

2020 -  
2021

# Annual Report

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### **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 behaviors, 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 centered care.

## Annual Report

The annual report is a legal document prepared in accordance with the Health Services Annual Reporting Guidelines for 2020 - 2021 under the *Financial Management Act 1994* (Vic).

The Annual Report 2020 -2021 includes the Report of Operations and the Financial Report.

## Responsible Ministers

Responsible Ministers for the reporting period

From 1 July 2020 to 26 September 2020  
Jenny Mikakos MP,  
*Minister for Health*  
*Minister for Ambulance Services*

From 1 July 2020 to 29 September 2020  
The Hon Martin Foley MP,  
*Minister for Mental Health*

From 26 September 2020 to 30 June 2021  
The Hon Martin Foley MP,  
*Minister for Health*  
*Minister for Ambulance Services*

From 29 September 2020 to 30 June 2021  
The Hon James Merlino MP  
*Minister for Mental Health*

## Responsible Bodies Declaration

In accordance with the *Financial Management Act 1994*, I am pleased to present the Report of Operations for Maryborough District Health Service for the year ending 30 June 2021.



Peter McAllister  
Chairman, Board of Management  
Maryborough District Health  
Service

19 August 2021

# 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	19	45
<b>Residential Low Care Beds</b>	10	0	0
<b>Respite Beds</b>	1	0	0
<b>Urgent Care Trolleys</b>	0	0	4
<b>Haemodialysis Chairs</b>	0	0	6
<b>Oncology chairs</b>	0	0	5
<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	Oncology	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
	Post-Acute Care	NDIS	Orange Door	MARAM/SCHIRV
	NEST	School Readiness	Occupational therapy	Exercise physiologists
<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.

During the period we saw the announcement of our CEO Terry Welch being appointed CEO of the Mildura Base Hospital. Terry has in 5 years achieved the most excellent results for our Health Service and has set the organization up under his guidance to see us well in the future. I personally enjoyed working closely with Terry in those 5 years.

The Boards selection committee went through a thorough process to select the best candidate to continue the excellent work of Terry. It is with extreme pride that Nickola Allan was elevated to the crucial CEO role. In a very short time Nickola has proven her capability to lead our organization on the next exciting passage of our journey.

At 30 June, we said goodbye to Windsor Main from our Board and thank him for his contributions. Windsor during his term has been a strong advocate for our community. We also experienced the value of the previously appointed members (Rob Camm, Thileepan Naren and Shea Stewart) come to the forefront. This expanded our portfolio of skills on the Board – Rob in the Finance area and taking on the role of Board Treasurer in his first term, along with Thileepan expanding our clinical governance and Shea bringing her legal experience to the table.

The professionalism and endurance afforded by our Executive and Staff teams during the ongoing challenges of COVID cannot be understated. The Board are extremely proud of how the Service has 'held together' to provide our community the most professional of care across many fronts that need to be battled in this ongoing pandemic. This significant issue will be with us for the foreseeable future and I am proud to say our team us up for the challenge in the most caring manner.

The Master Plan (Maryborough build) has progressed with allocation of funds in the last State budget. The team is excited that this project is progressing at the normal pace of a project of this magnitude and importance. Further emphasis will be directed on this project with appropriate internal resourcing so as not to hinder our excellent service provision. This is coupled by the ongoing progress of the Student Accommodation project.

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!

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.



**Peter Mc Allister**

**Board Chair**

## Chief Executive's Report

This report has been written off the back of the continued challenges of the COVID-19 pandemic that has presenting ongoing challenges over the 2020/2021 year not only at MDHS but across Australia.

This year like last years is in the grips of the pandemic, what is evident is the continued strength of our staff, services and our community to respond, overcome and adapt to every challenge that has come our way.

Our values of GREAT have been displayed every single day, and our ability to succeed in service growth in area's such as oncology and deliver local services based on need, but also work collaboratively with our community and staff to develop our new strategic plan. This is a wonderful example of our teams continued focus to deliver the best care to our community, in many different ways.

Organisationally we have seen a wonderful response to the embedment of telehealth to support ongoing reviews for our clients led by our community services team. We have also increased our lifestyle team to ensure our residents have been connected to loved ones during times of lockdown and visitor restrictions.

As we continued through this pandemic, we maintained focus on staff wellbeing and introduced fun back into the workplace, with initiatives such as the WISH program (**W**orking together to **I**nspire **S**taff **H**ealth), the festival of fun and dress up days across the health service. The fatigue of COVID-19 cannot be underestimated and focus on support and empathy has been front of mind.

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,
- Expansion and opening of dedicated Oncology Service and space
- Second intake of our Enrolled Nursing program in partnership with Bendigo Kangan Tafe
- Maternity Services Project – to work with community members to create a model based on collaboration and need
- Launch of the WISH program, and appointment of Pastoral Care Clinician to further support staff health and well being
- Annual Golf Day raising \$20,685.00 with funds committed to the opening of the Orange Door access point in September 2021.
- Appointment of dedicated consumer engagement role to further reach our community

We continue to plan our capital redevelopments with the announcement of a \$100,000,000 in the budget to commence works on the new Masterplan, establishing MDHS as a state of the art hub of health. Other funded projects include; Avoca dining room upgrade, Wattlerise bathroom upgrades and further planning for the student accommodation project.

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 are very excited for your return as soon as possible.

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.

We hope you enjoy this report and look forward to what will be a very exciting 12 months at MDHS.



Nickola Allan

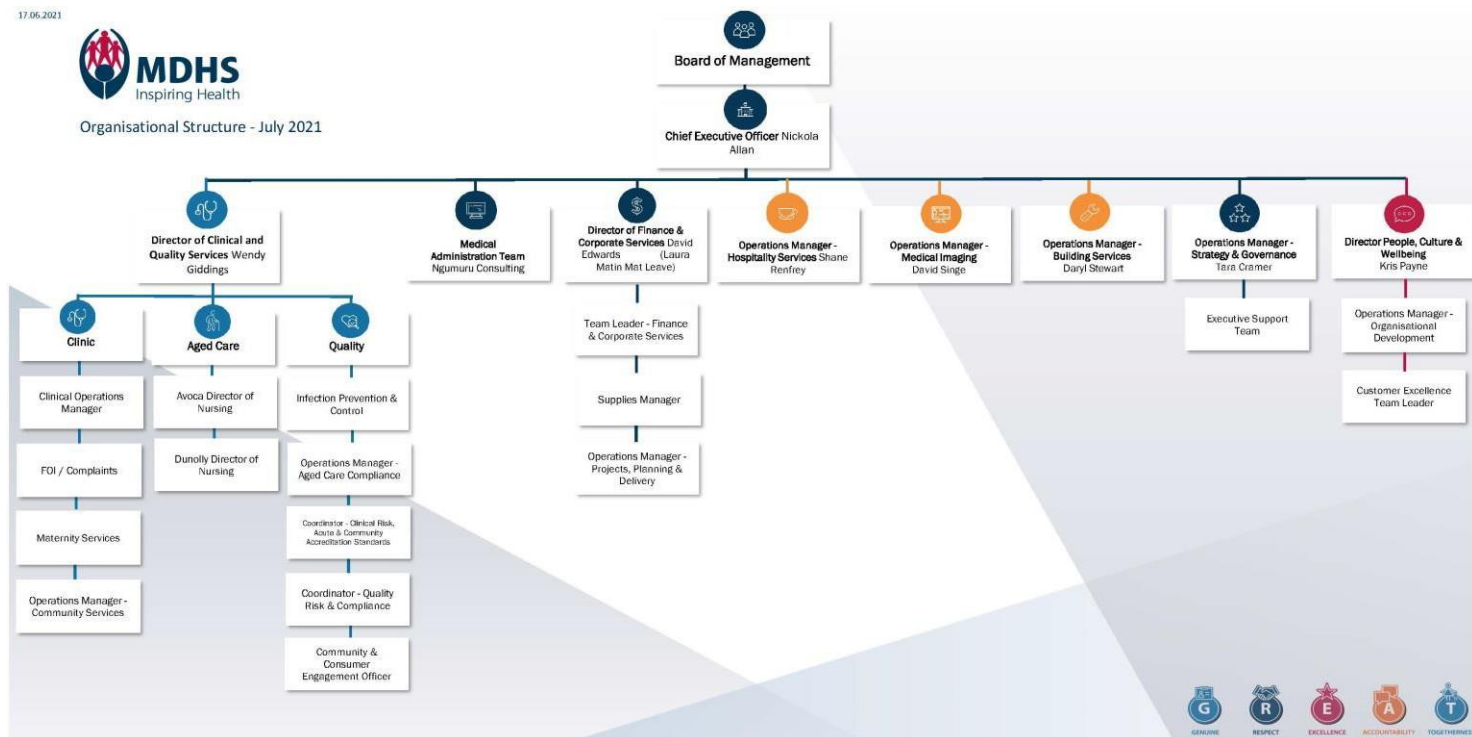
CEO

# Organisational Structure

17.06.2021



Organisational Structure - July 2021





# 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 2021*

**President: Peter McAllister**

Appointed: 2013

Term of Office: 01.07.16 – 20.6.2022

**Vice-President: Kelly Mason**

B. Comm

Appointed: 2015

Term of Office: 01.07.18 – 30.06.21

**Treasurer: Robert Camm**

Appointed: 2020

Term of Office: 01.07.20 – 30.06.23

**Member: Anthony Snell**

MBChB, MRCP, FRACP

Appointed: 2016

Term of Office: 01.07.16 – 30.06.2022

**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: 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

**Member: Shea Stewart**

Appointed: 2020

Term of Office: 01.07.2020 – 30 .06.2023

**Member: Thileepan Naren**

Appointed: 2020

Term of Office: 01.07.2020 – 30 .06.2023

## Audit

The Audit committee provides advice and oversight for the financial and risk management framework for 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 2020-2021

### Members:

- Rob Camm
- Ron Eason
- Peter McAllister
- Linda McNeill (Chair)
- Shannon Buckley
- John Watson

### Attendees:

- HLB Mann Judd – Internal Auditor
- AccountPro - VAGO Auditors
- Chief Executive Officer
- Director Finance and Corporate Services
- Operations Manager Finance and Corporate Service

## 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 clinical 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 and Quality Services
- Operations Manager Maryborough
- Operations Manager Preventative Health
- Director Medical Service
- Clinical Risk Coordinator

## 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**	
	2020	2021	2020	2021
Nursing	162.67	170.44	161.20	171.28
Administration and Clerical	34.53	40.74	33.95	36.94
Medical Support	17.60	21.89	18.60	21.13
Hotel and Allied Services	55.71	44.67	56.00	48.68
Medical Officers	0	0	0	0
Hospital Medical Officers	0	0	0	0
Sessional Clinicians	0	0	0	0
Ancillary Staff (Allied Health)	32.21	31.24	30.55	31.33

## 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 STATUS	2020-21	2019-20	2018-19	2017-18
Number of reported hazards/incidents for the year per 100 FTE	16.67	19.33	24.22	35.71
Number of lost time standard WorkCover claims for the year per 100FTE	0.89	1.5	0.99	1.79
The average cost per WorkCover claim for the year (000)	\$12,772	\$40,034	\$65,235	\$52,840

## Occupational Violence

STATISTICS	2020-21
Workcover accepted claims with an occupational violence cause per 100 FTE	0
Number of accepted Workcover claims with lost time injury with an occupational violence cause per 1,00,000 hours worked	0
Number of occupational incidents reported	45
Number of occupational incidents reported per 100 FTE	16.67
Percentage of occupational violence incidents resulting in a staff injury, illness or condition	0%

## Financial Information

OPERATING RESULTS	2021 \$000	2020 \$000	2019 \$000	2018 \$000	2017 \$000
Net operating result *	325	246	1243	440	278
Total revenue	49437	44320	43146	39491	36561
Total expenses	52195	48056	45480	41603	37963
Net result from transactions	-2758	-3736	-2450	-2100	-1227
Total other economic flows	141	-165	-116	-22	166
Net results	-2617	-3901	-2450	-200	278
Total assets	66875	67133	70863	50098	50990
Total liabilities	18945	16586	15832	13760	12552
Net assets/Total equity	47930	50547	55031	36338	38438

## 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	2020-21 \$000
Net operating result *	325
Capital purpose items	793
Specific income COVID-19 State Supply Arrangements - Assets received free of charge or for nil consideration under the State Supply	302
State Supply items consumed up to 30 June 2021	-302
Assets provided free of charge	2
Assets received for capital purposes	0
Depreciation and amortization	-3875
Impairment of non-financial assets	0
Financial costs (other)	-3
Net result from transactions	2758

## Summary of financial results:

Our 2020-2021 financial results continue to be impacted heavily by the response to the COVID-19 pandemic. The COVID-19 vaccination / testing clinics and overall organisation wide response resulted in significant increases in income and expenditure of more than \$3M. Thankfully our normal clinical activities operated largely unaffected and as a result Health Service was able to deliver a small operating surplus. The effect of the surplus flowed through to the overall comprehensive result, which was \$1.28M better than the prior year.

# Consultancies Information

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

In 2020-21, there were 17 consultancies where the total fees payable to the consultants were less than \$10,000. The total expenditure incurred during 2020-21 in relation to these consultancies is \$114,089 (excl. GST).

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

In 2020-21, there were 2 consultancies where the total fees payable to the consultants were \$10,000 or greater. The total expenditure incurred during 2020-21 in relation to these consultancies is \$92,434 (excl. GST). Details of individual consultancies can be viewed at

Consultant	Purpose of Consultancy	Start Date	End Date	Total approved project fee (excluding GST)	Expenditure 2020-21 (excluding GST)	Future expenditure (excluding GST)
Jeremy Nicolle Oats	Maternity Services Consulting			\$16,433.64	\$16,433.64	\$0.00
Visibility Co Pty Ltd	Master Plan Communications Consulting			\$76,000.00	\$76,000.00	\$0.00

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

The total ICT expenditure incurred during 2020-21 is \$1,327,536.11 (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)
\$1,001,380.17	\$326,155.94	\$142,411.01	\$183,744.93

# 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). 97 Freedom of information request all were granted but we were unable to fulfil 3 due to not having the required information that the request specified.

## ***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 2020-21 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. MDHS will ensure that environmental sustainability is a high priority for the future of our master plan project

## ***Statement on 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*.

## ***Gender Equality Act 2020***

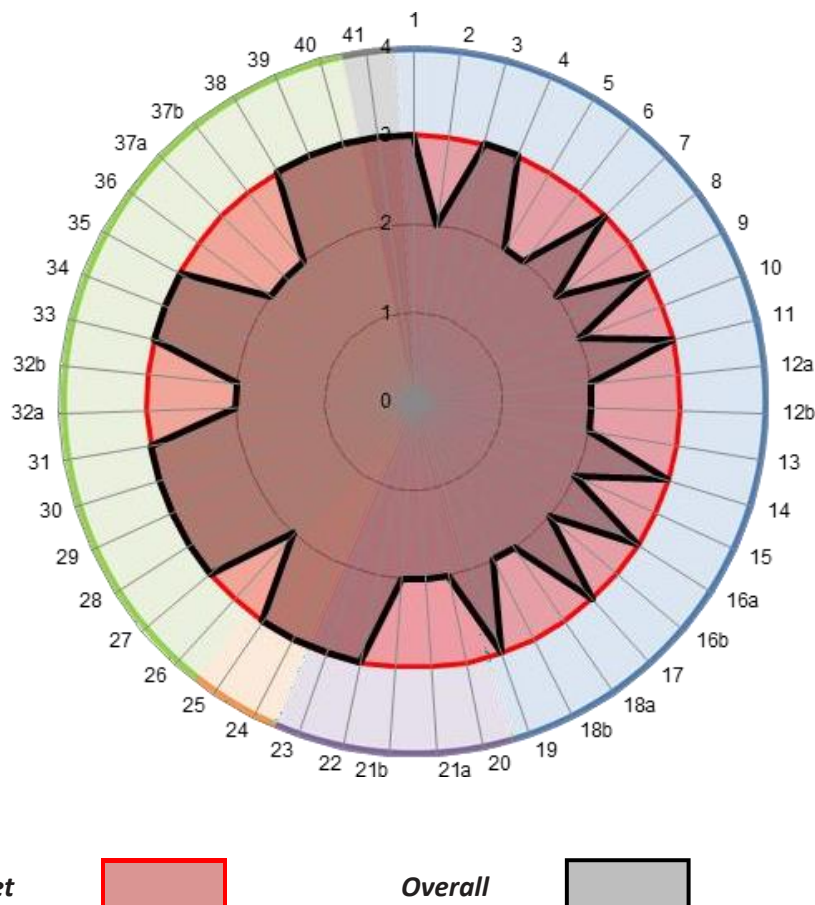
MDHS is developing a GAEP as part of partnership with Loddon and Grampians regions, and is reviewing workforce data to support this work.

### Asset Management Accountability Framework (AMAF) maturity assessment

The following sections summarise Maryborough District Health Service's assessment of maturity against the requirements of the Asset Management Accountability Framework (AMAF). The AMAF is a non-prescriptive, devolved accountability model of asset management that requires compliance with 41 mandatory requirements. These requirements can be found on the DTF website (<https://www.dtf.vic.gov.au/infrastructure-investment/asset-management-accountability-framework>).

The Maryborough District Health Service target maturity rating is 'competence', meaning systems and processes fully in place, consistently applied and systematically meeting the AMAF requirement, including a continuous improvement process to expand system performance above AMAF minimum requirements.

#### Results:



#### Legend

Status	Scale
Not Applicable	N/A
Innocence	0
Awareness	1
Developing	2
Competence	3
Optimising	4
Unassessed	U/A

### ***Leadership and Accountability (requirements 1-19)***

The Maryborough District Health Service is developing its competence and progressing towards its target maturity level under most requirements within this category.

The Maryborough District Health Service did not comply with some requirements in the areas of asset management responsibility and assessment. There is no material non-compliance reported in this category. A plan for improvement is in place to improve the maturity rating in these areas.

### ***Planning (requirements 20-23)***

The Maryborough District Health Service is developing its competence and progressing towards its target maturity level under most requirements within this category.

The Maryborough District Health Service did not comply with some requirements in the areas of asset management planning. There is no material non-compliance reported in this category. A plan for improvement is in place to improve the maturity rating in these areas.

### ***Acquisition (requirements 24 and 25)***

The Maryborough District Health Service has met or exceeded its target maturity level in this category.

### ***Operation (requirements 26-40)***

The Maryborough District Health Service is developing its competence and progressing towards its target maturity level under most requirements within this category.

The Maryborough District Health Service did not comply with some requirements relating to asset management information systems. There is no material non-compliance reported in this category. A plan for improvement is in place to improve the maturity rating in these areas.

### ***Disposal (requirement 41)***

The Maryborough District Health Service has met its target maturity level in this category.

### ***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 instructions.



Peter McAllister  
Responsible Officer  
Maryborough District Health Service

19 August 2021

### *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

19 August 2021

### *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

19 August 2021

### *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

19 August 2021

# 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 22I	Manner of establishment and the relevant Ministers	<a href="#">4</a>
FRD 22I	Purpose, functions, powers and duties	<a href="#">4</a>
FRD 22I	Nature and range of services provided	<a href="#">5</a>
FRD 22I	Activities, programs and achievements for the reporting period	<a href="#">6</a>
FRD 22I	Significant changes in key initiatives and expectations for the future	<a href="#">6</a>
<b>Management and structure</b>		
FRD 22I	Organisational structure	<a href="#">8</a>
FRD 22I	Workforce data/ employment and conduct principles	<a href="#">11</a>
FRD 22I	Occupational Health and Safety	<a href="#">11</a>
<b>Financial information</b>		
FRD 22I	Summary of the financial results for the year	<a href="#">12</a>
FRD 22I	Significant changes in financial position during the year	<a href="#">12</a>
FRD 22I	Operational and budgetary objectives and performance against objectives	<a href="#">13</a>
FRD 22I	Subsequent events	<a href="#">22</a>
FRD 22I	Details of consultancies under \$10,000	<a href="#">13</a>
FRD 22I	Details of consultancies over \$10,000	<a href="#">13</a>
FRD 22I	Disclosure of ICT expenditure	<a href="#">13</a>
<b>Legislation</b>		
FRD 22I	Application and operation of <i>Freedom of Information Act 1982</i>	<a href="#">14</a>
FRD 22I	Compliance with building and maintenance provisions of <i>Building Act 1993</i>	<a href="#">14</a>

Legislation	Requirement	Page Reference
FRD 22I	Application and operation of The Public Interest Act 2012	<a href="#">14</a>
FRD 22I	Statement on National Competition Policy	<a href="#">14</a>
FRD 22I	Application and operation of <i>Carers Recognition Act 2012</i>	<a href="#">14</a>
FRD 22I	Summary of the entity's environmental performance	<a href="#">14</a>
FRD 22I	Additional information available on request	<a href="#">15</a>

### Other relevant reporting directives

FRD 25D	Local Jobs First Policy disclosures	<a href="#">14</a>
SD 5.1.4	Financial Management Compliance attestation	<a href="#">4</a>
SD 5.2.3	Declaration in report of operations	<a href="#">4</a>

### Attestations

Attestation for Financial Management Compliance	<a href="#">16</a>
Attestation on Data Integrity	<a href="#">16</a>
Attestation on managing Conflicts of Interest	<a href="#">16</a>
Attestation on Integrity, fraud and corruption	<a href="#">16</a>

### Other reporting requirements

• Reporting of outcomes from Statement of Priorities 2020-21	<a href="#">20</a>
• Occupational Violence reporting	<a href="#">11</a>
• Reporting obligations under the <i>Safe Patient Care Act 2015</i>	<a href="#">14</a>
• Gender Equality Act 2020	<a href="#">14</a>
• Reporting of compliance regarding Car Parking Fees (if applicable)	NA
• Reporting obligations under the Asset Management Accountability Framework (AMAF)	<a href="#">15</a>

# Statement of Priorities – Part A

The Victorian Government's priorities and policy directions are outlined in the Victorian Health Priorities Framework 2020-2021.

1. MDHS maintains a review process for our pandemic response plan, twice weekly taskforce meetings to respond and adjust to changes in guidelines and restrictions. MDHS has a clearly articulated response structure and processes to communicate internally and externally in response to outbreaks, local responses and testing strategies.
2. MDHS has introduced a consumer engagement officer to support our consumer engagement framework. We have been active participants in the HRAR process across Loddon and Grampians region to meet needs of our vulnerable communities. MDHS has had representation at local mob working groups to support our local Aboriginal communities and had a focussed women's health day to increase engagement during COVID.
3. MDHS has a dedicated governance group to review and implement changes in accordance with the Aged care royal commission and is working collaboratively with local partners such as Bendigo Health and CG Shire in response to Mental Health Royal Commission
4. MDHS has a Reconciliation Working Group which meets monthly to focus on our endorsed Reflect Reconciliation Action Plan. MDHS is also working alongside BDAC to grow our partnership and improve access for our local First Nations Peoples.

# Statement of Priorities – Part B

## Performance Priority Reporting

Quality and safety		
Key performance indicator	Target	Result
Health service accreditation	Full compliance	Full compliance
Compliance with cleaning standards	Full compliance	Full compliance
Compliance with the Hand Hygiene Australia program	80%	94.5%
Percentage of healthcare workers immunised for influenza	75%	100%
Governance and leadership		
Key performance indicator	Target	Result
People Matter Survey – percentage of staff with a positive response to safety culture questions	80%	88%
Financial sustainability		
Key performance indicator	Target	Result*
Operating result (\$m)	(510)	325
Trade creditors	60 days	47
Patient fee debtors	60 days	10
Adjusted current asset ratio	0.7	0.7
Number of days available cash	14 days	39 days

\*Pending conformation of final results from VAGO

## Effective Financial Management

### Financial Reporting

Key performance indicator	Target	2020-21 Result*
Operating result (\$m)	(510)	325
Average number of days to paying trade creditors	60 days	47
Average number of days to receiving patient fee debtors	60 days	10
Public and Private WIES1 activity performance to target	100%	97.2%
Adjusted current asset ratio	0.7 or 3% improvement from health service base target	0.7
Forecast number of days a health service can maintain its operations with unrestricted available cash (based on end of year forecast)	14 days	39 days
Actual number of days a health service can maintain its operations with unrestricted available cash, measured on the last day of each month.	14 days	39 days
Measures the accuracy of forecasting the Net result from transactions (NRFT) for the current financial year ending 30 June.	Variance $\leq$ \$250,000	NA

\*Pending conformation of final results from VAGO and VAED data set

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

## MDHS Activity Achievements 2020 - 21

Funding Type	2020- 1 Activity Achievement
Acute Admitted	
Acute WIES	2796.36
WIES DVA	47.23
WIES TAC	0.35
Acute Non-Admitted	
Home Enteral Nutrition	12
Specialist Clinics	6703
Subacute & Non-Acute Admitted	
Maintenance Public	14.18
Aged Care	
Residential Aged Care	33,616
HACC	2093
Primary Health	
Community Health/ Primary Care Programs	4346

Funding type	2020-21 Activity Achievement
Acute admitted	
WIES Public	2,557.67
WIES Private	238.69

# 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. Total donations for the 2020-21 year \$45,023.70

## MDHS Charity Golf Day

MDHS in conjunction with its major sponsor, True Foods, held our annual Charity Golf Day, the event raised \$20,685.00.

We thank True Foods and all the hole sponsors for another successful event.

## Major Community Supporters

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

- Blue Ribbon Foundation- Maryborough Police
- Dunolly Medical Clinic
- Bequest of the late Maureen Hickey
- Bull and Mouth Hotel
- Maryborough Floorcovering
- Debbie Lee Fashions
- Hartwell Shoes
- Maryborough News Agents
- Paul Tidyman Auto
- Vital Signs
- Hutchins & Rowles
- Maryborough Tyrepower
- Maryborough Buslines
- Eileen Frock Salon
- Maryborough Senior Citizens Club
- Maryborough Arts Society
- Mr Ken Coates
- Maryborough Telecommunications
- McPhersons Printing
- NPM Deisel
- Daryl Wagstaff
- Maryborough Ballarat Real Estate
- Bendigo Bank
- Noonan & Sutherland
- Central Power
- WDEA
- KFC
- Tony Vadala

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





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