



151st Annual Report

2021 – 2022

Our History

1870

In 1870, the local Council purchased two buildings for two pounds. They spend 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.

2021

Alexandra District Health reaches 150 years of service provision to our community.

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Mission Statement

Our Mission

To partner with our community so together we achieve excellence in rural healthcare.

Our Values

The following values underpin all interactions between Alexandra District Health patients, staff, other service providers, supporters and the communities in which ADH operates. The values were developed and are owned by our staff and enthusiastically supported by the Board.

	We will:
A Accessible	create a welcoming environment for all
D Dedicated	strive to do our best each and every time
H Holistic	consider the treatment of the whole person, considering mental and social factors, rather than just symptoms of a disease
C Compassionate	be sympathetic and show care and kindness to patients, visitors and each other
A Accountable	take responsibility for our actions
R Respect	maintain the privacy and confidentiality of others
E Excellent	continuously strive to do better, learning from our mistakes
S Safe	ensure a safe Health Service for all patients, staff and visitors

Strategic Goals and Objectives

Service Profile and Clinical Excellence

- Services adapt to the changing needs of our community and are appropriate for the future needs of our community.
- Care that is safe, evidence based, proactive and contemporary.

Communication, Partnerships and Engagement

- Excellence in rural health care through mutually beneficial partnerships with our community, our staff and our service partners.

Governance and Leadership

- Board and executive providing strong leadership and direction.
- A resilient Health Service.

Workforce

- Engaged, outstanding people providing great healthcare locally within a safe and healthy work environment.

Resourcing and Sustainability

- A sustainable financial base to deliver present and future services.
- Our buildings and equipment are well planned, well maintained and fit for purpose.
- Our outreach services are delivered in fit for purpose facilities.

Our Profile

Board of Directors Chair

Mr Kim Flanagan

Finance, Audit and Risk Committee Chair

Mr Alan Studley

Quality and Clinical Governance Committee Chair

Ms Michelle Fleming

Chief Executive Officer

Mrs Deborah Rogers

Mr Chris McDonnell (Acting)

Responsible Ministers

The responsible Minister is the Minister for Health:

- **The Hon Martin Foley MP**, Minister for Health, Minister for Ambulance Services, Minister for Equality. From 1 July 2021 to 27 June 2022
- **The Hon Mary-Anne Thomas MP**, Minister for Health, Minister for Ambulance Services. From 27 June 2022 to 30 June 2022.

Accreditation Status

Fully Accredited to 9th March 2025

Board of Directors

Chair

Mr Kim Flanagan

Deputy Chair

Ms Cindy Neenan

Board Members

Mr Steven Hogan

Mr Alan Studley

Mr James McCarthy

Mr Kerry Power

Ms Michelle Fleming

Ms Lorna Gelbert

Ms Maree Fellows

Finance, Audit and Risk

All ADH Board Directors participate in the Finance, Audit and Risk Committee. ADH aim to have an independent audit committee member participate.

Auditor

HLB Mann Judd (Internal Auditor)

Richmond, Sinnott & Delahunty

VAGO (Victorian Auditor General's Office)

Bankers

Westpac (CBS), NAB

Solicitors

Health Legal

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 30th June 2022.



Kim Flanagan, Board Chair

Alexandra

30th June 2022

About Us

Alexandra District Health employs a team of approximately 120 staff who work across our clinical and corporate services. Our services consist of a 25-bed acute ward, 6-day procedure beds and a 6 cubicle Urgent Care Centre.

We provide a range of inpatient (medical and surgical) and primary health services in Alexandra.

Our Services:

- Acute Ward
- Advance Care Planning Clinic
- Asthma Education
- Cardiac Rehabilitation
- Counselling services
- Heart Health Program
- Continence Management
- Diabetes Education
- Dietetics
- District Nursing Service
- Life Diabetes Prevention Program
- Meals on Wheels
- Occupational Therapy
- Physiotherapy
- Pulmonary Rehabilitation Program
- Sexual Health
- Social Work
- Speech Pathology
- Surgery including: General, Gynaecology, Ear, Nose and Throat, Orthopaedic, Endoscopy, Urology, Ophthalmology
- Urgent Care
- Wound Management Clinic

Exercise Programs

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

Visiting Services

- Hearing Clinic
- Echocardiography
- Lung Function Testing
- Childbirth Education
- Private Specialist Services:
General Surgeon,
Gynaecologist, Urologist,
Ear, Nose and Throat Surgeon, Orthopaedic Surgeon, Paediatrician, Gastroenterologist, Ophthalmologist, Renal Specialist, Cardiologist
Respiratory Specialist
- Pathology
- Podiatry
- Radiology
- Ultrasound (NHW)

Medical Staff:

Director Medical Services

Dr Colin Feekery MBBS, RACMA, RACP

General Practitioners

Dr L Fraser MBBS, RACGP
Dr D Deelen MBBS, RACGP
Dr C Aitken MBBS, FRACGP
Dr S Jnguyenphamhh, MBBS, FRACGP
Dr Thong Le MBBS, RACGP
Dr P Chan, MBBS (Hons), FCICM, BSc (Hons)

General Surgeon

Dr A Dhir MBBS, FRACS (to May 2022)

Ear, Nose, Throat Surgeon

Mr A Guiney, MBBS, FRACS

Gastroenterologist

Dr P Mahindra MBBS, FRACGP
Dr E Tsoi MBBS, FRACP

Anaesthetists

Dr M Adams BHB, MBChB, FANZCA, MHIthServM
Dr T Callahan BMBS (Hons), BSc (Hons), FANZCA
Dr Y D'Oliveiro MBCh BAO, FANZCA (from February 2021)
Dr M Keane, MBBS, FANZCA
Dr S Mahjoob, MBBS, FANZCA
Dr J Monagle, MBBS, FANZCA
Dr C Noonan, MBBS, FANZCA
Dr D Stanzsus, MBBS, FANZCA
Dr D Ware MBBS, FANZCA

Orthopaedic Surgeons

Mr J Harvey, MBBS, FRACS
Mr C Kondogiannis, MBBS, FRACS

Urologist

Dr P Ruljancich MBBS, FRACS

Ophthalmologist

Dr R Bunting MBBS, RANZCO, FRCOphth

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

Gynaecologist

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

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.

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Board Chair and Chief Executive Officer Report

Our year in review

On behalf of the Board of Directors and staff of Alexandra District Health (ADH), we are pleased to present the 151st Report of Operations and Annual Report for the year ended 30th June 2022.

The COVID-19 global pandemic continues to challenge us all. We have been very pleased that we have avoided any large COVID outbreaks and service closures. We believe that our comprehensive COVID preparation and infection control processes have been robust and have enabled us to provide continuity of service. Our use of telehealth consultations has increased both in our primary health team and in the acute services. Consistently, the staff at ADH rise to the challenges, continuing to provide exceptional care and services to our community. We are indebted to their resilience and hard work.

Through our partnerships, we ensured our community stayed safe during these unprecedented times. We have undertaken 5242 COVID-19 swabs through our drive through, walk up and urgent care settings. We have also provided asymptomatic testing for priority groups.

The theatre redevelopment works commenced in March and have now been fully completed. These building works were undertaken to meet new infection control standards. ADH is now in a position to fully utilise the theatre to provide additional theatre services to the community. ADH is also in a position to participate in the state-wide initiatives to increase elective surgery and hopefully utilise the theatre to its fullest capacity.

Our Urgent Care Centre (UCC) is now staffed by two highly experienced doctors. Having such a highly skilled and trained medical and nursing staff in the UCC has meant that we have been able to enhance our locally based urgent care to patients who are very unwell and require immediate care. We have received considerable feedback from patients that treatment provided by the medical and nursing staff in the UCC has been outstanding and has resulted in very positive outcomes for our patients.

Attracting and maintaining our workforce remains a challenge for all Rural Health Services and ADH is no different. House prices rose significantly in rural areas during the pandemic and rental accommodation was virtually impossible to find. The Department of Health has clearly recognised this issue and is working on future strategies. In conjunction we have commenced the development of a strategic workforce plan that will focus on building our leadership capacity, upskilling clinical staff and implementing staff wellbeing and support strategies.

We celebrate the service of Nola Evans, Enrolled Nurse who has been a dedicated member of the ADH team for the past 30 years. We also commend Ward Clerk, Dee Murphy who celebrated 20 years of service and Registered Nurses Louise Twitchett and Lisa Smith who have both reached 15 years of service. Congratulations on your contribution and dedication to the ADH team.

Our CEO, Debbie Rogers, went on long service leave in December 2021 and during that time decided to take up another position and resigned from ADH. We would like to thank Debbie for her service to ADH and the community during her term as CEO.

While Debbie was on long service leave Chris McDonnell acted as CEO and his term finished on 30th June 2022. During his term as CEO Chris developed a long-term financial plan for ADH that leads us to a bright financial future. He also managed the upgrade of our theatre which will increase our surgical capability and offering to the community of Alexandra. We also thank Chris for his service

to ADH and wish him well in his retirement. The Board of ADH is now working with executive recruiters to find a replacement CEO.

Our Board

Alexandra District Health has a sophisticated and diverse Board of Directors providing governance oversight and strategic direction for the Health Service. In December 2021 our long serving Board Chair, Lorna Gelbert, stepped down and Kim Flanagan, Deputy Chair, was elected Chair of the Board of Directors. We take this opportunity to thank Lorna for her tireless effort, unwavering determination, and wise counsel during her period as Board Chair. During 2021-2022 we welcomed one new Board Director, Maree Fellows, who brought a wealth of healthcare experience and Lorna was appointed for another three-year term by the Minister for Health.

Financial Performance

The financial results for 2021-22, prior to the inclusion of capital and specific items, show an improvement in the financial performance of the Health Service when compared to the previous year.

The operating position reflects a further reduction in revenue from private inpatients and primary health client fees. This is due to reduced activity which has been attributed to COVID-19 restrictions. These reductions were partially offset by corresponding reductions in the cost of medical services and general health service delivery costs which continue to be closely managed.

A challenge for all Victorian health services is being financially sustainable. We have developed a comprehensive three-year financial sustainability plan that sets out the corrective and strategic actions over the next few years that leads to ADH having a more secure financial future. We are fortunate that ADH has sufficient financial reserves to be able to respond to revenue shortfalls as costs increase.

Our Future

The future of ADH is bright given our long-term financial plan and increased surgical capability due to the upgrade of the theatre. Now that the theatre is complete, we are in a position to increase our surgical capability and offer more services to our community.

ADH, like all health services around Australia, continues the campaign to counter the global COVID-19 pandemic which is now coupled with one of the worst outbreaks of influenza in decades. We will continue to strive for ways to support our staff and ensure work/life balance during these tough times and ensure our continued services to the community at large.

A major challenge for ADH is to grow our services to meet the changing needs of a community. We have a community who can't always get access to locally based specialist health services and need to travel to Melbourne to access these services. ADH has a role to play in the provision of more specialist services in the catchment area and has the commitment to respond to these emerging needs. How we do this, by ourselves or in partnership with other regional health services, is a challenge that ADH will proactively address in the next twelve months.

We strive to increase our medical workforce to provide our community and our patients with access to a reliable and skilled medical workforce which will support them into the future. A robust medical workforce enhances our acute inpatient and urgent care services to ensure the ongoing sustainability of our Health Service.

In line with the Gender Equality Act of 2020, ADH has developed its inaugural Gender Equality Action Plan (2022 – 2025). The plan outlines ADH's commitment to providing a workplace that is gender equitable and respectful to all staff. The plan was developed following a detailed analysis of data obtained from the workplace gender audit and data collected from the 2021 People Matter Survey.

ADH reached two major milestones in December of 2021 celebrating 150 years as a Health Service and 10 years in our new building. We look forward to showcasing and celebrating our history with the community later in 2022.

Our success is only possible through the strong governance and commitment of our Board, competent leadership from our executive and the continued dedication of our staff and community partners. We thank our patients and clients who have shared in our journey and our community as a whole for supporting us.

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

Despite another challenging year, we are proud to lead Alexandra District Health into the future. We hope that you enjoy reading our 2020-2021 Annual Report and learning more about our accomplishments over the past financial year.



Kim Flanagan
Board Chair



Chris McDonnell
Acting Chief Executive Officer

Executive Team

Acting Chief Executive Officer (4 January 2022 – 30 June 2022)

Chris McDonnell

Chris McDonnell commenced as Acting CEO at Alexandra District Health in January this year. Chris is an experienced health CEO having previously served at Seymour Health for eight years and prior to that as CEO at Nexus Primary Health. Chris was also directly involved in the 2009 bushfire recovery process across Mitchell and Murrindindi, coordinating the mental health and psychosocial services in areas including Marysville and Kinglake.

Chris has post-graduate qualifications in industrial relations and is an experienced mediator and trainer. Chris is pleased to be part of Alexandra District Health and its commitment to quality health care to the community.

Chief Executive Officer

Deborah Rogers

The Chief Executive Officer is responsible to the Board of Directors for the effective 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 Medical Services

Dr Colin Feekery

The Director Medical Services (DMS) acts on behalf of Alexandra District Health, in overseeing the professional performance of all employed and visiting medical practitioners to enhance and develop medical service provision. The DMS is responsible for ensuring a safe medical care environment for patients of the Health Service.

Director of Clinical Services

Andrew Brown

*Fiona Coad (acting 20th December 2021 – 11th April 2022) Claire Palmer (to 15th March 2021)
Fiona Mackey (acting 15th March 2021 to 9th June 2021) Katie Hellema (from 9th June 2021)*

Andrew Brown commenced as Director of Clinical Services at Alexandra District Health in April 2022. Andrew is a registered nurse who has worked in a range of clinical, project, management and executive roles in the public and private sectors in regional health over 30 years. Andrew has also served as a long-term Director on both a Small Rural Health Service and an Integrated Aged Care board, including Chair roles at both organisations.

Director Quality and Risk

Claire Palmer

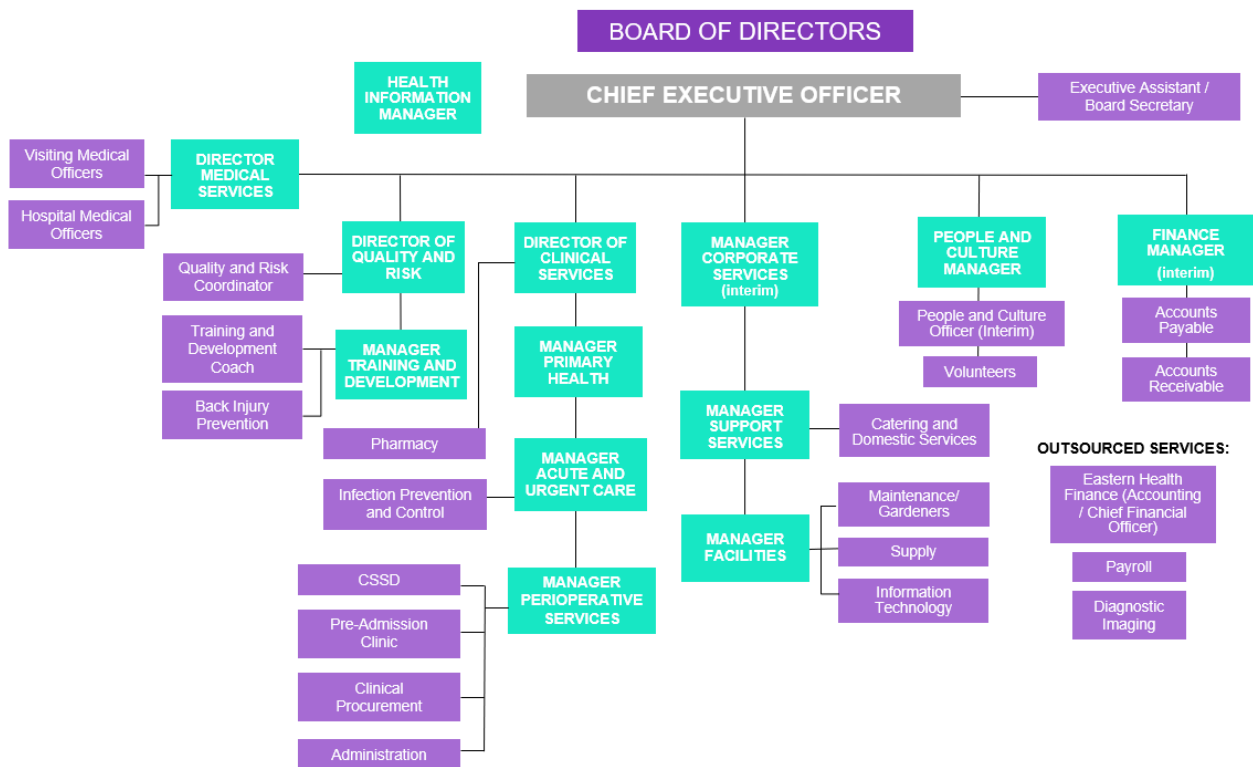
The Director Quality and Risk (DQR) works in collaboration with the Chief Executive Officer and the executive team to lead the quality improvement and risk management program at Alexandra District Health. The DQR works collaboratively with the senior leadership team, clinical and non-clinical staff and consumers to ensure that Alexandra District Health 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 the organisation.

Director People and Culture

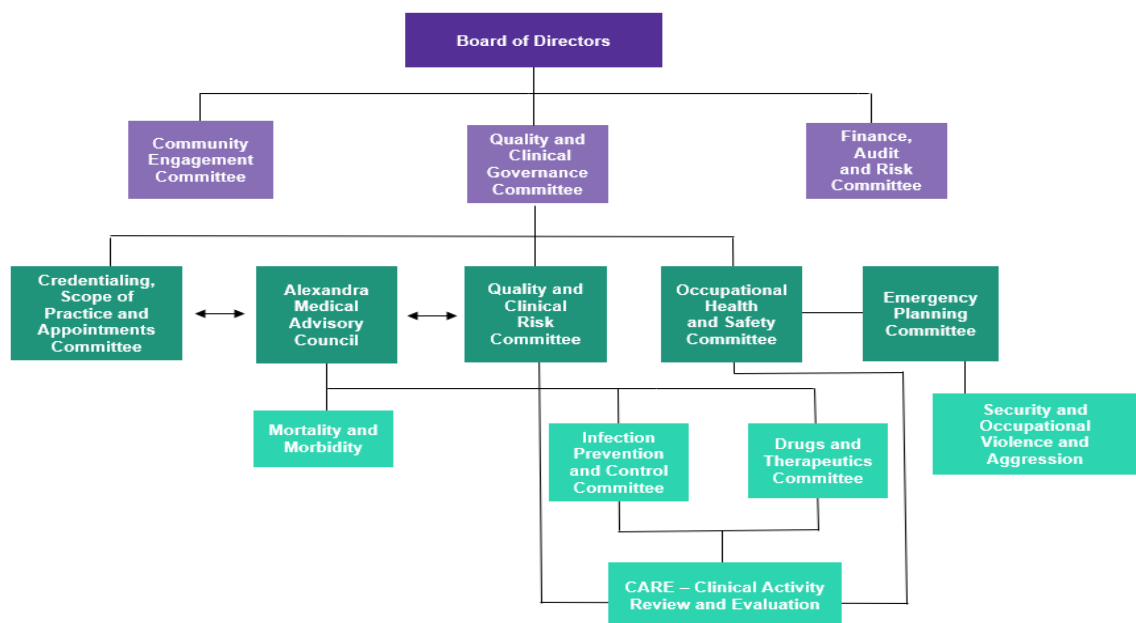
Brant Doyle (to 31st December 2021)

The Director People and Culture is responsible for all human resources management and reporting. This includes industrial relations, recruitment and strategic management.

Organisational Structure



Committee Reporting Structure



Board of Directors

Mr Kim Flanagan - Chair

Kim is the Chair of the Board of Directors for Alexandra District Health. He is also a non-executive director of The Lost Dogs Home, the Carinya Society and the Chief Operating Officer of New Age HSE Services, a respected management consulting company.

Kim has worked in both federal and state government business enterprises and departments such as the Department of Health and Human Services and the Westgate Tunnel Authority. He has also been an executive in the private sector with companies such as BHP, Finemore Holdings Limited, the Ford Motor Company of Australia, UGL Limited and NBN Co.

Kim has a Bachelor's Degree in Social Science majoring in Human Physiology and Sociology as well as a Diploma of Business Management. He is trained in Six Sigma and Lean philosophy, Six Sigma Project Champion and is an accredited Exemplar Global Master Auditor. He is also a Fellow of the Institute of Logistics and Transport, a member of the Australian Institute of Company Directors and a Fellow of the International Safety, Quality and Environment Management Association.

Ms Cindy Neenan - Deputy Chair

Cindy is a semi-retired executive who has forged a successful career across manufacturing and engineering in Australia, NZ and overseas. Cindy's expertise resides in all aspects of human resources, particularly industrial relations and organisation development. She has been a past director of a Mercer Superannuation Master Trust Fund, past Chair of the Australian Automotive Industrial Relations Committee and founder and Chair of Diversity and People councils across her industry. She has previously managed large commercial portfolios as a purchasing director, overseeing vendor costs and quality systems, business process re-engineering, and holds a six-sigma qualification.

Cindy has a keen interest in public health advancements for cancer standard of care treatment and to this end sits on the Human Research Ethics Committee in a large metropolitan hospital. She is passionate about community sport, is the finance manager of her local rowing club and community liaison with local council and peak bodies overseeing environmental systems on the inner west river system. She also coaches school, club and adult rowing. Cindy is the Deputy Chair of the ADH Board, is a member of the Finance, Audit and Risk Committee and the Quality and Clinical Governance Committee.

Ms Lorna Gelbert

Lorna is a former practicing lawyer and accredited property law specialist having retired from practice on 30th June 2020. Until the end of 2013, Lorna was a partner with a medium sized law firm in the Melbourne CBD and then 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.

Mr Steven Hogan

Prior to retirement, Steven had an extensive career in senior executive roles in retail, finance, health and manufacturing and most recently, in not-for-profit associations in the insurance and construction sectors. While most of his roles have been supporting organisations at a strategic executive level, his area of specialisation is in the area of human resources where he has been a certified member of the Australian Human Resources Institute for over 35 years. Steven continues to consult with a number of not for profit organisations on people and culture matters.

Based in Melbourne, and with a number of family and friends in Marysville, Buxton and Eildon, Steven feels a good affiliation with the area and brings a strong focus on strategy and the importance of people and culture to the success of organisations. Steven is a member of the Finance, Audit and Risk Committee and the Quality and Clinical Governance Committee and is Chair of the Community Engagement Committee.

Board of Directors - continued

Mr Kerry Power

Kerry is an experienced clinician with a long history working as an intensive care paramedic in metropolitan Melbourne. He spent 39 years with Ambulance Victoria working in pre-hospital emergency care, providing clinical education and working as a senior clinician in both emergency operations and clinical oversight in ambulance dispatch. His experience includes training and deployment of Kinglake and Lang Lang CERT Teams, co-management of the Metropolitan MICA System and group manager for the Lodden Mallee region.

He provided management support for three major projects while with Ambulance Victoria, including partnering with Beyond Blue to improve mental health for paramedics and addressing the escalation of occupational violence through innovative programs. Kerry is also a recipient of the Ambulance Service Medal (ASM).

Born in Alexandra, Kerry moved back to the area 10 years ago and is enjoying living a quieter life in Eildon. Kerry is a member of the Finance, Audit and Risk Committee and the Quality and Clinical Governance Committee.

Ms Michelle Fleming

Michelle has a background in health and community services and currently works as Associate Program Director in the Specialty Medicine and Ambulatory Care Program at Eastern Health. Michelle has significant operational leadership experience within ambulatory services including community health, aboriginal health, general practice, COVID-19 community services and sexual assault support services. Michelle has a Graduate Diploma in Health Promotion, Masters in Health and Human Services Management and is a member of the Australian Health Promotion Association.

Michelle is passionate about delivering the best quality care to patients and about the key role of ambulatory services in helping people avoid hospital admission and remain well within their own community. She has strong connections to the local community, having lived in the local area for most of her life and currently residing in Taggerty.

Michelle is a member of the Finance, Audit and Risk Committee and the Quality and Clinical Governance Committee.

Mr Alan Studley

Alan is Chair of the Finance, Audit and Risk Committee and a member of the Quality and Clinical Governance Committee. In addition to his role at Alexandra District Health, Alan is a non-executive director of Access Community Health, Wayss (Family Violence & Housing Support) and ANZGITA.

Alan has worked for multi-national companies in the fields of manufacturing, media and food production. His roles have included Finance Director, Chief Executive Officer and Executive Chairman of large acute care health facilities, public transport related services and a federal government trust responsible for national heritage assets.

In the past Alan has been a director and trustee of the Metropolitan Ambulance Service, Royal Guide Dogs for the Blind Association of Victoria and Australia, Aware Super (Health Super) and ASX listed Sausage Software Pty Ltd. He has acted as a surveyor for the Australian Council of Healthcare Standards and member of the Department of Human Services, Strategy Steering Committee I2T2. He is a Fellow of the Australian Institute of Company Directors and CPA Australia.

Ms Maree Fellows

Maree has had extensive tenure and background as an Executive in the health sector holding roles such as Director of Nursing, Director of Clinical Services and CEO of numerous private hospitals across Melbourne throughout her professional career spanning across 2 decades. In May 2021 Maree joined the team at Bairnsdale Regional Health Services as her first entry as an Executive in the public health sector, assuming responsibility for the directorates of both the Community Wellbeing and Partnerships as well as Clinical Operations at Bairnsdale in an Interim capacity. Her appointment enabled some executive leave/relief during a 10-month period, and she has subsequently returned to Bairnsdale in May 2022 as Director of Clinical Operations.

Maree brings to ADH a broad knowledge of managing resources in the health sector, an understanding of private and public health funding models, and a comprehensive knowledge and experience in clinical governance gained from her years of experience in health as a Nurse Executive. Maree has qualifications in the following: RN, RM, B Nursing RMIT, Grad Dip Health Administration RMIT, LLB –part-(Monash).

Board of Directors - continued

Mr James McCarthy

James is Chief Executive Officer of a community organisation within the Yarra Ranges and works as a social worker for Anglicare Victoria. James also operates a private practice specialising in supervision and human service consulting. He has an extensive background in the human and community services sector covering mental health, alcohol and drugs, disability, homelessness, refugee and palliative care, and was previously a family violence case investigator with the Coroners Court of Victoria. In addition to his involvement with numerous organisations, he is the current Chairperson of Relationship Matters and holds a number of roles with St John Ambulance Victoria.

James is a member of the Finance, Audit and Risk Committee and the Quality, Clinical Governance Committee and the Community Engagement Committee.

Attestations

Financial Management Compliance

I, Kim Flanagan, on behalf of the Responsible Body, certify that the Alexandra District Health has no Material Compliance Deficiency with respect to the applicable Standing Directions under the *Financial Management Act 1994* and Instructions.



Kim Flanagan
Board Chair
Alexandra District Health
30th June 2022

Data Integrity Declaration

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



Chris McDonnell
Acting Chief Executive Officer
Alexandra District Health
30th June 2022

Conflict of Interest Declaration

I, Chris McDonnell, 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.



Chris McDonnell
Chief Executive Officer
Alexandra District Health
30th June 2022

Attestations - continued

Integrity, Fraud and Corruption Declaration

I, Chris McDonnell, 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.



Chris McDonnell
Acting Chief Executive Officer
Alexandra District Health
30th June 2022

Workforce Data

Employment and Conduct Principles

All employees are correctly classified in the 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 and retention, are based on merit.

Hospitals Labour category	JUNE Average Monthly FTE		Average Monthly FTE	
	2021	2022	2021	2022
Nursing	26.26	27.96	24.40	26.88
Administration and Clerical	14.70	14.64	14.42	14.12
Medical Support	1.47	0.58	1.31	0.66
Hotel and Allied Services	9.32	8.68	8.78	8.86
Medical Officers	0.00	0.00	0.00	0.00
Hospital Medical Officers	0.00	0.00	0.00	0.00
Sessional Clinicians	0.70	2.23	0.46	1.72
Ancillary Staff (Allied Health)	6.50	7.92	5.46	7.63
Total	58.95	62.01	54.83	59.87

Financial Performance

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.

Disclosures required under Legislation but not recorded elsewhere in this annual report are summarised below.

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. Online applications and further information about FOI requests can be found by visiting our website

<https://adh.org.au/patients-and-visitors/freedom-of-information/>

During 2021/2022 there were twelve Freedom of Information requests. Eight were granted in full, one found no documents on file.

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.

Local Jobs First Act 2003

Alexandra District Health has no contracts required to be reported under the Local Jobs First Disclosure in 2021/2022.

National Competition Policy

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

Industrial Disputes

No time lost through industrial disputes.

Pecuniary Interests

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

Carers Recognition Act 2012

Alexandra District Health complied with the *Carers Recognition Act 2012* for the year 2021/2022.

Our organisation is aware of its responsibilities under the Act.

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*.

Public Interest Disclosure Act, 2012

Alexandra District Health complied with the *Public Interest Disclosure Act 2012* for the year 2021/2022. There are no disclosures to report.

Complaints regarding improper conduct and corruption in the Victorian public sector can be reported to the Independent Broad-based Anticorruption Commission (IBAC).

www.ibac.vic.gov.au

Publications

The following publications dealing with the functions, powers, duties and activities of the hospital were produced in 2021/2022 and may be viewed on the Health Service website

- Alexandra District Health 150th Annual Report.
- Alexandra District Health Strategic Directions 2020-2024
- Alexandra District Health Aboriginal and Torres Strait Islander Cultural Policy.

Additional information available on request

Details of the items listed before 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):

- Details of shares held by senior officers as nominee or held beneficially.
- 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 visit 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.
- A list of major committees sponsored by the Health Service, the purpose of each committee and the extent to which those purposes have been achieved.
- Details of assessments and measures undertaken to improve the occupational health and safety of employees.

Statutory Reporting - continued

Details of consultancies (under \$10,000)

In 2021-22, there were two consultancies where the total fees payable to the consultants were less than \$10,000. The total expenditure incurred during 2021-22 in relation to these consultancies is \$8,496.83 (excl. GST).

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

In 2021-22, there was one consultancy where the total fees payable to the consultant were \$10,000 or greater. The total expenditure incurred during 2021-22 in relation to this consultancy was \$11,818.18 (excl. GST).

Details of individual consultancies are listed in the table below.

Consultancies over \$10,000:

Consultant	Purpose of consultancy	Start date	End date	Total approved project fee (excluding GST)	Expenditure 2021-22 (excluding GST)	Future expenditure (excluding GST)
Aspex Consulting	GP Modelling and Assessment	December 2021	February 2021	\$11,818.18	\$11,818.18	\$0.00

Information and Communication Technology (ICT) Expenditure

The total ICT expenditure incurred during 2021-22 is \$0.45 million (excluding GST) with the details shown below:

Business as Usual (BAU) ICT expenditure	Non-Business as Usual (non-BAU) ICT expenditure		
	Total=Operational expenditure and Capital Expenditure (excluding GST) (a) + (b)	Operational expenditure (excluding GST) (a)	Capital expenditure (excluding GST) (b)
\$0.37 million	\$0.08 million	\$0.03 million	\$0.05 million

Financial Performance – 5 Year Summary

	2022	2021	2020	2019	2018	2017
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
OPERATING RESULT	43	328	38	85	88	33
Total revenue	12,300	9,143	9,601	8,652	8,305	7,824
Total expenses	(11,961)	(9,968)	(9,927)	(9,502)	(9,388)	(8,876)
Net result from transactions	339	(825)	(326)	(850)	(1,083)	(1,052)
Total other economic flows	52	65	8	(63)	4	(11)
Net result	392	(760)	(318)	(913)	(1,079)	(1,063)
Total assets	35,585	31,103	31,305	31,447	28,233	26,670
Total liabilities	(3,429)	(3,174)	(2,653)	(2,476)	(2,191)	(1,730)
Net assets/Total equity	32,156	27,929	28,652	28,971	26,042	24,940

Statutory Reporting - continued

Financial Performance – Net Result from Transactions Reconciliation

	2021-22
	\$'000
Net operating result	43
Capital purpose income	1,554
Specific income	77
COVID 19 State Supply Arrangements	219
State supply items consumed up to 30 June 2022	(210)
Expenditure for capital purpose	(18)
Depreciation and amortisation	(1,316)
Net result from transactions	340

Occupational Health and Safety

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

During 2021/22 Alexandra District Health has continued to provide:

- Ongoing mandatory manual handling and occupational violence training for all staff.
- Face to face and online training on anti-bullying and harassment to all staff.
- Annual fire and emergency management training.
- Orientation programs for new staff incorporating an introduction to Alexandra District Health's occupational health and safety, and anti-bullying and harassment programs.

Occupational Health and Safety Data

Occupational Health and Safety Statistics	2021-22	2020-21	2019-20
The number of reported hazards/incidents	42	20	23
The number of reported hazards/incidents per 100 FTE	0.67	0.36	0.41
The number of 'lost time' standard WorkCover claims	3	3	1
The average cost per WorkCover claim	\$105,090.83	\$48,563.10	\$6,765

Occupational Violence Statistics

Occupational violence statistics	2021-22
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 1,000,000 hours worked.	0
Number of occupational violence incidents reported	8
Number of occupational violence incidents reported per 100 FTE	12.90
Percentage of occupational violence incidents resulting in a staff injury, illness or condition	0

Definitions

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 – an event or circumstance that could have resulted in, or did result in, harm to an employee. Incidents of all severity rating must be included. Code Grey reporting is not included.

Accepted Workcover claims – Accepted Workcover claims that were lodged in 2021-22.

Lost time – is defined as greater than one day.

Injury, illness or condition – This includes all reported harm as a result of the incident, regardless of whether the employee required time off work or submitted a claim.

Environment and Sustainability

Alexandra District Health strives to provide a sustainable environment for the community and continues to work to reduce our carbon footprint.

How do we perform?

During 2021/22 our solar production has continued to perform well and this has assisted us to reduce the electricity we purchased throughout the year, especially during the summer months.

In 2021/22 we produced 111MWH of electricity utilising our solar power system resulting in a carbon offset of 76.67 tonnes or the equivalent of 1967 trees. The solar power produced was marginally lower than the previous year.

We continue with our commitment to encourage staff to reduce clinical waste where possible. However, the impact of COVID-19 on clinical waste has been significant and this has resulted in 711 kgs of waste.

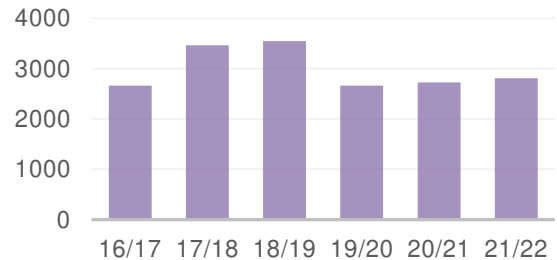
Our overall general waste contributing to landfill has marginally increased from 9340kgs to 9980kgs. This was partly due to changes implemented by the EPA regarding COVID-19 PPE disposal which has resulted in increased general waste but a decrease in clinical waste totals.

We continue working on an “End of Life” replacement program to upgrade our existing Fluorescent lighting with LED replacements throughout the hospital site. This year we also carried out some replacement of external fittings on the façade of building. This initiative has also seen an overall improvement in lighting quality in these perimeter areas.

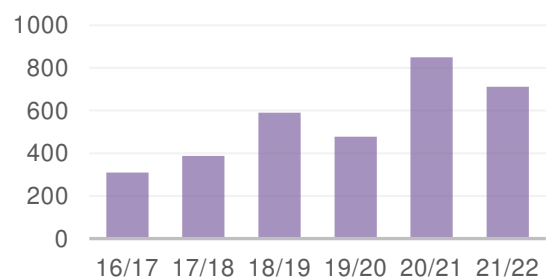
Theatre department continue to participate in a sterile wrap and PVC recycling project resulting in these products being recycled and no longer ending up in landfill.

ADH will cease sending & receiving faxed paperwork and instead this will be done electronically via the Liquid Files software. When software programming work has been completed HRHA will assist ADH with the implementation.

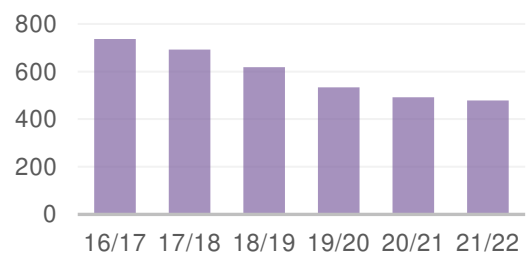
Water Consumption Total KL/ML



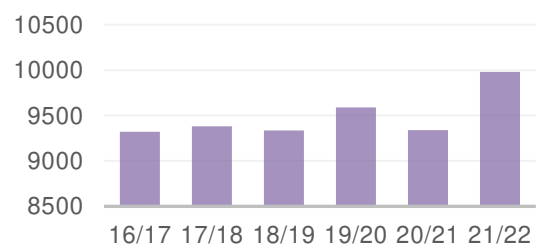
Waste - Clinical Kilograms (Kgs)



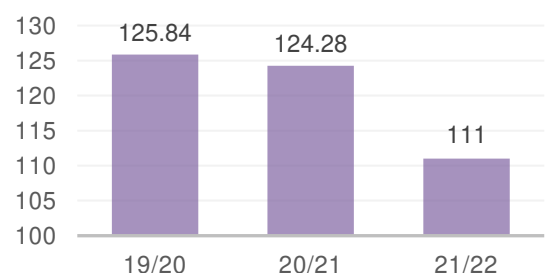
Total Greenhouse Gas Emissions



Waste - General Kilograms (Kgs)



Solar Production - Megawatts



Statement of Priorities

Strategic priorities

Priority One:

Maintain your robust COVID-19 readiness and response, working with my department to ensure we rapidly respond to outbreaks, if and when they occur, which includes providing to testing for your community and staff, where necessary and if required. This includes preparing to participate in, and assist with, the implementation of our COVID-19 vaccine immunisation program rollout, ensuring your local community's confidence in the program.

Outcome:

ADH has implemented a COVID safe plan and winter response plan to ensure preparations are in place in case of an outbreak. The plan is regularly reviewed and updated as government advice changes.

A COVID-19 testing service has been provided initially at seven days per week, later three days per week. Testing has been facilitated for priority groups including health care staff, residential aged care workers, teachers, and at-risk communities.

ADH continues to be an active participant in the Murrindindi Pandemic Committee and contributes to implementing of directions and of the Murrindindi Pandemic Plan.

Priority Two:

Actively collaborate on the development and delivery of priorities within your Health Service Partnership, contribute to inclusive and consensus-based decision-making, support optimum utilisation of services, facilities and resources within the Partnership, and be collectively accountable for delivering against Partnership accountabilities as set out in the Health Service Partnership Policy and Guidelines.

Outcome:

ADH has been an active participant in the Hume Health Service partnership, strategic service planning and partnership evaluation. This includes

- Participation in the regional COVID response including preparing for increased transfers and admissions from partner health services.
- Developing and supporting regional protocols for patient transfers in the region
- Preparing to the implementation of the Victorian Virtual Emergency Department (VVED)
- Regional credentialing and privileging project

Priority Three:

Engage with your community to address the needs of patients, especially our vulnerable Victorians whose care has been delayed due to the pandemic and provide the necessary “catch-up” care to support them to get back on track. Work collaboratively with your Health Service Partnership to:

- implement the *Better at Home* initiative to enhance in-home and virtual models of patient care when it is safe, appropriate and consistent with patient preference.
- improve elective surgery performance and ensure that patients who have waited longer than clinically recommended for treatment have their needs addressed as a priority.

Outcome:

ADH has been involved in the development of a regional response to implement the state-wide elective surgery initiative. ADH surgical capacity has been included in the regional elective surgery reform initiative submission. We worked with Hume Better at Home team providing Covid positive pathways.

Statement of Priorities - continued

Strategic priorities

Priority Four:

Address critical mental health demand pressures and support the implementation of mental health system reforms to embed integrated mental health and suicide prevention pathways for people with, or at risk of, mental illness or suicide through a whole-of-system approach as an active participant in your Health Service Partnership and through your Partnership's engagement with Regional Mental Health and Wellbeing Boards

Outcome:

ADH has been a member of the Goulburn Mental Health Steering Committee in Lower Hume. Our leadership and staff have been engaged in the sub regional forums and have implemented practice and systems change in the organisation to ensure we meet the mental health needs of those at risk of mental illness and suicide. ADH has supported the research component in testing the elements of a high functioning mental health system.

Priority Five:

Embed the Aboriginal and Torres Strait Islander Cultural Safety Framework into your organisation and build a continuous quality improvement approach to improving cultural safety, underpinned by Aboriginal self-determination, to ensure delivery of culturally safe care to Aboriginal patients and families, and to provide culturally safe workplaces for Aboriginal employees.

Outcome:

ADH is committed to making its services and built in environment welcoming for people from Aboriginal and Torres Strait Islander background, with oversight via its Quality and Clinical Risk Committee. Strategies in place include regular workforce education and awareness, identification of people who identify as Aboriginal or Torres Strait Islander at the beginning of their health journey and working with other agencies on shared goals, including the Taungurung Land and Waters Council and Eastern Health's Aboriginal Health Team.

Performance priorities High quality and safe care

Key performance indicator	Target	2021 – 22 Result
Infection prevention and control		
Compliance with Hand Hygiene Australia Program	85%	91.5%*
Percentage of healthcare workers immunised for influenza	92%	90.7
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%	100%
Victorian Healthcare Experience Survey – percentage of positive patient experience responses – Quarter 3	95%	100%

**Hand hygiene result data taken from ADH Small Rural Health Service Performance Monitor. The result has been calculated as an average of quarter 2 and quarter 3 data.*

Strong governance, leadership and culture

Key performance measure	Target	2021-22 Result
Organisational culture		
People matter survey – Percentage of staff with an overall positive response to safety culture survey questions	62%	71%

Performance priorities

Effective financial management

Key performance indicator	Target	2021-22 result
Operating result (\$m)	\$0.0	0.33
Average number of days to paying trade creditors	60 days	77
Average number of days to receiving patient fee debtors	60 days	52
Adjusted current asset ratio	0.7 or 3% improvement from health service base target	2.34
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	201.7
Measures the accuracy of forecasting the Net result from transactions (NRFT) for the current financial year ending 30 June.	Variance ≤ \$250,000	Not achieved

Funding and activity

Funding Type	2021-2 Activity achievement	Units
Small Rural		
Small Rural Acute	XX	NWAU
Small Rural Primary Health & HACC	7,124	Service hours