted in full, 1 request was partially exempted (under s33 (1) of the *FOI Act*, with 2 withdrawn by the applicant.

## ***Building Act 1993***

All building works have been designed in accordance with the Department of Health's Capital Development Guidelines and comply with the *Building Act 1993* (Vic), Building Regulations 2006 (Vic) and Building Code of Australia, relevant at the time of works. All contractors are appropriately qualified. There were no Occupancy Permits issued during the financial year. There were no Building Permits issued during the financial year.

## ***Public Interest Disclosure Act 2012***

The *Public Interest Disclosure Act 2012* (Vic) enables people to make disclosures about improper conduct within the public sector without fear of reprisal. The Public Interest Act aims to ensure openness and accountability by encouraging people to make disclosures and protecting them when they do. MDHS complies with the requirements of the Public Interest Disclosure Act 2012 and did not receive any disclosures in the 2019-20 financial year.

## ***Statement of National Competition Policy***

All competitive neutrality requirements were implemented and met in accordance with National Competition Policy, including compliance with the requirements of the policy statement 'Competitive Neutrality Policy Victoria' and any subsequent reforms.

## ***Carers Recognition Act 2012***

MDHS recognises and values the unique relationship between clients and their carers and operates in an environment responsive to all parties and applies the overarching principles of the *Carer's Recognition Act 2012* (Vic).

## ***Environmental Performance***

MDHS remains committed to improving our environmental impact and strives to provide health care in an environmentally sound and sustainable manner. Our Environmental Sustainability Committee oversees environmental sustainability initiatives such as LED light roll out and embedding timing systems.

## ***National Competition Policy***

MDHS complied with all government policies regarding competitive neutrality relating to tender applications.

## ***Local Jobs First Act 2003***

In 2019-2020 there were no contracts requiring disclosure under the Local Jobs First Policy.

## ***Financial Management Act 1994 (Vic)***

In accordance with the Direction of the Minister for Finance part 9.1.3 (iv), information requirements have been prepared and are available to the relevant Minister, Members of Parliament and the public on request.

## ***Safe Patient Care Act 2015 (Vic)***

The hospital has no matters to report in relation to its obligations under section 40 of the *Safe Patient Care Act 2015* (Vic).

### **Feedback**

MDHS is committed to providing the best quality health care in the region. We value and encourage feedback from patients, clients and their families, as well as visitors, to our service. In this way we understand how and where we need to improve the way in which we deliver our programs.

This year we received 93 compliments and 63 formal concerns. All issues were satisfactorily resolved by MDHS.

### **Privacy**

MDHS recognizes, and is committed to, the protection of the privacy of patient, resident, client and staff information. MDHS has in place policies to ensure compliance with the *Health Records Act 2001* (Vic), *Privacy Act 2000* and the *Information Privacy Act 2000* (Vic). Patients, residents and clients are informed of their rights on first contact with MDHS that all health information collected and medical records held in relation to their treatment is respected and confidentially is maintained.

***Details in respect of the items listed below have been retained by MDHS and are available to the relevant Ministers, Members of Parliament and the public on request (subject to freedom of information requirements:***

- Declarations of pecuniary interests have been duly completed by all relevant officers;
- Details of shares held by senior officers as nominee or held beneficially;
- Details of publications produced by the entity about itself, and how these can be obtained;
- Details of changes in prices, fees, charges, rates and levies charged by the Health Service;
- Details of any major external reviews carried out on the Health Service;
- 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;
- Details of overseas visits undertaken including a summary of the objectives and outcomes of each visit;
- Details of major promotional, public relations and marketing activities undertaken by the Health Service to develop community awareness of the Health Service and its services;
- Details of assessments and measures undertaken to improve the occupational health and safety of employees;
- A general statement on industrial relations within the Health Service and details of time lost through industrial accidents and disputes, which is not otherwise detailed in the report of operations;
- A list of major committees sponsored by the Health Service, the purposes of each committee and the extent to which those purposes have been achieved;
- Details of all consultancies and contractors including consultants/contractors engaged, services provided, and expenditure committed for each engagement.



### *Attestation for Financial Management Compliance*

I, Peter McAllister on behalf of the Responsible Body, certify that Maryborough District Health Service has no Material Compliance Deficiency with respect to the applicable Standing Directions under the Financial Management Act 1994 and instruction.



Peter McAllister  
Responsible Officer  
Maryborough District Health Service

17 September 2020

### *Attestation for Integrity, Fraud and Corruption*

I, Nickola Allan certify that Maryborough District Health Service has put in place appropriate internal controls and processes to ensure that Integrity, fraud and corruption risks have been reviewed and addressed at Maryborough District Health Service.



Nickola Allan  
Accountable Officer  
Maryborough District Health Service

17 September 2020

### *Attestation for Data Integrity*

I, Nickola Allan certify that Maryborough District Health Service has put in place appropriate internal controls and processes to ensure that reported data accurately reflects actual performance. Maryborough District Health Service has critically reviewed these controls and processes during the year.



Nickola Allan  
Accountable Officer  
Maryborough District Health Service

17 September 2020

### *Attestation for Conflict of Interest*

I, Nickola Allan, certify that Maryborough District Health Service has put in place appropriate internal controls and processes to ensure that it has complied with the requirements of hospital circular 07/2017 Compliance reporting in health portfolio entities (Revised) and has implemented a 'Conflict of Interest' policy consistent with the minimum accountabilities required by the VPSC. Declaration of private interest forms have been completed by all executive staff within Maryborough District Health Service and members of the board, and all declared conflicts have been addressed and are being managed. Conflict of interest is a standing agenda item for declaration and documenting at each executive board meeting.



Nickola Allan  
Accountable Officer  
Maryborough District Health Service

17 September 2020

# Compliance Disclosure Index

## Disclosure Index

The annual report of *Maryborough District Health Service* 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>		
<b>Report of Operations</b>		
<b>Charter and purpose</b>		
FRD 22H	Manner of establishment and the relevant Ministers	<a href="#">Xx</a>
FRD 22H	Purpose, functions, powers and duties	<a href="#">Xx</a>
FRD 22H	Nature and range of services provided	<a href="#">Xx</a>
FRD 22H	Activities, programs and achievements for the reporting period	<a href="#">Xx</a>
FRD 22H	Significant changes in key initiatives and expectations for the future	<a href="#">xx</a>
<b>Management and structure</b>		
FRD 22H	Organisational structure	<a href="#">Xx</a>
FRD 22H	Workforce data/ employment and conduct principles	<a href="#">Xx</a>
FRD 22H	Occupational Health and Safety	<a href="#">Xx</a>
<b>Financial information</b>		
FRD 22H	Summary of the financial results for the year	<a href="#">Xx</a>
FRD 22H	Significant changes in financial position during the year	<a href="#">Xx</a>
FRD 22H	Operational and budgetary objectives and performance against objectives	<a href="#">Xx</a>
FRD 22H	Subsequent events	<a href="#">Xx</a>
FRD 22H	Details of consultancies under \$10,000	<a href="#">Xx</a>
FRD 22H	Details of consultancies over \$10,000	<a href="#">Xx</a>
FRD 22H	Disclosure of ICT expenditure	<a href="#">Xx</a>
<b>Legislation</b>		
FRD 22H	Application and operation of <i>Freedom of Information Act 1982</i>	<a href="#">Xx</a>
FRD 22H	Compliance with building and maintenance provisions of <i>Building Act 1993</i>	<a href="#">Xx</a>

<b>Legislation</b>	<b>Requirement</b>	<b>Page Reference</b>
FRD 22H	Application and operation of The Public Interest Act 2012	<a href="#">Xx</a>
FRD 22H	Statement on National Competition Policy	<a href="#">Xx</a>
FRD 22H	Application and operation of Carers Recognition Act 2012	<a href="#">Xx</a>
FRD 22H	Summary of the entity's environmental performance	<a href="#">Xx</a>
FRD 22H	Additional information available on request	<a href="#">Xx</a>
<b>Other relevant reporting directives</b>		
FRD 25D	Local Jobs First Policy disclosures	<a href="#">Xx</a>
SD 5.1.4	Financial Management Compliance attestation	<a href="#">Xx</a>
SD 5.2.3	Declaration in report of operations	<a href="#">Xx</a>
<b>Attestations</b>		
	Attestation on Data Integrity	<a href="#">xx</a>
	Attestation on managing Conflicts of Interest	<a href="#">Xx</a>
	Attestation on Integrity, fraud and corruption	<a href="#">xx</a>
<b>Other reporting requirements</b>		
	• Reporting of outcomes from Statement of Priorities 2019–20	<a href="#">Xx</a>
	• Occupational Violence reporting	<a href="#">Xx</a>
	• Reporting obligations under the <i>Safe Patient Care Act 2015</i>	<a href="#">Xx</a>
	• Reporting of compliance regarding Car Parking Fees (if applicable)	Xx

# Statement of Priorities – Part A

The Victorian Government’s priorities and policy directions are outlined in the Victorian Health Priorities Framework 2012-2022.

In 2019-20 Maryborough District Health Service contributed to the achievement of these priorities by:

GOALS	STRATEGIES	DELIVERABLES	OUTCOME
Better Health	Reduce Statewide Risks	Participate in the Victorian Government Healthy Workplaces Achievement Program with a focus on mental health and wellbeing	<b>ACHIEVED</b> Created working group and implemented Health and Wellbeing Program, soft launch of internal program ‘Wish’. Hosted R U Ok Day in line with COVID-19 restrictions.
	Build Healthy Neighborhoods	Implement the Victorian Public Sector Commission Leading the Way Framework with a focus on building and promoting leadership, in line with MDHS commitment to authentic leadership.	<b>ACHIEVED</b> Hosted Empathy Workshop and Good 2 Great Authentic Leadership sessions.
	Target health gaps	Improve the health of our communities by developing a graduate program for participants who have completed three years of the Sons of the West program, to enhance the opportunity for social connectedness and support network for sustainable health and wellbeing changes.	<b>NOT ACHIEVED</b> Due to COVID-19 MDHS was unable to facilitate Sons of the West
		Improve the health of our communities by implementing healthy eating and tobacco cessation strategies consistent with the new Victorian Health & Wellbeing Plan deliverables.	<b>ACHIEVED</b> MDHS as part of Safer Baby Bundle has implemented new strategies to support smoking cessation in pregnancy as well as our already established smoking cessation program. MDHS has delivered tailored healthy eating programs across community and acute programs .
		Develop processes within antenatal to facilitate better and timelier access to the QUIT facilitator.	<b>ACHIEVED</b> MDHS has streamlined processes for referral at antenatal. MDHS has seen x3 clients for smoking cessation prior to 20 weeks.
Better Access		Develop the Well Women’s clinic, expanding to surrounding towns in Avoca and Dunolly giving rural communities equal access to care.	<b>ACHIEVED</b> Well Women’s Clinics have been commenced at Avoca and Dunolly, with regular sessions running.

		Increase access to health care across for rural and regional communities by participating in the review and development of the Loddon Mallee Telehealth Plan.	<b>ACHIEVED</b> Implemented Telehealth Direct to facilitate face to face consults during COVID-19. In implementation stage of My Care Manager to facilitate remote monitoring of patients/ clients.  My Emergency embedded in Urgent Care and utilised daily.
Better Care	<b>Better Care</b> Put Quality First Join up care Partner with patients Strengthen the workforce Embed evidence Ensure equal care	Partner with the Health Issues Centre to further enhance consumer engagement across Maryborough District Health Service by embedding agreed strategies.	<b>ACHIEVED</b> MDHS continues to partner with key agencies to enhance consumer programs and development of new programs to meet consumer needs.
		Implement a consumer led discharge planning process to ensure wrap around services are in place, to meet the needs of patients.	<b>ACHIEVED</b> MDHS has a designated role for discharge planning who works alongside consumers to actively plan and drive their discharge plan.
		Participate in the development of a regional volunteering strategy to increase volunteer numbers and the quality and safety of support they provide to patients and residents	<b>ACHIEVED</b> MDHS involved in Regional Volunteering strategy, attending meetings and feeding up to the newly established MDHS Volunteer Reference Group.
Specific 2019-20 Priorities -	<b>Mental Health</b>	Contribute to the development of a Regional Mental Health plan for the Loddon Mallee in collaboration with the Primary Health Network.	<b>ACHIEVED</b> Embedded referral pathways to LM region for access to mental health needs, increased referrals and access for youth services as part of Doctors in Secondary School program.
	<b>Addressing Occupational Violence</b>	Improve the health and safety of health service staff and volunteers by implementing and evaluating site specific Occupational Violence action plans	<b>ACHIEVED</b> Intensive OVA training was implemented. Preventative OH&S assessments of key business units occurring regularly and recommendations shared with OH&S Committee
	<b>Addressing Bullying and Harassment</b>	Undertake a gap analysis and implement required actions to meet the departments Framework for promoting a positive workplace culture: preventing bullying, harassment and discrimination.	<b>ACHIEVED</b> Reports of inappropriate behaviour are addressed sensitively and in line with MDHS policies and procedures and industrial obligations MDHS consistently complies with relevant Occupational Health and Safety legislation
	<b>Supporting Vulnerable Patients</b>	Review opportunities to work with Asteria Services and Sons of the West/ Daughters of the West to develop strategies that build organisational capacity to deliver care that meets the needs of vulnerable consumers.	<b>ACHIEVED</b> MDHS continues to work alongside Asteria services to support care delivery and the needs of vulnerable clients.

	<b>Supporting Aboriginal Cultural Safety</b>	<p>Participate in the development of a regional plan for improved Aboriginal cultural safety and implement consistent local strategies to improve health outcomes of Aboriginal and Torres Strait Islander people.</p> <p>Partner with Bendigo District Aboriginal Co-Operative to develop a Reconciliation Action Plan and deliver cultural awareness training for staff.</p>	<p><b>ACHIEVED</b></p> <p>MDHS had Bendigo District Aboriginal Co-Operative attend and present at the Board of Management Retreat.</p> <p>Registered for Reconciliation Action Plan – Reflect Stage.</p>
	<b>Addressing Family Violence</b>	<p>Improve our health service response to family violence by undertaking a census of our workforce capabilities and aligning health service activities to be consistent with the Multiagency Risk Assessment and Risk Management Framework.</p> <p>Embed Strengthening Hospital Response to Family Violence program through a dedicated Family Violence Subcommittee.</p>	<p><b>ACHIEVED</b></p> <p>10 clinical champions trained, MDHS Family Violence Board Governance Steering Group meets bi- monthly.</p> <p>MDHS Family Violence Operation Meetings occurs, with active participant in Family Violence Contact Officer Network – a collaborative partnership with Ballarat Health Service and other Regional Health Services.</p>
	<b>Implementing Disability Action Plans</b>	<p>Improve the quality of care and employment opportunities for people with a disability by finalising and commencing site specific Disability Action Plans.</p> <p>Embed disability action plan, and focus on engaging with disability providers, to reduce barriers to service and improve quality of care.</p>	<p><b>ACHIEVED</b></p> <p>MDHS has worked to review and develop disability action plan to engage with disability providers and also remove barriers to service and quality of care delivered.</p>
	<b>Supporting Environmental Sustainability</b>	<p>Improve our environmental sustainability by participating in the development of an approach to hospital waste management across the Loddon Mallee region.</p>	<p><b>ACHIEVED</b></p> <p>Continued installation of timing system for lights across MDHS, along with of LED light change over.</p>

# Statement of Priorities – Part B

## High Quality and Safe Care

HEALTHCARE WORKERS IMMUNISED FOR INFLUENZA	TARGET19-20	RESULT
--	-------------	--------

Percentage of healthcare workers immunised for influenza	80%	96%
--	-----	-----

KEY PERFORMANCE MEASURE	TARGET19-20	RESULT
-------------------------	-------------	--------

Accreditation – Compliance with the Aged Care Standards	Full Compliance	Full Compliance
---	-----------------	-----------------

Adverse Events – Sentinel events – RCA reporting	All reports submitted within 30 business days	1
--	---	---

Maternity and Newborn – Rate of singleton term infants without birth anomalies with APGAR score <7 to 5 minutes	_ ≤ 1.4%	0
---	----------	---

PATIENT EXPERIENCE	TARGET	RESULT
--------------------	--------	--------

Victorian Healthcare Experience Survey (VHES)– data submission	Full compliance	Achieved
--	-----------------	----------

VHES – positive patient experience (Q1)	95%	87.8%
---	-----	-------

VHES– positive patient experience (Q2)	95%	95.7%
--	-----	-------

VHES– positive patient experience (Q3)	95%	95.4%
--	-----	-------

VHES – very positive responses to discharge care (Q1)	75%	90.6%
---	-----	-------

VHES – very positive responses to discharge care (Q2)	75%	89.6%
---	-----	-------

VHES – very positive responses to discharge care (Q3)	75%	87.6%
---	-----	-------

VHES – patients perception of cleanliness (Q1)	70%	86.4%
--	-----	-------

VHES – patients perception of cleanliness (Q2)	70%	85.6%
--	-----	-------

VHES – patients perception of cleanliness (Q3)	70%	88.6%
--	-----	-------

Hand Hygiene	Data Not Available	Data Not Available
--------------	--------------------	--------------------

GOVERNANCE, LEDERSHIP & CULTURE	TARGET	RESULT
---------------------------------	--------	--------

People Matter Survey (PMS)- percentage of staff with a positive response to safety culture questions	80%	89%
--	-----	-----

PMS – percentage of staff with a positive response to the question, “I am encouraged by my colleagues to report any patient safety concerns I may have”	80%	96%
---	-----	-----

PMS – percentage of staff with a positive response to the question, “Patient care errors are handled appropriately in my work area”	80%	95%
---	-----	-----

PMS– percentage of staff with a positive response to the question, “My suggestions about patient safety would be acted upon if I expressed them to my manager”	80%	88%
--	-----	-----

PMS – percentage of staff with a positive response to the question, “The culture in my work area makes it easy to learn from the errors of others”	80%	87%
--	-----	-----



PMS – percentage of staff with a positive response to the question, “Management is driving us to be a safety-centred organisation”	80%	91%
PMS – percentage of staff with a positive response to the question, “This health service does a good job of training new and existing staff”	80%	82%
PMS – percentage of staff with a positive response to the question, “Trainees in my discipline are adequately supervised”	80%	81%
PMS- percentage of staff with a positive response to the question, “I would recommend a friend or relative to be treated as a patient here”	80%	89%

Rate of severe foetal growth restrictions (FGR) in singleton pregnancy undelivered by 40 weeks “NA”. <sup>1</sup>

Less than 50 cases, below reporting threshold “NA”. <sup>2</sup>

### ***Effective Financial Management***

KEY PERFORMANCE INDICATOR	TARGET	RESULT
---------------------------	--------	--------

#### ***Finance***

Operating result (\$m)	As agreed in SoP	(\$246k)
Average number of days to paying trade creditors	60 days	38 days
Average number of days to receiving patient fee debtors	60 days	24 days
Public and Private WIES activity performance to target	100%	93%
Adjusted current asset ratio	0.7 or 3% improvement	0.61
Forecast number of days a health service can maintain its operations with unrestricted available cash (based on end of year forecast)	14 days	16.2 days
Actual number of days a health service can maintain its operations with unrestricted available cash, measured on the last	14 days	16.2 days
Measures the accuracy of forecasting the Net result from transactions (NRFT) for the current financial year ending 30 June.	Variance ≤ \$250,000	Variance (\$2,411k) to budget

## **Statement of Priorities – Part C (Activity & Funding)**

FUNDING TYPE	2019-20 ACTIVITY ACHIEVEMENT
<b><i>Acute Admitted</i></b>	
WIES Public	2,361
WIES Private	264
<b><i>Acute Non - Admitted</i></b>	
Emergency Services	0
Home Enteral Nutrition	17
Specialist Clinics	6,075
<b><i>Subacute &amp; Non Acute Admitted</i></b>	

<sup>1</sup> No cases of severe foetal growth restriction in singleton pregnancy recorded

<sup>2</sup> Less than 50 cases, below reporting threshold “NA”. <sup>2</sup>

Maintenance Public	7
<b><i>Aged Care</i></b>	
Residential Aged Care	32,823
HACC	3,192
<b><i>Primary Care</i></b>	
Community Health/ Primary Care Programs	4,396
Community Health Other (HIP)	1,844
<b><i>Total Funding</i></b>	

# Donations

Each year we receive generous contributions through donations, sponsorships, bequests and philanthropic grants. We thank the numerous community members and organisations who have made a donation to MDHS this year.

## MDHS Charity Golf Day

Due to COVID-19 the 2020 Charity Golf Day was postponed.

## Major Community Supporters

We also wish to thank the following supporters throughout the year:

- Avoca, Dunolly and Maryborough Auxiliaries
- Maryborough Senior Citizens Club
- Maryborough Probus

Thank you to all our donors who made a contribution during the year to support the Health Service in delivering care to our community.



***Maryborough District Health Service***

PO Box 155

75-87 Clarendon Street

Maryborough, Victoria 3465

Phone: +61 3 5461 0333

Fax: +61 3 5461 4480

*[mdhs@mdhs.vic.gov.au](mailto:mdhs@mdhs.vic.gov.au)*

*[mdhs.vic.gov.au](http://mdhs.vic.gov.au)*