

# Inglewood & Districts Health Service

20<sup>th</sup> Annual Report

2014/2015



*Excellence in Health Care now and the Future*

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3 Hospital Street, Inglewood VIC. 3517  
 Telephone: (03) 5431 7000 Fax: (03) 5431 7004  
 Email: [admin@idhs.vic.gov.au](mailto:admin@idhs.vic.gov.au)  
 ABN 59 289 296 574

### Other Locations

24 Wilson Street, Wedderburn Vic. 3518  
 Telephone: (03) 5431 7080 Fax: (03) 5431 7081

## *Vision Statement*

*Excellence in Health Care now  
and the Future*

## *Mission Statement*

*Providing quality Health  
Services, supporting and  
enhancing community  
wellbeing.*

## *Values - Cherish*

*Caring - Sensitive and  
responsive care.*

*Honesty - Open, truthful and  
trustworthy in all matters.*

*Equity - Fair and impartial  
decision.*

*Respect - Display respect,  
dignity and courtesy.*

*Integrity - Ethical,  
confidential and accountable.*

*Safety & Quality - In pursuit  
of excellence.*

*Harmony - Harmonious and  
happy workplace and living  
environment.*

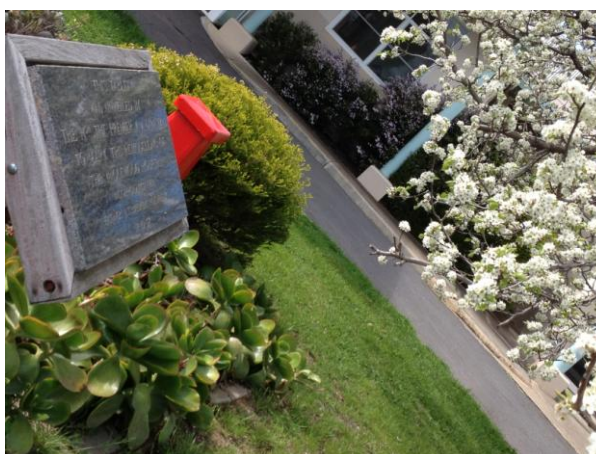
## **Objects**

To operate the business of a public hospital as authorised by or under the Health Services Act 1988 (Vic);

- To provide aged care services ensuring that at all times these services comply with the Charter of Residents' Rights and Responsibilities provided in the Aged Care Act 1997 (Commonwealth);
- To provide community based ancillary health, aged care, primary care and children's services;
- To conduct any other business that may be relevant to the business of a public hospital, nursing home, a hostel or community health service, or calculated to make more profitable any of the Service's assets or activities; and;
- To do all things that are incidental or conducive to the attainment of the objects of the Service.

## **Commitments**

- We encourage and assist our clients to achieve life-long health and wellbeing.
- We respect each individual's rights, needs and choices including the right to refuse treatment.
- We provide equality of access to services.
- We support the broad definition of health which includes meeting social, emotional, physical, cultural and spiritual needs through a multi-disciplinary approach.
- We seek to achieve quality health outcomes.
- We provide a safe and supportive environment for staff and others.
- We encourage the personal and professional development of staff.
- We encourage participation by all members of the community in planning, implementing and evaluating service delivery.
- We facilitate partnerships with other service providers.
- We support and encourage a culture of Continuous Improvement across the organisation.



## Incorporation

The Inglewood & Districts Health Service is a public hospital incorporated under section 65 of the Health Services Act 1988 and listed in Schedule I of the Health Services Act 1988. The health service was formed on the 1<sup>st</sup> January 1996, by the amalgamation of The Inglewood Hospital (1863) and the Inglewood and Districts Community Health Centre Inc (1977).

The responsible Minister is as follows:-

The Honourable Jill Hennessy MLA, Minister for Health  
4 December 2014 to 30 June 2015

Martin Foley MLA, Minister for Mental Health  
4 December 2014 to 30 June 2015

Martin Foley, MLA, Minister for Housing, Disability and Ageing  
4 December 2014 to 30 June 2015

Jenny Mikakos MLC, Minister for Families and Children  
4 December 2014 to 30 June 2015

The Honourable David Davis MLC, Minister for Health, Minister for Ageing  
1 July 2014 to 3 December 2014

The Honourable Mary Wooldridge MLA, Minister for Mental Health  
1 July 2014 to 3 December 2014

The Honourable Mary Wooldridge MLA, Minister for Community Services  
1 July 2014 to 3 December 2014

The Honourable Mary Wooldridge MLA, Minister for Disability Services and Reform  
1 July 2014 to 3 December 2014



## Historical Background

The Inglewood & Districts Health Service is situated in the Loddon Shire, approximately 50 kilometres from Bendigo with the catchment area being the southern half of the Loddon Shire which has a population of approximately 4,770 (Loddon Shire, 2013).

The Health Service is located in Inglewood. The town was established around 1860 and is part of the Golden Triangle tourist region. Agriculture is the main economic activity in the area. We also provide community services from a second site in Wedderburn. Towns in our catchment also include Bridgewater, Serpentine, Tarnagulla and Korong Vale.

The Health Service has seen many changes. The first hospital was established in Inglewood in 1863. This two storey building had new wings added in 1874, in 1937 it was remodeled to a single storey structure. In 1978 the hospital was partly remodeled to accommodate Nursing Home Residents. The kitchen was rebuilt in 1982 and a new Hostel added in 1994.

Following amalgamation in 1996 the Community Health Services were relocated to the hospital site. In 1998 a new administration area and front entrance were built. A new Nursing Home, and refurbished Acute Wards and Accident and Emergency department were completed in 2001. The vacated nursing home was refurbished as office space for community health staff. As well, in 2001 a new building for the Inglewood Medical Practice was completed.

In 2005 the Wedderburn service moved to the Wedderburn Community Centre, a refurbished multipurpose site at the old Primary School. A wide range of services is provided from this site in conjunction with other co-located services.

More than 15 years since amalgamation, the health service continues to grow and change to meet community needs. In 2006 the previous Inglewood doctors surgery was remodeled for use as a Community Health and Wellbeing Centre, it is here the strength training exercise program is located. New residence's have been built to house a Medical Practitioner and most recently a new Doctors Clinic has been built in Wedderburn and opened in December 2012.

Building upgrades provide modern functional facilities to accommodate this dynamic and progressive health service. This small rural health service offers a diverse range of services including acute and urgent care, residential aged care, district and community health nursing, welfare and social work services, youth support, mental health, alcohol & other drugs and community development workers, planned activity groups and social support.



## Services Provided

The Inglewood & Districts Health Service provides a diverse and comprehensive range of services including acute inpatient and urgent care services, residential services for the frail aged and disabled and community based services.

### Residential Services

#### Acute Hospital

Eight (8) beds are available for acute inpatient medical services as well as Transition Care which is provided for longer term rehabilitation and transition to home. Urgent Care medical services are provided by two private Medical Practitioners who charge a fee for service.

#### Nursing Home and Hostel

Accommodation is provided for frail aged and disabled persons unable to be cared for in their own homes. Fifteen (15) Nursing Home beds are provided for residents with high care needs requiring nursing care. Twenty (20) Hostel beds are available for low care residents who require some assistance with activities of daily living.

### Community Services

#### District Nurses

The District Nursing Service aims to maintain their clients' independence, assisting them to remain in the community. Services include: post hospital care, clinical treatments (e.g. wound management and dressings), diabetes monitoring & education, palliative care, counseling, individual and family support.

#### Community Health Nursing

The Community Health Nurses are concerned with the promotion of health and prevention of injury, illness and disability. They adhere to the principles of the Social Model of health acknowledging that health is affected by the total environment. Services include health promotion and education to individuals and groups on issues such as: injury/falls prevention, nutrition, cancer prevention, communicable diseases and chronic conditions e.g. asthma, diabetes and heart disease. They also provide cardiac rehabilitation programs, school health programs, men's and women's health programs, and health screening clinics including pap tests, and support groups. One priority is promoting physical activity; this includes providing Strength Training, Tai Chi and other programs. Prior to its cessation in 2012 the several Sustainable Farming Families programs have been completed with impressive outcomes. The LIFE program continues to enhance the Diabetes program. The membership of DILAG.

#### Physical Activity

A Physical Activity Coordinator offers a Strength Training exercise program twice per week in Inglewood, Wedderburn, Korong Vale (weekly) and Tarnagulla where Tai Chi is also offered. Everyone (young or old) is welcome to attend, age is no barrier. Other opportunities for the community to be active are being explored such as a Heart Moves program and Dance Your Way to Health.

#### Community Development

The generalist Community Development position is providing some youth support with funding from the ENGAGE Program and a collaboration with the Loddon Learning Education Network (LLEN) further supports youth. The focus of these programs is leadership and individual and community capacity building. Personal development programs are also held in schools and the community.



## **Social Support Program**

The Social Support Program provides a Volunteer Visiting Program to elderly or disabled people in their homes. There is also a Volunteer Transport Service to assist with access to specialist medical appointments.

## **Planned Activity Groups (PAG)**

The PAGs provides social contact and relief for carers through individual and group therapy in Day Centres to assist aged and/or disabled people to remain in the community. PAGs are conducted at Bridgewater, Korong Vale, Inglewood and Wedderburn, as well there are some weekend and holiday programs.

## **Alcohol and Other Drugs**

The Alcohol and Other Drugs worker provides individual and family counseling, as well as support and education to those experiencing problems as a result of the misuse of alcohol and other drugs. Community and school education programs have been provided enhancing the knowledge and understanding for people of all ages around these issues.

## **Mental Health**

The community Mental Health Nurse provides clinical intervention, individual and family counseling and support and education to those with mental health problems. The nurse liaises with the regional community, acute and aged psychiatric services and GPs. Support and advice is also provided to community organisations such as the Healthy Minds Network when requested.



## **Social Welfare**

The Social Welfare team provides comprehensive individual and family counseling services, including income, social security and accommodation inquiries. As well there is support and counseling for family breakdown, relationship issues, grief & bereavement, depression, anxiety and conflict, as well as referrals, advocacy and liaison with other services.

## **Other Services**

A Physiotherapy service is offered in both Inglewood and Wedderburn.

## **Visiting Services**

These services include Bendigo Psychiatric Services, Podiatry, Dietetics, Speech Therapy services and the Rural Allied Health and Aged Care Assessment Teams.



## Board of Management & Principal Officers

At Year Ending 30th June 2015

### BOARD OF MANAGEMENT

<b>PRESIDENT:</b>	Mr P. Moore
<b>SENIOR VICE PRESIDENT:</b>	Ms A. Canfield
<b>JUNIOR VICE PRESIDENT:</b>	Mr W. I. Penny
<b>TREASURER:</b>	Mrs B. Mason, OAM
<b>BOARD MEMBERS:</b>	Mrs C. Norman
	Mrs C. Gibbins
	Mr A. Brownbill
	Mr P. Norman

### PRINCIPAL OFFICERS

<b>Chief Executive Officer</b>	Mr M Parker
<b>Director of Nursing &amp; Community Services</b>	Mrs M Evans <i>RN, RM, MHSM</i>
<b>Director of Corporate Services</b>	Mr G Vendy <i>B Bus. (Acc.)</i>
<b>Director of Medical Services</b>	Mr C Winter <i>MB BS GMQ MBA (Uni. NSW and Sydney) FACEM</i>
<b>Visiting Medical Officers</b>	Dr M.C. Higgs <i>MBBS, FACRRM</i> Dr S. Issa <i>MBChB, MOHS, PGDip R&amp;RM, FRACGP, FACRRM, FACTM, MACNEM, AFFTM</i>
<b>Independent Community Representative Finance Audit Committee</b>	Mrs J Hobbs
<b>Auditors</b>	Victorian Auditor General's Office Accounting and Audit Solutions Bendigo (AASB)





## President and Chief Executive Officer

### Report of Operations for the Twelve Months to 30<sup>th</sup> June 2015

We have great pleasure in presenting the Twentieth Annual Report on behalf of the Board of Management of the Inglewood and Districts Health Service. IDHS has continued to self fund capital upgrades to the Inglewood and Districts Health service (IDHS) and this year celebrated the 20th anniversary of the Hostel. Victrack in partnership with the Loddon Shire and IDHS opened the Railway Station Redevelopment. Thank you to staff and volunteers for the great results we had with the celebrations of the Hostel and the opening of the Railway Station Redevelopment.

IDHS is an active member of a number of collaborative organisation and networks such as:

- The Loddon Mallee Health Alliance for the provision of ICT
- The Bendigo Loddon Primary Care Partnership
- The Central Murray Health Services Forum
- The Victorian Rural Health Services Alliance
- The Loddon Service Providers Network

Each of these enables us to build on our knowledge base and to improve service delivery.

Following is a quick overview of the projects completed this last year:-

- Celebrated the Hostel's 20<sup>th</sup> Anniversary
- The opening of the Railway Station Redevelopment
- Replaced the Generator for the health service through Local Infrastructure Assistance Fund
- New generators for the GP Surgeries
- Upgraded the Nurse Call System in the Nursing Home
- Purchased new Dementia Equipment
- Upgraded all mattresses in Nursing Home
- Lifting and mobility equipment for Hostel
- Pilot VDI Project with LMRHA
- Implemented the Oscar Menu Software
- Received funding through Koolin Balit Program and commenced recruiting
- Rehsen online training
- Anatomical Models & ANTT Education
- IDHS has commenced the Working Harder with You Program (WHwY)
- Redevelopment of kitchen
- Established the Resident's Calendar that will now be done each year
- Refurbishment of Quiet Room



Mr M Parker – CEO, Mr P Moore – President , Mrs B Mason – Treasurer, Ms Ann-Maree Connors – Regional Director  
– Loddon Mallee Health at the Annual General Meeting 2014

## Board of Management

The Board's mandate is as follows:

- The Board of Management has the responsibility for the strategic direction of IDHS, risk management & policies, patient safety and legislative compliance.
- The Board participates in regular educational activities and also receives detailed reports of practitioner activities. This ensures that the service we provide is patient focused and of high quality.
- There is an emphasis on processes and procedures that have the health, well being and social welfare of the individual patient and resident as the main objectives.
- The Board works together with management to ensure that there is a seamless transition from strategy through operational activities (which remain the responsibility of management).

Both the Board and management are committed to continuous quality improvement which is borne out by the various surveys we undertake throughout the year and also by the plethora of anecdotal evidence provided through resident and community feedback mechanisms. The Board and management is always keen for the community to attend and have input to our planning and community events. IDHS belongs to the community!

## Medical Services

Both Dr Max Higgs and Dr Shakker Issa continue to provide valuable service to IDHS and therefore the community of the South Loddon region. They provide urgent care at Inglewood campus. Please note that the arrangements between GPs and patients after hours are regarded as private consultations and the Doctor is entitled to charge accordingly.

## Staff

Staff continues to be the major asset of this organisation. Clearly, good staff means a good organisation. The social club is very active and organised events are well received, with the finale being the year end Christmas party. We also have a year end Christmas lunch where staff and residents are able to mix together in a relaxed social atmosphere. It really is wonderful to see the strong bonds that exist. Management is grateful & cognizant of the time & effort individuals contribute to the running of IDHS – for that we thank you sincerely.

## Management

The management team does a great job to ensure that the capital infrastructure, resident and patient needs and the needs of staff are met in a balanced and sustainable manner. This involves a number of committees to all work together to ensure quality solutions are available for IDHS patients and residents.

Our Quality Working Group which meets to develop strategies and improvements to the organisation consists of the Director of Nursing and Community Services (Mrs Mary Evans), the Quality Manager (Ms Paula Richards), ACHS Accreditation (Ms Dianne Andrews), Director of Corporate Services (Mr Geoffrey Vendy) and the Chief Executive Officer (Mr Mike Parker) is invaluable to the organisation and its day to day operations.

## General

- The State Wide Patient Satisfaction Survey has once again ratified our commitment to quality and excellence in patient care as have our own internal patient and resident satisfaction surveys which indicate a high level of general satisfaction.



- We continue to support and to take an executive role with the Bendigo Loddon Primary Care Partnership. The BLPCP has proven to be a valuable partnership for both this organisation and the community and we support and sit on many of the sub-committees and working groups operating across the Loddon Shire and City of Greater Bendigo.
- We have an executive role with the Loddon Mallee Rural Health Alliance which continues to provide advice and services for the ICT strategies and needs for this hospital and also the region. The Alliance continues to search out new opportunities for technology to improve productivity.
- The Cafe is now a focal part of resident and family life and is run by volunteers who do a great job making life a little more interesting for residents. Staff are also finding the café to be useful for that well earned cuppa!
- Our Men's Shed is going well and is providing activities in conjunction with the local primary school and will soon be hosting disability services with the help of specialist case workers.

## Appreciation

The Inglewood and Districts Health Service continues to receive great support from individuals and organisations throughout the year. Without this support, our ability to respond to health needs would be significantly reduced. We value greatly the efforts and commitment of all those individuals and organisations that have helped in any way, especially the following;

- Councillors and officers of Loddon Shire for their collaborative approach to the Inglewood and Districts Health Service.
- Senior Citizens Clubs of Inglewood and Wedderburn for their continued support with shared facilities.
- Lions Club for their continued support and collaborative approach to the development of aged accommodation units for Inglewood and their collaborative approach to the needs of the community.
- Inglewood Rural Fire Brigade, local Police and Ambulance Officers for the continued support, dedication and cooperation.
- Rheola Charity Carnival Committee for their continued support and for their very generous donation each year.
- The Korong Bush Nursing Investment Fund for their generous donations and ongoing support of the health service and the Wedderburn community.
- All those within the community that have provided donations regardless of size, your support is so welcome. Every little bit helps us to ensure the continual improvement of services.
- Castlemaine Health for the provision of payroll and HIM services.
- Bendigo Health Care Group for their assistance with numerous services and provision of expert advice.
- Members of the clergy for regular visits to patients and residents.
- Ms Ann-Maree Connors and other senior members of the Loddon Mallee Regional Office of the Department of Health and Human Services for their advice, assistance and continued support.
- All the volunteers who regularly assist with health service activities. We acknowledge that without your help we would not be able to provide the high level of care we currently maintain.

## Carers Recognition Act

The Board and management takes all practicable measures to ensure that its employees, agents and persons who are in care relationships receiving services have an awareness and understanding of the care relationship principles. We reflect the care relationship principles in developing, providing or evaluating support and assistance for persons in care relationships.

## Conclusion

In summary, IDHS has had a positive year and unfortunately due to the time restraints required for the Annual Reporting processes again this financial year, we are not in a position in this report to provide commentary on our financial results. I urge everyone in the South Loddon sub region to consider this as their health service and to be a proud supporter of it. IDHS provides quality and dependable care and seeks to continuously improve and build on our firm foundations.

Mr Peter Moore, Chair of the Board of management, and the Chief Executive Officer, Mr Mike Parker certify that the Inglewood & Districts Health Service has put in place appropriate internal controls and processes to ensure that reported data reasonably reflects actual performance.

The IDHS sustainability report is completed for the Department of Health, Victorian Public Healthcare Services Waste Reporting Tool, quarterly. IDHS has achieved the sustainability goals as set out in the program, along with the progression of additional energy initiatives.

Inglewood & Districts Health Service has critically reviewed these controls and processes during the year.

Mr Peter Moore, Chair of the Board of management, and the Chief Executive Officer, Mr Mike Parker certify that the Inglewood & Districts Health Service has complied with Ministerial Direction 4.5.5.1—Insurance and is duly insured with VMIA.

Mr Peter Moore, Chair of the Board of management, and the Chief Executive Officer, Mr Mike Parker certify that the Inglewood and Districts Health Service has risk management processes in place consistent with the AS/NZS ISO 31000:2009 Risk Management Standard and an internal control system is in place that enables the executives to understand, manage and satisfactorily control risk exposures.

The Audit Committee verifies this assurance and that the risk profile of the Inglewood and Districts Health has been critically reviewed in the last twelve (12) months.

It gives me great pleasure to move that this report be received.



**Mr Peter Moore**  
**President**



**Mr Mike Parker**  
**Chief Executive Officer**

## Report of Operations—Treasurers Report

In accordance with the *Financial Management Act 1994*, I am pleased to present the Report of Operations (Financials) for the Inglewood and Districts Health Service for the year ending 30 June 2015.

Prepared on an accrual basis, in accordance with current accounting standards, these financial statements consolidate the organisation's income and expenditure, including capital operations, in one set of statements. They include the hospital, nursing home, hostel and community health activities of the whole reporting entity for which the Board is responsible.

IDHS has managed its finances responsibly and accordingly we have been able to improve our capital infrastructure from internal resources. We take advice from our internal auditors, Accounting & Audit Solutions Bendigo (AASB) and also our Chief Financial Officer, Mr. Geoffrey Vendy, who has extensive experience in this role across a number of hospitals.

IDHS has managed Commonwealth Aged Care Subsidies well, thereby ensuring that we are able to commit to providing and improving high quality care for our residents. IDHS goes beyond the minimum expectation for care provision, comfort and environment and we have positioned ourselves to maximise our Commonwealth subsidies which will enable us to reinvest in service provision for the future needs of the communities we cover. We continue to utilise the services of Mr Leigh Welling each quarter to review our claims to ensure we are maximising our efforts. This partnership works very well for us and gives clarity to our staff as they seek to provide high quality outcomes for residents. This year we have been part of group collaborative that has worked towards ensuring staff are well educated and closely acquainted with the rules of funding.

As part of our obligations in meeting requirements under the Financial Management Compliance Framework, we have appointed AASB to provide our internal auditing requirements.

I am delighted to report that the external audit reports validate our compliance with all relevant standards.

It gives me great pleasure to present a positive report for the financial year ended 30 June 2015 ensuring the ongoing viability of the Inglewood and Districts Health Service.



**Mrs Barbara Mason**  
**Treasurer**

**NB - Summary of Financial Results is attached to the Financial Statements.**

## Strategic priorities

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

In 2014-15 Inglewood and Districts Health Service will contribute to the achievement of these priorities by:

### Part A: Strategic Overview

#### Developing a system that is responsive to people's needs

Action	Deliverable	Outcome
Develop an organisational policy for the provision of safe, high quality end of life care in acute and subacute settings, with clear guidance about the role of, and access to, specialist palliative care.	Work collaboratively with the Loddon Mallee Regional Advanced Care Planning network. To develop local strategies – progress review by June 2015.	IDHS has been an active member of the Network and continues to support its progress.
Implement an organisation-wide policy for responding to clinical and non-clinical violence and aggression by patients, staff and visitors (including code grey) that aligns with department guidance (2014).	Policy and procedures for code grey developed and implemented by June 2015.	Policies relating to an organisation wide response to violence and aggression by patients, staff and visitors have been developed.

#### Improving every Victorian's health status and experiences

Action	Deliverable	Outcome
Use consumer feedback to improve person and family centred care, health service practice and patient experience.	Community Advisory Committee to review and evaluate patient / consumer satisfaction surveys and develop strategies to improve patient experience by June 2015.	The Community Advisory Committee has reviewed and agreed all patient/consumer satisfaction surveys. This process is reviewed annually.
Identify service users who are marginalised or vulnerable to poor health, and develop interventions that improve their outcomes relative to other groups, for example, Aboriginal people, people affected by mental illness, people at risk of elder abuse, people with disability, homeless people, refugees and asylum seekers.	Provide education to staff for engaging marginalised or vulnerable individuals and groups in health promotion activities by June 2015.	Staff education has been provided for cross-cultural awareness, training on Elder Abuse has also been provided, Staff sessions were also provided to raise awareness of mental health issues during regular lunch-time video and live presentations.
Optimise alternatives to hospital admission.	A Health assistant and Physiotherapist in place to enhance Transition Care Program by June 2015.	Achieved

## Expanding service, workforce and system capacity

Action	Deliverable	Outcome
Develop and implement a workforce immunisation plan that includes pre-employment screening and immunisation assessment for existing staff that work in high risk areas in order to align with Australian infection control and immunisation guidelines.	Implement promotion strategy for staff immunisation program to increase uptake prior to the next flu season.	This is achieved and the overall performance did improve.
Support excellence in clinical training through productive engagement in clinical training networks and developing health education partnerships across the continuum of learning.	Staff educated on clinical supervision by June 2015.	A number of training sessions were completed through the year.
	Best Practice Clinical Learning Environment Action Plan implemented by June 2015.	A first draft has been circulated for informative feedback.
Increase employment of Aboriginal people in mainstream health services in line with the strategic objectives of Koolin Balit: Victorian Government strategic directions for Aboriginal Health 2012–2022 and Karreeta Yirramboi workforce participation targets.	Aboriginal Cultural Safety Education provided by staff by June 2015.	Achieved
	Traineeship promoted to Koori youth in partnership with Bendigo District Aboriginal Cooperative by June 2015.	Two (2) trainees advertised – one (1) appointed. IDHS is still actively seeking a second trainee.

## Increasing the systems financial sustainability and productivity

Action	Deliverable	Outcome
Identify and Implement practice change to enhance asset management.	Asset Management Plan reviewed by April 2015.	Assets have been uploaded and managed through the EMR software.
Reduce health service administrative costs.	Participate in collaborative benchmarking project by June 2015.	This project was completed prior to June 2015.
	Participation in Strengthening Health Services projects by December 2014.	IDHS continues to be an active participant in this project as it unfolds.

## Implementing continuous improvements and innovation

Action	Deliverable	Outcome
Develop a focus on 'systems thinking' to drive improved integration and networking across health care settings.	Strategies developed with other small health services for shared services by June 2015.	Shared Director of Corporate Services across Inglewood and Cohuna.
	Shared care protocols in chronic disease developed with Primary Care Partnership by June 2015.	Achieved



## Increasing accountability & transparency

Action	Deliverable	Outcome
Undertake an annual board assessment to identify and develop board capability to ensure all board members are well equipped to effectively discharge their responsibilities.	Board assessment process reviewed by June 2015.	Review of the self-assessment has occurred and is currently being circulated to Board members.
Demonstrate a strategic focus and commitment to aged care by responding to community need as well as the Commonwealth Living Longer Living Better reforms ( <i>applicable to health services administering aged care services</i> ).	Participation in regional aged care enhancement projects in workforce and care planning by June 2015.	Achieved
	Education provided to Board by June 2015.	The Board has attended six training sessions through the year.

## Improving utilisation of e-health and communications technology

Action	Deliverable	Outcome
Utilise telehealth to better connect service providers and consumers to appropriate and timely services.	Telehealth strategy developed to facilitate access to Mental Health professionals by June 2015.	Project still in progress

## Part B: Performance Priorities

### Safety and Quality performance

Key performance indicator	Target	Outcome
<b>Patient experience and outcomes</b>		
Victorian Healthcare Experience Survey <sup>(1)</sup>	Full compliance	Achieved
Maternity - Percentage of women with prearranged postnatal home care	100	N/A
<b>Governance, leadership and culture</b>		
Patient safety culture	80	Not met
<b>Safety and quality</b>		
Health service accreditation	Full compliance	Achieved
Residential aged care accreditation	Full compliance	Achieved
Cleaning standards	Full compliance	Achieved
Submission of data to VICNISS <sup>(2)</sup>	Full compliance	Achieved
Hand hygiene (rate) – quarter 2	75	84
Hand hygiene (rate) – quarter 3	77	75.7
Hand hygiene (rate) – quarter 4	80	78.6
Healthcare worker immunisation - influenza	75	76.7

<sup>(1)</sup> The Victorian Healthcare Experience Survey (VHES) was formerly known as the Victorian Health Experience Measurement Instrument (VHEMI).

<sup>(2)</sup> VICNISS is the Victorian Hospital Acquired Infection Surveillance System.

## List of Staff as at 30 June 2015

### Chief Executive Officer:

Michael Parker

### Director of Nursing & Community Services:

Mary Evans, RN, RM, BHSc(Nsg), MHSM MRCN

### Director of Corporate Services:

Geoffrey Vendy, B.Bus(Acc)

### Director of Medical Services:

Craig Winter MB BS GMQ MBA (Uni. NSW and Sydney) FACEM

### Quality Manager:

Paula Richards, Ba. Nsg, Post Grad Dip Mental Health

### Quality Coordinator:

Dianne Andrew, RNI, CCRN

### Administration Support:

Tara Alexander  
Kara Mamouny-Brown  
Jeanette Daw  
Isabell Marshall  
Jiangfan Wang MPA, BBA

### Maintenance Officer:

Andrew Evans, Cert IV Asset Maint

### Food Services:

David Cripps (Chef) Cert 3 Comm Cookery, Cert 4  
Trainer & Assessor

June Bellenger  
Mandy Fry  
Amy Hall  
Debbi Lamprell  
Judi McMillan  
Jennifer Perry, Cert 3 Aged Care  
Serena Rothwell  
Christine Rowe  
Lee-Anne Sullivan

### Cleaning Services / Laundry:

Lorna Day  
Robyn Glass  
Shirreene Goodwin, Cert 4 Asset Maint  
Melanie Kelly  
Debbie Roberts, Diploma of Mgmt  
Lee-Anne Sullivan

### Social Welfare:

Cara Ryan, Dip of counselling Psych, BA Social work  
Tanya Smith, Dip Comm Services

### Community Development & Health Promotion Worker:

Bethany Takakis, B Pub HLT (Hons)

### Alcohol & Other Drugs Worker:

Susan Hill, Grad Dip AOD, Dip Ed

### Ward Clerk:

Suzanne Hansen, Cert IV Aged Care; Diploma in  
Administration

### Nurse Unit Managers:

Val Bissett, RN, Cert Gerontology  
Merran Gibson, BHSc (Nsg)

### Infection Control Nurse:

Rebekah Ryan, Ba Nsg, Post Grad Dip Adol  
Health/Welfare

### Health Safety and Environment:

Paula Richards Ba Nsg, Post Grad Dip  
Mental Health

### Registered Nurses Div 1:

Liji Anil, RN  
Jenny Bloomfield, RN  
Donna Bourke, RN  
Patricia Catto, RN  
Susie Cowie, RN  
Ken Cullinan, Ba Nsg  
Stuart Daw, RN  
Sue Lawson, RN, RM  
Paul Ludeman, RN, RM  
Joanne Marslen, RN  
Michelle Pascoe, BHSc Nsg  
Pauline Robinson, RN  
Daryl Rowley, Ba Nsg  
Julie Ryan, RN  
Tony Smith, Ba Nsg  
Susan Vander Bosch, Ba Nsg  
Dale Verbeek, RN  
Sue Zimmer, Ba Nsg

### Enrolled Nurses Division 2:

Andrea Adams (Med End)  
Gail Benger  
Anne Boulton (Med End)  
Gayle Campbell (Med End)  
Sarah Davis (Med End)  
Anne French  
Karen DeForest (Med End)  
Cheryl Green (Med End)  
Gwen Kosowicz (Med End)  
Anne (Newman) Lamprell  
Jeanette Long (Med End)  
Karen Marriott (Med End)  
Judith Martin  
David McNeill (Med End)  
Mary Murphy  
Robyn Patterson (Med End)  
Noel Pianto (Med End)  
Kerrie Redwood (Med End)  
Deborah Smith (Med End)  
Helen Stephenson (Med End)

### Strength Training

Karen McCrann-Peters, Cert 3 & 4 Fitness  
Deirdre Oswald, Cert 3 Fitness

### Pap Clinic

Judith Perry RN, RM  
Rebekah Ryan Ba Nsg, Post Grad Dip Adol  
Health/Welfare

### Community Health Nurses:

Jennifer Boromeo, RN  
Michelle Pascoe, BHSc Nsg

### Community Mental Health Nurse:

Paul Labour, RPN

### District Nurses:

Janette Baxter, RN RM  
Phil Goggin, Dip.H.Sc. (Nsg)  
Michelle Kapakoulakis, RN  
Joanne Marslen, RN  
Michelle Pascoe, NHSc Nsg  
Noel Pianto, (EN) (Med End)  
Donna Rovers, RN  
Amberlea Smith, BaNsg

### Physiotherapist:

Janet Cobden, BMRPT

### Hostel Coordinator:

Rosalie Ball, Cert IV Aged Care, Dip  
Mgmt.

### Personal Care Workers - Hostel:

James Campbell, PCA3  
Beryl Clark, Cert IV Aged Care  
Helen Cohalan, Cert 3 Aged Care  
Lorna Day, Cert 3 Aged Care  
Hannah Graham, Cert 3 Aged Care  
Suzanne Hansen, Cert IV Aged Care  
Ann Harrison, Cert IV Aged Care  
Lorraine Lamprell, Cert IV Aged Care  
Linda McKinnon, Cert 3 Aged Care  
Jennifer Sanderson, Cert 3 Aged Care  
Diane Vesey, Cert 3 Aged Care  
Debra Williams, Cert 3  
Lyn Wilson, Cert 3 Aged Care

### Activities Workers:

Louise Lamprell, Cert IV Aged Care  
Michael Lamprell, Cert IV L/Lifestyle  
Diane Vesey, Cert 3 Aged Care  
Emma Gartside

### Coord PAGES & Social Support:

Daryl Fish SEN, Cert. Allied Health,  
Cert. Social Gerontology  
Wendy Wilson, Cert 3 Aged Care

### Planned Activity Groups:

Louise Lamprell Cert IV Aged Care  
Diane Vesey, Cert 3 Aged Care  
Wendy Wilson Cert IV Aged Care

### Youth Worker

Bethany Takakis, B Pub HLT (Hons)

### Dietitian:

Stephanie Xie, Ma Dietetics

### Visiting Services:

#### Aged Care Assessment Team:

Dr J Eapen, MB,BS  
Jane Keely Social Worker

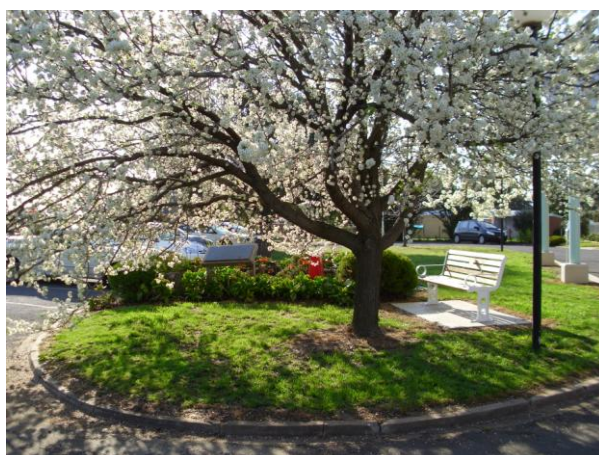
### Rural Health Team:

Podiatrist- Allied Health Team  
Dietician - Allied Health Team

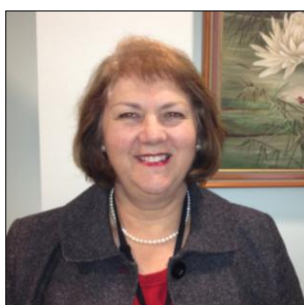
## Life Governors as at 30th of June 2015

19.11.1953	Mr J. Mason	14.08.1983	Mrs E. Younghusband
29.03.1954	Mrs F. Soulsby	14.10.1984	Mr L. Mitchell
17.03.1955	Victorian Police	26.06.1985	Mrs J. Leach
	Highland Band	26.06.1985	Mr R. Gilmore
20.06.1957	Mr G. Roberts	25.06.1986	Mrs N. Rothacker
17.10.1957	Mrs J. Soslby	26.06.1988	Mr C. Chamberlain
11.06.1958	Mrs B. Mason*	21.06.1989	Mrs K. Weston
11.06.1958	Mr L. Leitch	12.06.1990	Mrs A. Leach
25.08.1964	Mr A. Attwood	12.06.1990	Mr J. Murnane
21.10.1967	Mr E. Hayes	19.06.1991	Mrs J. Bellenger
13.12.1968	Mr I. Raeburn	23.10.1991	Mr J. Barth
27.05.1971	Mr S. Payne	23.06.1992	Mrs J. Soulsby
26.07.1973	Mr J. Leach	16.09.1992	Mr W.Penny
26.07.1973	Mr D. Roberts	16.06.1993	Mr G. Leach
26.07.1974	Mrs E. Roberts	22.06.1994	Mrs M.Duke
28.08.1975	Mr J. Mitchell	21.06.1995	Mrs A.Adam
27.11.1975	Mr E. Edwards	20.09.1995	Mrs J. Nevins
24.06.1976	Mr A. Bellenger	20.09.1995	Mr F. Rose
28.04.1977	Mr J. Kennedy	27.06.1996	Mr N. Roberts
28.07.1978	Mr R. Leach	24.09.1997	Mrs J. Hobbs
29.03.1980	Mrs S. Catto	27.05.1997	Mrs H. Passalick
25.02.1981	Mrs D. Vanston	28.07.1998	Mrs I. Chappel
23.06.1982	Mrs M. Catto	28.07.1998	Mrs B. Medcalf
		28.07.1998	Mrs E. Wilson
		24.08.1999	Mrs N. Wright
		21.12.2004	Mr S. Hando
		21.11.2013	Mr P Norman

\* Denotes appointed as Life Governor of both previous organisations.



# Director of Nursing and Community Services Report 2015



It is very pleasing to present this Director of Nursing & Community Services (DON&CS) report for Inglewood & Districts Health Service (IDHS) for 2014 – 15. This has been a challenging year with Aged Care Accreditation visit to be held in August and many changes in our key staff.

Nonetheless we have continued to provide a high standard of care and services and ensure a successful accreditation visit will be achieved.

Although Merran Gibson one of our Unit Managers and previously the manager of quality has been on extended leave. Merran must be acknowledged for her outstanding leadership, and her ongoing support and mentoring of the quality Team, and clinical staff, her contributions are sorely missed.

## Clinical Care Team

We provide a diverse and comprehensive range of services at Inglewood & Districts Health Service is designed to meet the needs of our community. The Director of Nursing & Community Services provides leadership and management for clinical care across the organisation. This includes residential aged care, acute in-patient and accident and emergency and many community services, such as district nursing, social work, counselling, welfare and social support. In addition a very successful and well utilised Transition Care Program (TCP) is in place, meeting the needs of many clients, allowing them to transition slowly, from hospital to home or in some cases into aged care.

Staff satisfaction is high and can be attributed to the leadership of the Unit Managers Val Bissett and Merran Gibson and the Hostel Supervisor Rosalie Ball. These managers provide support and advice to all staff.

There are many staff who take additional responsibility in the organisation, Sue Zimmer, Ken Cullinan have willingly accepted the additional responsibility of sharing the acting Unit Manager role in the absence of both incumbents. The Hostel and Life Style and Leisure (L&L) staff voluntarily fund raise to improve the residents' lifestyle. Most recently the staff contributed to the purchase of a Bus for the use of the residents and L&L team. Many others also assist, too many to name but Jenny Boromeo, Donna Bourke, Beryl Clarke, Ann French, Wendy Wilson, and the four District Nurses rate among them. I would like to acknowledge and thank all our staff for their efforts and contributions.

We are proudly an employer of choice, offering a family friendly, flexible, supportive, learning and mentoring environment for our staff. We provide employment opportunities for both trainees and graduate nurses which enhances our learning. Our staff are highly motivated, competent and committed, we promote autonomy and self-direction and provide professional development opportunities where possible. Where they are able and interested staff are supported to work across departments, and to pursue other career choices where opportunities present.

## Quality Care and Services

With such a broad role in our community IDHS is committed to being a dynamic, innovative organisation, while providing a comfortable, friendly, homelike environment for our residents. We continue to pursue opportunities to improve and strive to embrace best practice across the organisation and maintain our accreditation status for ACHS, HACC and Aged Care.

The Aged Care Accreditation audit is due in August 2015 a Self-Assessment and Gap Analysis has been conducted and improvements continue to be implemented.

Paula Richards has taken the role of Quality Manager and Di Andrews the Quality Coordinator, this small team with the Infection Control Nurse Rebekah Ryan have continued to ensure the organisation is well prepared for Aged Care Accreditation, and will achieve the 10 National Standards Accreditation in 2016. Paula has provided exemplary leadership since joining the team, supporting and educating staff across the organisation.

An ACHS Organisation Wide Survey will be conducted 2016 against the National Standards. This will be our first survey against all 10 Standards and many processes have been changed or introduced over the last two years to achieve a satisfactory outcome. The next months will be a challenging and exciting time as these processes are further evaluated and additional changes and improvements implemented to prepare for our survey.

## Hostel and Hotel Services

Rosalie Ball the Hostel Coordinator, also provides leadership and support to a highly committed and motivated team in the Hostel. This team works above expectation and their efforts in providing person centered care, donating small items to enhance the home like environment and fund raising to improve residents wellbeing is acknowledged and very much appreciated.

The 20<sup>th</sup> Year Celebration of the opening of the Hostel in 1994 was well attended and much enjoyed by residents and visitors alike. The Celebration was held to thank the community for their very generous contributions which assisted with building and furnishing the Hostel and for their continued support.

The Celebration was held on the 12<sup>th</sup> October with Minister for Health the Honorable David Davis attending and opening proceedings and cutting the celebration cake. Also in attendance Anne Maree Connors Director of Health and Aged Care Loddon Mallee, many of the Board members from that time, other distinguished visitors and many residents, staff and their families. An official luncheon was followed by music by the Maryborough Jazz Ensemble and Devonshire Afternoon Tea.

The Board of Management members who achieved the building of the Hostel, people who worked diligently to raise funds and plan this significant service included, President Mrs B Mason, Senior Vice President Mr D Ride, Mr K O'Shea, Junior Vice President Mr W I Penny, Treasurer Mr J F Nevins, Board Members – Mrs. G Cavallaro, Mr F Collins, Mrs J Hobbs, Mr M Leitch, Mr W Leitch, Mr L W Miller, Mrs DA Vanston, Dr M Higgs, Mr P Phillips Mr S.G. Hando (CEO), Mr B J Barth (DON). Several of these people continue to contribute to IDHS and are current Board members.

I would also like to acknowledge the support services without whom the organisation would not run smoothly. David Cripps and the Food Services staff, Debbie Roberts and the Cleaning and Geoffrey Vandy and the Administration staff who are unfailingly supportive and responsive and Maintenance staff. Thank to all these staff for their efficient, effective quality services and assistance.

## Life Style and Leisure

The Life Style and Leisure (L&L) Team are very committed to encouraging residents to participate in activities and engage with each other and the volunteers. Activities are developed in consultation with the residents and with the addition of a bus to provide outings this program will be exceptional.

Several Volunteers assist the L&L Team and their contributions are very much appreciated their contribution of ideas and activities is invaluable and irreplaceable.



## Community Health

The Community Health team comprises Community Health, Mental Health and District Nurses, Social Workers, Community Development and Health Promotion workers, and Physical Activity coordinators. This dedicated team promotes the social model of health, emphasising health promotion, individual resilience and capacity building, while providing chronic disease management education and injury prevention information.

The Integrated Health Promotion Plan with priority areas of Physical Activity, Sexual Health and Mental Health is used as a framework to provide services. This work is integrated with our Enhanced Primary Care funded program (better known as South Loddon) and this collaborative, complementary service provision ensures our community is well served.

There are many and varied programs ranging from diabetes support and education, Cardiac Rehabilitation, to strength training and Tai Chi and other physical activity which is now provided to youth in conjunction with the Engage program.

Health promotion and wellbeing days are held ranging from the very popular WOW for Women program, to Men Matter programs and the recently developed and very well attended Rural Health Days.

In addition Pap Test screening and Women’s Health Clinics and Puberty sessions in schools are held to promote sexual health.

The District Nursing team is highly valued providing high quality care and service as evidenced by the success of the HACC accreditation. They provide home nursing and palliative care services. Palliative Care Volunteers are encouraged to assist.

The Planned Activity Groups (PAG’s also known as Day Centres) provides Social Support for the frail aged and disabled. They provide respite for carer’s and social engagement for clients. This year a four day residential program provided additional respite for carers. PAGS groups are held in Wedderburn, Inglewood, Tarnagulla on designated day. In addition, a Volunteer Transport program for HACC eligible clients is also available for transport to specialist medical services.

## Professional Development

IDHS encourages and supports the personal and professional development of staff through online learning and onsite or external workshops and seminars. We are committed to providing a learning environment and as mentioned we employ trainees, offer clinical placements for students, and employ Graduate Nurses. The Graduate nurse program has been, very successful collaboration with Bendigo Health.

In addition, opportunities are provided for staff to grow and learn professionally by taking on new and different roles, for instance the Quality Manager and Hostel Coordinator completed the Aged Care Accreditation Auditor course this year.

## Employee of the Quarter

To acknowledge staff contributions an employee of the quarter program is in place with staff nominated by their peers, we have many staff nominated each quarter and these people are acknowledged in our newsletter.

The winners in 2014–15 were Judy Martin, Debra Roberts and Bethany Takakis.

In addition in 2014 at the Staff Christmas Party we acknowledged staff commitment to IDHS with a small presentation noting their years of service.



Mike Parker – CEO and Bethany Takakis – Employee of the Quarter – March 2015

## Volunteers

Volunteers fill many roles in the organisation, from assisting with the Lifestyle and Leisure program, to providing Volunteer Transport (with Health Service Vehicles) for specialist medical appointments and home visits or palliative care support.

Visits by students from local schools, the Inglewood Primary School, and St Mary's, and preschool children are a highlight for the residents and their contribution are very much appreciated. The visits bring much joy and happiness to residents.

Our Internet Café Volunteers are highly valued by staff and residents alike, providing snacks and lunches including hot and cold treats. And the Volunteers currently working in the garden and surrounds have made a visible difference to our environment, lawns and plants are flourishing. Thank you all.

New Volunteers are always welcome, and we can provide a diverse range of activities for volunteers, from those listed above, to assisting in the laundry, kitchen or administration if desired. Please enquire. Without these wonderful people we could not continue to provide care as we do. Everyone can contribute something for someone.

We thank all our wonderful volunteers who so willingly give of their time to enhance the happiness and wellbeing others.

## Donations

The generosity of our community and the many groups who donate has been recognised in the presidents' report, and was acknowledge at the 20<sup>th</sup> Year Celebration of the Hostel last year. However I would like to thank our volunteers and our staff for their many unacknowledged small donations and kindnesses to residents. It is these acts that make a small but very significant difference to our resident's lives. Thank You.



Aurora Masonic Lodge Member presenting Mr Peter Moore with a donation

## Acknowledgments

I would like to thank Mr Peter Moore President of the Board of Management, and Barbara Mason Treasurer and the other members of the Board of Management for their support over the last year, it is most appreciated.

Thank you also to Merran Gibson and more recently Paula Richards for acting in my position when I take leave, it is most appreciated, as I know in my absence that quality care will be maintained and staff will be supported.

I would also like to acknowledge and thank Mr Mike Parker CEO for his support, and his collaborative leadership style which encourages participation and engagement of staff and ensures we have a culture of continuous improvement and motivated, enthusiastic staff committed to IDHS.



**Mary A. Evans**  
**Director of Nursing & Community Services**

## Disclosure Index

The annual report of the *Inglewood and Districts Health Service* is prepared in accordance with all relevant Victorian legislation. This index has been prepared to facilitate identification of the Department's compliance with statutory disclosure requirements.

**Note:** This Disclosure Index consists of 2 pages, and is not required to be completed by denominational hospitals.

Legislation	Requirement	Page Reference
<b>Ministerial Directions</b>		
<b>Report of Operations</b>		
<b>Charter and purpose</b>		
FRD 22F	Manner of establishment and the relevant Ministers	4
FRD 22F	Purpose, functions, powers and duties	3
FRD 22F	Initiatives and key achievements	10
FRD 22F	Nature and range of services provided	6-7
<b>Management and structure</b>		
FRD 22F	Organisational structure	9
<b>Financial and other information</b>		
FRD 10	Disclosure index	24-25
FRD 11A	Disclosure of ex-gratia expenses	27
FRD 12A	Disclosure of major contracts	27
FRD 21B	Responsible person and executive officer disclosures	
FRD 22F	Application and operation of <i>Protected Disclosure 2012</i>	27
FRD 22F	Application and operation of <i>Carers Recognition Act 2012</i>	12
FRD 22F	Application and operation of <i>Freedom of Information Act 1982</i>	26
FRD 22F	Compliance with building and maintenance provisions of <i>Building Act 1993</i>	26
FRD 22F	Details of consultancies over \$10,000	26
FRD 22F	Details of consultancies under \$10,000	26
FRD 22F	Employment and conduct principles	26
FRD 22F	Major changes or factors affecting performance	10
FRD 22F	Occupational health and safety	26
FRD 22F	Operational and budgetary objectives and performance against objectives	15
FRD 24C	Reporting of office-based environmental impacts	13
FRD 22F	Significant changes in financial position during the year	14
FRD 22F	Statement on National Competition Policy	26
FRD 22F	Subsequent events	14



<b>Legislation</b>	<b>Requirement</b>	<b>Page Reference</b>
FRD 22F	Summary of the financial results for the year	*
FRD 22F	Workforce Data Disclosures including a statement on the application of employment and conduct principles	26
FRD 25B	Victorian Industry Participation Policy disclosures	27
FRD 29A	Workforce Data disclosures	28
SD 4.2(g)	Specific information requirements	*
*SD 4.2(j)	Sign-off requirements	*
SD 3.4.13	Attestation on data integrity	13
SD 4.5.5.1	Ministerial Standing Direction 4.5.5.1 compliance attestation	13
SD 4.5.5	Risk management compliance attestation	13

## **Financial Statements**

### **Financial statements required under Part 7 of the FMA**

SD 4.2(a)	Statement of changes in equity	*
SD 4.2(b)	Comprehensive operating statement	*
SD 4.2(b)	Balance sheet	*
SD 4.2(b)	Cash flow statement	*

### **Other requirements under Standing Directions 4.2**

SD 4.2(a)	Compliance with Australian accounting standards and other authoritative pronouncements	*
SD 4.2(c)	Accountable officer's declaration	*
SD 4.2(c)	Compliance with Ministerial Directions	*
SD 4.2(d)	Rounding of amounts	*

### **Legislation**

<i>Freedom of Information Act 1982</i>	26
<i>Protected Disclosure Act 2012</i>	27
<i>Carers Recognition Act 2012</i>	12
<i>Victorian Industry Participation Policy Act 2003</i>	27
<i>Building Act 1993</i>	26
<i>Financial Management Act 1994</i>	3

\* As per financial statements

# Statutory Reporting Requirements

## Building ACT 1993

This Act sets standards for the construction of new buildings and the maintenance of existing buildings.

### Major building compliance report

#### Building Works

Building Works certified for approval	0
Works in construction and the subject of mandatory inspections	0
Occupancy permits issued	0

#### Maintenance

Notices issued for rectification of substandard buildings requiring urgent attention	Nil
Involving major expenditure and urgent attention	Nil

#### Conformity

Number of buildings conforming with standards	3
Brought into conformity this year	0

## Employment and Conduct Principles

The Health Service is committed to complying with the Standards and Guidelines of the Public Sector Employment Principles and Code of Conduct for Victorian Public Sector Employees. The documents are circulated.

## Equal Employment Opportunity

The Health Service is subject to the provisions of the Public Authorities (Equal Employment Opportunity) Act 2010. As such the following information is reported in respect of equal employment opportunity.

### IDHS Policy Statement

The Inglewood & Districts Health Service is committed to providing an equal employment opportunity workforce free from discrimination for existing and prospective employees. In promoting an equal opportunity workplace Inglewood & Districts Health Service acknowledges and accepts the following principles:

- The Health Service shall obtain through the merit system the best employees possible to deliver services;
- It shall realise the potential contributions of each employee; and
- Ensure that all employees can pursue their duties free from discrimination and harassment.

## Consultants Engaged

No consultants were engaged.

## Freedom of Information

The Freedom of Information Act 1982 provides the public with a means of obtaining information held by the Health Service. During the period under review Inglewood & Districts Health Service has received two requests under the Freedom of Information Act 1982.

## Government Policies on Competitive Neutrality and National Competition

The Inglewood & Districts Health Service will comply with the requirements of the Victorian Government's Competitive Neutrality Policy and any legislative changes made in relation to the National Competition Policy. Competitive Neutrality is a mechanism which can be utilised to improve operating efficiencies through benchmarking and implementing better work practices.

## Workcover and Occupational Health and Safety

The Occupational Health and Safety Committee including staff representatives investigate unsafe work practices and in consultation with staff recommends corrective actions. The committee also monitors staff welfare issues, an Employee Assistance Program offers counseling when required. Work Accidents and Loss of Hours are used to monitor OH&S Performance. In the last year no employees were absent from duty as a result of work related incidents.

## **Additional Information**

In compliance with the requirements of the Standing Directions of the Minister for Finance, details in respect of the items listed below have been retained by Inglewood & Districts Health Service and are available to the relevant Ministers, Members of Parliament and the public on request (subject to the freedom of information requirements, if applicable).

## **Industrial Relations**

Industrial relations within the Health Service have been harmonious and no time has been lost due to industrial disputes in the period under review.

## **Pecuniary Interests**

Members of the Board of Management and Senior Management are required to lodge declarations of pecuniary interest. The By-laws state any member of the Board who has a direct or indirect material financial interest in any matter brought before the Board for discussion shall disclose that interest forthwith to the other Board members and shall not be present during discussion on the matter or entitled to vote on the matter.

## **Publications**

- 20th Annual Report
- Quality of Care Report 2015
- Business Plan 2014-2018
- History of IDHS

## **Statements of Fees & Charging Rates**

The Health Service charges fees in accordance with the recommendations of the Department of Health.

## **Promotions, Research, External Reviews**

There have been no major marketing or promotional activities, no major research projects and no external reviews this year.

## **Overseas Visits**

No overseas visits have been undertaken on behalf of the Health Service.

## **Ex-gratia Payments**

No payments have been made in this financial year.

## **Victorian Industry Participation Policy Disclosures**

All contracts entered into within the last financial year have been in accordance with the Victorian Industry Participation Policy.

## **Protected Disclosure Act 2012**

Inglewood & Districts Health Service is committed to the aims and objectives of the Protected Disclosures Act 2012 and does not tolerate improper conduct by its employees, officers or directors, nor the taking of reprisals against those who come forward to disclose such conduct.

Inglewood & Districts Health Service recognises the value of transparency and accountability in our administrative and management practices, and supports the making of disclosures that reveal corrupt conduct or conduct involving a substantial mismanagement of public resources, or conduct involving a substantial risk to public health and safety or the environment.

Inglewood & Districts Health Service will take all reasonable steps to protect people who make such disclosures from any detrimental action in reprisal for making the disclosure.

## Workforce Information

### Staff Employed

	Ongoing		Fixed Term		Casual		Total	
	Number (Headcount)	FTE	Number (Headcount)	FTE	Number (Headcount)	FTE	Number (Headcount)	FTE
Jun-15	64	39.52	13	8.51	21	6.59	98	54.62
Jun-14	61	37.20	11	6.80	26	7.10	98	51.10

### Active Staff in last pay period June 2014/2015

	Ongoing 2014		Ongoing 2015		Fixed Term & Casual 2014		Fixed Term & Casual 2015	
	Headcount	FTE	Headcount	FTE	Headcount	FTE	Headcount	FTE
<b>Gender</b>								
Male	10	8.00	10	7.99	6	2.05	6	1.90
Female	51	29.27	54	31.53	31	11.88	28	13.20
<b>Age</b>								
Under 25	3	2.17	2	2.00	1	0.20	3	2.06
25-34	4	2.77	4	2.77	2	1.32	2	1.53
35-44	11	6.71	14	8.66	9	2.48	5	1.97
45-54	16	9.19	20	10.85	17	4.83	13	3.36
55-64	23	14.05	20	12.93	6	4.39	9	5.44
Over 64	4	2.37	4	2.31	2	0.74	2	0.74

Hospitals Labour Category	JUNE Current Month FTE*		JUNE YTD FTE*	
	2014	2015	2014	2015
Nursing	26.31	27.33	26.75	27.47
Administration and Clerical	5.22	4.47	5.76	5.17
Medical Support	3.03	8.69	3.24	9.79
Hotel and Allied Services	11.38	10.60	11.12	11.12
Medical Officers	0.00	0.04	0.00	0.07
Hospital Medical Officers	0.00	0.00	0.00	0.00
Sessional Clinicians	0.00	0.00	0.00	0.00
Ancillary Staff (Allied Health)	2.06	2.77	1.92	2.95
Personal Care Workers	2.0	2.00	2.31	2.31
<b>Total</b>	<b>53.86</b>	<b>55.90</b>	<b>50.5</b>	<b>59.06</b>

## AN APPEAL FOR ASSISTANCE

Notwithstanding the amount of Government subsidy received during the year, the Health Service is still dependent upon the financial support of the public to enable it to continue to develop its services.

### YOU CAN HELP BY:

- Becoming an Annual Subscriber
- Donating towards a specific item of equipment
- Remembering the Health Service in your Will
- Becoming a Volunteer – Driver, Visitor, Hostel activities or other

### YOUR SUPPORT IS NEEDED AND IS APPRECIATED

#### WHO TO CONTACT

To inquire about becoming a volunteer please contact reception at the Health Service.  
Phone (03) 5431 7000 or [admin@idhs.vic.gov.au](mailto:admin@idhs.vic.gov.au)

To make a donation, simply make a payment at the Health Service Reception or forward your Cheque to:

*Inglewood & Districts Health Service, Hospital Street Inglewood VIC 3517*

A receipt will be issued, all donations over \$2.00 are tax deductible.

If you would like to make a donation for a specific purpose, please contact the Chief Executive Officer at the address or phone number listed above.



Inglewood & Districts Health Service  
Hospital Street, Inglewood VIC. 3517  
Telephone: (03) 5431 7000 Fax: (03) 5431 7004  
Email: [admin@idhs.vic.gov.au](mailto:admin@idhs.vic.gov.au)  
ABN 59289296574

**Inglewood & Districts Health Service**  
**Hospital Street, Inglewood VIC. 3517**  
**Telephone: (03) 5431 7000 Fax: (03) 5431 7004**  
**Email: [admin@idhs.vic.gov.au](mailto:admin@idhs.vic.gov.au)**  
**ABN 59289296574**