

Benalla

HEALTH



Annual Report 2012



Annual Report 2012

Purpose

The purpose of Benalla Health is to facilitate a healthy and resilient community through the provision of integrated, lifelong healthcare services.

Values

Benalla Health has developed a set of values which provide guidance to staff when they are on duty (and hopefully in their day-to-day lives).

Together these Values form a Code of Behaviour that we abide by as we provide the highest quality of services possible to those in our care.

These are the Values that guide our relationships with patients and with each other:

- Compassion
- Empathy
- Accountability
- Respect
- Excellence

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Thanks to the Benalla Ensign for the provision of some of the photographs contained in this Report.

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PART 2 - Financial Statements

Attached to the inside of the back cover.



Part 1
2012 Report of Operations

Disclosure Index

The Annual Report of Benalla Health is prepared in accordance with all relevant Victorian legislation. This index has been prepared to facilitate identification of the Department's compliance with statutory disclosure requirements.

Legislation	Requirement	Page Reference
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MINISTERIAL DIRECTORS

REPORT OF OPERATIONS

Charter and purpose

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LEGISLATION

<i>Freedom of Information Act 1982</i>	20
<i>Whistleblowers Protection Act 2001</i>	20
<i>Victorian Industry Participation Policy Act 2003</i>	20
<i>Building Act 1993</i>	20
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History



A ten bed Bush Nursing Hospital was opened in 1935 and within the following decade an additional five beds were added.

In 1953 the hospital was Incorporated as a Public Hospital and is registered as a Schedule I Public Hospital within the meaning of the Health Services Act (No 49 of 1988).

By 1992 the Hospital complex included 69 acute beds, a 30 Bed Nursing Home and a Community Health Service.

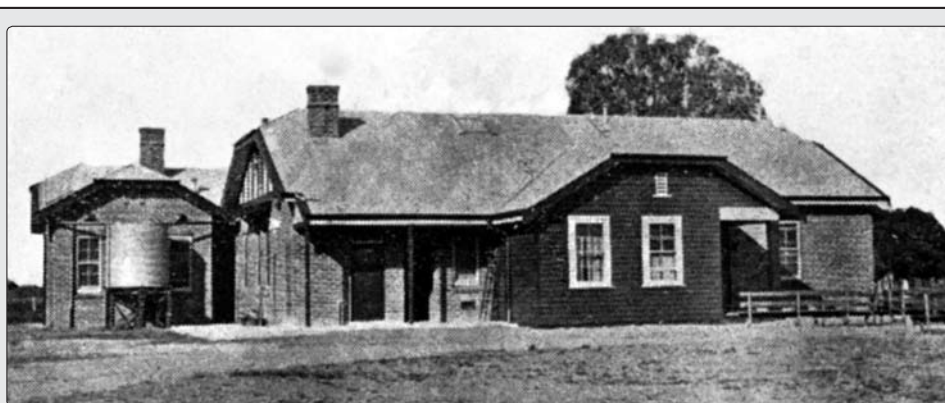
The 24 bed John Lindell Wing was closed in 1994 following the completion of a 30 bed private nursing home in Benalla.

The wing re-opened in 1998 as a 12 bed Day Stay Procedure Unit. In 2001 the Surgical/Midwifery Wing was extensively renovated.

Registered Objectives

The objectives of the Hospital are:-

1. To organise and provide health care services in the Benalla district and, in particular, hospital-based services, including regional services and services provided jointly with other agencies in accordance with the Health Services Act, 1988, and all existing or future relevant Acts and Regulations;
2. To utilise appropriate physical and personal resources, knowledge and available technologies to promote health and to prevent, treat and alleviate disease, disability, injury and suffering so far as is possible in the prevailing conditions;
3. To set and achieve standards consistent with prevailing principles of quality patient care and community health needs;
4. To foster continuing improvement in standards through education, research and training.
5. To manage and maintain a Community Health Service, for all persons, which will provide facilities, personnel, and services to achieve the following aims:-
 - promoting health awareness,
 - improving health standards,
 - fostering awareness and prevention of illness and disability,
 - supporting persons in their home environment,
 - rehabilitation.



The 1936 Bush Nursing Hospital which contained 6 ward beds, 4 emergency beds, an x-ray plant and operating theatre. The building cost approximately 4,000 pounds to build.

Chairman and Chief Executive's Report

On behalf of the Board of Management and all staff we are pleased to present the Annual report of Benalla Health for 2011/2012, prepared in accordance with the *Financial Management Act 1994*.

It has again been a very busy and productive year for Benalla Health. The achievements outlined in the Annual report would not have been possible without the hard work, flexibility and dedication of our staff, medical workforce and volunteers.

On behalf of the Board of Management and staff at Benalla Health, we would like to extend our appreciation to Dan Weeks who resigned from his position as Chief Executive to take up the position of Chief Executive at West Gippsland Healthcare Group. Following an extensive recruitment process, the Board of Management appointed Mr. Andrew Freeman as the new Chief Executive, and he commenced in December 2011.

Board Member Talana Cook resigned in April 2012, serving on the Board for nine months, before relocating to Frankston. Two Board Members retired at the end of this financial year, Steve Leidl and Alana Johnson. They served on the Board for six and nine years respectively. Steve and Alana's contribution during this time was invaluable and their input will be missed.

Our participation in a number of accreditation processes ensures that we continue to improve our service delivery and strive to achieve best practice outcomes. It has been a busy time during the year with the Health Service undergoing Aged Care Accreditation in the Morrie Evans Wing (MEW), which is conducted by the Aged Care Accreditation Agency. We received excellent results in this survey with MEW being found to be compliant with all 44 Standards. Our Diagnostic Imaging Department also underwent accreditation and we are pleased to advise that they passed successfully and have ongoing accreditation until May 2016.

Our staff are our strength and we must continue to invest in them so that we have a sustainable workforce into the future. Our staff are continually embracing the challenge of new initiatives and striving to provide the best quality of care. Benalla Health continues to have the support of a well skilled medical workforce and we look forward to this relationship continuing into the future.

Benalla Health for the first time submitted to the Department of Health a Statement of Priorities (SoP). The SoP's were developed from the Benalla Health Strategic Plan and a number of highlights are outlined in the Annual Report.

We again continued to increase service provision in a financially sustainable manner during 2011/2012. Our aim is to achieve this whilst ensuring we achieve a break even operating result. We have achieved this major objective in 2011/2012.

We continue to work with our key stakeholders. It is vital to continue to build on these partnerships so we can provide a Health Service that is meeting the community's expectations.

Benalla Health in conjunction with Benalla Rural City held a Ceremony on Monday 29th August 2011 to rename the Community Health building in honour of the late Ray Sweeney. The building was named 'Benalla Community Care – Ray Sweeney Centre'.



Following the refurbishment and reopening of the former emergency department in July, now known as the 'Simon De Winne Urgent Care Centre', a Dedication Ceremony was held earlier this year by the Police Blue Ribbon Foundation to honour Simon. The Ceremony was attended by over 100 guests and officiated by Victoria Police Deputy Commissioner of Road Policing, Kieran Walshe APM.

We are very fortunate to have a generous community and we are extremely grateful to those who support us through philanthropy, volunteering and membership



The De Winne family at the Dedication Ceremony

of one of our auxiliaries. We sincerely thank them all for their tireless efforts to ensure that both patients and staff are given the opportunity to use state-of-the-art equipment and facilities.

In May 2012 we commenced a review and update of our Strategic Plan. This process will engage with the Board, staff, medical officers, our community, the Department of Health and other key stakeholders. The Plan is a key document that will describe the key directions and actions that Benalla Health will pursue over the next three years. We hope to have this finished by the first half of 2012/2013.

We were delighted to take occupancy of our new modern kitchen in May 2012. This innovative project has provided us with a state-of-the-art facility. This project has been supported by our Auxiliary and also the community.

With the completion of the kitchen this has now freed up some space. We will be looking to undertake an



Benalla Health's new kitchen

Executive Master Plan during 2012/2013. The Master Plan is the first step in identifying future infrastructure requirements.

During the year we purchased some major pieces of capital equipment. These included a Sterilizer in Theatre, Lifting Equipment in Morrie Evans Wing and the Medical Ward, a Dishwasher, Combi Steamer in the Kitchen and replacement of our Information Technology Server.

We would like to recognise and thank all who have supported us including the Department of Health, Board Members, staff, medical officers, our partner organisations and volunteers in helping to provide quality healthcare.

Graeme Budd

Chairman

Andrew Freeman

Chief Executive

Compliance

There are a number of specific compliance requirements that health services must meet and declare during the course of operations.

Accordingly:

Attestation for Compliance with the Australian/New Zealand Risk Management Standard

I, Graeme Budd certify that Benalla Health has risk management processes in place consistent with the *Australian/New Zealand Risk Management Standard* and an internal control system is in place that enables the executives to understand, manage and satisfactorily control risk exposures. The Board of Management verifies this assurance and that the risk profile of Benalla Health has been critically reviewed within the last 12 months.



Graeme Budd
Chair of Board

Benalla 14/08/2012

Attestation on Data Integrity

I, Andrew Freeman certify that Benalla Health has put in place appropriate internal controls and processes to ensure that the reported data reasonably reflects actual performance. Benalla Health has critically reviewed these controls and processes during the year.



Andrew Freeman
Accountable Officer

Benalla 14/08/2012

Corporate Governance - Board

The organisation is governed by a 9 person Board appointed by the Governor-in-Council upon the recommendation of the Minister for Health, The Hon. David Davis, MLC.

The functions of the Board as determined by the Health Services Act 1988 are:

- to oversee and manage the Organisation; and
- to ensure the services provided by the Organisation comply with the requirements of the Act and the aims of the Organisation.

Governance by the Board is achieved through:

- **strategic planning** – to ensure the visionary direction of the Organisation is focused and aligned to the Mission Statement;
- **effective management** by the Chief Executive – the Board performs an annual performance appraisal and sets realistic goals; the Chief Executive is responsible for managing the Organisation at an operational level;
- **funding of service agreements** – the Board endorses plans, strategies and budgets and ensures annual agreements reflect accurate, achievable and desirable outcomes; the Board monitors the performance of the Organisation through appropriate budgetary processes;
- **local policy setting;**
- **By-Laws and Operational Practices** – these are reviewed regularly by the Board.

BOARD COMMITTEES

Audit Committee

The Committee receives and makes recommendations relating to internal and external audit reports and ensures compliance to any matters raised by the Auditor-General's office. The Committee meets four times per year.

Medical Appointments Committee

The Committee has the important role of assessing medical officers and recommending their scope of practice within Benalla Health. The Committee meets twice a year.

Medical Consultative Committee

The Committee provides a forum for local medical practitioners to meet with the Board to discuss issues in common. The Committee meets twice a year.

Quality and Safety Committee

The Quality and Safety Committee provides clinical governance and monitors the delivery of care, quality improvement and risk management (both clinical and non-clinical) throughout the organisation. The Committee meets monthly.

Cultural, Diversity and Consumer Committee

The Committee provides direction and leadership in relation to the integration of consumer, care and community views into all levels of health service operations, planning and development. The Committee meets bi-monthly.

PECUNIARY INTEREST

Members of the Board of Management are required to declare at each meeting any pecuniary interest which might give rise to a conflict of interest. The Board has developed a Policy and Code of Conduct which clarifies the responsibilities of Board Members.

THE MINISTER FOR HEALTH

The Hon. David Davis MLC

AUDITORS

Richard Sinnott & Delahunty Chartered Accountants
Agents for the Audit General

BANKER

National Australia Bank

SOLICITORS

Harrison, Dobson and Cottrill

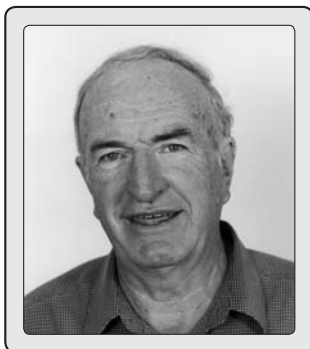
GOVERNMENT POLICY

Health Service Boards are responsible to the Minister for setting the strategic directions of rural public healthcare agencies within the framework of Government policy. They are accountable for ensuring that rural public healthcare agencies:

- are effectively and efficiently managed
- provide high quality care and service delivery
- meet the needs of the community, and
- meet financial and non-financial performance targets.

The Government is committed to ensuring that there is strong governance and accountability of the Board for the performance of the Organisation and delivery of health services. Each rural public healthcare agency needs a balanced Board, which has the right mix of relevant skills, knowledge, attributes and expertise to be effective and achieve its objectives. This includes skills and expertise relating to the governance of health services, and an ability to represent the views of the Community.

Board of Management



Chairman

Graeme Budd

B.Education

Graeme has retired from the Education Department after 42 years. His last 14 years were spent as Principal of Benalla East Primary School. Graeme is a Past President of the Rotary Club of Benalla and past Captain of the Benalla Golf Club. He is currently the Chairman of the Rotary Youth Exchange Committee for District 9790 for the next 3 years. Graeme is married to Joy and has two children and four grandchildren. He enjoys travelling, golfing, skiing and community activities.

Graeme is Chairman of the Medical Consultative Committee and Medical Appointments Committee.



Vice Chairman

Alana Johnson

BA. BSW. AASW. VAFT(Clinical). MAICD. FARLF.

Alana is a sessional lecturer and PhD candidate in the Faculty of Medicine at Monash University. She is registered Social Worker and Clinical Family Therapist and an international Trainer and Rural Consultant. Alana and her husband Rob Richardson have lived on their cattle and forestry property at Lurg since 1982. Their sons Jock and Alistair attend university in Melbourne. Alana has served on a number of National, State, and Local Boards and is currently the Chair of the Women's Advisory Panel to the Victorian Minister for Agriculture.

Alana is Chairman of the Quality and Safety Committee.



Vice Chairman

Catherine Botta

BSc Agr MSc Agr, Grad.Cert Soil Con., Grad. Cert. Mediation

Catherine works extensively as a soil scientist, educator and facilitator with rural and regional communities. In her consulting business, Cath designs community consultation and engagement processes, facilitates workshops and delivers training programs. Cath and her husband Peter live on 6 acres with their two children. She enjoys swimming, gardening and spending time with family and friends.

Catherine is a member of the Audit Committee.



Treasurer

Brendan Smith

B. Bus (Acc.), FIPA. CFP.

Brendan is a partner with local accounting practice Smith Dossier. He has over 30 years' experience in financial, taxation and management accounting. Brendan is also a certified financial planner, having specialised in strategic consulting and advising since 1999 with OzPlan Financial Services, a Victoria-wide company of which he is a founding director. Brendan and his family have lived in Benalla since 1987. Apart from a range of community activities over the years, Brendan's interests include travel, various sports and gardening.

Brendan is Chairman of the Audit Committee and a member of the Medical Appointments Committee.



Annie Hart

B.A. (Public Relations)

While Annie's primary focus currently is being mum to two small children, she also operates her own small business as a public relations consultant. Prior to moving to Benalla in 2003, Annie worked with small businesses to help them access government programs and funding and has held various roles in the local government sector. Annie and her husband moved to Benalla from Tathra NSW when she was pregnant with her first child. Both Annie's children were born at Benalla and District Memorial Hospital.

Annie is a member of the Audit Committee and Quality and Safety Committee.



Steven Leitl

MB BS FRACS, FRACS(Orth)

Steven is an Orthopaedic Surgical Consultant who was a Visiting Medical Officer to Wangaratta Base Hospital from 1979 to 2002 and to Benalla Hospital from 1989 to 1999. He is currently in part time practice performing assessments for injury cases for the Workcover bodies in Victoria and New South Wales. Steven is married to Cheryle and has two sons, two granddaughters and a grandson. He has lived in Wangaratta since 1979. He enjoys fishing and golf and in 2005/2006 was the captain of the Wangaratta Golf Club.

Steven is a member of the Audit Committee, Quality and Safety Committee, Medical Consultative Committee and Medical Appointments Committee.



Lisa McCoy

Dip Social Service Work

Lisa has a background in Human Services, Community Development and Project Management spanning 18 years in both Canada and Australia. Lisa, her husband Gary and two sons moved to Benalla in 2009 and raise beef cattle on their property at Chesney Vale. Lisa operates a consulting business that supports strategic planning, research, evaluation and facilitation. Her more recent work has been with a range of local governments to develop Youth Strategy's and Youth Charters. Lisa also teaches Community Services subjects at GOTAFE in Benalla and Wangaratta on a sessional basis.

Lisa is Chair of the Cultural, Diversity and Consumer Committee and a member of the Audit Committee.



Louise Armstrong

BInfoTech(InfoSys), GCertMgt(ProfPrac)

Louise has been the Practice Manager at Benalla Veterinary Clinic since 2000. She has a background in information technology and training and is responsible for the overall management of a successful, award-winning small business. She has lived most of her life in Benalla and she and her husband Peter have 4 children and 3 grandchildren. Louise has been involved in many community groups over the years particularly Benalla Support Group for Children with Special Needs and Goomalibee Landcare. She is currently a Benalla Business Network committee member.

Louise is a member of the Quality and Safety Committee and Medical Consultative Committee.



Kim Scanlon

Dip Teaching (Primary), Grad Dip Outdoor Education

Kim is currently the Executive Officer of the Alpine Valleys Community Leadership Program, developing emerging community leaders from across the North East of Victoria. Prior to this Kim worked for the Victorian Education Department as a Primary teacher, with the majority of this time spent as the manager of 15 Mile Creek Camp. Kim has had experience on many community Boards, including the Rotary Club of Benalla, and the Benalla Young Sportsperson Trust. Kim's personal interests include gardening, community activities and skiing.

Kim is a member of the Cultural, Diversity and Consumer Committee and Quality and Safety Committee.



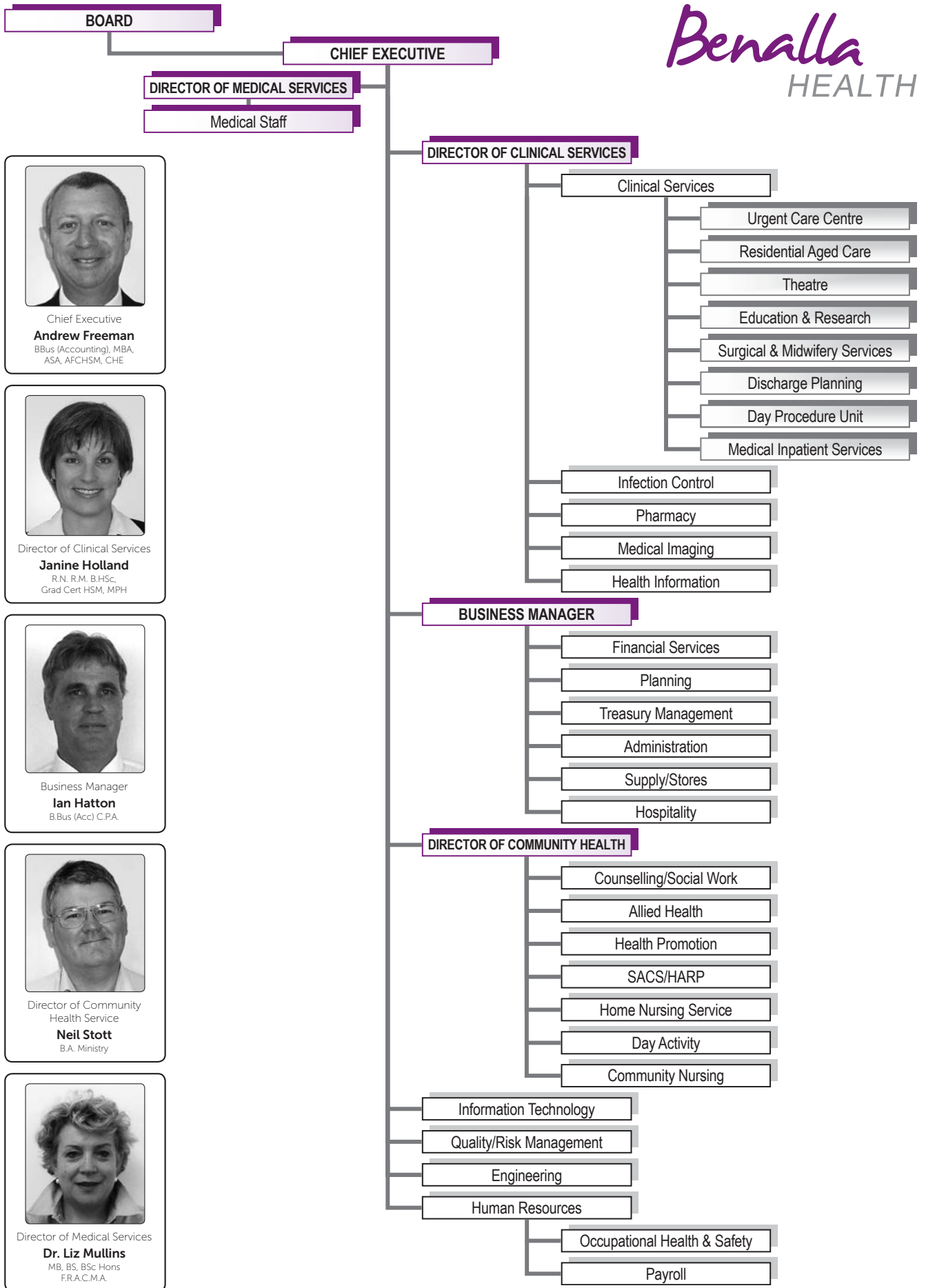
BOARD MEMBER - RETIRED DURING YEAR

Talana Cooke

B.Comm. LLB LLM (Labour Law)

Talana retired from the Board in April, relocating to Frankston with her family to commence her new role with Frankston City Council.

Organisation Chart



Chief Executive
Andrew Freeman
 BBus (Accounting), MBA,
 ASA, AFCHSM, CHE

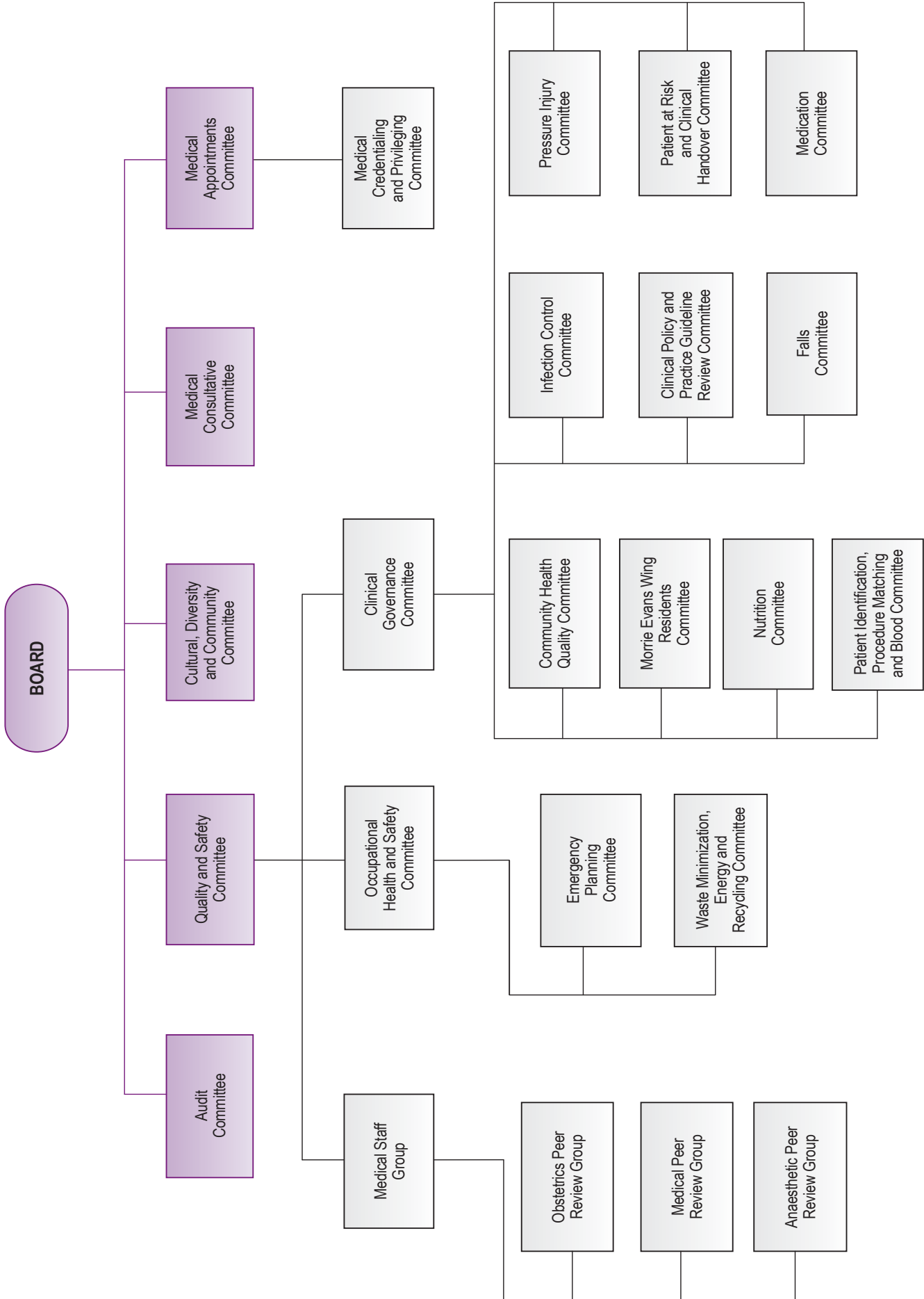
Director of Clinical Services
Janine Holland
 R.N. R.M. B.H.Sc,
 Grad Cert HSM, MPH

Business Manager
Ian Hatton
 B.Bus (Acc) C.P.A.

Director of Community Health Service
Neil Stott
 B.A. Ministry

Director of Medical Services
Dr. Liz Mullins
 MB, BS, BSc Hons
 F.R.A.C.M.A.

Committee Structure



5 Year Performance

5 YEAR FINANCIAL COMPARISON	2012	2011	2010	2009	2008
	\$000	\$000	\$000	\$000	\$000
Total Revenue	24,197	24,156	23,294	23,567	22,518
Total Expenses	(26,134)	(24,625)	(24,040)	(23,231)	(22,308)
Net Result for the Year (inc. Capital and Specific Items)	(1,937)	(469)	(746)	336	210
Retained Surplus/(Accumulated Deficit)	866	2,877	3,405	4,200	3,923
Total Assets	34,742	35,791	35,196	34,896	28,300
Total Liabilities	7,727	6,839	5,775	4,729	4,096
Net Assets	27,015	28,952	29,421	30,167	24,204
Total Equity	27,015	28,952	29,421	30,167	24,204

Services

HOSPITAL SERVICES

- Medical Inpatient Services
- Residential Aged Care
- Antenatal Clinic & Classes
- Breast Feeding Support Service
- Domiciliary
- Obstetrics
- Surgical Inpatient/Operating Theatre
- Urgent Care Centre
- X-Ray

COMMUNITY HEALTH SERVICES

Allied Health

- Dietetics
- Diabetic Education & Self Management
- Occupational Therapy
- Physiotherapy
- Podiatry
- Speech Pathology

Home Nursing Service

- District Nursing Service
- Hospital In The Home
- Palliative Care

Support Groups

- Benalla & Mansfield Carers'
- Compassionate Friends
- Diabetes
- Parkinson's Disease

Other Services

- Aquamovers
- Cardiac Rehabilitation
- Home & Community Care Services (HACC)
- Health Promotion

- Hydrotherapy
- Community Health Nurses
- Counsellors/Social Work
- Hospital Admission Risk Program
- Stomal Therapy
- Sub-Acute Care Chronic Disease Management Programs
- Wound Management Clinic

RAY SWEENEY CENTRE

Benalla Rural City

- Home & Community Care
- Family Day Care
- Maternal & Child Health Services

Co-located Services

- Central Hume Dental Service
- Commonwealth Rehabilitation Service

- Community Interlink
- Dental Technician
- Drug & Alcohol Service
- Financial Counselling

OUTREACH/PARTNERSHIP SERVICES

- Mansfield
- REACH (Benalla West)
- Violet Town
- Euroa

OTHER SERVICES

- Audiologist
- Central Hume Primary Care Partnership
- Visiting Medical Officers
- Mental Illness Fellowship
- Psychology Services
- Pathology
- CT Scan
- Ultrasound

Key Financial and Service Performance Reporting

Statement of Priorities Part A - Strategic Priorities for 2011-2012

HEALTH SERVICE STRATEGY	DELIVERABLE	OUTCOMES
1. Developing a system that is responsive to people's needs		
Ensure healthcare is provided in the most clinically effective and cost effective environments.	<ul style="list-style-type: none"> Development of partnership with Northeast Health Wangaratta to trial aged model of practice for people receiving residential aged care services at Benalla Hospital. 	<ul style="list-style-type: none"> Gerontology Nurse Practitioner candidate continues to partner with Northeast Health Wangaratta with development of model. Further work required in this area.
Reduce and prevent unnecessary hospital admissions by promoting the provision of care in community settings where appropriate.	<ul style="list-style-type: none"> Enhance the capacity to support overnight home based care for palliative care clients. Self fund additional district nursing rounds to enhance home based care. 	<ul style="list-style-type: none"> Additional funding received for Palliative Care. Ongoing work on after hours support continuing. Trial conducted in 2011 and discontinued in 2012.
Improve care planning and coordination of care for patients with chronic and complex conditions.	<ul style="list-style-type: none"> Expansion of sub-acute services in line with budget and consistent with Capability Based Framework. 	<ul style="list-style-type: none"> 2 Restorative Care beds fully operational.
Enhance individuals and families ability to make decisions that improve their health status and reduce their risk of ill health by improving health literacy.	<ul style="list-style-type: none"> Development of Long Stay Older Person strategy as part of Regional initiative. Partner with Central Hume Primary Care Partnership in the <i>Closing The Gap</i> project. Establish the Cultural Diversity and Consumer Committee. Development of Cultural Responsiveness plan. Provide outreach community health services for clients with complex needs by: <ul style="list-style-type: none"> - Increased community health intake. - Improve access to general practitioners. 	<ul style="list-style-type: none"> Achieved and fully integrated throughout organisation. Achieved and ongoing. Achieved and ongoing. Achieved and being implemented. The REACH program was trialed July to December 2011 with access to General Practitioner services to most disadvantaged community.

HEALTH SERVICE STRATEGY

DELIVERABLE

OUTCOMES

2. Improving every Victorian's health status and health experience

Support Regional and Sub-regional surgical services to better utilise available capacity and increase access to surgical services.

- Expand ophthalmology to assist to improve access for patients and decrease waiting times.
- Increase low/medium complexity surgical lists in partnership with Regional hospitals to improve access to patients in the sub-region.

- Ophthalmology successfully increased.
- Increase in the number of Ophthalmology and Urology lists to support Regional Partners.

Expand delivery of sub-acute inpatient services to increase the range of services available to the community and facilitate early transfer from referral hospitals.

- Introduction of transition care beds for appropriate clients.
- Introduce restorative care beds.

- Achieved in partnership with Northeast Health Wangaratta.
- Achieved. 2 Restorative Care beds fully operational.

3. Expanding service, workforce and system capacity

Maintain rolling workforce plan.

- Comprehensive workforce plan is current.

- Workforce plan is in place and will be updated annually.

Expansion of education and training organisation wide to meet staff and organisation needs.

- Expansion of student placements across the organisation.
- Expansion of education and on-line training programs.
- Development of competency program for Urgent Care Department nurses.
- Development of partnership between Northeast Health Wangaratta and Benalla Health to allow Urgent Care nurses to expand skills by working in the Emergency Department at Northeast Health Wangaratta.

- Has been achieved, with student placement days increased by 500 to 1500.
- Achieved.
- Initiative commenced with further work planned to ensure completion June 2012.
- Achieved.

4. Increasing the system's financial sustainability and productivity

Monitor financial sustainability and productivity by actively participating in benchmarking activities.

- Participate in Public Sector Residential Aged Care service benchmarking and related business performance improvement activities.

- Achieved.

Ensure there is an accurate understanding of the real cost structure of each service stream.

- Maintain sound financial position and remain in operating surplus at year end.

- Achieved.

HEALTH SERVICE STRATEGY

DELIVERABLE

OUTCOMES

5. Implementing continuous improvements and innovation

Refocus the care pathway framework to support and expand person centred case initiatives throughout the organisation.

- Facilitate person centred care to all patients in acute and sub-acute areas by:
 - Introduction of iSoBAR handover technique.
 - Introduction of hourly rounding and bedside handover for patient and family inclusion.
 - Develop care pathways for recognition of the deteriorating patient.

- In place in Urgent Care Centre and Medical Ward.
- Patient at Risk committee convened and meeting monthly. Standard 9 of National Standards to be fully implemented across health service.

Review of hospital standards, criteria and accreditation programs.

- Develop processes and indicator to enable compliance with new national quality standards.

- New committee structure in place to enable implementation of 10 National Standards and 1 Jurisdictional Standard.

6. Increasing accountability and transparency

Comply with the Department's Data Integrity Guidelines.

- Annual audit of Data conducted to ensure compliance.

- Audit completed June 2012.

7. Utilising e-health and communications technology

Demonstrate that health service ICT activities follow relevant Department policies and are strategically aligned with relevant State and National activity.

- Support the Hume Rural Health Alliance approach to implementation of the HealthSMART strategy.

- Active Member of the Hume Rural Health Alliance Executive.

Streamline the transfer of client information.

- Develop interconnectivity between hospital Patient Master Index (PMI), (VITAL) and Community Division software (UNITI).
- Utilise ConnectingCare to increase the number of E-referrals made between agencies.
- Participate in the Active Service Model (HACC - Home and Community Care Program) framework to improve IT connectivity.
- Progressively implement an electronic patient record in the Community division via UNITI.

- Achieved.
- Testing commenced and complete 2012/2013.
- Active Service Model project underway and complete 2012/2013.
- Implementation commenced.

Statement of Priorities Part B - Performance Priorities

Financial Performance

Key Performance Indicator	2011-2012 Target	2011-2012 Actual
Operating Result		
Annual operating result (\$m)	0.37	0.10
Cash Management		
Creditors	< 60 days	28
Debtors	< 60 days	39

Service Performance

Key Performance Indicator	2011-2012 Target	2011-2012 Actual
WIES ⁽¹⁾ Activity Performance		
Percentage of WIES (public & private) performance to target	98 to 102	98
Quality and Safety		
Health Service Accreditation	Full compliance	Full compliance
Residential Aged Care Accreditation	Full compliance	Full compliance
Cleaning Standards	Full compliance	Full compliance
Submission of data to VICNISS ⁽²⁾	Full compliance	Full compliance
Hand Hygiene Program compliance rate	65%	80.7%
Victorian Patient Satisfaction Monitor: (OCI) ⁽³⁾	73%	87.2%
Consumer Participation Indicator ⁽⁴⁾	75%	86.7%
Residential Aged Care Services Organisational Readiness Tool	Full compliance	Full compliance
Maternity		
Percentage of women with prearranged postnatal home care	100%	100%

(1) WIES is a Weighted Inlier Equivalent Separation

(2) VICNISS is the Victorian Hospital Acquired Infection Surveillance System

(3) The target for the Victorian Patient Satisfaction Monitor is the Overall Care Index (OCI) which comprises six categories

(4) The Consumer Participation Indicator is a category of the Victorian Patient Satisfaction Monitor

Statement of Priorities Part C - Activity and Funding

Funding Type	2011-2012 Activity Achievement
Acute Inpatient	
WIES Public	2,167
WIES Private	465
WIES (Public & Private)	2,632
WIES Rural Patient Initiative	50
WIES DVA	185
WIES TAC	7
WIES TOTAL	8
Sub-acute Inpatient	
Restorative Care	574
NHT	43
NHT DVA	0
Ambulatory	
Emergency Services - Non Admitted	7,338
Non VACS Outpatients	1,733
SACS	1,789
SACS DVA	6
Palliative Care	5,143
Aged Care	
Residential Aged Care	8,542
HACC	23,868
Primary Health	
Community Health/Primary Care Programs	11,923
Community Health - Other	1,019

Statutory Reporting

Statement of Fees and Charging Rates

Benalla Health charges fees in accordance with the Victorian Department of Health directives issued under Regulation 8 of the Hospital and Charities (Fees) Regulations 1986, as amended.

Freedom of Information Requests

Benalla Health is an agency subject to the Freedom of Information (Victoria) Act 1982. As required under the Act the Chief Executive is the nominated Freedom of Information Officer. Persons wishing to access information, should apply to the Chief Executive in writing. During 2011/2012 there were 11 Freedom of Information requests. All requests were provided in full.

Whistleblowers Protection Act 2001

Benalla Health is committed to the principles of this Act and has policies and procedures in place to enable full compliance. The Act is designed to protect people who disclose information about serious wrongdoings within the Victorian Public Sector and to provide a framework for the investigation of these matters. A copy of the Act and a summary of its provisions is available for inspection at the Executive Office. Disclosures made under this policy will be investigated swiftly, professionally and discretely. No disclosures under the Act were received during 2011/2012.

Publications

The following publications dealing with the functions, powers, duties and activities of the Health Service were produced in 2011/2012 and may be viewed upon request:

- Benalla Health Annual Report 2012
- Quality of Care Report 2012

Overseas Travel

One overseas trip was taken during 2011/2012.

In August 2011, the Chief Executive attended the Australasian College of Health Service Management (ACHSM) and New Zealand Institute of Health Management (NZIHM) 2011 International Annual Congress in Rotorua New Zealand. The Conference theme was *World Class Health Management – Kicking for Goal*.

Additional Information

Information listed in FRD 22B Appendix is available on request by relevant Ministers, Members of Parliament and the public.

Competitive Neutrality

It is Government policy that the costing policies of publicly funded organisations should reflect any competitive advantage available to the private sector. During 2011/2012 all competitive neutrality requirements were met under Competitive Neutrality Policy Victoria and subsequent reforms.

Victorian Industry Participation Policy Act 2003

Benalla Health complied with the regulations within the Victorian Industry Participation Policy Act 2003 for the year 2011/2012.

One major contract was commenced and completed this financial year being the Benalla Health new kitchen project to the value of \$1,478,000.

Statement of Merit and Equity

Benalla Health ensures a fair and transparent process for recruitment, selection, transfer and promotion of staff. It bases its employment selection on merit, and complies with the relevant legislation. Policies and Procedures are in place to ensure staff are treated fairly, respected and provided with avenues for grievance and complaint processes.

Building Maintenance

Benalla Health complies with the provisions of the Building Act 1993 which encompasses the Building Code of Australia and Standards for Publicly Owned Buildings November 1994.

Cost of Consultants Engaged

Over \$10,000

- Lean Application Pty Ltd \$13,105
Patient Flow Consultancy – May 2012

Under \$10,000

- Mullins Health Consulting \$8,099
Clinical Governance Review – December 2011
- Smith Dosser Proprietary \$1,760
Valuation Report – February 2012
- J and D Dixon \$3,260
Engineering Department Review – March 2012

In 2011/2012 Benalla Health engaged 4 consultancies where the total fees payable to the consultants were less than \$10,000. The total expenditure was \$26,244 (excl GST) and all consultancies were completed on time and in line with the total approved project fee. No further expenditure is required on any of these consultancies.

Occupational Health and Safety

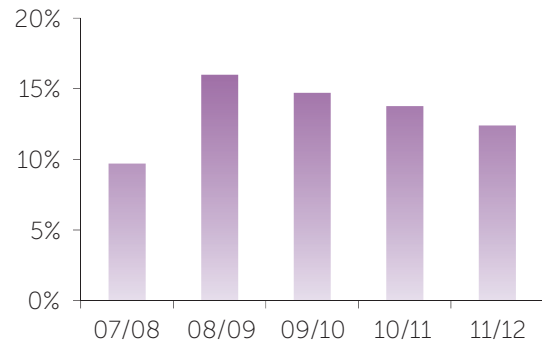
The objective of Occupational Health and Safety (OH & S) is prevention. This is achieved by supportive and ongoing consultation between management, the OH&S Committee and all employees. We aim to continuously review our practices, look for improvements and evaluate our systems on a regular basis, to ensure excellence in safety management.

During 2010/2011 the organisation has:

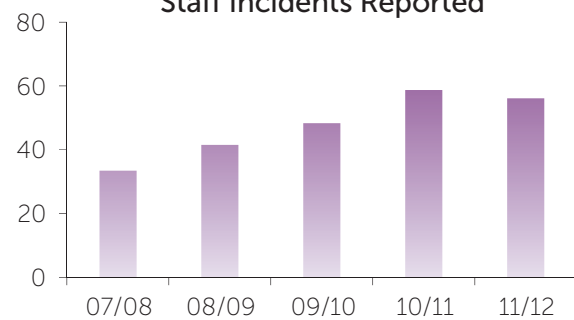
- Implemented an online tutorial for staff to undertake workstation ergonomic assessments. This is a prevention strategy to reduce musculoskeletal injuries.
- Continued to provide staff with appropriate training; OH&S for managers and supervisors, refresher training for Health and Safety representatives, Emergency Warden training for Area Wardens and Chief Wardens, and staff awareness of OH&S roles and responsibilities;
- Reviewed and updated the Emergency Management program in line with the new Australian Standard requirements to also incorporate fire extinguisher training on a yearly basis
- Introduce the bulls-eye fire training simulator. Staff in-services conducted in areas.
- Manual Handling in-service training and online Hume education conducted
- O&HS Committee structure reviewed and increased the number of employee Health and Safety representatives.

Labor Category	June 2011 Current Month EFT	June 2012 Current Month EFT	June 2011 YTD EFT	June 2012 YTD EFT	Category as a % of workforce
Nursing	103.6	104	101.86	102.7	51%
Administration & Clerical	32.3	39.6	35.81	36.4	18%
Medical Support	5.46	4.2	5.63	5.2	3%
Hotel & Allied Services	37.24	40.8	36.71	40.4	20%
Medical Officer	0	0.5	0.03	0.04	0%
Ancillary Staff (Allied Health)	20.1	16.15	17.32	16.7	8%
TOTAL	198.6	204.8	197.4	201.4	

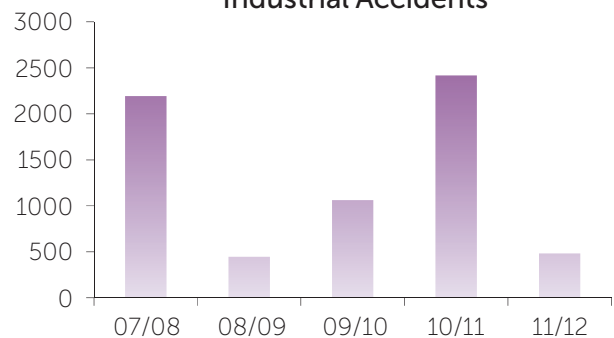
Staff Turnover



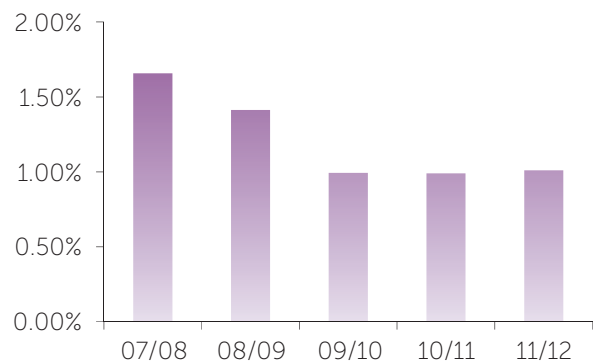
Staff Incidents Reported



Total Work Hours Lost due to Industrial Accidents



Workcover Premium Rate



Senior Staff (as at 30.6.2012)

Chief Executive

Mr. A. Freeman BBus (Acc), MBA, ASA, AFCHSM, CHE

ACUTE AND AGED CARE

Director of Clinical Services

Ms. J. Holland R.N. R.M. B.HSc, Grad Cert HSM, MPH

Deputy Director of Clinical Services

Mrs. L. Allen R.N., R.M, Cert Periop Nursing, Grad Dip HSM

Assistant Directors of Nursing

Miss D. Bubb R.N., Grad Cert Critical Care Nursing

Mrs. J. Caramia R.N.

Mrs. J. Crawford R.N. R.M.

Mrs. L. Ford R.N.

Mrs. H. Jakowlew R.N. R.M.

Mrs. L. Hearn R.N.

Mrs. B. Tipple R.N., Grad Dip Psych Nursing

Nurse Unit Manager - Medical Ward & Urgent Care

Mrs. W. Giddings R.N. R.M. Grad Dip Adv Clinical Nursing (Critical Care)

Nurse Unit Manager - Midwifery/Surgical Ward

Mrs. M. Daw R.N. R.M. B.App Sci. Nursing Grad. Dip. Midwifery, Cert IV Assessment Workplace Training

Nurse Unit Manager - Theatre

Mr. R. Johnston R.N. Grad. Dip. Periop

Nurse Unit Manager - Morrie Evans Wing

Miss K. Williams R.N.

Manager Education and Research/RHAN

Co-ordinator

Dr. S. Wilson, R.N., Paed Cert, Grad. Dip. Psych Nsg., BA, BSc, Grad. Dip. Ed., MEd, PhD

Infection Control Co-ordinator

Mrs. K. Cooke RN, RM, Periop. Cert, Cert IV T.&A.

Pharmacist

Ms. A. Lawrence B Pharm, Grad Dip Bus (IR), MBA, ASA

COMMUNITY HEALTH SERVICE

Director of Community Health

Mr. N. Stott, B.A. Ministry

Home Nursing Service (inc. Euroa D.N.S)

Nurse Unit Manager & Team Leader

Ms. L. Eddy R.N, RM, Dip App Sci, Nursing, B.Nurs. Mid, Grad Dip CHN

Physiotherapy & Occupational Therapy Team Leader

Mr. G. Draper B.App.Sc (Physio)

Allied Health Team Leader

Mrs. S. Matheson B.Sp, M.S.P. A.A, C.P.S. P.

Social Worker/Counsellors Team Leader

Mrs. J. Armstrong BA. Dip. Ed., BSW(Hons), MSW, MAASW

Administration Team Leaders

Mrs. M. Blackmore Adv. Dip. Admin

Mrs. J. Fita

SUPPORT SERVICES

Business Manager

Mr. I. Hatton B.Bus (Acc) C.P.A.

Chief Engineer

Mr. R. Grubissa M.I.H.E.A.

Human Resources Manager

Mrs. L. Daldy B. Bus (Human Resources)

Quality Manager

Mr. M. Hedderman BHA UNSW, Dip Ag Melb

Chief Health Information Manager

Mrs. V. Young BAppSc. Medical Records Administration

Mrs. J. McGregor B.H. Info. Man., Grad Dip

H. Info., Dip. Bus.

Hospitality Manager

Mr. W. Baxter Dip.Cat.Hotel.Mgt

IT Manager

Mr. P. Hurley B.IT

Administration Manager

Mrs. M. Burrowes

Supply Manager/Emergency Response

Co-ordinator

Mr. R. Hiller



Geoff Draper, Amanda Vasey, Shelley McFadzean, Helen Ellis & Margie Daw

VISITING MEDICAL OFFICERS

Director of Medical Services

Dr. L. Mullins MB, BS, BSc Hons F.R.A.C.M.A.

Visiting General Practitioners

Dr. G. Brownstein M.B., B.S. (Hons.) D. Obs. D.A.

R.A.C.O.G., F.R.A.C.G.P, F.A.C.R.R.M.

Dr. B. Buckley M.B., B.S., F.R.A.C.G.P.

Dr. Q. Chen M.D., B.S.

Dr. F. Christophersen M.B., B.S., D.A.

Dr. S. Cornish MB., B.S., Med. Sci.

Dr. R. de Crespigny M.B., B.S., D.A. Dip. Obs.,

R.A.C.O.G., F.A.C.R.R.M.

Dr. N. Fahn M.B., B.S.

Dr. N. Flanigan M.B., B.S., F.R.A.C.G.P.

Dr. S. Hancock M.B., B.S. Dip. Obs., R.C.C.G.P.

Dr. B. Hollins M.B., B.S. (Hons), F.R.A.C.G.P.

Dr. P. Kelly M.B., B.S., D.Obs., R.A.C.O.G., F.R.A.C.G.P.,

FACRRM

Dr. A. Knight M.B., B.S., D.A., D. Obs., RACOG.

Dr. J. Lambert M.B., B.S., Dip. Obs., RACOG.

Dr. C. Lourensz M.B., B.S., BSc(Hons)

Dr. D. Martin. M.B., B.S., F.R.A.C.G.P., DRANZCOG Adv.

Dr. G. O'Brien M.B., B.S., Dip. R.A.C.O.G., F.A.C.R.R.M.

Dr. P. Radford M.B., B.S. (Hons), F.R.A.C.G.P., F.A.C.R.R.M.

Dr. U. Read M.B., B.S., F.R.A.C.G.P.

Dr. D. Rodgers M.B., B.S. Dip. Obs.

Dr. P. Slot M.B., B.S., (F.R.A.C.G.P., D.R.A.C.O.G.),

F.A.C.R.R.M.

Dr. N. Solodunenko M.B., B.S.

Dr. M. Vesey M.B., B.S., F.R.A.C.G.P.

Dr. T. Wang M.B., B.S.

Visiting General Surgeons

Mr. F. Miller M.B., B.S., PhD, F.R.A.C.S.

Mr. P. R. Thomas M.B., B.S., F.R.C.S. F.R.A.C.S.

Visiting Geriatricians

Dr. M. Murray M.B., B.S.

Dr. B. Katz M.B., B.S.

Visiting E.N.T. Surgeon

Mr. G. Fogarty M.B., B.S., F.R.A.C.S.

Visiting Obstetrician & Gynaecologist

Mr. L. Fogarty M.B., B.S., F.R.A.N.Z.C.O.G.

Visiting Ophthalmologist

Mr. N. Karunaratne M.B., B.S., F.R.A.N.Z.C.O., F.R.A.C.S.

Mr. S. Permezal M.B., B.S., F.R.A.N.Z.C.O., F.R.A.C.S.,

F.R.C. Ophth(UK)

Mr. A. Atkins B. Med Sci., M.B., B.S., F.R.A.N.Z.C.O

Visiting Oral & Maxillofacial Surgeon

Mr. W. Besly BDS, M.D.Sc F.R.A.C.D.S., F.R.A.C.D.S.

(OMS)

Visiting Orthopaedic Surgeons

Mr. I. Critchley B.Sc., M.B.Ch.B., F.R.C.S.(Ed), F.R.A.C.S.,
F.A.Orth.A.

Dr. W. R. Seager M.B., B.S., F.R.A.C.S.

Visiting Paediatricians

Dr. P. Dewez M.B., B.S., F.R.A.C.P.

Dr. T. Stubberfield M.B., B.S., Dip RACOG, DCH

(London), F.R.A.C.P.

Visiting Physician

Dr. R. Krones M.D. F.R.A.C.P.

Professor R. McLean M.B., B.S., M.D., F.R.A.C.P.

Visiting Urologist

Mr. J. Goad M.B, B.S., F.R.A.C.S.

Mr. M. Forbes M.D., F.R.A.C.S.

Visiting Radiologists - Broken River Imaging

Dr. G. Miller – M.B., B.S., F.R.A.N.Z.C.R.

Dr. I. Barker – M.B., B.S., F.R.A.N.Z.C.R.

Dr. I. Alexander – M.B., B.S., F.R.A.N.Z.C.R.

Dr. J. Wong – M.B., B.S., F.R.A.N.Z.C.R.

Dr. W. Lees – M.B., B.S., F.R.A.N.Z.C.R.

Dr. P. Neerhut – M.B., B.S., F.R.A.N.Z.C.R.

Dr. A. Lakkaraju – M.B., B.S., F.R.C.R.

Visiting Dentists

Dental - Northeast Health Wangaratta

Dr. P. Nicolas – BDS (Melb. Uni)

Dr. E. Pegan – BDS (Melb. Uni)

Dr. E. Chen – BDS (Melb Uni)

Ms. V. Contreras – BOH (LaTrobe Uni)

Ms. H. Worm BOH (LaTrobe Uni)

Ms. S. Radga BOH (La Trobe Uni)

Dr. A. Chiong BDentalSci.

Dr. S. Jones BDentalSci.

Dr. M. Zamani ADEC Certificate



Mr. Mark Forbes and Dr. Fleur Christophersen

Hospital Auxiliary

After yet another very successful year for the Auxiliary, we wish to applaud the hard working supporters from Benalla and elsewhere, who make and donate saleable goods for our markets.

My special thanks again go to:

- Secretary Margaret Castles and Treasurer Margaret Douglas.
- Tilda, Jean and members who assist with the doll raffles, provided by Tilda;
- Barbara and Dot and families for their garage sales etc., conducted for the Auxiliary's benefit.
- We also appreciate the continuing help from Jim Casey, Ian Bain, George Sulman and Max Robertson.
- Our Christmas stocking raffle would not be as successful without the generous donations from local businesses, friends and members.
- Stewart Coutts continues his outstanding support with plants and bulbs.
- The "Mountain Dahlias" display, grown by Hedley Williams, was again a great weekend of fund-raising and lots of fun.
- Heather Sloan for donating superb quilts for raffles.
- Shirley Goodman and the "Teddy Team" for the fabulous quilt made and donated for a raffle.
- Creators Gallery, Rambling Rose, Michael Ross Antiques and Ginger Bears for providing outlets for our Recipe Book "Tried and True", which is in its third print.
- The Chief Executive and administration staff.



Tilda with one of her many dressed dolls

Congratulations to all for the following equipment donations:

- Urgent Care Bathroom.....\$50,000
- Piano - Morrie Evans Wing.....\$4,086
- Leather Recliner Armchair - Morrie Evans Wing.....\$1,086
- High Low Bed Tables and 6 Lamb Skin Rugs - Medical Ward.....\$3,697
- Airconditioner - Morrie Evans Wing.....\$5,387

Shirley Robertson

President

BENALLA HOSPITAL AUXILIARY STATEMENT OF RECEIPTS AND PAYMENTS

For the period 1st July 2011 – 30th June 2012

RECEIPTS	\$
Various Craft and Plant Sales	3,762.80
Donations	6,000.00
Dahlia Display	1,481.90
Lakeside Market Stalls & Sale of Goods.....	6,289.10
Lakeside Plant Stalls.....	5,299.35
From Cash Management.....	50,000.00
Various Raffles	6,253.30
Christmas Raffle	5,808.25
Day in the Gardens Craft	1,333.95
Recipe Books.....	905.00
Total Receipts	87,133.65
B/F from 1 July 2011.....	7,007.77
	<u>\$94,141.42</u>

EXPENDITURE

Expenses Plant Stall & Craft Stall	754.35
Catering Expenses.....	211.24
Benalla Hospital.....	62,074.94
Misc. Expenses	50.00
To Cash Management.....	20,000.00
Hire of Venue Tables	130.00
Stationary Postage etc.....	450.00
Gifts.....	35.00
Total Payments	83,705.53
Balance as at 30 June 2012.....	10,435.89
	<u>\$94,141.42</u>

CASH MANAGEMENT ACC.

Balance July 2011.....	64,024.08
Plus Interest	1,182.08
Less Transfer to Cheque Acc.....	50,000.00
Plus Transfer from Club Acc.....	20,000.00
Less Withdrawal Fee.....	.40
Balance as at 30 June 2012.....	<u>\$35,205.76</u>

Appreciation

This report was presented
to you with the compliments
of the Chairman and Board of

BENALLA HEALTH

in appreciation of your
interest and support.

