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18

**REPORT OF  
OPERATIONS**

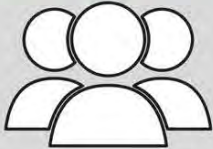
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**Mallee Track Health &  
Community Service**

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## OUR REGION AT A GLANCE

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### POPULATION


Circa 4000

Overall population numbers will remain constant.


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### POPULATION GROWTH

Population aged 70+ expected to grow x1.5 by 2031.



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### DEVELOPMENTALLY VULNERABLE CHILDREN


Higher than state average for developmentally vulnerable children, especially in language and communication categories.

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### TOP INDUSTRIES



Grain/Sheep/Cattle



Hospital/Other Allied Health



Primary or secondary education

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### CORE ACTIVITY ASSISTANCE

**8%**

of the population aged 15+ need core activity assistance

**15%**

of the population aged 15+ provided unpaid assistance for people with a disability

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# ATTESTATIONS

## RESPONSIBLE BODIES DECLARATION

In accordance with the Financial Management Act 1994, I am pleased to present the report of operations for Mallee Track Health and Community Service for the year ending 30 June 2018.

## FINANCIAL MANAGEMENT AND COMPLIANCE ATTESTATION

I, Terry Elliott, on behalf of the Responsible Body, certify that Mallee Track Health and Community Service has complied with the applicable Standing Directions of the Minister for Finance under the Financial Management Act 1994 and instructions.



Terry Elliott  
Board Chair  
Ouyen  
6 July 2018

## DATA INTEGRITY

I, Lois O'Callaghan, certify that Mallee Track Health and Community Service has put in place appropriate internal controls and processes to ensure that reported data accurately reflects actual performance. Mallee Track Health and Community Service has critically reviewed these controls and processes during the year.

## CONFLICT OF INTEREST

I, Lois O'Callaghan, certify that Mallee Track Health and Community Service has put in place appropriate internal controls and processes to ensure that it has complied with the requirements of hospital circular 07/2017 Compliance reporting in health portfolio entities (Revised), and has implemented a 'Conflict of Interest' policy consistent with the minimum accountabilities required by the VPSC. Declaration of private interest forms have been completed by all executive staff within Mallee Track Health and Community Service 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.



Mrs Lois O'Callaghan  
Accountable Officer  
Ouyen  
6 July 2018



# ABOUT US

**MALLEE TRACK HEALTH AND COMMUNITY SERVICE (MTHCS) PROVIDES A RANGE OF SERVICES WITHIN A DEFINED CATCHMENT THAT INCLUDES OUYEN, WALPEUP, UNDERBOOL, MURRAYVILLE, SEA LAKE, BERRIWILLOCK, CULGOA, PATCHEWOLLOCK, MANANGATANG AND NEIGHBOURING TOWNS, AND COVERS A TOTAL AREA OF 18,000 SQUARE KILOMETRES.**

Mallee Track Health and Community Service is one of seven Multi Purpose Services established under Part 4A of the Health Services Act (HSA). Multi Purpose Services are governed by boards of management as set out under S. 115E of the HSA and are subject to similar governance and performance policies as public hospitals.

MTHCS employs 219 staff across its campuses and has an operating budget of \$14m.

The MTHCS catchment spans four Local Government Areas (LGAs) for services: Yarriambiack Shire, Swan Hill Rural City, Mildura Rural City and Buloke Shire, and is in the North-West region of the Murray Primary Health Network.

Mildura Base Hospital is the referral hospital for towns in the Mildura Rural City LGA, and Swan Hill District Health is the referral hospital for towns in the Buloke Shire LGA.

The district is known for its broadacre farming and grazing.

Services include community and district nursing, a broad range of

community and allied health services, early childhood education and care, and access to GPs. In addition, acute medical care, urgent care and residential aged care are provided at Ouyen and Sea Lake. MTHCS also delivers early years programs at five preschool services in the catchment incorporating long and short day care, vacation care and early years management. MTHCS merged with Sea Lake and District Health Service Incorporated in 2011.

## **MANNER IN WHICH MTHCS WAS ESTABLISHED**

The Multi Purpose Service model nationwide was established in March 1991. The model is based on the principle that communities are able to pool funds from previously separate Commonwealth and State aged care and health programs to provide a more flexible, coordinated and cost-effective framework for service provision, which aims to meet the aged care and health needs of local communities.

The provision of services is executed through a tripartite agreement between the Commonwealth, State and community which the MPS is present within.

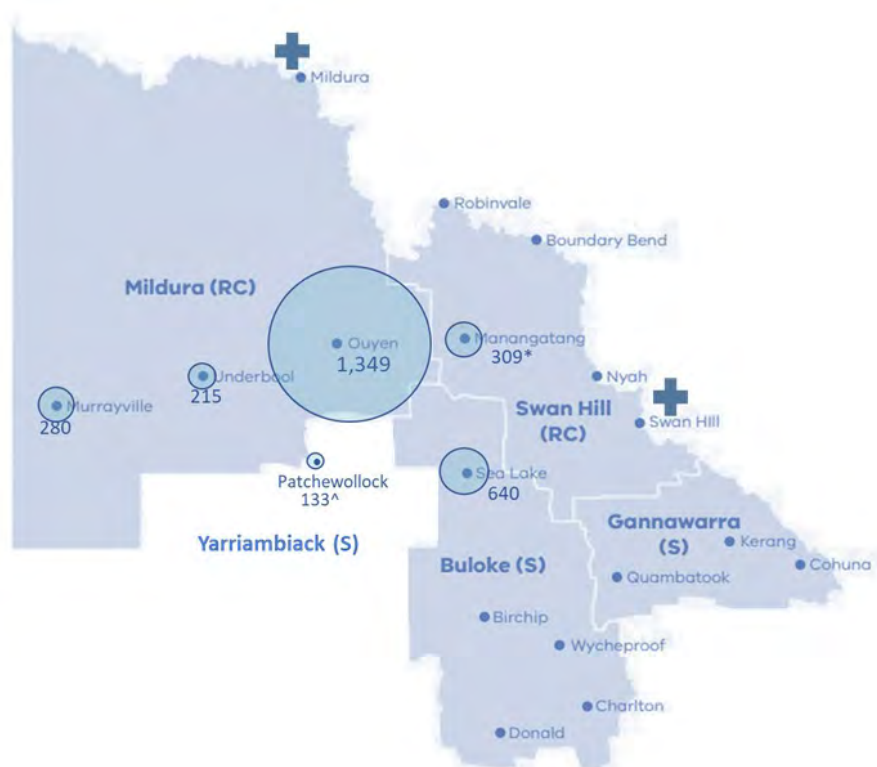
# ABOUT US

Diversity is a key feature of the MPS model. The profile of services is based on community needs assessments and broad community consultation.

The pooled funding model has been successful in keeping health and aged care services in those areas where an MPS exists.

## RESPONSIBLE MINISTER

The responsible Minister that Mallee Track Health and Community Service is accountable to is The Hon. Jill Hennessy MLA, Minister for Health.





# OUR VISION

**TO BE THE HEALTHIEST RURAL COMMUNITY IN AUSTRALIA.**

## OUR MISSION

To provide a quality, holistic health service to the people of the Mallee Track.

## OUR PHILOSOPHY

To provide a community driven, responsive service, which is innovative, flexible and accessible to those in need according to the organisation's mission.

## ORGANISATIONAL VALUES

- To value our community and to ensure that MTHCS is committed to respecting community values.
- To value the right of any person to receive care of the best possible standard.
- To value our staff members and to respect their right to work in a safe workplace with high professional standards. We respect and abide by the Public Sector Values and employment principles.
- To value the right of any person to receive services without prejudice and to have equal access to any new services delivered by MTHCS.
- To value the right of the overall community to expect that services will be delivered in an attentive, respectful and committed manner and that those services will be responsive to individual healthcare needs.
- To value education in the broadest sense so that all operational activities benefit from organisational learning.

**“ON THE TRACK TO GOOD HEALTH”**

# OUR YEAR IN REVIEW



## **STRENGTHENING OF MEDICAL SERVICES**

MTHCS has significantly strengthened the provision of Primary Health Care and Medical Services across the catchment. This included engagement of Dr Ashraf Takla at Ouyen, retaining Sea Lake GP Dr Ros McCallum and locum GPs. The hosting of nurse practitioner services and clinics for Murrayville and Underbool communities has resulted in additional GPs for Murrayville.

## **DOCTORS IN SCHOOLS**

Ouyen P-12 College became one of 100 Victorian schools to offer a general practitioner and practice nurse onsite every week. MTHCS is managing the contract funded by the Victorian Department of Education and Training (DET), in partnership with the region's Murray Primary Health Network. The College is the only P-12 in the catchment offering Doctors in Schools.

## **INTERIM STRATEGIC DIRECTIONS**

We adopted a set of interim strategic directions that enabled us to determine the broader capital requirements of our health service in line with immediate and longer term community needs. Development of a new strategic plan involved extensive community consultation including a survey.

The response rate seeking input into the plan far exceeded the reference group's expectations, clearly showing the communities' passion for involvement in local health service planning.

## **NATIONAL DISABILITY INSURANCE SCHEME (NDIS)**

MTHCS is developing a business plan to prepare for the NDIS. Block funding for a range of organisations in the area will cease after 1 July 2019 for services to clients eligible for the NDIS. Individual Support Package (ISP) funding, currently received through the Department of Health and Human Services (DHHS), will be integrated into the NDIS.



# STRATEGIC PLAN

**CONFIRMATION OF MULTI PURPOSE SERVICE FUNDING AND A SERVICE AGREEMENT FOR THREE YEARS, WITH A POTENTIAL TWO-YEAR EXTENSION, PROVIDED FINANCIAL STABILITY AND PAVED THE WAY FOR LONG-TERM PLANNING.**

Our planning included a commitment to design a Strategic Plan for 2018-23, as well as reviewing our Vision, Mission and Philosophy. A new five year strategic plan will inform operations from the 18-19 financial year.

The new plan was commissioned in the 2017-2018 financial year and was in the final stages of development at 30 June 2018.

The development of the new Strategic Plan included public and staff surveys, and a communications plan to engage the community. The service plan reporting will be presented in the Report of Operations and is based on interim strategic directions 2017-2018. The service plan 2013-2016 expired at the end of 2016.

The staff and community survey was an opportunity to identify satisfaction with current service provision, and additional services and programs sought for the catchment communities.

This was a substantial body of work for the organisation which has undergone significant change in recent years, including a number of government policy changes.

## **Challenges to overcome**

MTHCS works with multiple councils and regional hospitals for coordinated service provision.

Geographic dispersion and distance from regional centres can, however, limit visiting services to the catchment.

While technological advances have reduced the number of workers needed for primary grain production, and impacted on population growth estimates, the lure of affordable housing is attracting vulnerable families to the region – and hence increasing demand for health and community services.

## **Emerging opportunities**

Working with our critical friends, MTHCS will establish strong working relationships to provide integrated services for the community and streamline access to external services.

Building and upskilling a local workforce will ensure future stability.

Technological advances also enable access to specialist skills with reduced travel requirements required for Telehealth.

The increasing evidence base for innovative models of service delivery will further improve access to health care services for community members.

The pending introduction of the NDIS and changes to in-home services for aged care presents new service and funding opportunities for MTHCS.



# BOARD CHAIR AND CEO'S REPORT

**MTHCS CELEBRATED 20 YEARS OF OPERATION AND SERVICE TO THE CATCHMENT IN OCTOBER 2017. A WORTHY CELEBRATION OF THIS MILESTONE WAS HELD AT THE ANNUAL GENERAL MEETING.**



Board Chair  
Terry Elliott

The Multi Purpose Service model continues to hold our health service in a strong position with service integration being achieved focusing on a generalist specialist approach to service delivery. The collective impact of our operating model, which focuses on place, continues to be our strength.

There have been many causes for celebration and many challenges over the last 12 months. Our staff and community have continued to be flexible and adapt to an increasingly complex policy environment.

It is a pleasure to summarise and present to the community our key achievements and highlights of the last year.

## **KEY OPPORTUNITIES AND CHALLENGES**

There are a number of policy changes which continue to give windows of opportunity for our organisation. The changing arrangements with the commissioning of Primary Health Care Network funding and priority areas has commenced roll out across the region. This has included the introduction of stepped models of care and significant system redesign in chronic disease management and mental health.

MTHCS has looked for opportunities to participate in partnering arrangements where those arrangements and models of care meet our community needs.

Major changes to the childcare system, effective from 2 July, 2018, have required us to manage change across Early Childhood Education and Care Services in the catchment. The changes are significant operationally and for service users.

As part of this process, MTHCS has been able to access a viability supplement to ensure these services can transition to the new arrangements. This support has been secured for a five year term.

An opportunity to engage with our funders has commenced to review the MPS model. This review will capture what MPSs nationwide, since inception, have achieved and will give an opportunity for us to have input into what our future model should look like. This review is timely given that we have completed a process of strategic planning across the catchment.

## **MEDICAL SERVICES**

MTHCS has significantly strengthened the provision of Primary Healthcare and Medical Services across the catchment.

Key achievements included:

- Appointment of a Director of Medical Services.
- Providing a host environment for a Primary Health Care Nurse Practitioner at Underbool and Murrayville. This has expanded into other service offerings including General Practice and Allied Health.



Chief Executive Officer  
Lois O'Callaghan

# BOARD CHAIR AND CEO'S REPORT

- The integration of the medical clinic at Sea Lake into our broader health service suite of services.
- The appointment of a Business Manager at the Medical Clinic in Sea Lake to drive efficiency, quality and best use of our resources in medical services.
- The recruitment of Dr Ashraf Takla to practice at the medical clinic in Ouyen.
- Securing an ongoing commitment from Dr Ros McCallum to continue to practice at the medical clinic in Sea Lake.
- Engagement of full time locum support for the medical clinics in Ouyen and Sea Lake to ensure GP coverage across the catchment.
- Expansion of medical services to young people at the Ouyen P12 College through the Doctors in Schools program.
- Reinstatement of the Rural Women's GP program at the medical clinic in Ouyen.
- Commencing the initial stages of a telehealth model for the provision of GP services.

Our management team has worked extremely hard to deliver on these achievements. It is something that we are proud of.

The recruitment of GPs will challenge our health service and community as the market continues to fail. However, as rural communities we will continue to innovate in this space and work with the community and workforce to drive a place-based solution.

## **'UNDER ONE ROOF' - SEA LAKE REDEVELOPMENT**

On the 1st of September, 2017, we convened an official opening of the Sea Lake Redevelopment. The community support was overwhelming and a reflection of the passion rural communities have for their health service.

The completion of this project marks a milestone in integrated services at the Sea Lake Campus. The facility is of strategic importance to the community and the health service. We pay tribute to those involved in the long journey of this achievement which was celebrated.

The occupancy of the facility will now embed the MPS model in our service profile and we will continue to offer flexible services for many years in the community as a result.

## **STRATEGIC PLANNING**

In September 2017, our board adopted a set of interim strategic directions until we were able to complete a more robust strategic planning exercise. As a result, in the 2017-18 year, we have prioritised our time and resources in the following five areas:

- Build our future
- Engage our community
- Pursuit of organisational excellence
- Develop our workforce
- Strengthen our workforce.

The interim strategic directions and our achievements have been reported in full in the body of this report of operations. Following the adoption of the interim strategic directions, we commenced a more rigorous process of strategic planning. We are now entering the final stages of drafting and preparing a five year strategic plan. The process for the development and input in the strategic plan has taken place over a six month period of time.

The community and staff participation rate was above what we had anticipated - a testament to our community's interest in communicating with us directly on their view of what direction our health service should take.

The completion of the strategic plan will enable us to determine the broader capital requirements of our health service in line with community need. The strategic areas for focus were clear from the data gathered through the process and a review of the vision statement for our health service was completed. We hope to launch our strategic plan later in this calendar year.

## **HIGH QUALITY SERVICES**

Our health service staff continues to deliver strongly on the pursuit of organisational excellence.

# BOARD CHAIR AND CEO'S REPORT

Meeting and exceeding accreditation standards has been a strong achievement in the areas of:

- Recertification in ISO and National Safety Quality Health Care Standards.
- Recertification in Department of Health and Human Services Standards.
- Exceeding the National Quality Framework for the Ouyen Preschool.

Other significant achievements and reviews with a focus on quality improvement have included:

- Medical Clinic - Ouyen - Clinical review.
- Commissioning of a Clinical Governance Review by Dr Liz Mullins.
- Strengthening our organisational credentialing with a Director of Medical Services presence in medical services.

In each circumstance, staff worked together as a team to embed organisational systems which can be maintained to a high standard in our rural context. We look forward to reporting to the community other quality achievements through our annual Quality Account which will be presented later in 2018.

## BOARD OF DIRECTORS

The governance of our organisation has been supported this year through our Board of Directors. DHHS released the Directors' toolkit in March 2018 to assist directors better understand their roles and the health services they govern.

Board committees, which support the governing board, have been strengthened this year and we are pleased to report that we have three independent members on our Finance and Audit Committee, and two independent members on our Quality, Safety and Risk Committee.

Legislated changes to introduce paid board directors as a result of the Targeting Zero: Supporting the Victorian Hospital System to Eliminate Avoidable Harm and Strengthen Quality of Care report, by Dr Stephen Duckett, will be introduced on 1 July 2018.

The payment recognises the additional responsibilities board directors have in implementing and overseeing new quality and safety measures introduced as part of the Health Legislation Amendment (Quality and Safety) Act.

We were pleased to welcome on 1 July 2017 new member Meredith Rowney to the board and sorry to farewell our fellow board director Leanne Boyd on 30 June 2017. Leanne was appointed to the Board in November 2004 and held many significant roles including, but not limited to: Vice President, Treasurer, Chair Major Projects Committee, Chair Finance and Audit Committee and Junior Vice President throughout her tenure. We will miss Leanne and the valuable knowledge, skills and energy she brought to our board.

Thank you to all Directors of the board who volunteered their time endlessly to progress the future of MTHCS.

## STAFF AND VOLUNTEERS

We thank each and every staff member and volunteer who continues to help us to achieve our common goal of providing the best services and care for our residents, patients and consumers.

The commitment and dedication of the staff and volunteers enables us to provide the breadth of services to our catchment and we are proud of our workforce and volunteers. We look forward to continuing our work together in the next year.



Board Chair Terry Elliott



Chief Executive Officer Lois O'Callaghan

# INTERIM STRATEGIC DIRECTIONS 2017-2018



**OUR VISION**  
To be the healthiest rural community in Australia



## 01

1. Strengthen and expand the Multipurpose Service Model
2. Advocate for place based services
3. Develop the delivery of person centred services and care
4. Develop philanthropic opportunities

## 02

1. Explore and develop delivery of sustainable health and medical services
2. Engage our 'critical friends' and stakeholders who are invested in the holistic need of our community
3. Respond to the needs of the community within changing policy frameworks

## 03

1. Undertake strategic planning
2. Manage, maintain and plan our capital infrastructure and requirements
3. Maintain effective financial controls
4. Improve the quality of organisational governance

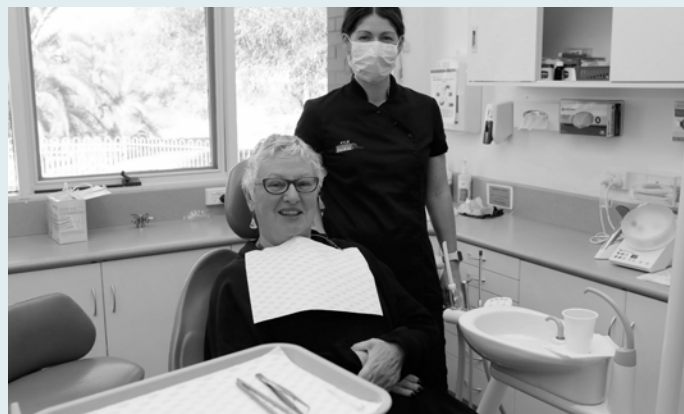
## 04

1. Commitment to 'growing our own' workforce and to provide a best practice clinical learning environment
2. Respect and care for our staff
3. Continue to embed an evidence based quality improvement culture

## 05

1. Identify organisations to partner with who recognise the strength of the Multipurpose Service model in improving the outcomes of the rural community that we serve
2. Investigate and enter into respectful partnering arrangements that encompass strong governance and that are of direct benefit to the community that we serve
3. Establish and maintain representation on relevant and beneficial regional and state forums and peak bodies

**MISSION** To provide a quality, holistic health service to the people of the Mallee Track



# CLINICAL SERVICES

**MTHCS HAS PROVIDED ACUTE, URGENT AND PALLIATIVE CARE, NURSING HOME AND HOSTEL CARE TO THE PEOPLE OF THE MALLEE TRACK COMMUNITIES IN BOTH OUYEN AND SEA LAKE.**

## **FLEXIBED**

Best practice clinical care is provided to acute patients by appropriately skilled and qualified staff. Acute care services are limited to medical cases. Anything requiring complex care is referred to a higher level service (ie. Mildura Base Hospital, Swan Hill District Health or Bendigo Health).

The Medical Officer on duty is the only person authorised to initiate admission of a patient to Acute Care.

## **X-RAY SERVICES**

MTHCS began reviewing options to restore x-ray services and ultrasound services at Ouyen after the current provider discontinued service in April. This means the nearest alternative services are now at Mildura or Swan Hill.

## **ACUTE CARE**

### **OUYEN**

There was a total decrease of 624 bed days for the year, which was reduced demand for nursing home care. During this reporting period a significant increase in demand for acute care has been experienced. This year there were 23 separations compared to 12 for 2016/2017, representing a 90% increase. The increase in bed days was more than 4 times

the previous year - 139 compared to 33 for 2016/2017.

This was because of stability within medical services providing the ability to admit patients. The average daily occupancy rate has varied month by month ranging from between 0.2 to 1.5 patients. The highest number of acute admissions in any one 24 hour period has been three (3) patients. The average length of stay for 2017/2018 was 4.0 days compared to 1.6 days for 2016/2017.

### **SEA LAKE**

Demand for acute care decreased during this reporting period.

Separations for the year have been 34, compared to 76 for 2016/2017. There have been 104 bed days for 2017/2018 compared to 256 for 2016/2017 - a 59% decrease in the number of total bed days.

The average daily occupancy rate has varied month by month ranging from between 0.1 to 1 patients. The highest number of acute admissions in any one 24 hour period has been two (2) patients. The average length of stay for 2017/2018 was 1.9 days compared to 3.5 days for 2016/2017.

# CLINICAL SERVICES

## URGENT CARE

### OUYEN

MTHCS has a 24-hour Urgent Care Centre at Ouyen. Registered nurses are available at all times as well as triage for the GP on call. Significant progress was made achieving the goal of medical coverage five days a week at Ouyen.

The Urgent Care Department continues to provide a vital role to the community. This year there was a recorded 9% decrease in usage with 790 occasions of service.

This equates to an average of 66 occasions of service per month for the reporting period. The combined bed days for the Ouyen Service Centre (acute, nursing home and hostel) for 2017/2018 were 14,461, compared to 15,193 days for 2016/2017. This indicates that demand for bed-based services has slightly decreased.

### SEA LAKE

The Urgent Care Department has continued to play a vital role to the Sea Lake community. On average there have been 24 occasions of service per month for the reporting period, a total of 290 occasions of service. This indicates demand was decreased from the previous year.

## RESIDENTIAL AGED CARE SERVICES

### High Level Care

#### OUYEN

Demand for Residential Aged Care - High Level care has remained stable throughout the reporting period. At the end of June there were 21 residents in the facility compared to 23 residents at the same time last year. There has been up to 27 residents in care at any one time. The total number of high care bed days decreased by 10% during this period to 7149, with the total number of separations remaining stable at 66. The facility has continued to provide respite care according to community needs - a total of 953 bed days were provided for the 2017/2018 period, compared to 912 bed days in 2016/2017 - an increase of 4.5%.

#### SEA LAKE

Demand for Residential Aged Care - High Level Care has increased over the last 12 months. At the end of June there were 9 residents in the facility compared to 7 at the same time last year. The total

number of nursing home bed days has increased by 15% during this period to 2720, with the total number of separations increasing by 6% to 17. The facility has continued to provide respite care according to community needs - a total of 165 bed days were provided for the 2017/2018 period, compared to 132 bed days in 2016/2017.

Demand for high level care has increased by 15%, demand for low level care was decreased by 10% and demand for acute care decreased by 59%. The major redevelopment project restricted the number of available beds during the first six months of the reporting period. Residents were moved into the newly redeveloped main hospital building in December 2017. A change in medical services is having an impact on the ability to admit acute patients.

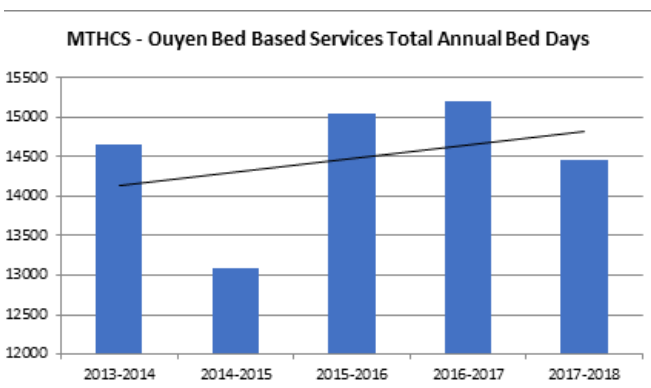
### Low Level Care

#### OUYEN

Demand for Residential Aged Care - Low Level care remained stable throughout the reporting period. At the end of June there were 17 residents in the facility, compared to 18 residents at the same time last year.

The total number of low level care bed days has increased by 1.4% to 5954, with the total number of separations decreasing - 14 compared to 29 for last year.

The facility has continued to provide respite care according to community needs - a total of 266 bed days were provided for the 2017/2018 period, compared to 455 bed days in 2016/2017. This represents a decrease of 71%.

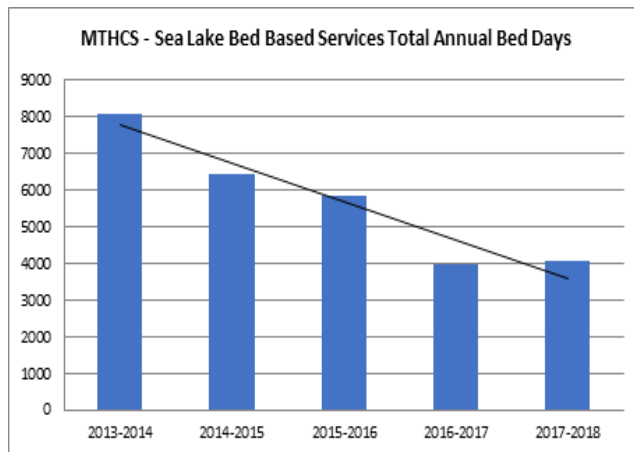


The graph above depicts the demand for bed based services at the Ouyen Service Centre.

# CLINICAL SERVICES

## SEA LAKE

Sea Lake has experienced an increase in demand for bed-based services during this reporting period. Compared to last year there has been a 3% increase. For the same period in 2016/2017 there were a total of 3969 bed days recorded, compared to 4084 bed days for this year - 115 more.



The graph above shows that demand for bed based services has decreased at Sea Lake.

Demand for Residential Aged Care - Low Level remained stable over the last 12 months. At the end of June there were 3 residents in the facility, compared with 3 at the same time last year.

The total number of low level care bed days has decreased by 10% during this period to 1095, with no separations being recorded.

The facility has not been able to provide respite care during this period due to the building limiting the number of beds available.



# CLINICS - MEDICAL & DENTAL

**OUR MEDICAL SERVICES MODEL OPERATES UTILISING TWO LOCAL GPs, VISITING LOCUM GPs AND A NURSE PRACTITIONER TO PROVIDE CONTINUAL COVERAGE FOR THE REGION.**

## **MALLEE TRACK MEDICAL CLINIC, OUYEN**

The appointment of Dr Ashraf Takla at Ouyen in July 2017 ended a challenging search for a General Practitioner with experience and a passion for rural life and medical service provision.

Dr Takla practices from the Ouyen clinic and has Visiting Medical Officer rights for acute and aged care and the urgent care facility. He has brought a wealth of expertise in provision of rural medical services, and additional surgical interests and experience in trauma and orthopaedics.

## **MALLEE TRACK MEDICAL CLINIC, SEA LAKE.**

Sea Lake Medical Practice was wound up at the start of the current financial year, and operation was transferred to MTHCS as part of planning to ensure stability of medical services for Sea Lake and district.

We thank Dr Michael Lowery for his service to the Sea Lake community. Dr Ros McCallum has continued practicing on a part time basis, supported by locums, and the Sea Lake Medical Practice is now known as Mallee Track Medical Clinic Sea Lake.

Further continuity of medical services was cemented with appointment of a Business Manager, based at Sea Lake, in December.

## **UNDERBOOL AND MURRAYVILLE**

### **Nurse Practitioner (NP)**

MTHCS provides a host environment for NP Di Thornton, from Mallee Border Health, who offers a range of Primary Health Care Services. The District Nursing program also supports these communities.

Mallee Border Health has been able to attract GPs to Murrayville, and MTHCS provides a host environment for these professionals.



# MEDICAL & DENTAL CLINICS

## GENERAL PRACTITIONERS - MURRAYVILLE

MTHCS provides a host environment for visiting GP Dr Peter Hamilton. In addition, Dr Gerry Considine is available for Skin Cancer Clinic consultations. Appointments are by arrangement with Mallee Border Border Health

## RFDS RURAL WOMEN'S GP PROGRAM

In early 2018, MTHCS partnered with RFDS to reinstate the Rural Women's GP Program in Ouyen.

Dr Jane Russell is an accredited shared care doctor with The Royal Women's Hospital and various others, as well as working for the RFDS for the last 16 years. Dr Russell has a particular interest in women's health and especially antenatal and postnatal care. She also has extensive experience in Obstetrics.

## DENTAL CLINIC

MTHCS receives funding to provide a Public Dental Service. Our partnership with Tankard Dental has continued in a successful manner. Further funds were made available by Dental Health Service Victoria at the start of June 2018 once our target was achieved and other agencies identified underutilisation of allocated funding. Our partner, Tankard Dental, was willing to extend the service offering.

We successfully met all requirements for Accreditation, including the NSQHS Standard 3: Preventing and Controlling Healthcare Associated Infections.

We treated a total of 888 patients, including 274 new individuals.

Individuals treated	2017-18	2016-17
Child	188	88
Adult	700	747
<b>Total</b>	<b>888</b>	<b>835</b>

Of the 888 patients treated, 22.1% were considered Priority Access Clients:

	2017-18	2016-17
<b>Priority Access Clients</b>	<b>22.1%</b>	<b>11.9%</b>
Aboriginal and Torres Strait Islander	26	14
Child or young person in residential care	4	0
Mental health client	2	0
Intellectual disability client	6	0

# OTHER PRIMARY HEALTH CARE SERVICES

- Antenatal Care/Domiciliary Midwives
- Occupational Therapy
- Home and Community Care - Program for Young People
- Commonwealth Home Support Program
- Diabetes management and education
- Continence support and education
- Physiotherapy
- Hydrotherapy
- Falls Prevention Program
- Well Women's Clinic
- QUIT Smoking
- Palliative care
- Delivered Meals
- Social Support Individualised Programs
- Meet and Eat social groups
- Exercise programs - Tai Chi
- Inpatient respite care
- Carer support groups
- Dementia Awareness education for carers
- Volunteer transport
- Bi-annual Farm Safety Education days
- Planned Activity Groups (PAGS) and social groups
- Podiatry.



# COMMUNITY SERVICES

**MTHCS DELIVERS A LARGE PORTFOLIO OF ALLIED HEALTH AND COMMUNITY SERVICES FROM DISTRICT NURSING AND ALLIED HEALTH TO MANAGEMENT OF LONG DAYCARE CENTRES, PRESCHOOLS AND NEIGHBOURHOOD HOUSES.**

Community services are available to all members of the community. Some are on a fee-for-service basis and others are partially subsidised.

Funding for community services includes:

- MPS funding
- Commonwealth Home Support Program funding for people 65+ or Aboriginal and Torres Straight Islanders 50+
- Home and Community Care Funding for people with a disability under 65
- PHN – Rural Primary Health Care Services
- Department of Health & Human Services
- Department of Veterans Affairs
- Department of Education and Training.

## **HOME & COMMUNITY CARE PROGRAM FOR YOUNG PEOPLE (HACC PYP) AND COMMONWEALTH HOME SUPPORT PROGRAM (CHSP)**

The split of funding arrangements with the implementation of My Aged Care and the CHSP has meant significant changes. MTHCS has separate funding agreements with State and Commonwealth for the delivery of these services. In the reporting period,

new clients over the age of 65 were required to be assessed by My Aged Care before accessing services. MTHCS can no longer receive self-referrals directly unless there are urgent needs.

It is still unclear whether HACC PYP services, which Mallee Track receives block funding for, will be contestable when the current funding and service agreement expires in 2019.

MTHCS continues to advocate for the MPS model and our ability to address potential market failure and resulting service gaps in the rural context.

HACC PYP and CHSP funded services include:

- Nursing
- Allied Health
- Social Support Groups
- Volunteer Transport
- Delivered Meals

## **VISITING SERVICES**

MTHCS hosts visiting services on a regular basis. A range of health professionals visits regularly to provide additional primary health services including:

- Psychologist and Social Worker from the Baudinet Centre (ceased April 2018).

# COMMUNITY SERVICES

- Diabetes Educator through the Murray PHN.
- Speech Pathologist and Dietician, from RDHS, funded through the Murray PHN.
- RFDS mobile dental program.

## HOME NURSING PROGRAM

The district and community nursing team plays a key role in provision of community based nursing and health and wellbeing support. This is especially so in remote communities in the catchment.

In the reporting period, the Community and District Nurses supported community awareness campaigns including diabetes, QUIT smoking, continence, bowel cancer and Breast screens. Ongoing investment in clinical knowledge and training included:

- Continence
- Wounds
- Cervical screening
- Palliative Care
- Winter flu vaccination awareness.

## NEIGHBOURHOOD HOUSES

MTHCS auspices Neighbourhood Houses in Ouyen, Murrayville and Sea Lake.

Each coordinator works with their community to develop programs to meet local needs. Programs are varied and include formal and informal learning; community social events; health promotion; fundraising and youth programs, to name a few.

### Sea Lake

Sea Lake Neighbourhood House has been active in key community initiatives including: Volunteer coordination and transport, School Holiday Program, support to the Men's Shed, providing a space for the Sea Lake Playgroup and Toy Library due to space limitations at the Sea Lake children's hub, social activities, and a volunteer transport service.

### Murrayville

Murrayville Neighbourhood House continues its work with the community to deliver programs including: Skin cancer clinic and BreastScreen trips to Adelaide, school holiday

activities, a new Playgroup, public internet access, and a Men's Health Night. It has also recently been invited to apply for funding to extend its operating hours.

### Ouyen

The Ouyen Neighbourhood House leads key programs including: Farm Safety Education Program, Toddler Water Safety program utilising the MTHCS hydrotherapy pool, the annual Debutante Ball which is organised by local youth and raises funds for youth programs, and Skin Cancer Clinic trips for residents to access screening in South Australia.

## SOCIAL SUPPORT PROGRAMS

Mallee Track delivers 11 weekly and five monthly social support programs across the catchment. Transport and meals are part of the service. Weekly group programs are held in Ouyen, Underbool, Murrayville, Sea Lake, Speed, Manangatang, Culgoa and Woomelang. Each group is unique and offers activities based on clients' interests and needs.

The Meet and Eat program has been maintained and enables eligible CHSP/HACC clients in Ouyen, Underbool and Murrayville to meet once a month to share a meal and socialise.

The friendly visiting program maintains a small but dedicated group of volunteers who spend a scheduled time talking and connecting with people in our community who are lonely or isolated.

## ALLIED HEALTH

Allied Health Assistants (AHAs) play an integral role and this will continue to be the case in the future as the recruitment of Allied Health Professionals becomes more difficult.

Our AHAs support the delivery of physiotherapy, podiatry, and occupational therapy services. As a health service we have explored a range of delegated activities under the Allied Health Professional Supervision and Delegation Framework. We continue to expand the scope of practice for AHAs at MTHCS.

# COMMUNITY SERVICES

## **PARTNERSHIPS**

Partnerships with key agencies and service providers is an ongoing priority to fill service gaps and provide residents with the widest possible range of health and community services.

These alliances also enable ongoing staff specialist skills development.

## **SUNRAYSIA COMMUNITY HEALTH SERVICE**

MTHCS has continued to work in partnership with Sunraysia Community Health Service to upskill District Nurses to implement a monthly Continence Clinic.

This means people no longer have to travel outside the Catchment for continence support.

## **FLINDERS UNIVERSITY RURAL CLINICAL SCHOOL**

This partnership enables provision of quality assessment via point of care technology and individualised support, and guidance and referral by the program facilitator to enhance diabetes management for participants.

This program is an important part of Early Intervention in chronic disease management. MTHCS has been committed to this work for more than ten years.

## **NORTHERN MALLEE ALLIED HEALTH CLUSTER**

The MTHCS partnership with Sunraysia Community Health Service, Mildura Base Hospital and Robinvale District Health Service (RDHS) supports Allied Health Assistants and Professionals within the region.

MTHCS has been the holder of the cluster funding and provides support with professional development and implementation of an early graduate program.

## **STRENGTHENING HOSPITAL RESPONSES TO FAMILY VIOLENCE (SHRFV)**

The SHRFV program will be rolled out in North West Victoria over the next two years. Staff are working to support development of a position statement for responding to family violence in the region. A MTHCS team will coordinate the local response in partnership with Mildura Base Hospital and RDHS.

The project follows the 2016 Royal Commission into Family Violence. Health professionals are often the first point of contact for people experiencing family violence and are well-placed to provide early support. Posters and information for the public will also be displayed throughout MTHCS campuses.

## **LOCAL DRUG ACTION TEAM (LDAT)**

The Australian Government and Alcohol and Drug Foundation (ADF) announced a Local Drug Action Team for the Southern Mallee region to help prevent alcohol and other drug harms at a grass-roots level. MTHCS is the lead organisation in the Southern Mallee region. The LDAT will focus on youth to prevent harms from alcohol and other drugs. Local Drug Action Teams receive an initial \$10,000 of funding from the Australian Government.

## **VOLUNTEER COORDINATION**

Mallee Track has approximately 160 people registered as volunteers who assist with many programs including volunteer driving; activity programs, delivered meals, Neighbourhood House programs and much more.

## **HIGH TEA DURING VOLUNTEERS' MONTH.**

MTHCS hosted High Tea on the lawns of the Ouyen campus in May 2018. Free transport was offered for volunteers from all sites with about 70 people in attendance to pay tribute to some of our volunteers during official Volunteers' Month in May.

# COMMUNITY SERVICES

## **VOLUNTEER STATISTICS**

The following information was collected during the year by the Volunteer Coordinator:

- 160 registered MTHCS volunteers.
- 55 drivers.
- 24 friendly visitors.
- 14 assistants for Planned Activity Groups.
- 7 supporters for Meet and Eat Groups.
- Registered volunteers: 13 at Sea Lake, 13 at Murrayville, 16 at Walpeup/Underbool.
- Programs supported include Transport, Meals on Wheels, friendly visiting, shopping bus, Planned Activity Groups, exercise groups and the Meet and Eat programs.
- Some volunteers have been with MTHCS for over 40 years.
- Over 20 clients are transported each week.

## **EARLY YEARS SERVICES ARE AN IMPORTANT PART OF OUR SUITE OF COMMUNITY SERVICES.**

MTHCS is well positioned to influence developmental outcomes for children 0-8 across the catchment.

Australian Early Developmental Census (AEDC) survey data shows some improvement in developmental measures over the past three surveys, but there is still quite a way to go to improve outcomes to the AEDC vulnerability domain measures. MTHCS continues to identify and pursue projects that offer opportunities to influence developmental outcomes for children and families.

## **BUDGET BASED FUNDED (BBF) LONG DAY CARE SERVICES**

MTHCS works closely with communities to operate long day care services. Mallee Minors Long Day Care operates across the catchment at Murrayville (Wednesday and Friday), Underbool (Tuesday and Thursday), Sea Lake (Monday and Tuesday) and Ouyen (Monday to Friday). During the 17-18 reporting period the government policy which supports the BBF model was under review with a range of legislative changes proposed and implemented.

## **OCCASIONAL CARE**

Establishment of Occasional Care services in Sea Lake, Ouyen and Underbool has enabled three-year-old kindergarten programs and extended hours of service wrapped around the long day care service.

## **VACATION CARE PROGRAM**

The Vacation Care Program experienced varying attendances with a strong core following. The program continues to operate from the Ouyen P-12 College.

## **CHANGES TO CHILD CARE SUBSIDY**

From 2 July 2018 the Child Care Subsidy and Additional Child Care Subsidy will replace the current child care fee assistance payments. MTHCS staff have worked hard throughout the year to prepare for the changes which will impact services we manage, as well as families accessing child care.

## **EARLY YEARS MANAGEMENT (EYM)**

The change from Kindergarten Cluster Management to Early Years Manager is anticipated to see service delivery improvements in line with early childhood education and care sector reforms.

# COMMUNITY SERVICES

More funding is expected over the next five years for early years services. MTHCS provides EYM to Ouyen, Manangatang, Underbool, Sea Lake and Murrayville Preschools.

In 2016, the Department of Education and Training began block funding small rural kindergartens which enabled parent committees to focus more on their children's early years learning and less on fund-raising to support operational costs.

MTHCS continues to work towards integration of all service policies for kindergartens that are regulated under National law. While this is a time-consuming initiative, it will reap future benefits in supporting the broader integrated management system.

## **HOTEL SERVICES**

Hotel services saw many changes with the retirement of long serving Coordinator Lynne Rogers, and the appointment of Louise Plozza as our new coordinator. Five staff members left - either retiring or for a change in career, and two new staff members were welcomed. Catering was provided for numerous functions as well as daily meals for the Hospital, Hostel, Meals on Wheels and Planned Activity Groups.

## **DELIVERED MEALS**

Demand has remained steady over the last year with more than 7000 meals delivered. Delivered meals are important, not just for the nutritional value, but for the social connection provided for the volunteers and recipients. A dietitian reviews the nutritional value of the meals provided and work is ongoing to improve the service.

In Ouyen during the reporting period, Hotel Services served a total of 45,737 meals, with an average of 131.45 meals per day. In Sea Lake, the total meals were 15,201 - an average of 41 meals every day.



# PEOPLE & CULTURE

**THE COMMITMENT AND DEDICATION OF STAFF, VOLUNTEERS AND BOARD MEMBERS CONTINUES TO PROVIDE A PLATFORM FOR THE FUTURE OF MTHCS AS WE MOVE FORWARD.**

219 staff are currently employed comprising 13 males and 206 females. Recruitment and Human Resources policies are continually reviewed and updated and work-force data is collected annually.

## **APPLICATION OF EMPLOYMENT AND CONDUCT PRINCIPLES**

MTHCS is committed to upholding the principles of merit and equity in all aspects of the employment relationship. We have policies and practices in place to ensure all employment-related decisions, including recruitment, promotion, training and retention, are based on merit.

All staff receive the Code of Conduct for Victorian Public Sector Employees on appointment which promotes adherence to MTHCS and Public Sector Values. All staff are also provided with education and training on their rights and responsibilities and are provided with the necessary resources to ensure equal opportunity principles are upheld. Any complaints, allegations or incidents involving discrimination, vilification, bullying or harassment are taken seriously and addressed.

Staff publications promote key messages including an overarching “Grow Our Own” focus, in line with strategic planning revision this year. Key messages are:

- The region is a great place to live and work (affordable housing, strong community spirit and social life, good schools and medical facilities).
- Develop, train and celebrate local workforce – corporate knowledge and sustainability.
- Capitalise on community pride and ownership – local support and volunteer power.
- Rural communities are resilient, resourceful and multi-skilled.
- Local knowledge informs planning, identifies and fills service gaps.



# PEOPLE & CULTURE

## PEOPLE MATTER SURVEY

The organisation participated in the People Matter Survey, conducted by the Victorian Public Sector Commission, in May 2017 with results released in August 2017. Quality improvements were targetted on the five lowest scoring results.

## STAFF WELLBEING SURVEYS

The Community Services Directorate analysed 57 staff surveys collected in November 2017. Staff were also invited to take part in a “wishlist survey” to provide input based on their on-ground work and on works and equipment needed across the site. Their input showed a clear commitment to continued service quality improvement. “Exercising more” and “eating better” were the most popular responses.

Workers also suggested that a monthly profile on different staff and their responsibilities would be a good way for staff at the different sites to stay connected. The surveys culminated with the roll-out of the new Employee Assistance Program (EAP) and plans for a working group to deliver some of the recommendations.

## SEA LAKE STAFF SURVEY

In addition, a specific survey of staff at the Sea Lake campus was commissioned and undertaken. The feedback and commentary from staff was positive. Identified improvements implemented as a result of this survey have included:

- Feedback sessions were convened on the findings of the survey.
- Strengthened communication across the campus and health service, including the introduction of a staff newsletter.
- Additional regular communications in the local paper to inform the community of local issues and redevelopments in the health service.
- Completion of a review of the Director of Nursing role at Sea Lake and subsequent recruitment to the role.
- Offering of extra personal and professional development at Sea Lake. This has included training sessions facilitated by Bernadette Glass.
- Ensuring all staff across the health service have participated in an annual appraisal.

## EQUIPMENT WISHLIST

Staff suggestions as part of the “wishlist survey” included:

Early years play equipment; steel shelving for poolside equipment storage; signage; mobile reclining day chair; lightweight transit wheelchair to loan to carers; rowing machine; GPS for community car; gym gear; podiatry chairs; fitball stand on wheels; mobile shower commode. Major and minor capital works on the wish list include shaded car parking areas, replacement of some floor coverings, fencing, bathroom updates and a new phone system. We hope to progress this list in the next reporting period.

## EMPLOYEE ASSISTANCE PROGRAM (EAP)

MTHCS entered into a contract with Converge International to deliver a program of professional and personal support for staff.

# PEOPLE & CULTURE

All staff were provided with login details that enable them to access the EAP portal online, or by telephone, 24 hours a day. As well as resources and articles, there is access to qualified counsellors.

## STAFF FLU VACCINATION

More than 87 percent of staff were vaccinated against Flu, including administrative, health and outdoor workers.

In Sea Lake, 96 percent of staff were vaccinated – 96 % of Hospital staff and 95% were Aged Care workers. In Ouyen, 84 percent, including outreach employees, received the free vaccination.

This puts MTHCS well on track for the 80% Healthcare Worker influenza immunisation target for all health services statewide for 2018/19. The previous workforce target (clinical and non-clinical staff) was 75%.

## WORKFORCE

Hospitals Labour Category	June current month FTE		June YTD FTE	
	2017	2018	2017	2018
Nursing	37.87	36.82	39.62	36.76
Admin & Clerical	10.84	10.79	11.45	9.74
Medical Support	1.31	2.71	1.99	3.20
Hotel and Allied Services	23.64	30.80	24.34	34.97
Medical Officers	0	0	0	0
Hospital Medical Officers	0	0	0	0
Sessional Clinicians	0	0	0	0
Ancillary staff (Allied Health)	58.97	43.04	58.17	41.7

## ACROSS THE TRACK - STAFF NEWSLETTER

In December 2018, a regular staff newsletter was introduced. The newsletter has become a vehicle for sharing achievements and information and improving communication across the health service.

This can be a major challenge in the large geographical area of the health service where there are five campuses and multiple program areas outside of clinical and acute services.

Staff provide information on programs and services for the monthly newsletter which also features a different Staff Profile each month.

# PEOPLE & CULTURE

## RECRUITMENT

MTHCS has maintained adequate numbers of nursing staff at both the Ouyen and Sea Lake campuses during this reporting period.

To ensure an adequate supply of Enrolled Nurses we are “training our own”.

Five students have commenced studies in the Diploma of Nursing traineeships with MTHCS. We continue to be supported by nurses from Mildura and Swan Hill ensuring an adequate supply of casual staff.

## EDUCATION AND PROFESSIONAL DEVELOPMENT

There was a total of 208 staff attendances at training during 2017/2018, compared to 259 attendances during 2016/2017. This is inclusive of one external and 27 internal training opportunities.

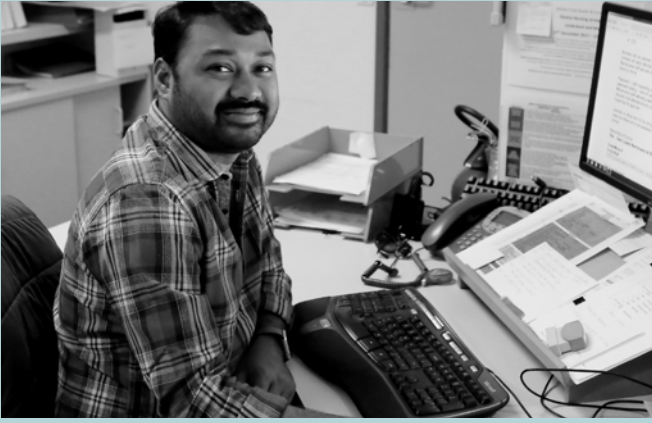
A multidisciplinary monthly in-service education plan is developed each year based on staff needs determined during annual performance appraisal. In early 2018, MTHCS undertook a review of our current staff appraisal system. As a result, simplified arrangements were introduced for the annual review and appraisal process. The new system has achieved a notable improvement in the compliance rate and has enabled us to better meet accreditation requirements, as well as improved staff satisfaction with the process.

MTHCS continues to be supported with visits from Collaboratie Health and Research Centre (CHERC) for education sessions, although this is now limited. MTHCS has purchased training modules for staff that are delivered through the ReHSeN e-learning platform.

Nursing staff are required to complete education about each of the National Standards to assist MTHCS with certification requirements. MTHCS strongly supports staff in their pursuit of professional development and staff are often encouraged to take up further training opportunities as they arise.

Highlights of the 2017-18 period include:

- Staff participated in the Workforce Network providing clinical placement opportunities for student nurses;
- Workforce initiatives - Trainee Enrolled Nurses have commenced studies in the Diploma of Nursing in Ouyen and Sea Lake; Trainee Early Years staff;
- 3 staff completed further training in Dementia Care;
- Professional Development, Bernadette Glass: Strengths-based supervision, self-awareness and managing difficult conversations;
- Webinar, EAP: Celebrating Diversity in the Workplace, April;
- Podiatrist completed masters in wound management;
- Allied Health Assistants completed Certificate 4 in Allied Health Assistance.



# CORPORATE & SUPPORT SERVICES

**THE CORPORATE AND SUPPORT SERVICES TEAMS AT BOTH OUYEN AND SEA LAKE CAMPUS PLAY A PIVOTAL ROLE IN THE HEALTH SERVICE.**

## **ADMINISTRATION, PAYROLL AND FINANCE**

Achievements for the reporting period included:

- Separation of duties to clarify responsibilities and duties across both campuses. This has significantly strengthened our ability to be compliant with state government financial compliance requirements;
- The appointment and engagement of a new internal audit provider, Audit and Risk Solutions;
- The appointment of AASB Accounting Solutions to strengthen the accounting and finance functionality in the health service;
- Integration of medical and reception functionality at Sea Lake campus. This has been as a result of integrating the medical clinic into our broader health service operations;
- Extra training of a second payroll officer to assure continuity of payroll function;
- The introduction of call management systems at the Ouyen campus to streamline large call volumes;
- Commenced a vehicle fleet upgrade and turnover program; and
- Identified and commenced an upgrade of the printers, fax and photocopier fleet across the health service.



# GOVERNANCE

**THE ORGANISATION IS PROUD TO HAVE A PASSIONATE BOARD AND HIGH PERFORMING EXECUTIVE TEAM AND STAFF.**

## **BOARD OF MANAGEMENT**

The Board has responsibility to ensure that MTHCS performs its functions as set out in Section 115E of the Health Services Act.

Board members are committed to acting honestly and in good faith at all times. The Board is required to regularly review its own performance as the basis for its own development and quality assurance.

## **FUNCTIONS**

The functions of the Board of a Multi-Purpose Service are:

- To maintain a stewardship process with the CEO or other delegates;
- To oversee and manage the service;
- To ensure that the services provided by the service comply with the requirements of this Act, the objects of the service, its by-laws and any agreement entered into by the service.

Sound Board governance systems provide protection for the organisation, its stakeholders and the Board against fraud, illegal practices and poor performance by its own members, its Chief Executive and staff.

Board meetings are held nine times during the financial year.

Members of the MTHCS Executive team who attended Board meetings in the 2017-18 financial year were the CEO, Board Secretary and the Executive Director of Nursing (EDON).

## **MEMBERS OF THE BOARD OF MANAGEMENT**

- Mr Terry Elliott (President/Chair)
- Mr Mark Wilson (Senior Vice President)
- Mrs Lara Wakefield (Junior Vice President)
- Ms Hodi Beauliv
- Mr Howard Crothers
- Mr Robert Gloster
- Mrs Jenny Heaslip
- Ms Joy Lynch
- Mrs Laurice McClelland
- Mr Andrew McLean
- Mrs Meredith Rowney.

# GOVERNANCE

## **CHIEF EXECUTIVE OFFICER AND DIRECTORS**

- Mrs Lois O'Callaghan, Chief Executive Officer
- Mrs Pam Vallance, Executive Director of Nursing
- Mrs Lyndal Munro, Director of Community Services
- Mrs Karen Crook, Director of Corporate Services (to October 2017)
- Dr Mau Wee, Director of Medical Services.

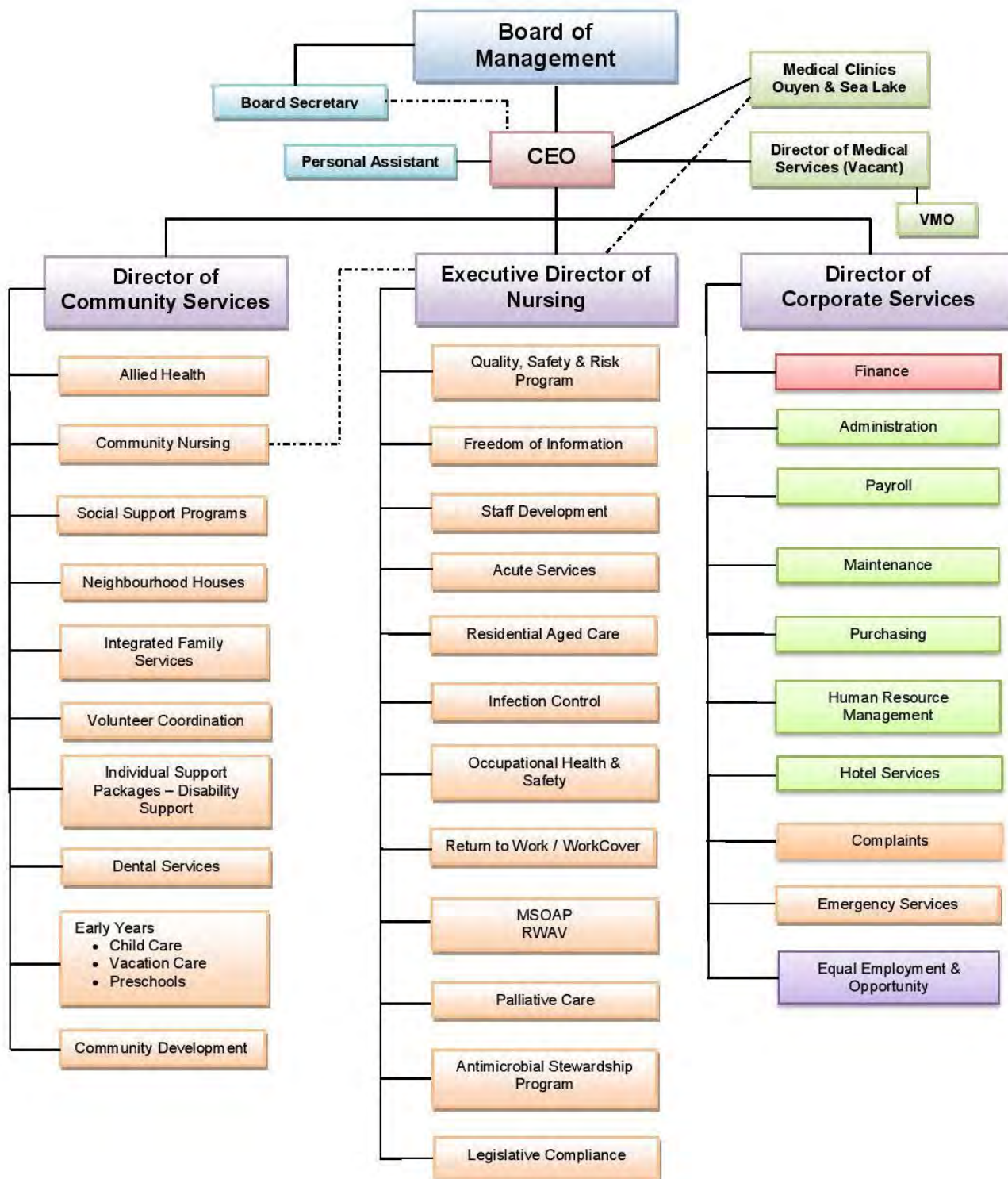
## **FINANCE AND AUDIT COMMITTEE MEMBERS**

- Mrs Neth Hinton (Independent Member and Chair from April 2018)
- Mr Terry Elliott
- Mrs Kellie Nulty (Independent Member)
- Mrs Lois O'Callaghan, CEO
- Mr Mark Plain (Independent Member)
- Mrs Lara Wakefield
- Mr Mark Wilson.

## **MEDICAL OFFICERS**

- Dr Ashraf Takla, Ouyen
- Locum doctors at Sea Lake.

# ORGANISATIONAL CHART



# SUMMARY OF FINANCIAL RESULTS

## Summary of Financial Results 2017-18

The following table is from the audited financial statements.

	2018	2017	2016	2015	2014
	\$000	\$000	\$000	\$000	\$000
Total revenue	15,926,883	17,223,507	15,359,118	14,732,376	15,109,714
Total expenses	17,659,826	16,232,161	16,998,747	16,889,371	15,949,326
<b>Other operating flows included in the net result for the year</b>	98,720	(55,592)	-	-	-
Net result for the year	(1,634,223)	935,754	(1,639,629)	(2,156,995)	(839,612)
Operating result	239,640	646,202	208,307	(255,199)	(151,518)
Total assets	39,932,846	38,989,834	37,003,733	36,657,676	39,334,274
Total liabilities	9,023,908	8,662,303	7,611,956	5,626,270	6,145,873
Net assets	30,908,938	30,327,531	29,391,777	31,031,406	33,188,401
Total equity	30,908,938	30,327,531	29,391,777	31,031,406	33,188,401



# PERFORMANCE PRIORITIES

## QUALITY AND SAFETY

KEY PERFORMANCE INDICATOR	TARGET	RESULT
Health service accreditation	Full compliance	Compliant
Compliance with cleaning standards	Full compliance	Compliant
Compliance with the Hand Hygiene Australia program	80%	90%
Percentage of healthcare workers immunised for influenza	75%	81%
Victorian Healthcare Experience Survey - Positive patient experience - quarter 1	95% positive experience	Full compliance*
Victorian Healthcare Experience Survey - Positive patient experience - quarter 2	95% positive experience	Full compliance*
Victorian Healthcare Experience Survey - Positive patient experience - quarter 3	95% positive experience	Full compliance*
Victorian Healthcare Experience Survey - Discharge care. Quarter 1	75% very positive experience	Full compliance*
Victorian Healthcare Experience Survey - Discharge care. Quarter 2.	75% very positive experience	Full compliance*
Victorian Healthcare Experience Survey - Discharge care. Quarter 3	75% very positive experience	Full compliance

\* Less than 42 responses were received for the period due to the relative size of the Health Service.

## GOVERNANCE AND LEADERSHIP

KEY PERFORMANCE INDICATOR	TARGET	RESULT
People Matter Survey - Percentage of staff with a positive response to safety culture questions	80%	93%

## FINANCIAL SUSTAINABILITY

KEY PERFORMANCE INDICATOR	TARGET	RESULT
Operating result (\$m)		0.24
Trade creditors	60 days	25.61
Patient fee debtors	60 days	3.08
Adjusted current asset ratio	0.7	0.99
Number of days available cash	14 days	62.99

## FUNDED FLEXIBLE AGED CARE PLACES

KEY PERFORMANCE INDICATOR	NUMBER
CAMPUS - Ouyen and Sea Lake	
Flexible high care	50
Flexible low care	35
Flexible home care	5

# PERFORMANCE PRIORITIES

## UTILISATION OF FLEXIBLE AGED CARE PLACES

<b>CAMPUS - Ouyen</b>	<b>NUMBER</b>	<b>OCCUPANCY LEVEL %</b>
Flexible High Care	29	68
Flexible Low Care	27	86
Respite	2	166
Flexible Home Care	0	0
Other community services	0	0
TOTAL	58	
<b>CAMPUS - Sea Lake</b>	<b>NUMBER</b>	<b>OCCUPANCY LEVEL</b>
Flexible High Care	19	40
Flexible Low Care	6	50
Respite	2	23
Flexible Home Care	5	45
Other community services	0	0
TOTAL	32	

## ACUTE CARE - OUYEN

<b>SERVICE</b>	<b>TYPE OF ACTIVITY</b>	<b>ACTUAL ACTIVITY 2017-2018</b>
Medical inpatients	Bed days	139
Urgent care	Presentations	790
Non-admitted patients	Occasions of service	303
Palliative care	Number of clients	1

## ACUTE CARE - SEA LAKE

<b>SERVICE</b>	<b>TYPE OF ACTIVITY</b>	<b>ACTUAL ACTIVITY 2017-2018</b>
Medical inpatients	Bed days	104
Urgent care	Presentations	290
Non-admitted patients	Occasions of service	303
Palliative care	Number of clients	2

# PERFORMANCE PRIORITIES

## PRIMARY HEALTH CARE

SERVICE	ACTUAL ACTIVITY 2017-18
District nursing	2072 hours
Podiatry	2308 hours
Occupational Therapy	1215 hours
Physiotherapy (including Hydrotherapy)	574 hours
Exercise groups	3228 hours
Integrated Family Services*	1634 hours
Social Support	24770 hours
Volunteer Transport	1018 trips (38,109km approximately)
Delivered meals	5546 meals
Individual Support Package	2 packages

\* Services that are not funded or only part-funded through the MPS Tripartite Agreement.

## SERVICE PLAN KEY ACHIEVEMENTS

# OBJECTIVE: BUILD OUR FUTURE

ACTION	DELIVERABLE	ACHIEVEMENTS
Strengthen and expand the Multi Purpose Service Model.	Work with other MPSs in Victoria to establish and deliver an evaluation of the MPS model.	Two stage evaluation identified. Stage one complete.  Stage two under development.
Advocate for place-based services.	Participate in grant opportunities that focus on place.  When meeting with regional partners, promote the MPS model.	Applications for funding completed:  Murray PHN commissioning - Chronic disease, telehealth in primary health care, mental health. \$130,000 of extra funds secured.  Doctors in Schools service secured and implemented.  CHSP funds to support people at risk of homelessness.  Met with 6 regional partners and detailed the MPS model and potential partnering opportunities.
Develop the delivery of person-centred services and care.	Personal professional development training for staff in person centred strengths-based approach.  When comments, concerns and suggestions received, identify opportunities to improve person centred service and care.	8 education sessions with 83 staff at the sessions.  Positive feedback from staff recognising the worth of self-awareness and self-reflection when working with people.  Reconfiguration of use of space at Sea Lake redevelopment in line with residents' preferences.
Develop philanthropic opportunities.	Engage with auxiliary bodies in the catchment to support philanthropic opportunities.  Develop system for tracking and spending of donations and bequests.	Attended four auxiliary meetings across the catchment.  'Wishlist' established and priorities identified to capture local philanthropic opportunities.  Warrawong funding received for STEM education with early years staff.  System established.

## SERVICE PLAN KEY ACHIEVEMENTS

# OBJECTIVE: STRENGTHEN OUR COMMUNITY

ACTION	DELIVERABLE	ACHIEVEMENTS
<p>Explore and develop delivery of sustainable health and medical services.</p>	<p>Integrate medical clinics with broader health service delivery.</p> <p>Identify health service strategy for the recruitment and retention of GPs in the context of market failure in primary health care.</p> <p>Identify primary health care partners to support GPs in the catchment.</p> <p>Engage Director of Medical Services to assist with quality governance of medical services.</p>	<p>Sea Lake Medical Clinic purchased.</p> <p>GPs recruited to the medical clinics to ensure full time cover across both clinics in the catchment. Service model is a mix of permanent and locum workforce.</p> <p>Security of housing stock to support recruitment and retention of GPs.</p> <p>Hosting of Rural Women's GP program through Royal Flying Doctor Program.</p> <p>Host environment provided for:</p> <ul style="list-style-type: none"> <li>• Mallee Border Health Centre</li> <li>• Diabetes Educator (Ouyen)</li> <li>• Royal Flying Doctor Service – Optometry, Dental Sea Lake and Murrayville.</li> </ul> <p>Director of Medical Services engaged.</p>
<p>Engage our 'critical friends' and stakeholders who are invested in the holistic needs of our community.</p>	<p>Implement Consumer participation plan.</p>	<p>Plan implemented and regular feedback from 'critical friends' received and quality improvement initiatives implemented including:</p> <ul style="list-style-type: none"> <li>• Volunteer reimbursement procedure</li> <li>• Community education and events help on dementia, and changes to aged care system.</li> </ul>
<p>Respond to the needs of the community within changing policy frameworks</p>	<p>Identify community needs in relation to the introduction of the National Disability Insurance Service (NDIS).</p> <p>Implement changes to accessing Community based Aged care service with the introduction of My Aged Care</p>	<p>Market approached to identify suitable provider to assist with NDIS transition for Mallee Track.</p> <p>Re-negotiate Commonwealth Home Support Program contract to better reflect community needs.</p> <p>People requiring services over 65 with a level of frailty are supported throughout the My Aged Care system.</p> <p>Community Sessions in Sea Lake, Ouyen and Murrayville.</p>

## SERVICE PLAN KEY ACHIEVEMENTS

# OBJECTIVE: STRENGTHEN OUR COMMUNITY

ACTION	DELIVERABLE	ACHIEVEMENTS
<p>Respond to the needs of the community within changing policy frameworks</p>	<p>Implemented required changes to transition Early Childhood Education and Care Services from Budget Based Funding to Child Care Subsidy from 2 July 2018.</p> <p>Embed changes to the Early Years Manager framework to align with state priorities for Early Childhood Education and Care.</p>	<p>Transition planning undertaken. Business Case completed and additional Community Child Care Funding to be received to support the viability of the service.</p> <p>Plan implemented and changes introduced as required to meet 1 July 2018 deadline.</p> <p>Attendance and participation in school readiness program design.</p> <p>Appointment of an Early Years Manager Team Leader.</p> <p>Development of Partnership agreements with Parent Advisory Groups of the EYM to strengthen governance arrangements and clarify respective roles.</p> <p>Commence participation in EYM governance and leadership program.</p>

## SERVICE PLAN KEY ACHIEVEMENTS

# OBJECTIVE: PURSUIT OF ORGANISATIONAL EXCELLENCE

ACTION	DELIVERABLE	ACHIEVEMENTS
Undertake strategic planning.	Engage suitable provider to assist with strategic planning. Commence and complete strategic planning.	Provider engaged.  Strategic plan to be finalised in next reporting period.
Manage, maintain and plan our capital infrastructure and requirements.	Undertake review of current residential housing stock which supports workforce recruitment and retention.  Undertake suitable process to undertake capital planning.	Landlord property inspections completed and priorities for maintenance of housing stock identified.  Plan for implementation under development.  Re-development of Sea Lake campus completed.  Regional process for capital planning identified.
Maintain effective financial controls.	Set annual budget and deliver on anticipated budget outcomes.	End of financial year position strong and a positive financial result achieved.
Improve the quality of organisational standards	Board of management skills in governance continue to be strengthened.          Undertake clinical review of: <ul style="list-style-type: none"> <li>• Medical Services - Ouyen</li> <li>• Clinical governance.</li> </ul>	Annual board work plan identified and endorsed.  Two board members and board secretary completed Company Directors Course.  One member of the board completed cyber security training specific to board directors.  Two delegates attended annual Victorian Healthcare Association Governance conference.  Three independent members on the Finance and Audit Committee engaged, including an independent chair.  Two clinical reviews of Medical Clinic – Ouyen – completed. 13 of 15 actions for improvement implemented to improve quality of service.  Clinical governance review commissioned and contractor identified.

## SERVICE PLAN KEY ACHIEVEMENTS

# OBJECTIVE: DEVELOP OUR WORKFORCE

ACTION	DELIVERABLE	ACHIEVEMENTS
<p>Commitment to 'growing our own' workforce and to provide a best practice clinical learning environment.</p>	<p>Identify service areas where trainees can be engaged as pathways for career engagement with professions in the health service.</p> <p>Support staff in the health service to complete formal higher graduate and post graduate education qualifications which are of strategic advantage.</p> <p>Participate in regional clinical learning commitments and placement planning.</p> <p>Identify and participate in projects where delegated and advanced scope of practice can be delivered in a high quality and safe clinical practice environment.</p>	<p>Trainees engaged in Allied health Assistance, Early Childhood Education and Care and Nursing pathways.</p> <p>Disciplines where staff have been supported with graduate and post graduate specialised training:</p> <ul style="list-style-type: none"> <li>• Wound management</li> <li>• Social Work</li> <li>• Management</li> <li>• Enrolled Nursing</li> <li>• Early Childhood Education and Care</li> <li>• Certificate 4 in Dementia Care.</li> </ul> <p>Attended annual placement planning forum.</p> <p>Completed Best Practice Clinical Learning Environment audits and action plans.</p> <p>Engaged with Royal Flying Doctor Service to develop project in delegated scope of practice for speech therapy.</p> <p>Maintained staff qualifications in nurse immuniser status, well women's clinics, and cervical screening, chronic disease management (diabetes).</p> <p>Developing AHA staff in area of foot care.</p>
<p>Respect and care for our staff.</p>	<p>Staff present papers at conferences.</p> <p>Identify Employee Assistance Program (EAP) suitable for organisational needs</p> <p>Participate in annual People Matters Survey.</p>	<p>Early Years Forum – Sea Lake Kinder, presented paper on Bush Kinder.</p> <p>Systems developed and EAP and external provider engaged to deliver counselling support for staff. Program being monitored.</p> <p>Participated in 2018 People Matters Survey.</p> <p>Feedback provided to staff.</p> <p>Quality improvement plan identified and implemented.</p>



## SERVICE PLAN KEY ACHIEVEMENTS

# OBJECTIVE: DEVELOP OUR WORKFORCE

ACTION	DELIVERABLE	ACHIEVEMENTS
Respect and care for our staff.	<p>Offer local training opportunities for staff which are strengths based and person centred.</p> <p>Celebrate success and staff commitment to the organisation and high quality practice.</p>	<p>Four training opportunities offered to staff on Strengths Based Practice and person-centred care.</p> <p>Monthly staff BBQs held.</p> <p>AGM celebration included recognition of staff years of service.</p> <p>Introduced monthly staff newsletter highlighting staff achievements and quality practice highlights.</p> <p>Staff end of year celebration held in December 2017.</p>
Continue to embed an evidence-based quality improvement culture.	Review quality systems and accreditation provider to achieve efficiencies where possible.	<p>Ouyen Pre School exceeding rating in Assessment and Rating.</p> <p>Recommended for re-certification against ISO and NSQHS.</p>

## SERVICE PLAN KEY ACHIEVEMENTS

# OBJECTIVE: EXTEND OUR RELATIONSHIPS

ACTION	DELIVERABLE	ACHIEVEMENTS
<p>Identify organisations to partner with who recognise the strength of the Multipurpose Service model in improving the outcomes of the rural community that we serve.</p>	<p>Relevant regional agencies identified with a view to engagement to improve services in our catchment.</p>	<p>Commitment given to participate in Regional Health Partnerships as model is implemented in next reporting period.</p> <p>Expansion of shared service functions, where appropriate, with neighbouring Multipurpose Service – Robinvale District Health Service.</p> <p>Service commissioning processes with Primary Healthcare Network continues to clarify local models of care and subsequent appropriate partners across the catchment.</p> <p>Strengthening of partnering arrangements with Royal Flying Doctor Service to expand primary health care services.</p> <p>Lead Agency for Northern Mallee Allied Health professional development funding</p>
<p>Investigate and enter into respectful partnering arrangements that encompass strong governance and that are of direct benefit to the community that we serve.</p>	<p>Utilising the Directors’ toolkit (DHHS) for public sector organisations, evaluate partnering arrangements with strong governance that are of benefit for the community.</p> <p>Participate in Quality Governance Framework Development for Children and Family Services in the Mallee.</p>	<p>Review of DHHS Directors’ toolkit undertaken.</p> <p>Clinical governance review commissioned.</p> <p>Board training in governance planned for next reporting period.</p> <p>Meetings attended.</p>
<p>Establish and maintain representation on relevant and beneficial regional and state forums and peak bodies.</p>	<p>Appropriate state-wide forums and reference groups to be identified and attendance facilitated to ensure a ‘rural lens’ in structural policy changes for services governed by MTHCS.</p>	<p>Participation and contributions to the following forums and reference groups achieved:</p> <ul style="list-style-type: none"> <li>• Roadmap for Reform – Learning Program and Systems and implementation group – DHHS.</li> <li>• Early Years Manager Strategic Partnership Forum – Department of Education and Training.</li> <li>• CEO co-chair of state-wide Small Rural Health Services and Multipurpose Services CEO forum.</li> <li>• Represented on Loddon Mallee CHSP HACC PYP alliance.</li> <li>• Represented on regional Director of Nursing forum.</li> <li>• Family Services Alliance.</li> <li>• Presentation to Parliamentary Enquiry into Perinatal Services when panel convened in Mildura.</li> </ul> <p>Two written submissions to the Productivity Commission submitted for NDIS and Human Services where market failure is anticipated.</p>



# QUALITY & RISK MANAGEMENT

**ONGOING IMPROVEMENT IN SAFETY AND QUALITY IN PATIENT CARE ACROSS THE ORGANISATION IS A KEY PRIORITY.**

MTHCS is committed to maintaining our Integrated Management System which includes ISO 9001:2015 and AS4801:2001. We adhere to the National Safety and Quality Health Service (NSQHS) Standards, as do all Australian healthcare facilities, and have maintained certification in all 10 National Standards.

We participate in multiple accreditation programs throughout all service areas to ensure safe and quality care for consumers. Every year the organisation has an onsite visit by qualified auditors for accreditation against the ISO 9001 (Health), NSQHS and Human Services Standards (HSS). MTHCS has ongoing accreditation until July 2020.

Significant work continues in strengthening compliance against the 10 National Safety and Quality Health Service (NSQHS) Standards, and the 6 NSQHS standards for Dental Services.

Auditing processes for the clinical areas have been strengthened with a Continuous

Quality Improvement audit program. This program ensures regular review and monitoring of all clinical practice, with a focus on the NSQHS. Clinical and Dental services have all successfully maintained accreditation against the standards.

MTHCS has again this year achieved Australian Breastfeeding Association accreditation as a Breastfeeding Friendly Workplace.

We have continued to invest in the workforce with a focus on training and development in all Quality Standards (State and National).

An E-Learning platform makes education accessible and flexible. The organisation continues to review risk management and governance in relation to our model of Early Years Management (EYM).

The MTHCS Board Quality, Safety and Risk Committee provides an ongoing forum for review, governance and recommendation.

# QUALITY & RISK MANAGEMENT

## INTEGRATED MANAGEMENT SYSTEM (IMS)

The MTHCS Integrated Management System has been designed to meet the needs and principles of multi-purpose service (MPS) philosophy, by delivery of an integrated health, community and residential aged care service that meets the needs of the Mallee Track community.

Our IMS aims to foster a culture of continuous quality improvement that is embedded in everyday practice and supports the meaningful participation of people in giving feedback about the services they require and the quality of services they receive.

The IMS functions to ensure that all accreditation processes, including the National Safety and Quality Health Service (NSQHS) Standards, Community Common Care Standards, DHS Standards, are continually reviewed and monitored to maintain compliance.

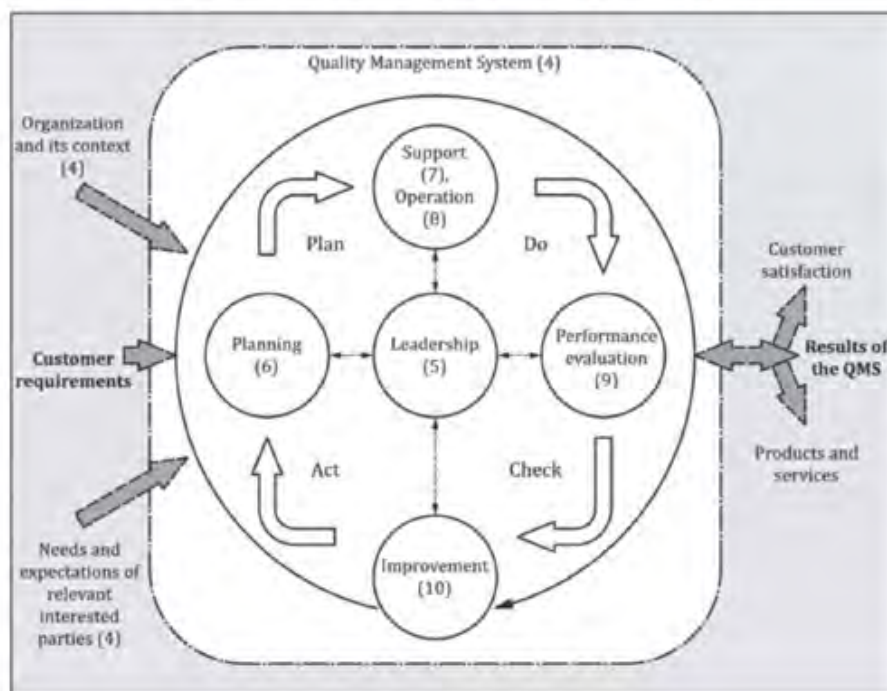
## CONSUMER/COMMUNITY FEEDBACK

The organisation continually seeks consumer feedback through surveys (internal and external); direct contact and our comments and complaints process. We maintain a website and Facebook page and utilise local media on a regular basis to publish information on initiatives, services and GP schedules for each month. MTHCS also publishes a quarterly Community Newsletter.

Staff received many unofficial cards, verbal “thanks” and a delivery of flowers as a way of saying thanks, which our hard working staff greatly appreciated. Feedback is a valuable way of assessing community satisfaction with our services and provides us with direction for opportunities for improvement.

MTHCS regularly invites feedback through the Compliments, Concerns and Suggestions form available from our website.

### Continual Improvement of the Quality Management System



# QUALITY & RISK MANAGEMENT

## ENVIRONMENT

MTHCS continues to work towards lessening our environmental footprint.

### Solar Energy hopes

An Expression of Interest by MTHCS for solar energy at the Ouyen and Sea Lake campuses was shortlisted and is now awaiting Ministerial advice.

If successful, Ouyen and Sea Lake campuses are expected to reach "simple pay-back" in a little over four years.

Our consumption of utilities for 2017 - 2018:

#### 1. Electricity Consumption

Peak Power Total 55016.34kwh

#### 2. Water Consumption

25863kl

#### 3. Gas Consumption

63.1kl

#### 4. Recycling (Ouyen Service Centre Only)

a. Cardboard/paper/Plastic/Metal/glass 72 cubic metres

b. General rubbish to landfill 175 cubic metres.

c. Polystyrene 5 cubic metres.

d. Plastic/Metal/Glass 30 cubic metres

e. Printer Cartridges 53 kilograms

5. Approximately 339.61 kilograms of infectious waste was sent to incineration in the past year from the Ouyen Service centre.

## MAINTENANCE AND STORES

Achievements for the 2017/18 reporting period include:

- Over 1000 requisitions for repairs were attended to by maintenance staff over 12 months.
- Undertook an audit of residential properties owned by the health service to anticipate capital investment and requirements for workforce.
- Upgrade of fluorescent Tubes to LED project across the Ouyen and Sea Lake Upgrade and training for Emergency Exit and Lighting System.
- Commencing a review of the maintenance team requirements to better meet the health service needs and demands.
- Separation of duties within the team to better manage the maintenance demands of the health service and its respective campus.
- Strengthening of the oncall and after hours arrangements.
- Streamlined the reporting structures of the maintenance team.

# MANDATORY INCLUSIONS

## OCCUPATIONAL HEALTH AND SAFETY

MTHCS is committed to providing a safe, environmentally friendly workplace for staff. Best practice principles are implemented to maintain and monitor the safety and wellbeing of staff, consumers, patients, residents, visitors and contractors.

STATISTICS	2016-17	2017-18
Number of reported hazards/ incidents for the year per 100 FTE	16	18
Number of "lost time" standard claims for the year per 100 FTE	0	0
Average cost per claim for the year (including payments to date and an estimate of outstanding claim costs as advised by WorkSafe).	0	0

There are no fatalities to disclose for the 2017-18 financial year.

## OCCUPATIONAL HEALTH AND SAFETY COMMITTEE

In this reporting period there have been 6 Occupational Health and Safety Committee meetings with an average of 10 members present at each meeting.

Sea Lake representatives have been attending OH&S Committee meetings either in person or via video link from Sea Lake.

Achievements of the committee have been:

- All fluorescent tubes have been replaced with LED tubes across MTHCS;
- Lone Worker Safety has been reviewed and updated;
- Food Safety audits have been attended across MTHCS;
- The MTHCS Summer Preparedness Plan has been reviewed and updated;
- Emergency drills have been conducted across MTHCS;
- New OH&S Representatives have been elected and OH&S training has been provided;
- OHS Representative Refresher training provided;
- Staff across the entire MTHCS were provided with Fluvax vaccines;
- MTHCS received certificates of excellence for exceeding targets for staff vaccination;
- Sea Lake building redevelopment has been completed and residents and staff have moved back in;

- Emergency Evacuation Plans have been reviewed for the Sea Lake building;
- All Fire Extinguishers have been checked;
- All buses in the fleet have been audited;
- Falls working party continues to meet;
- A working party has been established for Prevention of Occupational Violence and Family Violence;
- Vests for wardens have been purchased and put into the emergency grab bags instead of the warden hats;
- All Patient Handling Devices have had their yearly checks;
- Mallee Minors Childcare have developed a new Workplace Inspection form;
- Safety Data Sheets for all chemicals in use across MTHCS have been reviewed and up-dated;
- Changes have been made to parking arrangements for fleet vehicles;
- Waste management continues with cardboard and plastic being segregated from other waste for recycling. Aluminium cans and polystyrene are also being segregated. Monitoring of MTHCS's water consumption continues.

## WORKCOVER CLAIMS

MTHCS had no claims submitted for the 2017/18 year.

## OCCUPATIONAL VIOLENCE

STATISTICS	2017-18
WorkCover accepted claims with an occupational violence cause per 100 FTE	0
Number of accepted WorkCover claims with lost time injury with an occupational violence cause per 1,00,000 hours worked	0
Number of occupational violence incidents reported	9
Number of occupational violence incidents reported per 100 FTE	7
Percentage of occupational violence incidents resulting in staff injury, illness or condition.	0%

## FREEDOM OF INFORMATION ACT 1982

People may obtain access to information not normally available to them, in accordance with the terms of the Freedom of Information Act 1982. The Principal Officer under the Act is the Chief Executive Officer; the authorised Freedom of Information Officer is the Executive Director of Nursing.

# MANDATORY INCLUSIONS

The public may seek access to any documents and records held by MTHCS by making a written request to the Freedom of Information Officer. This year six requests for information were received which related to personal documents.

## COMPETITIVE NEUTRALITY

MTHCS complied with all the government policies regarding competitive neutrality.

## BUILDING ACT 1993

MTHCS complies with the provisions of the Building Act 1993 in accordance with the Department of Health and Human Services Capital Development Guidelines (Minister for Finance Guideline Building Act 1993/ Standards for Publicly Owned Buildings 1994/ Building Regulations 2005 and Building Code of Australia 2004).

## ESSENTIAL SAFETY MEASURES REPORT

This report is prepared annually for each campus and confirms the safety of buildings including fire safety, entry and egress. During the 2017-2018 financial year there were no major changes or factors that materially affected the achievement of the operational objectives.

## PECUNIARY INTEREST

Relevant declarations of pecuniary interest have been registered in the required timely manner with prescribed Board of Management by-laws.

## EQUAL EMPLOYMENT OPPORTUNITY

MTHCS remains committed to providing a workplace that promotes fair and equal opportunities, which meets legislation. There have been zero disclosures made during the year.

## VICTORIAN INDUSTRY PARTICIPATION POLICY ACT

MTHCS adheres to the principles of the Victorian Industry Participation Policy. In 2017/18 there were no projects under the Victorian Industry Participation Policy that were above the threshold of \$1 million.

## SAFE PATIENT CARE ACT 2015

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

## CONSULTANCIES

Details in respect to consultancies engaged are available on our website : [www.mthcs.com.au](http://www.mthcs.com.au)

## CARERS RECOGNITION ACT 2012

Under the Act, State government departments, councils, and organisations funded by government to provide programs or services to people in care relationships, need to take all practicable measures to:

- Ensure staff are aware of and understand the principles in the Act
- Ensure staff promote the principles to people in care relationships, so that people in care relationships are aware of and understand the principles in the Act
- Reflect the care relationship principles in developing, providing or evaluating support and assistance for those in care relationships.

Staff have access to copies of the principles of the Act and copies of the charter.

## CAR PARKING FEES

MTHCS provides free public car parking.

# MANDATORY INCLUSIONS

## PROTECTED DISCLOSURE ACT 2012

The Protected Disclosure Act 2012 intent is to encourage and facilitate the making of disclosure of improper conduct by public officers and public bodies, and establish a system for investigation of matters. The Act provides protection from detrimental action to any person affected by a protected disclosure whether it is a person who makes a disclosure, a witness, or a person who is the subject of an investigation.

Protected Disclosures are to be reported directly to:

Independent Broad-Based

Anti-Corruption Commission (ibac)

Phone 1300 735 135

Fax 03 8635 6444

Street address Level 1, North Tower,  
459 Collins Street, Melbourne VIC 3000

Postal address GPO Box 24234,  
Melbourne VIC 3001

Web [www.ibac.vic.gov.au/contact-us](http://www.ibac.vic.gov.au/contact-us)

## ICT EXPENDITURE

Business as Usual (BAU) ICT expenditure	Non-Business As Usual (non-BAU) ICT expenditure		
Total (excl. GST)	Total=Operational expenditure and Capital Expenditure (excl. GST) (a) + (b)	Operational expenditure (excl. GST) (a)	Capital expenditure (excl. GST) (b)
\$606,858	\$15,842	\$0	\$15,842

## ADDITIONAL INFORMATION

The following information, where it relates to Mallee Track Health & Community Service and is relevant to the financial year 2017 - 2018, is available upon request by relevant Ministers, members of Parliament and the public:

- (a) A statement of pecuniary interest has been completed.
- (b) Details of shares held by senior officers as nominee or held beneficially.
- (c) Details of publications produced by the department about the activities of the entity and where they can be obtained.

- (d) Details of changes in prices, fees, charges, rates and levies charged by the entity.
- (e) Details of any major external reviews carried out on the entity.
- (f) Details of major research and development activities undertaken by the entity that are not otherwise covered either in the Report of Operations or in a document that contains the financial report and Report of Operations.
- (g) Details of overseas visits undertaken including a summary of the objectives and outcomes of each visit.
- (h) Details of major promotional, public relations and marketing activities undertaken by the entity to develop community awareness of the entity and its services.
- (i) Details of assessments and measures undertaken to improve the occupational health and safety of employees.
- (j) General statement on industrial relations within the entity and details of time lost through industrial accidents and disputes, which is not otherwise detailed in the Report of Operations.
- (k) A list of major committees sponsored by the entity, the purposes of each committee and the extent to which the purposes have been achieved.
- (l) Details of all consultancies and contractors including consultants/contractors engaged, services provided, and expenditure committed for each engagement.



# DISCLOSURE INDEX

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

LEGISLATION	REQUIREMENT	PAGE REFERENCE
<b>Charter and purpose</b>		
FRD 22H	Manner of establishment and the relevant Ministers	4, 28, 29
FRD 22H	Purpose, functions, powers and duties	28, 29
FRD 22H	Initiatives and key achievements	34-40
FRD 22H	Nature and range of services provided	12-22
<b>Management and structure</b>		
FRD 22H	Organisational structure	30
<b>Financial and other information</b>		
FRD 10A	Disclosure index	47-48
FRD 11A	Disclosure of ex-gratia expenses	51
FRD 21C	Responsible person and executive officer disclosures	2
FRD 22H	Application and operation of Protected Disclosure 2012	46
FRD 22H	Application and operation of Carers Recognition Act 2012	45
FRD 22H	Application and operation of Freedom of Information Act 1982	44
FRD 22H	Compliance with building and maintenance provisions of Building Act 1993	45
FRD 22H	Details of consultancies over \$10,000	45
FRD 22H	Details of consultancies under \$10,000	45
FRD 22H	Employment and conduct principles	23
FRD 22H	Information and Communication Technology Expenditure	46
FRD 22H	Major changes or factors affecting performance	12-22
FRD 22H	Occupational violence	44
FRD 22H	Operational and budgetary objectives and performance against objectives	*FS
FRD 22H	Summary of the entity's environmental performance	43
FRD 22H	Significant changes in financial position during the year	* FS

<b>LEGISLATION</b>	<b>REQUIREMENT</b>	<b>PAGE REFERENCE</b>
FRD 22H	Statement on National Competition Policy	45
FRD 22H	Subsequent events	*FS
FRD 22H	Summary of the financial results for the year	31
FRD 22H	Additional information available on request	46
FRD 22H	Workforce Data Disclosures including a statement on the application of employment and conduct principles	25
FRD 25C	Victorian Industry Participation Policy disclosures	45
FRD 29B	Workforce Data disclosures	25
FRD 103F	Non-Financial Physical Assets	*FS
FRD 110A	Cash flow Statements	*FS
FRD 112D	Defined Benefit Superannuation Obligations	* FS
SD 5.2.3	Declaration in report of operations	2
SD 3.7.1	Risk management framework and processes	41-42

### **Other requirements under Standing Directions 5.2**

SD 5.2.2	Declaration in financial statements	*FS
SD 5.2.1(a)	Compliance with Australian accounting standards and other authoritative pronouncements	* FS
SD 5.2.1(a)	Compliance with Ministerial Directions	2

<b>LEGISLATION</b>	<b>PAGE REFERENCE</b>
Freedom of Information Act 1982	44
Protected Disclosure Act 2012	46
Carers Recognition Act 2012	45
Victorian Industry Participation Policy Act 2003	45
Building Act 1993	45
Financial Management Act 1994	2
Safe Patient Care Act 2015	45

**\* FS - Financial Statements**

# CONTACTS

## MALLEE TRACK HEALTH AND COMMUNITY SERVICE

### OUYEN

Ouyen Service Centre  
28 Britt Street/PO Box 130  
Ouyen Vic 3490  
Ph: 03 5092 1111 Fax: 03 5092 1177

Mallee Minors Child Care Centre Hughes  
Street  
Ouyen Vic 3490  
Ph: 03 5091 0292 Fax: 03 5092 1703

Pattinson House  
55 Hughes Street  
Ouyen Vic 3490  
Ph: 03 50 92 2559 Fax: 03 5092 1567

Ouyen Neighbourhood House  
46 Oke Street  
Ouyen Vic 3490  
Ph: 03 5092 2557 Fax: 03 5092 1177

Mallee Minors Child Care Centre Hughes  
Street, Ouyen.  
Telephone 03 50921077

Ouyen Preschool  
78 OkeStreet, Ouyen.  
Telephone 5092 1347.

### SEA LAKE

Sea Lake Service Centre  
33-45 McClelland Avenue  
Sea Lake Vic 3533  
Ph: 03 5070 2155 Fax: 03 5070 2132

Sea Lake Neighbourhood House  
200 Best Street  
Sea Lake Vic 3533  
Ph: 03 5070 1448 Fax: 03 5070 2290

Mallee Minors Child Care and Preschool  
Centre  
55 Mudge St, SeaLake.  
Telephone 03 50910292

### MURRAYVILLE

Murrayville Service Centre  
Gray Street  
Murrayville Vic 3512  
Ph: 03 5095 2205 Fax: 5095 2311

Murrayville Neighbourhood House  
Gray Street  
Murrayville Vic 3512  
Ph: 03 5095 2070 Fax: 03 5095 2311

Mallee Minors Child Care and Early  
Learning Centre  
Cornerof Francis St and Gray St, Murrayville.  
Telephone 03 50952137  
(Wednesday and Friday)

### PATCHEWOLLOCK

Patchewollock Service Centre  
Algerian Street  
Patchewollock Vic 3491  
Ph: 03 5092 1111 Fax: 03 5092 1177

### UNDERBOOL

Underbool Service Centre  
30 Monash Avenue  
Underbool Vic 3509  
Ph: 03 5094 6272 Fax: 03 5094 6292

Mallee Minors Child Care and Early  
Learning Centre  
Cotter Street, Underbool. Telephone 03 50946273  
(Tuesday and Thursday)

### MANANGATANG

Manangatang Preschool  
Sea Lake Road, Manangatang.  
Telephone 03 5035 1368.  
(Tuesday, Wednesday and Thursday)