



148TH

ANNUAL
REPORT
2018
2019

OUR HISTORY

- 1870** In 1870, the local Council purchased two buildings for two pounds. They spent a further 50 pounds, converting an old hotel into a courthouse and the other section into a hospital.
- 1871** In December 1871 Alexandra Cottage Hospital was incorporated and registered as a Public Hospital.
- 1957** A fire destroyed a major part of the hospital destroying all records prior to that point.
- 1993** A redevelopment of the old hospital facility took place including a new urgent care and operating theatre.
- 2004** Alexandra District Health redeveloped its Community Health building at Alexandra and took on community health services at sites in Eildon and Marysville
- 2008** Alexandra District Health was awarded the Rural Health Service of the Year award in the Victorian Public Healthcare Awards.
- 2009** In 2009 the Black Saturday fires devastated the community. Alexandra District Health was directly involved in both the medical response and the rebuilding process including our facility in Marysville that was relocated to Buxton until Marysville was rebuilt.
- 2010** Construction commenced for the new hospital on the corner of Cooper and Wattle Streets.
- 2011** Alexandra District Health was awarded the Rural Health Service of the Year award in the Victorian Public Healthcare Awards.
Construction was completed and the hospital relocated to its new home in October 2011.
- 2015** On the 18th of June 2015 the name of our health service formerly changed from Alexandra District Hospital to Alexandra District Health.



Photo courtesy State Library of Victoria

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MISSION STATEMENT

Our Mission

Provision of quality integrated health services that meet the needs of our community.

Our Philosophy

The Alexandra District Health Service philosophy is based on an abiding concern for all patients and their families, but primarily the patient, and that concern revolves around:

1. Prompt attention.
2. Communicating explanations of treatment, delays, changes, re-locations and environment.
3. Comfort – mental, physical and spiritual.
4. Identifying each patient as an individual with individual needs, and helps to reduce apprehension.
5. Finally, for staff to appreciate and possess a capacity to see the hospital and its services from the patient's point of view and convey the need for review through proper channels.

Strategic Plan Objectives

Our Vision and Strategic Intent

To be recognised as a leader in rural health service provision, workforce development and consumer engagement.

Strategies

Be an organisation that is fit for the future.

We will maintain a commitment to robust governance framework and continue to monitor standards.

Have a workforce that is fit for the future.

We will develop education, recruitment and retention strategies that are aligned with service planning goals, staff aspirations, strategic relationships and principles of community enablement to ensure a workforce that is fit for the future.

Ensure the community is fit for the future

Alexandra District Health will promote the development of community

focused service delivery in order to build community resilience and maintain services that are appropriate and relevant to community health needs.

Key Initiatives and Projects

- Recruit and maintain key management positions to ensure effective and efficient health service management
- Achieved all accreditation requirements
- Further developing telehealth projects to link to external services including Northeast Health Wangaratta, Mental Health Triage and Adult Retrieval services.

DISCLOSURE INDEX

The annual report of Alexandra District 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	Legislation Requirement		Page reference
Ministerial Directions			Legislation		
Report of Operations			FRD 22H	Application and operation of the Freedom of Information Act 1982	12
Charter and purpose			FRD 22H	Compliance with the building and maintenance	12
FRD 22H	Manner of establishment and the relevant Ministers	5	FRD 22H	Application and operation of the Protected Disclosure Act 2012	12
FRD 22H	Purpose, functions, powers and duties	1	FRD 22H	Summary of the entities environmental performance	14
FRD 22H	Nature and range of services provided	20	FRD 22H	Additional information available on request	13
FRD 22H	Activities, programs and achievements for the reporting period	3	Other relevant reporting directives		
FRD 22H	Significant changes in key initiatives and expectations for the future	3	FRD 25C	Local Jobs First Policy disclosures	12
Management and structure			SD 5.1.4	Financial Management Compliance attestation	6
FRD 22H	Organisational structure	4	SD 5.2.3	Declaration in report of operations	5
FRD 22H	Workforce data/employment and conduct principles	5	Attestations		
FRD 22H	Occupational Health and Safety	12	Attestation on Data Integrity		5
Financial information			Attestation on managing Conflicts of Interest		5
FDR 22H	Summary of the financial results for the year	7	Attestation on Integrity, fraud and corruption		6
FRD 22H	Significant changes in financial position during the year	3	Other reporting requirements		
FRD 22H	Operational and budgetary objectives and performance against objectives	19	Reporting outcomes from Statement of Priorities 2018-19		16-19
FRD 22H	Subsequent events	FS (Note 8.7)	Occupational Violence reporting		13
FRD 22H	Details of consultancies under \$10,000	12	Reporting of compliance Health Purchasing Victoria policy		6
FRD 22H	Details of consultancies over \$10,000	13	Reporting obligations under the Safe Patient Care Act 2015		12
FRD 22H	Disclosure of ICT expenditure	13	(F): Financial Report attached inside back cover of report.		

BOARD CHAIR AND CHIEF EXECUTIVE OFFICER REPORT

In accordance with the Financial Management Act 1994, it gives us great pleasure to present our Annual Report for the 2018/19 financial year. This Annual Report highlights the excellent work, commitment & achievements of our organisation and our people over the last twelve months. Alexandra District Health (ADH) is committed to the provision of safe, high quality, person focussed care.

Some of our achievements this year include:

- Commenced the implementation of the recommendations from the Clinical Governance Review
- Exceeded the state-wide targets in hand hygiene compliance and health worker immunisation rates
- Developed the ADH clinical services plan 2018 – 2022, celebrated with a successful community launch
- Conducted a successful aboriginal health expo for aboriginal families and aboriginal workers
- Strengthened our partnership with Menzies Support Services to offer volunteer opportunities at ADH for people with a disability.
- In partnership with Yea and District Memorial Hospital we developed the Murrindindi Clinical Service plan 2018-2022
- Development of trainee roles in finance and human resources, giving local people career development opportunities.
- Partner organisation in the RESPOND project. This project uses a Systems Thinking Approach to set up low cost, locally supported and sustained obesity prevention strategies. Local data collection serves as catalyst for change and to demonstrate the impact of community led initiatives to improve the health outcomes.

Our Board

ADH has a dedicated Board providing governance oversight and strategic direction for the Health Service. In 2018/2019 we welcomed three new Directors, Cheryle Royle, Ali Wastie and Megan Buntine. As the financial year comes to an end Carole Staley retires after serving for 8 years. Carole has made a considerable contribution to ADH as the chair of Finance, Audit and Risk 2014-2015 and more recently as Board Chair from 2015-2018. We also say goodbye to Geoff Hyland who has served on the ADH Board for 9 years and as Chair of Finance Audit and Risk from May 2017 – December 2018. Ali Wastie also resigned from the Board in June 2019 to focus on her career as CEO Bass Coast Shire.

Director of Medical Services

Following the resignation of Dr Campbell Miller, Dr Anand Ponnivarian commenced as the Director of Medical Services at ADH in December 2018. Unfortunately, due to family reasons Dr Ponnivarian had to leave ADH in April.

Financial Performance

The financial results for 2018-19 indicated a slight improvement in the financial performance of the health service compared to the prior year, when assessing the result prior to capital and specific items.

This operating position also reflects deterioration in our hospital revenue activity, and a corresponding reduction in the cost of medical expenses and service delivery costs, all of which were closely monitored.

Overall, the level of activity across all areas of the health service recorded a slight reduction, despite the overall financial result for the year indicating a positive and improving financial position when compared year on year.

The Future

The future is bright for ADH as we look forward to implementing our clinical services plan and the Murrindindi Clinical Services Plan, which will bring improvements and expansion of our services to meet the needs of the community now and into the future, and ensuring services are provided locally.

Our strategies for expanding our education and training program are progressing with plans to implement a Graduate Nurse program later in 2019 and into 2020. We are partnering with Eastern Health to deliver this initiative which we believe to be unique, giving graduate nurses the opportunity to experience both metropolitan and rural placements during their graduate year.

Our success depends on the strong governance and commitment of our Board Directors, effective leadership from our executive, and the skills, knowledge and dedication of our staff, in partnership with our community advisors. We would also like to acknowledge the generosity of our volunteers and community whose contributions greatly assist in the purchase of new equipment.

We also thank our patients, and clients who have shared their journey to health with us.

We acknowledge the support of the Victorian Government, Department of Health and Human Services and the Federal Government in the funding of our operations and initiatives.

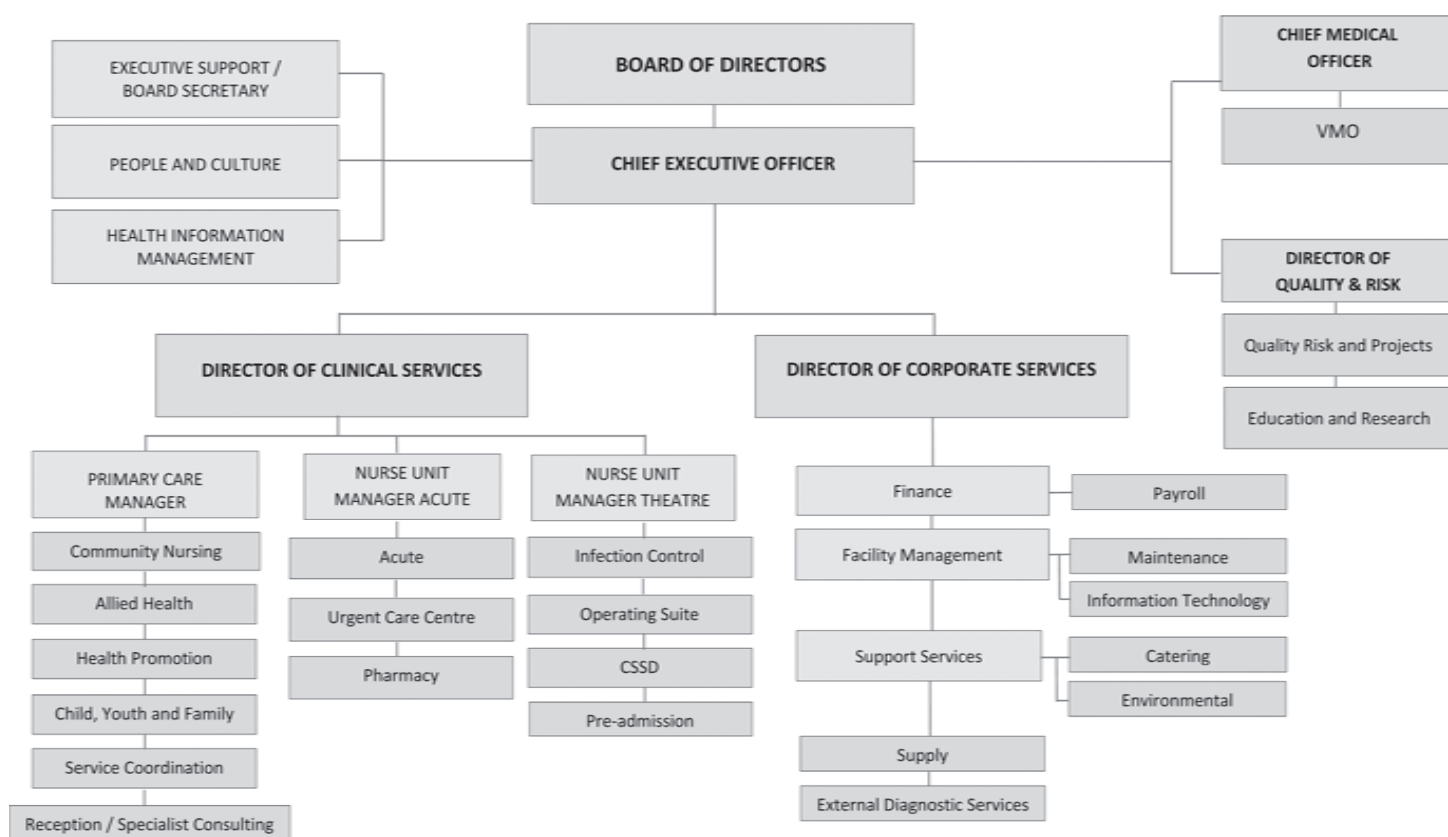
This year has been a busy and rewarding year for Alexandra District Health and we are proud to lead the health service into the future. We hope that you enjoy reading our 2018/2019 Annual Report and learning more about our achievements in the past year.

Debbie Rogers CEO

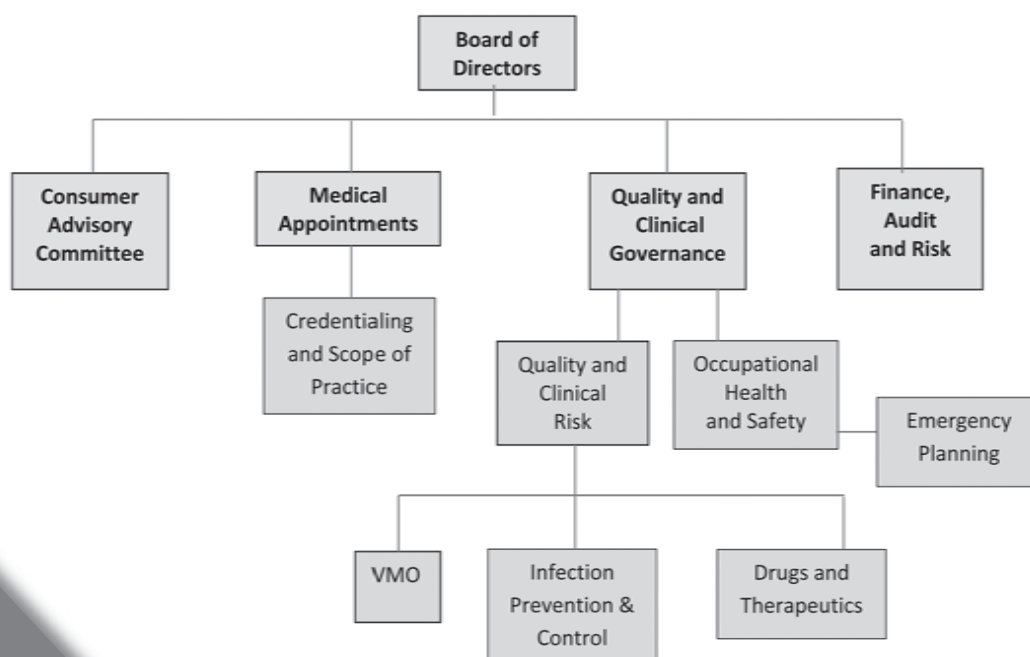
**Lorna Gelbert
Board Chair**

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ORGANISATIONAL STRUCTURE



COMMITTEE REPORTING STRUCTURE



OUR PROFILE

Board of Management Chair

Ms Carole Staley (to Dec 2018)

Ms Lorna Gelbert (from Dec 2018)

Chief Executive Officer

Mrs Deborah Rogers

Relevant Ministers

The Honorable Jill Hennessy, Minister for Health and Minister for Ambulance Services (01/07/2018 to 29/11/2018)

Jenny Mikakos, Minister for Health and Minister for Ambulance Services (29/11/2018 to 30/06/2019)

Martin Foley, Minister for Mental Health (01/07/2018 – 30/06/2019)

Originally Established

Incorporated December 11th, 1871 – Hospital and Charities Act (6274)

Accreditation Status

Fully Accredited to 9th March 2021.

	Jun-18	Jun-19	YTD June 18	YTD June 19
Admin/Clerical	12.92	14.20	11.15	12.92
Ancillary/Allied Health	6.59	8.19	6.61	8.42
Hotel/Allied	9.60	8.96	9.55	8.93
Medical Officers	0.21	0.29	0.38	0.23
Medical Support	1.13	0.57	1.35	0.53
Nursing	24.73	25.20	23.14	23.95
Sessional Clinical	0.13	0.05	0.13	0.14
Total	55.31	57.46	52.31	55.12

Workforce Data

All employees are correctly classified in workforce data collections and are required to comply with the Alexandra District Health Code of Conduct under their respective employment agreements. Alexandra District Health is committed to applying the Public Sector employment principles and upholds the key principles of merit and equity in all aspects of the employment relationship. To this end we have policies and practices in place to ensure all employment related decisions including recruitment, training and retention are based on merit.

Approved Beds

25 acute

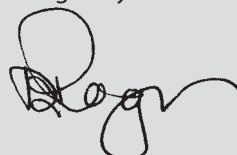
6 day procedure

Office Bearers

Chair	Ms Carole Staley (to Dec 2018) Ms Lorna Gelbert (from Dec 2018)
Deputy Chair	Mrs Lorna Gelbert (to Dec 2018) Ms Cheryle Royle (from Dec 2018)
Board Members	Mr Geoff Hyland Mr Paul Denham Ms Megan Buntine Ms Ali Wastie Ms Carole Staley
Auditors	HLB Mann Judd (Internal Auditor) Richmond, Sinnott & Delahunty VAGO (Victorian Auditor Generals Office)
Bankers	ANZ, NAB
Solicitors	Phillips Fox / Health Legal

Data Integrity

I, Deborah Rogers, certify that Alexandra District Health has put in place appropriate internal controls to ensure that data accurately reflects actual performance. Alexandra District Health has critically reviewed these controls and processes during the year.



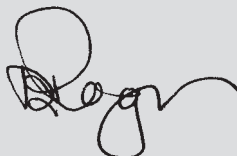
Deborah Rogers
Chief Executive Officer

Alexandra

On the 30th June 2019

Conflict of Interest

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



Deborah Rogers
Chief Executive Officer

Alexandra

On the 30th June 2019

Responsible Bodies Declaration

In accordance with the Financial Management Act 1994, I am pleased to present the Report of Operations for Alexandra District Health for the year ending 30 June 2019.



Lorna Gelbert
Chair Board of Directors

Alexandra

On the
30th June 2019

Compliance with Health Purchasing Victoria (HPV) Health Purchasing Policies

I, Andrew Lowe, certify that Alexandra District Health has put in place appropriate internal controls and processes to ensure that it has complied with all requirements set out in the HPV Health Purchasing Policies including mandatory HPV collective agreements as required by the Health Services Act 1988 (Vic) and has critically reviewed these controls and processes during the year.



Andrew Lowe
Chief Procurement Officer
Alexandra on the 30th June 2019

Financial Management Compliance

I, Lorna Gelbert, on behalf of the Responsible Body, certify that Alexandra District Health has complied with the applicable Standing Directions of the Assistant Treasurer under the Minister for Finance under the Financial Management Act 1994 and Instructions.



Megan Buntine
Chair Finance Audit and Risk Committee
Alexandra 30th June 2019

Integrity, fraud and corruption

I, Deborah Rogers, certify that Alexandra District Health has put in place appropriate internal controls and processes to ensure that Integrity, fraud and corruption risks have been reviewed and addressed at Alexandra District Health during the year.



Deborah Rogers
Chief Executive Officer
Alexandra On 30th June 2019

SENIOR STAFF POSITIONS & ROLES

Chief Executive Officer

Deborah Rogers

The CEO is responsible for the operational, financial and human resource management of Alexandra District Health. Additionally, this position holds full responsibility for legislative compliance and organisational performance together with organisational development and enhancement.

Director of Corporate Services / Chief Finance Officer / Chief Procurement Officer

Andrew Lowe

The Director of Corporate Services / Chief Financial Officer (CFO) / Chief Procurement Officer (CPO) is a member of the Executive Team having responsibility for the leadership and management of the Corporate Services Division. The Director of Corporate Services is responsible for the overall finance and accounting function, assisting in the formation of financial and budgeting policies and procedures.

Director of Medical Services

Dr Campbell Miller (to Oct 2018)

Dr Anand Ponniraivan (Dec 2018 – June 2019)

The Director of Medical Services (DMS) acts on behalf of Alexandra District Hospital (ADH), in overseeing the professional performance of all contracted Visiting Medical Officers (VMO's) to enhance and develop medical service provision. The DMS is responsible for ensuring a safe medical care environment for patients of ADH.

Director of Clinical Services

Kerrie Myer

The Director of Clinical Services (DoCS) provides strategic direction to clinical (nursing and ambulatory care) services and primary health streams. The DoCS strategically manages the performance of the clinical services areas including targets, budgets, people, and resources and planning to ensure compliance and quality service delivery.

Director of Quality and Risk

Claire Palmer

The Director Quality and Risk works in collaboration with the Chief Executive Officer and the Executive team to lead the quality improvement and risk management program at Alexandra District Health (ADH). The Director works with the senior leadership team, clinical and non-clinical staff and consumers to ensure that ADH has an effective, coordinated, organisation-wide approach to the provision of quality improvement, incident and risk management, management of policies and procedures, emergency management systems and accreditation process across all areas of ADH.

PERFORMANCE

Five Year Financial Comparison Summary:

	2019 \$000	2018 \$000	2017 \$000	2016 \$000	2015 \$000
Net operating result*	85	88	33	182	(29)
Total revenue	8,652	8,305	7,824	7,657	7,134
Total expenses	(9,502)	(9,388)	(8,876)	(8,552)	(8,707)
Net result from transactions	(850)	(1,083)	(1,052)	(895)	(1,573)
Total other economic flows	(63)	4	(11)	28	24
Net result	(913)	(1,079)	(1,063)	(867)	(1,549)
Total assets	31,447	28,233	26,670	27,733	28,515
Total liabilities	(2,476)	(2,191)	(1,730)	(1,730)	(1,645)
Net assets/Total equity	28,971	26,042	24,940	26,003	26,870

Reconciliation between the Net result from transactions reported in the financial statements to the Net operating result

	2019 \$000	2018 \$000
Net operating result *	85	88
Capital and specific items		
Capital purpose income	47	199
Specific income	40	29
Expenditure for capital purpose	(1)	(153)
Depreciation and amortisation	(1,020)	(1,245)
Finance costs (other)	(1)	(1)
Net result from transactions	(850)	(1,083)

* The Net operating result is the result which the health service is monitored against in its Statement of Priorities

ADH welcomed a new Board Chair in December of 2018. Retiring Chair Carole Staley (left) handed over to Lorna Gelbert (centre) and Vice Chair Cheryle Royle (right).



BOARD OF DIRECTORS

Chair: Ms Lorna Gelbert

Lorna is a practicing lawyer and is an Accredited Property Law Specialist. Until the end of 2013, Lorna was a partner with a medium sized law firm in the Melbourne CBD but, since then, has operated a small practice in Buxton in partnership with her husband. Lorna has previously been a Board Director of Places Victoria, Women's Legal Service Victoria and Family Law Legal Service. She is the former Chair of the Law Institute of Victoria Specialisation Board's Property and Commercial Tenancy Committee. Aside from her legal practice, Lorna and her son Michael own and operate Buxton Ridge vineyard and winery.

Vice Chair: Cheryle Royle

Cheryle has an extensive background in healthcare management, having been the CEO of a number of hospitals in Victoria, and prior to retiring/semi-retiring was the CEO of St Vincent's Hospital Brisbane.

As a previous Nurse and Midwife, Cheryle progressed through the leadership ladder from Director of Nursing to being a CEO of both single and multiple hospital sites.

Her achievements include being a previous winner of the Telstra Business Woman's Award (VIC) for the private sector with more than 100 employees and represented Victoria as a national finalist that year.

Cheryle is a passionate advocate for Safety & Quality in Healthcare and was invited to join the Board of The Australian Commission for Safety & Quality in Healthcare where her term of five years has just been completed. During that time, she

was a member of the National Model Clinical Governance Advisory Panel for the Commission. She has served on two other Boards and brings much experience in the broader health agenda.

Ms Carole Staley

(retired 30th June 2019)

Carole is a Registered Nurse and holds qualifications in health service management. She has 30 years experience within the health care sector including senior management roles. She has extensive experience in implementing new models of care and improvement initiatives, particularly at the interface between the acute hospital and community care area. Carole is currently employed by Mercy Health in a business development role.

Mr Geoff Hyland

(retired 30th June 2019)

Geoff has a background in finance and accounting having graduated with a Bachelor of Commerce degree and worked with a Melbourne accounting firm for seven years before being self employed as an on course bookmaker – a profession he has enjoyed for 42 years. Geoff has been involved in traders and tourism bodies in Marysville and Alexandra at committee level.

Mr Paul Denham

Paul has many years' experience in the Building and Construction industry as well as Emergency Management and Recovery sectors. With a background in contracts management, Paul has considerable knowledge of building life safety systems and building services, having worked on major construction projects in both the public and private sectors. He holds a Masters of Engineering Project Management along with a number other graduate qualifications and is an endorsed fire ground commander in the emergency services.

Paul is an officer at Buxton CFA and undertakes the Community Safety role for the brigade. He has also served as

a State Councillor for Volunteer Fire Brigades Victoria for over 15 years. He is a Board member of the Marysville & Triangle Community Foundation and previously served on the board of the Country Fire Authority.

Ms Megan Buntine

Megan is the principal consultant of Megan J Buntine Consulting Services where her mission is to build the capability of organisations and individuals through the work she does. She specialises in supporting community organisations, small businesses, and individuals with goal setting, strategic planning and good governance, and she does this work across Victoria and also interstate.

Megan has worked and volunteered across the human services and broader community sectors for more than 30 years, as well as running her own businesses over the past 18 years, and she has been a member of a number of community organisations' committees and boards, in both executive and ordinary roles. Most recently she was the Secretary of the Rivers and Ranges Community Leadership Incorporated's Board, a member of the Victorian Public Tenants' Association Inc's Board, and a Director on the Board of the Kinglake Ranges Foundation.

Mrs Ali Wastie

(resigned 30th June 2019)

With degrees in Arts, Education and holding a Masters of Diplomacy and Trade, Ali has held executive positions within the Victorian Public Service and Local Government. She is also an accomplished Board Director across the not-for-profit, community, tourism and health sectors. She is also an accredited executive coach, mediator and alumnus of the Australian Institute of Company Directors.

Before joining Bass Coast Shire Council, Ali's prior roles within the Local Government sector include Director City Communities at Melbourne City Council and Director of Social and Economic Development at Yarra Ranges Council.

CORPORATE GOVERNANCE

Alexandra District Health (ADH) Annual Report has been compiled to meet the requirements of the Public Administration Act, Financial Management Act and other requirements.

Information required by legislation – but not recorded elsewhere in this annual report is summarised below.

The organisation is governed by the Board of Directors. The Board is appointed by the Governor-in-Council upon the recommendation of the Minister of Health.

Board of Directors

The functions of the Board are:

- To provide strategic leadership to the organisation
- Monitor performance against agreed objectives
- Ensure accountability and compliance.

The Board of Directors Committee membership is governed by the Alexandra District Health Charter.

Quality and Clinical Governance Committee

The Quality and Clinical Governance Committee is a Board subcommittee responsible for the implementation of a strong Quality and Clinical Governance framework that encompasses the domains of safety and quality. This incorporates:

- Consumer participation
- Clinical effectiveness
- Effective workforce
- Risk Management

The Quality and Clinical Governance Framework will ensure that structures, policies, systems, processes and practices are in place and are developed, implemented, monitored and evaluated to support the consumer through their journey and to support the teams to deliver safe, high quality, effective care.

The committee oversees the clinical systems and frameworks that are in place.

The reporting of clinical key

performance indicators is presented to the Board of Directors

Finance, Audit and Risk Committee

The Alexandra District Health (ADH) Finance, Audit and Risk (FAR) Committee is a sub-committee of the ADH Board of Directors. The Committee provides governance and oversight to:

1. Financial management (including asset management)
2. Risk management (including compliance management)
3. Internal and external audit.

Medical Appointments Committee

The committee meets twice per year or as necessary and advises the Board regarding the appointment, suspension and removal from office of medical practitioners as required.

Consumer Advisory Committee

The Consumer Advisory Committee functions to improve the ADH partnerships with consumers in service planning, designing care and service measurement and evaluation. This is achieved by the following means:

- Providing advice to the Board on appropriate and effective processes and structures, for community participation and the integration of consumer, carer, and community views into all levels of health service operations, planning and policy development,
- Advocating to the Board on behalf of the community, consumers and carers,
- Identifying and advising the Board on priority areas and issues requiring consumer, carer and community participation
- Providing advice in the development of the Strategic Plan, the Cultural Diversity Plan and the annual Quality Account.

Quality and Clinical Risk Committee (Q&CR)

The Quality and Clinical Risk committee's duties and responsibilities are to:

- Coordinate the planned and systematic development, implementation and monitoring of care and services to ensure the provision of safe, high quality, effective care and a positive consumer experience.
- Report review and monitor any current, new or emerging risks in line with ADH risk management framework.
- Develop, implement and monitor the suite of Quality Key Performance Indicators (KPI)
- Ensure relevant information on recommended actions for correction or improvement of any service provided is conveyed to the Board and to the relevant health service department or personnel.

Occupational Health and Safety and Emergency Planning Committee

The committee is responsible for coordinating occupational health and safety including occupational violence, waste management and emergency management within the Health Service and shall:

- Facilitate co-operation between employer and employees in instigating, developing and carrying out measures designed to secure the health and safety of employees in the workplace,
- Formulate and review the health and safety standards, rules and procedures that are to be carried out or complied with in the workplace, and make them known to employees,
- Identify workplace risks through review and analysis of staff accidents and near miss/hazard reports. Refer significant risks to Q&CR and record on the Risk Register.



*Left: Dr Chris Chesney
Ophthalmologist and Othoptist
Kathryn celebrated 15 years of service
to ADH in 2018.*

*Below: Dr Anthony Guiney Ear, Nose
and Throat Surgeon celebrated 23
years of service to the Alexandra and
surrounding community.*

*Bottom left: Menzies Support Services
clients have joined the ADH volunteer
program assisting with the garden
project and our mail collection /
delivery system.*





Above: ADH and Murrindindi Shire Council partner for the annual NAIDOC Week morning tea.

Right: ADH Executive team joined Ambulance Victoria for morning tea to celebrate 'Thank a Paramedic' day.

Below: ADH staff celebrated the Spring Racing Carnival with a fascinator and hat competition.



STATUTORY REPORTING

Alexandra District Health's Annual Report has been compiled to meet the requirements of the public Administration Act, Financial Management Act and other requirements.

Information required by legislation but not recorded elsewhere in this annual report is summarised below.

Pecuniary Interests

The Board of Directors are required to notify the Chair of the Board of any pecuniary interests. All directors have completed a statement of pecuniary interests.

Health Services Act, 1988

Alexandra District Health does not administer any Acts. The Health Services Act of 1988 is the vehicle by which Health Services are incorporated and prescribes the manner in which they are regulated.

Complaints System

Complaints are assessed promptly and the Board of Directors is kept informed of the nature of complaints.

Complaints are used as a means to achieve continuous quality improvement in all facets of health care business.

Freedom of Information Act, 1982

The Freedom of Information Officer is the Chief Executive Officer (CEO). Persons wishing to access information under the Freedom of Information Act 1982 should apply in writing to the CEO.

During 2018/2019 there were 30 Freedom of Information requests.

Protected Disclosure Act, 2012

Alexandra District Health complied with the Protected Disclosure Act 2012 for the year 2018/2019.

Carers Recognition Act 2012

Alexandra District Health complied with the Carers Recognition Act 2012 for the year 2018/2019.

Local Jobs First Policy Act 2003

Alexandra District Health complied with the Local Jobs First Policy Act 2003 for the year 2018/19.

Safe Patient Care Act, 2015

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

Employment and Conduct Principles

All employees are correctly classified in workforce data collections and are required to comply with the Alexandra District Health Code of Conduct under their respective employment agreements. Alexandra District Health is committed to applying the Public Sector employment principles and upholds the key principles of merit and equity in all aspects of the employment relationship. To this end we have policies and practices in place to ensure all employment related decisions including recruitment, training and retention are based on merit.

Fees and Charges

Alexandra District Health charges fees in accordance with the Department of Health Fee Schedule.

Occupational Health and Safety

Alexandra District Health has an Occupational Health and Safety (OH&S) Committee which meets regularly. Staff report incidents, accidents and near misses which are then assessed at monthly meetings and appropriate action is taken.

During 2018/19 Alexandra District Health has provided:

- Ongoing mandatory manual handling and occupational violence training for all staff.

- Provided staff with training for managers and supervisors and refresher training for Health and Safety Representatives (HSR).

- Provided face to face and online training on anti-bullying and harassment to all staff.

- Provided staff with annual fire and emergency management training.

Competitive Neutrality

Alexandra District Health has a policy in place for the implementation of the Victorian Government's policy on Competitive Neutrality.

Industrial Disputes

Time lost through industrial disputes: Nil.

Overseas Travel

Nil.

Building Standards

Alexandra District Health complies with Regulation 1209 and 1215 of the Building Act 1993. The Alexandra District Health engages an independent contractor to perform an assessment of all buildings in accordance with Section 22E of the Act. A current Annual Safety Measures Report is on display at the Urgent Care entry.

Outsourcing of services

- Clinical Labs – Pathology
- Northeast Health Wangaratta / Mansfield Radiographic Service – Radiology
- Northeast Health Wangaratta – Payroll services
- Northeast Health Wangaratta – Ultrasound

Details of Consultancies Engaged

Details of consultancies (under \$10,000)

In 2018-19, there were 7 consultancies where the total fees payable to the consultants were less than \$10,000. The total expenditure incurred during 2018-19 in relation to these consultancies is \$28,638.76 (excl. GST).

Detail of consultancies (valued at \$10,000 or greater)

In 2018-19, there were 4 consultancies where the total fees payable to the consultants were \$10,000 or greater. The total expenditure incurred during 2018-19 in relation to these consultancies is \$53,217.50 (excl. GST).

Details of individual consultancies are as at right:

Consultant	Purpose of consultancy	Start date	End date	Total approved project fee (excluding GST)	Expenditure 2018-19 (excluding GST)	Future expenditure (excluding GST)
Australian Workplace Investigations Pty Ltd	Human Resources management/ consulting	09/12/2018	28/02/2019	\$14,850.00	\$14,850.00	0.00
The Regional Development Company Pty Ltd	Strategic Planning	28/06/2019	29/06/2019	\$15,458.50	\$15,458.50	0.00
GHD Pty Ltd	Asset Management Accountability Framework	01/06/2019	28/06/2019	\$12,509.00	\$12,509.00	0.00
Opteon solutions (property valuers on behalf of Valuer General Victoria)	Assessment of Land/ Buildings Fair Value in accordance with instructions from the Valuer General Victoria	30/06/2019	30/06/2019	\$10,400.00	\$10,400.00	0.00

Publications

The following publications dealing with the functions, powers, duties and activities of the hospital were produced in 2018/2019 and may be viewed at the health service upon request:

- Alexandra District Health 148th Annual Report

Information and Communication Technology (ICT) Expenditure

The total ICT expenditure incurred during 2018-19 is \$279,173 (excl. GST) with the details shown below:

Business As Usual (BAU) ICT expenditure	Non-Business As Usual (non-BAU) ICT expenditure		
Total (excl. GST)	Total = Operational expenditure and Capital expenditure (excl. GST) (a) + (b)	Operational expenditure (excl. GST) (a)	Capital expenditure (excl. GST) (b)
\$272,302	\$6,871	\$0	\$6,871

Occupational Violence

Alexandra District Health publicly reports and monitors incidents of occupational violence.

The below table outlines these instances.

Occupational Violence Statistics	2018 2019
1. Workcover accepted claims with an occupational violence cause per 100 FTE	0
2. Number of Workcover claims accepted with lost time injury with an occupational violence cause per 1,000,000 hours worked	0
3. Number of occupational violence incidents reported	2
4. Number of occupational violence incidents reported per 100 FTE	3.62
5. Percentage of occupational violence incidents resulting in a staff injury, illness or conditional	0

Additional Information Available Upon Request

Items listed below have been retained by Alexandra District Health and are available to the relevant Ministers, Members of Parliament and the public on request (subject to the freedom of information requirements, if applicable):

- Declarations of pecuniary interests have been duly completed by all relevant officers.
- Alexandra District Health Annual Report.
- 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 promotional, public relations and marketing activities undertaken by the Health Service to develop community awareness of the Health Service and its services.
- Details of all consultancies and contractors including consultants/contractors engaged, services provided, and expenditure committed for each engagement.

Definitions

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

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

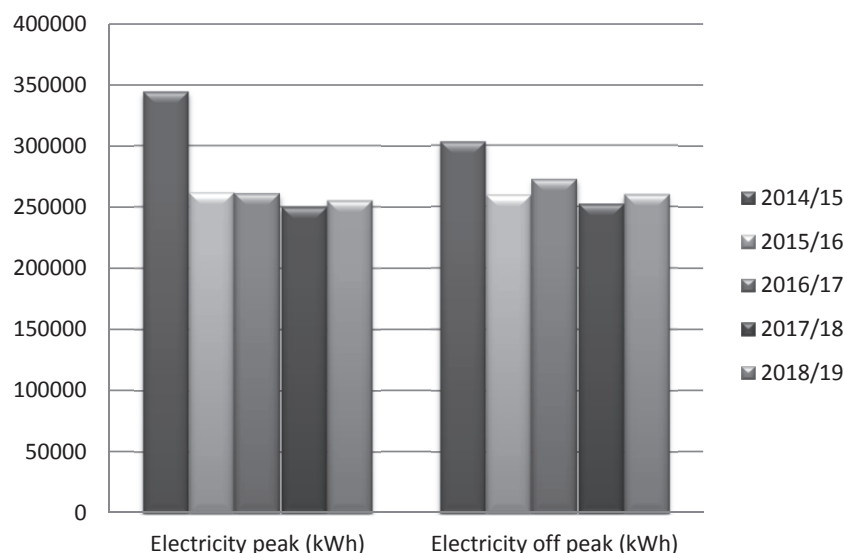
Incident – occupational health and safety incidents reported in the health service incident reporting system. Code Grey reporting is not included.

Workcover Claims Accepted – accepted claims that were lodged in 2018-19.

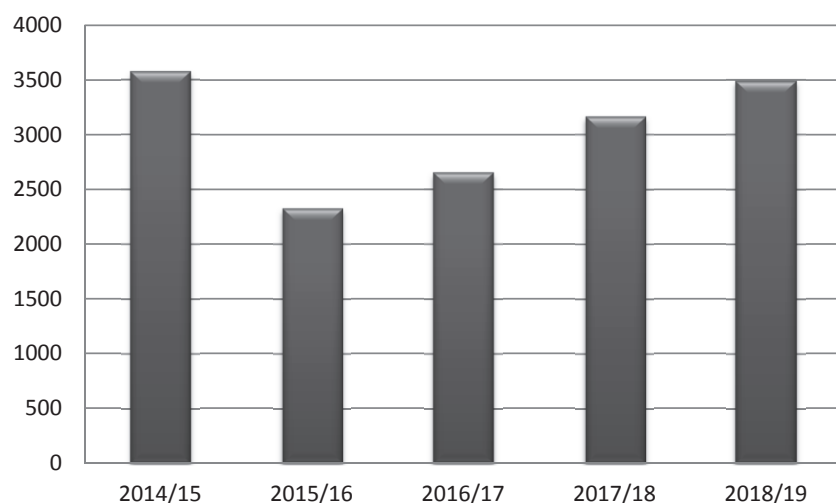
Lost time – is defined as greater than one day.

ENVIRONMENT & SUSTAINABILITY

Energy Consumption Kilowatt Hours (kWh)



Water Consumption Total KL/ML



Alexandra District Health (ADH) strives to provide a sustainable environment for the community and continue to work to reduce our carbon footprint.

How do we perform?

We continue to monitor our solar production and have seen an ongoing reduction in the electricity purchased especially in the summer months.

In 2018/19 we produced 123160 KWh of electricity with that production of solar power (in line with last year) resulting in a carbon offset of 875.50 Tonnes or the equivalent of 2184 trees.

- An ongoing commitment to educating staff on reducing clinical waste has seen continuation of a sustained level of clinical waste produced.
- Our theatre department continue to participate in a sterile wrap recycling project which results in this product no longer ending up in landfill.
- We continue working on an "End of Life" replacement program to upgrade our halogen & Fluorescent lighting with LED replacements throughout the hospital site, currently work on the Loading Bay and carpark areas carried out.
- Our overall general waste contributing to landfill remains steady at 8956 Kgs (in line with last year 8978kgs).
- Water consumption increased due to reinvigoration of garden areas.

Initiatives

ADH will again look at options for the further expansion of the Electrical Solar Generation system along with investigating the viability of battery storage for the site in 2019/20.

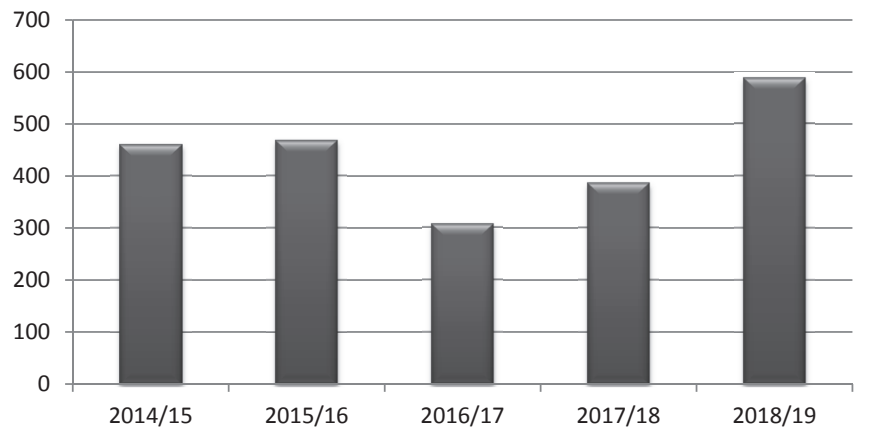
The Co-Mingle skip located on site to facilitate recycling direct into the receptacle/skip continues to be a successful initiative, including reducing a labour component.

Replanting of the front garden areas will increase water usage over warmer periods however we have utilised quality top soil and heavily mulched the area with organic mulch to assist with moisture retention.

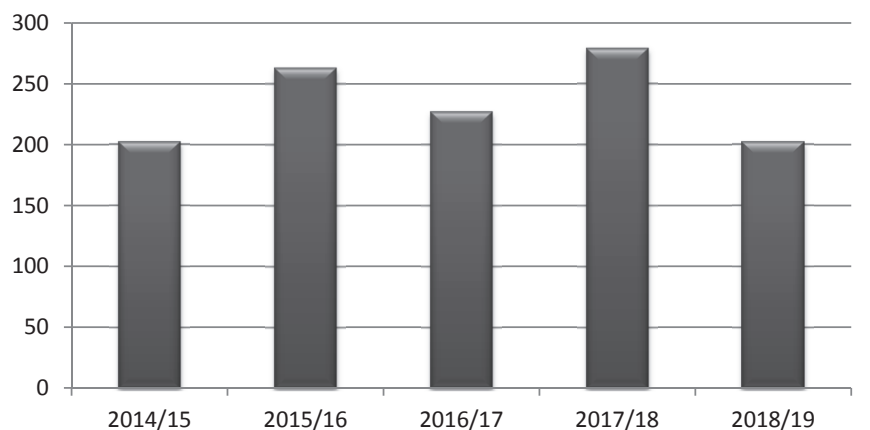
We continue to encourage staff to use webinar technology for off-site meetings where possible to minimise vehicle travel.

Audit on hours of operation for various staff carried out to ensure office air conditioning time of day schedules are relevant.

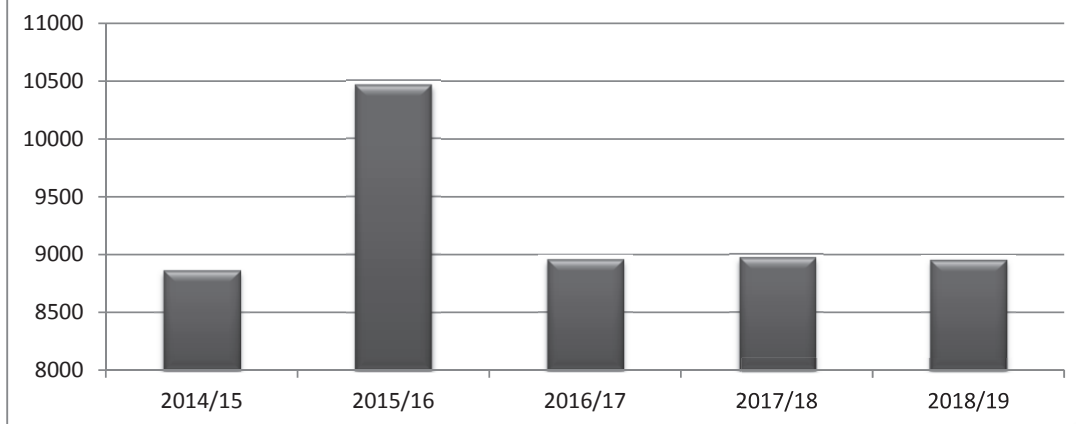
Waste - Clinical Kilograms (Kgs)



Clinical - Waste (Containers)



Waste - General Kilograms (Kgs)



STATEMENT OF PRIORITIES

Statement of Priorities Part A – Strategic Priorities for 2018/19

Goals	Strategies	Health Service Deliverables	Outcome
Better Health	Better Health	Actively participate in the strengthening hospital response to family violence initiative in partnership with Goulburn Valley Health.	Achieved.
A system geared to prevention as much as treatment Everyone understands their own health and risks Illness is detected and managed early Healthy neighborhoods and communities encourage healthy lifestyles	Reduce Statewide Risks Build Healthy Neighborhoods Help people to stay healthy Target health gaps	Working together with Rumbalara Alexandra District Health will actively participate in closing the health gap for aboriginal people by continuing to support and develop the Aboriginal Health Expo.	Achieved.
Better Access	Better Access	As a member of the Hume West Partnership and in collaboration with North East Health Wangaratta, Alexandra District Health will participate in the development and implementation of telehealth models of care.	Partially achieved. Awaiting infrastructure improvements to the clinical grade network to progress.
Care is always there when people need it More access to care in the home and community People are connected to the full range of care and support they need There is equal access to care	Plan and invest Unlock innovation Provide easier access Ensure fair access	Alexandra District Health will commence the implementation process of the recommendations from the Clinical Services Plan by identifying opportunities to improve access to services locally.	Achieved.
Better Care	Better Care	Alexandra District Health will implement and embed the new organisational structure to better support the workforce and improve healthcare outcomes.	Achieved.
Target zero avoidable harm Healthcare that focusses on outcomes Patients and carers are active partners in care Care fits together around people's needs	Put Quality First Join up care Partner with patients Strengthen the workforce Embed evidence Ensure equal care	Alexandra District Health will partner with Yea and District Memorial Hospital and Darlingford Upper Goulburn Nursing Home to pilot Safer Care Victoria's Leadership and Coaching program over 12 months commencing August 2018. The goal would be to develop leadership skills within the Health Services workforces in Murrindindi Shire which are transferrable within the organisations.	Achieved.

Goals	Strategies	Health Service Deliverables	Outcome
Specific 2018-19 priorities (mandatory)	Disability Action Plans Draft disability action plans are completed in 2018-19.	Submit a draft disability action plan to the department by 30 June 2019. The draft plan needs to outline the approach to full implementation within three years of publication.	Achieved.
	Volunteer engagement Ensure that the health service executives have appropriate measures to engage and recognise volunteers.	Revitalise the Consumer Advisory Committee by the development of position descriptions and Terms of Reference. New committee planned to commence in July 2018.	Achieved.
	Bullying and harassment Actively promote positive workplace behaviours and encourage reporting. Utilise staff surveys, incident reporting data, outcomes of investigations and claims to regularly monitor and identify risks related to bullying and harassment, in particular include as a regular item in Board and Executive meetings. Appropriately investigate all reports of bullying and harassment and ensure there is a feedback mechanism to staff involved and the broader health service staff.	Bullying and Harassment incidents added to Board Quality and Clinical governance reporting.	Achieved.
		BOD receives full reports of incidents, investigations and outcomes.	Achieved.
		All staff will participate in mandatory face to face anti bullying & harassment training to commence in July 2018 to compliment mandatory on line training.	Achieved.
		Appointment and training of staff contract officers to assist staff experiencing bullying or harassment or affected by family violence.	Achieved.
	Occupational violence Ensure all staff who have contact with patients and visitors have undertaken core occupational violence training, annually. Ensure the department's occupational violence and aggression training principles are implemented.	Alexandra District Health will continue to imbed the "Alexandra District Health 10 point Plan" ensuring violence and aggression training principles are implemented to ensure a safe environment for staff, patients and visitors.	Achieved.
	Environmental Sustainability Actively contribute to the development of the Victorian Government's policy to be net zero carbon by 2050 and improve environmental sustainability by identifying and implementing projects, including workforce education, to reduce material environmental impacts with particular consideration of procurement and waste management, and publicly reporting environmental performance data, including measureable targets related to reduction of clinical, sharps and landfill waste, water and energy use and improved recycling.	Implement a Co-Mingle Waste Strategy at Alexandra District Health through: <ul style="list-style-type: none"> Implementation of waste segregation program throughout ADH via removal of General Waste bins and replace with Paper/Cardboard bins where applicable. Enhance staff education regarding the "Basic Segregation of Clinical Waste" to reduce ADH clinical waste levels. Investigate viability of adding solar power storage to existing solar panels.	Partially Achieved. Co-mingle skip in place. Further education / auditing to be completed.
	LGBTI Develop and promulgate service level policies and protocols, in partnership with LGBTI communities, to avoid discrimination against LGBTI patients, ensure appropriate data collection, and actively promote rights to free expression of gender and sexuality in healthcare settings. Where relevant, services should offer leading practice approaches to trans and intersex related interventions.	Alexandra District Health will continue inclusive work commenced in 17/18 ensuring the non-discriminatory & equitable recruitment and selection processes. We will ensure that the process is a positive experience for LGBTI staff and volunteers. ADH will improve Health Service signage and messaging to welcome LGTBI people. ADH information packs will be reviewed to include services and information for LGBTI patients (in accordance with the rainbow guide).	Achieved. Achieved. Achieved.

STATEMENT OF PRIORITIES

Part B: Performance priorities

HIGH QUALITY AND SAFE CARE

Key performance indicator	Target	Result
Accreditation		
Accreditation against the National Safety and Quality Health Service Standards	Accredited	Full compliance
Infection prevention and control		
Compliance with the Hand Hygiene Australia program	80%	86.6%
Percentage of healthcare workers immunised for influenza	80%	95%
Patient experience		
Victorian Healthcare Experience Survey – percentage of positive patient experience responses – Quarter 1	95%	100%
Victorian Healthcare Experience Survey – percentage of positive patient experience responses – Quarter 2	95%	97.7%
Victorian Healthcare Experience Survey – percentage of positive patient experience responses – Quarter 3	95%	100%
Victorian Healthcare Experience Survey – percentage of very positive responses to questions on discharge care – Quarter 1	75%	94.9%
Victorian Healthcare Experience Survey – percentage of very positive responses to questions on discharge care – Quarter 2	75%	92.9%
Victorian Healthcare Experience Survey – percentage of very positive responses to questions on discharge care – Quarter 3	75%	92.4%
Victorian Healthcare Experience Survey – patients perception of cleanliness - Quarter 1	70%	87.4%
Victorian Healthcare Experience Survey – patients perception of cleanliness – Quarter 2	70%	94.5%
Victorian Healthcare Experience Survey – patients perception of cleanliness – Quarter 3	70%	96%
Adverse events		
Sentinel events – root cause analysis (RCA) reporting	All RCA reports submitted within 30 business days	Full compliance

Part B: Performance priorities

STRONG GOVERNANCE, LEADERSHIP AND CULTURE

Key performance indicator	Target	Result
Organisational culture		
People matter survey - percentage of staff with an overall positive response to safety and culture questions	80%	92%
People matter survey – 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%	94%
People matter survey – percentage of staff with a positive response to the question, “Patient care errors are handled appropriately in my work area”	80%	93%
People matter survey – 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%	93%
People matter survey – 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%	85%
People matter survey – percentage of staff with a positive response to the question, “Management is driving us to be a safety-centred organisation”	80%	93%
People matter survey – percentage of staff with a positive response to the question, “This health service does a good job of training new and existing staff”	80%	86%
People matter survey – percentage of staff with a positive response to the question, “Trainees in my discipline are adequately supervised”	80%	95%
People matter survey – 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%	96%

Part B: Performance priorities

EFFECTIVE FINANCIAL MANAGEMENT

Key performance indicator	Target	Result
Finance		
Operating result (\$m)	0.00	0.09
Average number of days to paying trade creditors	60 days	53 days
Average number of days to receiving patient fee debtors	60 days	23 days
Adjusted current asset ratio	0.7 or 3% improvement from health service base target	2.26
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	121.5 days
Measures the accuracy of forecasting the Net result from transactions (NRFT) for the current financial year ending 30 June.	Variance ≤ \$250,000	ACHIEVED

Part C Funding and Activity

Small Rural	2018-19 Activity achievement	Units
Small Rural Acute	774	WIES Equivalents
Small Rural Primary Health & HACC		
• Nursing	822	Service hrs
• Initial needs identification	874	Service hrs
Allied Health:		
• Counselling/casework	1,747	Service hrs
• Dietetics	537	Service hrs
• Occupational Therapy	231	Service hrs
• Physiotherapy	4,151	Service hrs
• Speech Pathology/ Therapy	368	Service hrs
• Health Workforce	2	Number of students

OUR SERVICES

- Acute Ward
- Access Worker
- Advance Care Planning Clinic
- Asthma Education
- Cardiac Rehabilitation
- Childbirth Education
- Counselling services
- Heart Health Program
- Continence Management
- Diabetes Education
- Dietetics
- Dindi Early Intervention Program
- District Nursing Service
- Meals on Wheels
- Occupational Therapy
- Physiotherapy
- Pulmonary Rehabilitation Program

- Peer-led Support Groups
- Speech Pathology
- Surgery including: General, Gynaecology, Ear, Nose and Throat, Orthopaedic, Endoscopy, Urology, Eye Surgery
- Urgent Care
- Women's Health Clinic
- Wound Management Clinic

EXERCISE PROGRAMS

- Gymnasium
- Stall the fall
- Gentle exercise
- Strength training
- Fit for birth
- Bounce Back with Babes

PRIVATE SERVICES

- Hearing Clinic
- Echocardiography
- Lung Function Testing
- Private Specialist Services: General Surgeon, Gynaecologist, Ear, Nose and Throat Surgeon, Orthopaedic Surgeon, Paediatrician, Gastroenterologist, Eye Surgeon, Urologist, Cardiologist, Kidney Specialist, Respiratory Specialist
- Pathology
- Podiatry
- Radiology
- Ultrasound

MEDICAL STAFF

Director of Medical Services

Dr C Miller

(to October 2019) MBBS, RACMA

Dr A Ponniraivan

(Dec 2018 to June 2019) MBBS,

RACMA

Dr S Chandrasiri

(from June 2019) MBBS, RACMA

VISITING MEDICAL OFFICERS

General Practitioners

Dr T Chuah, MBBS

Dr L Fraser, MBBS, RACGP

Dr M Lowe, MBBS, RACGP

Dr E Zadneprovskaya, MBBS

Dr T Kyaw MBBS

Dr R Vohra MBBS

Dr A Taheri MBBS

VISITING SPECIALISTS

General Surgeon

Mr R Masters MBBS, FRACS

Obstetrician / Gynaecologist

Dr A Lawrence, B.Sc. (Hons), MBBS

(Hons), FRACOG, MRCOG

Gastroenterologist

Dr P Mahindra MBBS, FRACGP

Specialist Anaesthetists

Dr R Barnes, MBBS, FRANZCA

Dr M Keane, MBBS, FRANZCA

Dr S Kondogiannis, MBChB, FRANZCA

Dr F Desmond MBBS, FRANZCA

Dr S Madden, MBBS, FRANZCA

Dr J Monagle, MBBS, FRANZCA

Dr C Noonan, MBBS, FRANZCA

Dr E Beasley, MBBS, FRANZCA

Dr D Stanzsus, MBBS, FRANZCA

Orthopaedic Surgeons

Mr J Harvey, MBBS, FRACS

Mr C Kondogiannis, MBBS, FRACS

Specialist Ear, Nose, Throat Surgeon

Mr A Guiney, MBBS, FRACS

Urologist

Dr P Ruljancich MBBS, FRACS

Ophthalmologist

Dr C Chesney MBBS, FRANZCO,

Cataract Surgeon and General

Ophthalmology

Cardiologist

Dr E Kotschet MBBS (Hons) FRACP

Paediatrician

Dr D Cutting MBBS, FRACP

Nephrologist

Dr P Branley MBBS, BPharm

Respiratory Physician

Dr M Clarence, MBBS Surgery

LIFE GOVERNORS

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Adie, Mr
Andrews, Miss H
Bamford, Mr W
Bond, F R
Bradbury, A K
Bunn, Dr P
Byrne, Ms H
Crooke, Dr C
Cumming, G F
De La Pierre, K
Dobson, Ms A
Dobson, Mrs B
Dobson, Mr G
Gale, Mrs M
Gale, Mr W

Griffiths, A L
Iser, Dr J
Johnston, Mrs D
Jolley, Mr T and Mrs B
Layton, Mr A
Lester, Mr J
Macdonald, Mrs A
Matthews, Mr G
McNair, Mrs I
Nihei, M
Noye, T J
Parsons, Mrs B
Pritchett, Mrs M
Proctor, Mrs W
Rae, Ms M
Radford, M K

Reddrop Mr M and Mrs T
Robinson, Mrs H
Scott, Mr R
Shands, Mrs E B
Sims, Mrs D
Sloan, Mr R
Smith, Ms J
Taylor, Mrs M
Tate, R H
Thain, Mrs A
Webster, Mrs E S
Weeks, A J
Welch, Mrs J
Whittaker, J W
Williams, Mrs W

VOLUNTEER LIFE GOVERNORS:

Bishop, Mrs J
Bonollo, Mrs G
Butterfield, Ms J
Carney, Mrs K
Lamrock, Ms M
Parsons, Mrs B
Pask, Mrs E (in memory)
Perry, Mrs M
Ritchie, Mrs L
Smith, Mrs K
Taylor, Ms M

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