



**CORRYONG  
Heal+H**

# Annual Report

2020/2021



Dental Services

Children and Adolescent Health

Womens Health

Pediatric

Care

Health and Wellbeing

Prevention

Health and Wellbeing

Health and Wellbeing

Health and Wellbeing

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# About Corryong Health

**Our Vision:** Together strengthening the health of our community

**Our Purpose:** To provide a comprehensive range of healthcare services to all people, at all stages of life, contributing to a strong, viable community

**Our Role:** Through professional trustworthy health services, we will grow our local community capacity and ability to connect and inform people.

## **Our Values:**

- **The Sense of Community** – Our community places trust in us (Corryong Health) and this must be reciprocated – with respect, compassion and through our inclusive relationships
- **Equity and Fairness** – Adapting to meet individuals' needs and being transparent in our approach
- **Growth and Development** – We do our best to learn and promote a learning culture, insuring the highest contemporary standards of service for our clients
- **Professionalism** – We provide non-judgmental, confidential, effective and efficient health care

## **Our History**

- Foundation stone laid in 1902
- Foundation Stone of present hospital laid in 1916
- Peak number of acute beds rose to 42 in the 1960's
- Upper Murray Nursing Home, a 20-bed high care facility opened in 1983
- Change to funding under multipurpose program in early 1990's
- Renaming of Health Service to Upper Murray Health and Community Services in 1995
- Mittamatite A & B Residential Aged Care Facility opened in 1996
- Change of name to Corryong Health in 2017

## **Objectives, Functions, Powers and Duties of the Health Service**

The purpose of the Health Service is to:

1. Operate a public hospital in accordance with the Health Services Act 1988, and any enabling Commonwealth or Victorian legislation, including the provision of the following services:
  - a. Public hospital services;
  - b. Primary health services;
  - c. Aged care services; and
  - d. Community health services.
2. Provide a range of health and related services ancillary to those services described in clause 1;

Carry on any other activity or business that is convenient to carry on in connection with providing the services described in clauses 1 and 2, or which are intended or calculated to make any of the health service's assets or activities more efficient and effective.

## Board Chair – Year’s Reflections and Our Future

2020/21 has marked the mid-point of the Corryong Health Strategic Plan 2019-2024. How could we have possibly predicted the events and far reaching impacts of the Black Summer Bushfires; COVID-19 pandemic; and the compounding trauma experienced by the Corryong and broader Upper Murray community.

In response to these unprecedented times, the Corryong Health Board and Executive have undertaken to conduct a review of our Strategic Plan to ensure contemporary relevance to the changing community needs. Amendments have been developed to accompany the Strategic Plan and is now publicly available on the Corryong Health website ([www.corryonghealth.org.au](http://www.corryonghealth.org.au)) and enacted in our business plans.

Further, the Corryong Health Board and Executive have undertaken an independent third-party review of our governance, leadership and culture to ensure that we are all collectively meeting the changing needs of the community and our staff, whilst also ensuring person centered care, safety and effectiveness aligned with Safer Care Victoria standards. The executive and staff have enacted the majority of recommendations and the Board and Executive will continue to ask the question of ourselves to ensure a quality improvement culture during these rapidly changing times.

I would like to warmly welcome Nicole Barwick, Peter Dikschei, Ian Cesa and Katherine (Kate) Waterford to our Board as directors. These directors bring a diverse range of expertise including legal, accounting, marketing, quality and local representation. I’d also like to recognise the role of Leigh McJames who was appointed as a Board delegate for the 2020-2021 period. His wisdom as the former Chief Executive Officer of Albury Wodonga Health and past roles was invaluable for myself and the Board.

I would like to thank Frank Evans, Sharon Nicholas and Mary Hoodless who have stepped down from their Board positions in 2020-2021. Their contributions as Board directors for Corryong Health were greatly valued.

I would like to thank all of our staff, volunteers, Executive and my fellow Board Directors for the passion, resilience and skills they bring to their respective roles. I would also commend the wonderful work of our Community Health Advisory Group sub-committee for their tireless work in facilitating two-way communication between our services and our community. Special thanks also to Ken Wilson and Sylvia Montgomery as community representatives on sub-committees.

These are difficult times for all, and I am very proud of how Corryong Health continues to respond and uphold the values of this exceptional rural community.



Deborah Culhane, Board Chair

## Chief Executive Officer - The Year in Review

Corryong Health has a proud history and a well-established multi-purpose service model that recognises the importance of general practice in bringing together a comprehensive client-centered service. We recognise the need to embrace our strengths and be honest and open in acknowledging and addressing our weaknesses in order to thrive as a health service.

It is through living our values and behaviours that we have responded to the rapidly changing health and community needs encountered throughout 2020/21.

- The sense of community
- Equity and Fairness
- Growth and Development
- Professionalism

The Upper Murray community and the Corryong Health workforce have endured tragic loss following the Black Summer Fires. The trauma caused remains with us as staff, as community members and as health professionals. It has redefined the role and importance of Corryong Health. Specifically, it has demanded leadership in the provision of mental health services and social inclusion activities for the community. It has demanded compassion for our own workforce who despite still recovering personally, come to work to selflessly support others. Despite these challenges, I observe a community and organisation resolute in its mission to become stronger and grow.

COVID-19 has similarly demanded adaptability to changing circumstances. Corryong Health has kept pace with the changing restrictions and safety measures and partnered keenly with our regional health services, Towong Shire Council and funders to prepare for outbreak scenarios; provide local access to testing and vaccinations; and advocate for cross-border consideration.

The implementation of the mid-term Strategic Plan review has reflected the adaptability required of Corryong Health to meet these changing needs. Corryong Health has also undertaken organisation-wide independent third-party review of its governance, leadership and culture and commenced implementing strategies to improve the safety, effectiveness and consumer experience of its services. The outcomes have been evidenced in improved staff workplace survey results and achievement of all relevant accreditation standards.

I would like to thank all Corryong Health staff, volunteers, board directors, sub-committee members and partners for their commitment, care and compassion shown.



Dominic Sandilands, Chief Executive Officer

## Board of Directors

Board Director's name	Year joined board	Committees
Deborah Culhane (Board Chair)	1 <sup>st</sup> July 2018 – current. Board Chair from August 2020	Community Health Advisory Group, Remuneration
Ilea Buffier (Treasurer)	1 <sup>st</sup> July 2019 – current	Finance & Audit, Remuneration
Nicole Barwick (Deputy Chair)	1 <sup>st</sup> July 2020 – current	Finance & Audit, Quality & Safety
Leigh McJames (Board Delegate)	24 <sup>th</sup> September 2020 – current	
Peter Dikschei	27 <sup>th</sup> January 2021 – current	Community Health Advisory Group, Remuneration
Ian Cesa	27 <sup>th</sup> January 2021 – current	Finance & Audit, Quality & Safety
Katherine Waterford	27 <sup>th</sup> April 2021 – current	Quality & Safety
Frank Evans	1 <sup>st</sup> July 2019 – 22 <sup>nd</sup> June 2021	
Mary Hoodless	1 <sup>st</sup> July 2020 – 2 <sup>nd</sup> October 2020	
Sharon Nicholas	1 <sup>st</sup> July 2020 – 22 <sup>nd</sup> June 2021	

## Responsible Ministers

1<sup>st</sup> July 2020 to 26<sup>th</sup> September 2020

Jenny Mikakos MP,  
Minister for Health  
Minister for Ambulance Services

26<sup>th</sup> September 2020 to 30<sup>th</sup> June 2021

The Hon Martin Foley MP,  
Minister for Health  
Minister for Ambulance Services  
Minister for Equality

1<sup>st</sup> July 2020 to 26<sup>th</sup> September 2020

The Hon Martin Foley MP,  
Minister for Mental Health

29<sup>th</sup> September 2020 to 30<sup>th</sup> June 2021

The Hon James Merlino MP  
Minister for Mental Health

22<sup>nd</sup> December 2020 to 30<sup>th</sup> June 2021

The Hon Greg Hunt MP  
Minister for Health and Aged Care

## Senior Staff

### Chief Executive Officer:

Dominic Sandilands  
FCHSM, CHE, GAICD, MBM GCert.ACE, Ba  
App Sci (pod)

### Director of Clinical Services & Nursing:

Sharon Edmondson  
Bachelor of Nursing, Graduate Diploma of  
Health Services Management

### Acting Director of Community Services:

Vicki Pitcher  
Bachelor of Arts (Psychology) – University of  
Melbourne, Graduate Diploma of Education –  
La Trobe University, Graduate Diploma of  
Computing – La Trobe University

### Chief Finance Officer:

Kerrie Clarke  
FCPA, Bachelor of Business  
(Accounting/Finance)

### Director of Quality Safety & Risk:

Mrs Nicole Martin  
Bachelor of Health Science – Occupational  
Therapy, Diploma of Management

### Director of Medical Services:

Dr Pat Giddings  
OAM, MBBS, MHM, FRACGP, FACRRM,  
DRANZCOG, FAICD

### Senior Medical Officers:

Dr Paul Dodds  
MBBS (Hons) (MON), FACRRM, DRANZOG

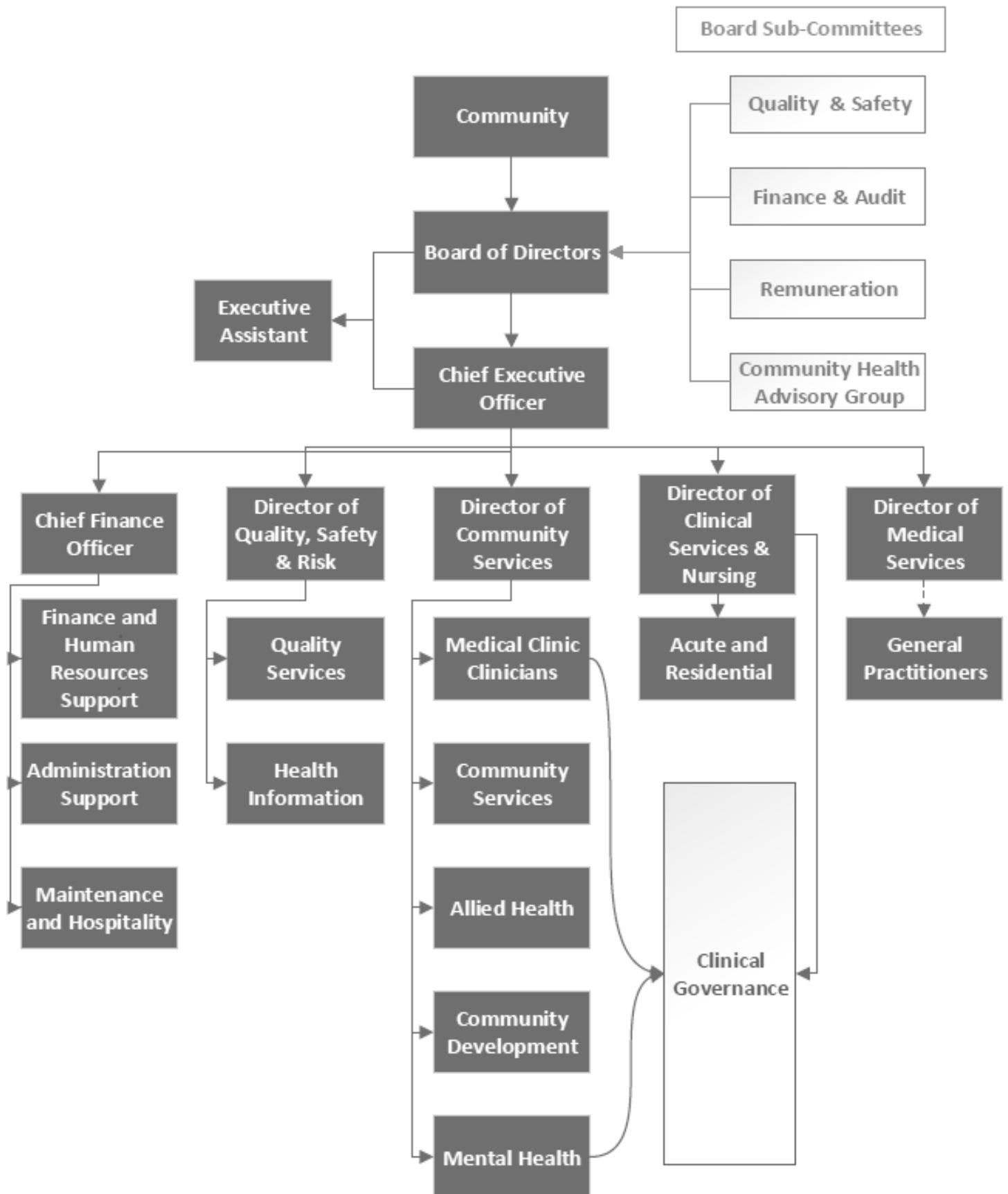
Dr Nicholas Mason  
MBBS (Hons), B.Med. Sci, DRANZCOG

Dr Hannah Mason  
MBBS, B.Med. Sci, DRANZCOG MPH.

Dr Gracie Pun  
MBBS, FRACGP, BMEDSCI

Dr Mary-Anne Lancaster  
MBBS, FRACGP, DRANZCOG

# Organisational Structure



## **Hospital Auxiliary Presidents Report**

It has been a very challenging year. At our July 2020 meeting the Ladies Auxiliary members made some big decisions. The first was to cease delivering Meals on Wheels, due to the age of our members and secondly, due to 'COVID-19' it was decided to go into recess for the remainder of the year.

We resumed our monthly meetings in February 2021 and managed to conduct four meetings and three street stalls, which raised \$2,003.95. Discussions at our May 2021 meeting centred around our street stalls. It was decided not to have any during the winter months, so in future there will only be six street stalls per year.

Thank you to all the members for many years of delivering Meals on Wheels, attending meetings, manning the street stalls, selling raffle tickets, baking and donating goods. A great effort by a small band of dedicated ladies.

Thea Newton - 2020/2021 President

## **Corryong Community Health Advisory Group**

In 2020/2021 the Community Health Advisory Group (CHAG) has achieved some great work to ensure strong partnerships between Corryong Health and the community.

Some of the great work undertaken includes targeted progress against the Safer Care Victoria Partnering with Consumers: Partnering in Healthcare Framework. In 2020/21, CHAG selected the following two domains to support Corryong Health in improved partnering with consumers:

Shared Decision Making

Equity and Inclusion

Achievements included:

- Establishment of a regular survey conducted by CHAG members of randomly selected consumers of Corryong Health services to seek feedback and establish quality improvement plans directly from this information in partnership with the Corryong Health executive.
- Consultation on the development, pricing and new equipment purchases for the new Health and Fitness Centre
- Development of the Corryong Health Access and Inclusion Plan
- Completion of the Corryong Health Accessibility Audit and development of the Disability Access Action Plan
- Increasing the profile of CHAG members in the community to enable direct and informal feedback to be received by the Corryong Health Board and Executive
- Formalisation of the CHAG as a sub-committee of the Corryong Health Board
- Active involvement in the National Safety and Quality Health Service Accreditation process, with notable mention by the assessors for effective community engagement.

Doug Hill - 2020/2021 Chair

## Environmental Performance

Corryong Health has undertaken a number of initiatives to improve its environmental performance in 2020-21. These include: -

- Confirmed solar panels and battery for Corryong Health through Upper Murray Micro-Grid Project in partnership with Indigo Power and Regional Development Victoria and Bushfire Recovery Victoria. Estimated timeframe to completion within two years.
- Completion of switchboard upgrade across hospital facilities, this includes capacity to monitor energy usage.
- Completion of LED light replacement.
- Continue with upgrading air conditioning units and cleaning the filters.
- Maintaining waste management systems to reduce landfill.
- Continued use of non-chemical cleaning agents incorporating microfibre cloths to reduce environmental impact.

## Celebration of staff years of service

Years of Service	Staff Member	Area of work
18 years	Anne Hore	Domestic (retiring)
35 years	Denise Johnston	Medical Clinic
30 years	Kay Cass	District Nurse

## Donations and Contributions

Donor	Amount	Application
John Mitchell	480.65	Mental Health
Corryong Men's Shed	5,000.00	Towards Defibrillator
John Mitchell	75,000.00	Social Inclusion
Anon	432.60	Not Specified
Mango Fundraiser	1,104.00	Health & Fitness Centre Equipment
Thrum Memorial Hospital Building Fund	60,000.00	Towards Residential Aged Care Kitchen Refurbishment
Latipsoh	1,484.83	Not Specified
Nutrien Ag Solutions	3,232.91	Not Specified
Victoria Police Blue Ribbon Foundation	100.00	Not Specified

Wodonga Court Fund	1,450.00	Not Specified
Rotary Club	1,000.00	Wayne Schwass Event
Morrow Family	1,900.00	Shifty Transfer Assist Trolley
<b>Total</b>	<b>\$151,184.99</b>	

## Occupational Health and Safety

Corryong Health is a responsible leader in the safety of its employees, consumers and members of the public. The Service complies with the requirements of the Occupational Health and Safety Act (Vic) 2004 and the Victorian Occupational Health and Safety Regulations 2017.

Corryong Health continues to work with Health and Safety Representatives to eliminate or mitigate the risk of injury within the workplace. Where injury has occurred, the organisation seeks to achieve the safe, appropriate and timely return to work of its employees.

There remains a strong emphasis on reducing workplace injuries. The Occupational Health and Safety Committee takes a proactive approach to dealing with matters of workplace safety. Staff continue to be encouraged to report incidents and workplace hazards.

Hazard and near miss reporting are encouraged as it allows for the identification and rectification of potential sources of workplace injury.

<b>Occupational Health and Safety Statistics</b>	<b>2020/21</b>	<b>2019/20</b>	<b>2018/19</b>
Number of reported hazards/ incidents for the year per 100 FTE	Incidents 56 Hazards 14	Incidents 40 Hazards 10	Incidents 35 Hazards 10.4
Number of lost time standard Workcover claims for the year per 100 FTE	1	0	0
Average Cost per Workcover claim for the year ('000)	\$17	0	0

### Lost time standard claims:

<b>Year</b>	<b>Lost time claims</b>	<b>Lost time claims per 100FTE employees</b>	<b>Days lost</b>	<b>Payments to date</b>	<b>Average cost per claim</b>	<b>Estimation of outstanding claims costs</b>
2020/21	1	0	38	\$55,710	\$17,076	\$24,620
2019/20	0	0	Nil	\$32,545	Nil	\$91,192
2018/19	3	0	3	\$26,588	\$8,862	\$27,423

## Occupational Violence

Occupational violence statistics	2020-21
Workcover accepted claims with an occupational violence cause per 100 FTE	0
Number of accepted Workcover claims with lost time injury with an occupational violence cause per 1,000,000 hours worked.	0
Number of occupational violence incidents reported	56
Number of occupational violence incidents reported per 100 FTE	56.28
Percentage of occupational violence incidents resulting in a staff injury, illness or condition	0%

### The following definitions apply:

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

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

**Incident** – an event or circumstance that could have resulted in, or did result in, harm to an employee. Incident of all severity rating must be included. Code Grey reporting is not included, however, if an incident occurs during the course of a planned or unplanned Code Grey, the incident must be included.

**Accepted Workcover claims** – Accepted Workcover claims that were lodged in 2020-21

**Lost time** – is defined as greater than one day.

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

## Consultancies

### Details of consultancies (under \$10,000)

In 2020-21, there were no consultancies under \$10,000 (excl. GST).

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

In 2020-21, there was one consultancy where the total fees payable to the consultants were \$10,000 or greater. The total expenditure incurred during 2020-21 in relation to this consultancy is \$30,794.53 (excl. GST)

Consultant	Purpose of consultancy	Start date	End date	Total approved project fee (excluding GST)	Expenditure 2020-21 (excluding GST)	Future expenditure (excluding GST)
The HR Department Australia	Governance, Leadership & Culture Review	1 <sup>st</sup> June 2020	31 <sup>st</sup> December 2020	\$30,794.53	\$30,794.53	Nil

## Information & Communication Technology (ICT) expenditure

The total ICT expenditure incurred during 2020-21 is \$431,136 (excluding GST) with the details shown below:

Business as Usual (BAU) ICT expenditure	Non-Business as Usual (non BAU) ICT expenditure		
	Total=operational expenditure and capital expenditure, excluding GST (a+b)	Operational expenditure (excluding GST) (a)	Capital expenditure (excluding GST) (b)
Total (excluding GST) (c)			
\$415,902	\$15,234	\$NIL	\$15,234

## Additional information available on request

This is to verify that the items listed below have been retained by Corryong Health and are available to the relevant Ministers, Members of Parliament and the public on request (subject to the freedom of information requirements, if applicable):

- a) Declarations of pecuniary interests have been duly completed by all relevant officers
- b) Details of shares held by senior officers as nominee or held beneficially;
- c) Details of publications produced by the entity about itself, and how these can be obtained;
- d) Details of changes in prices, fees, charges, rates and levies charged by the Health Service;
- e) Details of any major external reviews carried out on the Health Service;
- f) Details of major research and development activities undertaken by the Health Service that are not otherwise covered either in the Report of Operations or in a document that contains the financial statements and Report of Operations;
- 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 Health Service to develop community awareness of the Health Service 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 Health Service 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 Health Service, the purposes of each committee and the extent to which those purposes have been achieved;
- l) Details of all consultancies and contractors including consultants/contractors engaged, services provided, and expenditure committed for each engagement.

## Workforce Data Disclosure

FULL TIME EQUIVALENT (FTE) STAFF BY LABOUR CATEGORY				
Labour Category	June current month FTE		Average monthly FTE	
	2020	2021	2020	2021
Nursing	30.73	32.38	29.51	31.52
Medical Support	-	-	-	-
Hospital Medical Officers	2.77	3.35	2.5	3.38
Ancillary Staff (Allied Health)	6.6	10.76	6.97	10.53
Administrative and clerical	15.88	16.6	15.07	17.14
Hotel and Allied Services	36.96	37	37.05	36.93
<b>Total:</b>	<b>92.94</b>	<b>100.09</b>	<b>91.1</b>	<b>99.5</b>

As at 30 June 2020		As at 30 June 2019	
Type	Total	Type	Total
Full time	13	Full time	14
Part time	134	Part time	117
Casual	25	Casual	27
<b>Total</b>	<b>172</b>	<b>Total</b>	<b>158</b>

## Comparative Financial Analysis

	2021 \$,000	2020 \$,000	2019 \$,000	2018 \$,000	2017 \$,000
<b>Operating result</b>	-14	471	-27	376	165
Total Revenue	14,222	13,242	11,903	11,211	11,342
Total Expenses	14,974	13,743	12,429	11,734	11,460
<b>Net results from transactions</b>	<b>-752*</b>	<b>-501*</b>	<b>-526</b>	<b>-523</b>	<b>-118</b>
Total other economic flows	-7	9	40	3	0
<b>Net result</b>	<b>-759</b>	<b>-492</b>	<b>-486</b>	<b>-520</b>	<b>-118</b>
Total Assets	18,615	19,922	17,464	14,386	14,873
Total Liabilities	7,454	8066	5,116	4,285	4,251
Net Assets/Total equity	<b>11,161</b>	<b>11,856</b>	<b>12,348</b>	<b>10,101</b>	<b>10,622</b>

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

	2021	2020	2019	2018	2017
	\$,000	\$,000	\$,000	\$,000	\$,000
<b>Net operating result<sup>#</sup></b>	-14	471	-27	376	165
<b>Capital and specific items</b>					
Capital purpose income	615	283	510	99	712
Specific income					
Covid 19 State Supply Arrangements – Assets received free of charge or for Nil consideration under the State supply	NA	NA	NA	NA	NA
State Supply Items consumed up to 30 <sup>th</sup> June 2021	NA	NA	NA	NA	NA
Expenditure of capital purpose	0	-6	-11	0	0
Depreciation and amortisation	-1334	-1244	-997	-997	-995
Impairment of non-financial assets					
Finance costs (other)	-20	-6	-1	-1	0
<b>Net result from transactions</b>	<b>-752*</b>	<b>-501*</b>	<b>-526</b>	<b>-523</b>	<b>-118</b>

# the net operating result is the result which the health service is monitored against

\*Net result rounded to match audited figures

### Multi-Purpose Performance Priorities

#### a) Quality and Safety

Key Performance Indicator	Target	Result
Health Service Accreditation	Full compliance	Full Compliance
Compliance with Cleaning Standards	Full compliance	98.8%
Compliance with the Hand Hygiene Australia program	83%	93%
Percentage of healthcare workers immunised for influenza	90%	100%
Victoria Healthcare Experience Survey – patient experience	95% positive experience	N/A*
Victoria Healthcare Experience Survey – discharge care	75% very positive response	N/A*

\*No surveys conducted in 2020-2021

### b) Financial sustainability

Key performance indicator	Target	Result
Operating result (\$m)	0.00	-0.01
Trade creditors	60 days	48 days
Patient fee debtors	60 days	17 days
Adjusted current asset ratio	0.7	1.00
Number of days with available cash	14 days	62.2 days

### c) Funded flexible aged care places

Campus	Number
Flexible High Care	39
Flexible Low Care	13
Flexible Home Care	8

### d) Utilisation of Flexible Aged Care Places

Campus	Number	Occupancy level %
Flexible High Care	39	100%
Flexible Low Care	13	100%
Respite	6	100% - Residential Aged Care Respite included above
Flexible Home Care	8	100%
<b>Total</b>	<b>66</b>	

### e) Acute Care Activity

Service	Type of Activity	Actual Activity 2020-21
Medical Inpatients	Bed Days	1353
Urgent Care Centre	Presentations	1280
Radiology	Number of Clients	1268
Palliative care	Number of Clients	16
District Nursing	Occasions of Service	1132
Renal dialysis	Number of Clients	2

## f) Primary Health Care Activity

Service	Total Attendances
Diabetes Education	407
Exercise Physiology	705
Medical Attendances	11528
Mental Health	1587
Practice Nurse	3214
Occupational Therapy	1889
Physiotherapy	4334
Social Worker	848
Podiatry	1072

## Operational & Budgetary Objectives & Performance against Objectives

Following on from Corryong Health's 2019-2024 Strategic Plan, Business Plans have been developed for each department in order to set goals and targets to work towards over the next four years.

Below is a table addressing the achievements from 2020-2021 for each strategy set out in the Strategic Plan.

### 1. Offer a range of accessible services to ensure people can stay in the community wherever possible

Key:

AP	A
Achieved in part	Achieved

2020-21	Person Centred	Safe	Effective	Comments
<b>1A. Targeted GP recruitment strategy and action</b>				
Maintained 3 EFT	A	✓	✓	Active recruitment underway. Locums used to fill roster
Relationship with recruitment agencies	A			Multiple agreements in place
Advertising campaign	AP		✓	Commenced digital marketing campaign
<b>1B. Attract new funding for mental health and social services</b>				
Additional funding long term	A		✓	Secured multi-year contracts
External agency partnerships	A	✓	✓	Multiple partnerships in place with funders and other agencies

2020-21		Person Centred	Safe	Effective	Comments
<b>1C. Finalise and implement our Access and Equity Plan</b>					
Access & inclusion plan implementation	A	✓			Four of five standards have been implemented
Victorian Health and Human Services Aboriginal Cultural Safety Guidelines	A	✓	✓		Cultural Safety continuum reflective tool self-assessment – Step one completed Developed Aboriginal Cultural safety plan
CHAG Way finding audit	A	✓	✓	✓	Quality Action plan
<b>1D. Expand our range of services</b>					
Enhanced new gym space	A	✓			Opened and membership continuing to grow
Lead agency in suicide postvention	A	✓	✓	✓	Implemented evidence-based framework
Expanded telehealth	AP	✓	✓		My Emergency Doctor and expansion of volume and range of services
<b>1E. Improve services access for our priority population groups</b>					
School partnerships strengthened	A	✓		✓	Close working relationship developed and referral pathways strengthened
Expand service packages	A	✓			Across Aged Care and NDIS
<b>1F. Deliver more services to community outside of agency setting</b>					
Community Inclusion Team	A	✓			Service commenced with a large range of community offerings delivered
New Gym	A	✓			Opened with integration of services
<b>1G. Continue to partner with our Community and Clients to enhance access and service quality</b>					
CEO supports CHAG		✓	✓	✓	CEO attends all meetings
Improved understanding of Cultural heritage in Upper Murray		✓	✓	✓	Continuing work on reconciliation Action Plan

## 2. Data Driven Customer Service; Productivity and Quality

2020-21		Person Centred	Safe	Effective	Comments
<b>2A. Engage strategically with our community and partner agencies</b>					
CEO Chair Upper Murray Community recovery Committee	A			✓	Identified regional priorities supported economic development for Upper Murray
Local partnership with events centre	A			✓	Co-located with new gym development and increased local infrastructure
Mental Health step care model	A	✓			Increased service capacity
<b>2B. Implement Partnering in Healthcare Plan</b>					
CHAG participation & Oversight	A	✓	✓		Commendation from National Standards Accreditation
<b>2C. Achieve Accreditation against all required standards</b>					
NSQHS onsite assessment	A	✓	✓	✓	Compliant
Radiology assessment	A	✓	✓	✓	Compliant

2020-21	Person Centred	Safe	Effective	Comments
Step 1 NDIS online assessment	A	✓	✓	To be completed in August 2021
<b>2D. Continue implementing new By-laws and governance structures and systems</b>				
Legislative compliance maintained	A	✓		Maintained, system update planned
Governance structures reviewed & updated	A	✓		Completed. New systems embedded and working well
<b>2E. Develop and implement new client experience survey</b>				
CHAG assisted in developing consumer surveys	A		✓	Completed
CHAG engaged for consumer phone surveys	A		✓	Second year of trailing CHAG completing phone survey
Drafted Consumer & Community engagement framework	A	✓		Drafted
<b>2F. Continue to establish centralised organisation-wide data recording and reporting systems</b>				
Community services moved to electronic files	A	✓	✓	Completed
Meeting Accountability Framework developed	A		✓	Completed and embedded
<b>2G. Establish baseline data set for Hospital Acquired Complications and benchmark regionally</b>				
Regional Clinical review (M&M) meeting	A	✓	✓	Completed
<b>2H. Incorporate comparative data in our measurement systems to allow us to compare our service inputs and outcomes with other like providers</b>				
Upper Hume aged Care Benchmarking	A	✓	✓	Completed
Regional Clinical review project	AP	✓	✓	Projects commenced: telehealth; transferring older persons; elective surgery

### 3. Workforce Capability and Availability

2020-21	Person Centred	Safe	Effective	Comments
<b>3A. Develop and implement Strategic Human resources Plan</b>				
HR reporting established	A	✓	✓	Completed
Organisational re-structure	A		✓	Completed
<b>3B. Formalise training partnerships with Registered Training Providers to enable vocational learning package</b>				
Initial Registration for Overseas Registered Nurses (IRON) students recruited through Alpine Health	A		✓	Completed
<b>3C. Continue to implement and continuously improve mandatory training package</b>				
Mandatory training schedule reviewed	A		✓	Completed
<b>3D. Continue to develop and promote education calendar across organisation and regional partners</b>				
Monthly training Calendar	A		✓	Completed
<b>3E. Revise Emergency Codes Policies in partnership with Police and Ambulance and provide training and desktop exercises</b>				
Annual Code scenario training for all codes	A	✓	✓	Schedule set, compliance monitored
<b>3F. Focused leadership training across organisation and region</b>				
Emerging Leaders completing training	A	✓	✓	Completed

#### 4. Financial, Infrastructure and Environmental Sustainability

2020-21	Person Centred	Safe	Effective	Comments
4A. Continue to embed new cost-centre structure aligned with contracts				
Cost centres aligned	A		✓	Completed
4B. Upskill leaders to be financially literate; monitor performance monthly; and take pro-active action				
New meeting accountability framework	A		✓	Completed and embedded
New meeting structure approved (By-Laws)	A		✓	Completed, approved and embedded
4C. Review and refine Contracts Management systems; registers; and behaviours to better position Corryong Health				
Contract system updated	A		✓	Completed
4D. Implement Social Procurement Strategy				
Revised current Procurement Strategy	AP		✓	Recruited Facilities Manager, partnership with AWH
4E. Consult with the community and revise Health and Fitness Business and care model				
New gym up and running	A		✓	Completed
4F. Conduct infrastructure needs assessment and explore Master Plan development				
Fire panel replacement	A	✓	✓	Completed
Fire mitigation assessment completed	A	✓	✓	Completed
4G. Explore funding opportunities for infrastructure development consistent with Master Plan recommendations				
Asset register maintained	A	✓	✓	Completed
Seeking master plan funding	A	✓	✓	Funding secured for site survey work
4H. Develop asset histories and replacement plans for critical assets and infrastructure				
As above	A	✓	✓	Completed
4I. Review and update the Corryong Health Environmental Management Plan				
Meeting accountability framework aligned with EMP	A	✓	✓	Completed

#### 5. Innovate through Digital Applications: Behaviours; and Partnerships

2020-21	Person Centred	Safe	Effective	Comments
5A. Revise and evaluate existing telehealth contracts and ensure reliability; service range; and acceptability of service				
My Emergency Doctor embedded	A	✓	✓	Embedded and data favourable
5B. Tender for website development and assign communications roles and responsibilities				
Website re-development	AP	✓		Commenced to continue in 2021-22
5C. Develop simplified policy and procedures framework and implement				
Document management system embedded	A	✓		Completed and embedded
Organisation re-structure	A	✓	✓	Completed as per independent report
5D. Continue to develop the Corryong and Upper Murray Regional Health Committee				
Committee re-engagement	AP	✓	✓	Established but inactive since bushfires
5E. Develop Staff digital literacy training strategy				
Full review and alignment of key admin roles	AP		✓	Completed
5F. Explore sustainable Nurse Practitioner or equivalent models to complement and support the GP model				
Successful funding for AOD model through PHN	A		✓	Completed
5G. Support and grow the capability of the Towong Alliance to develop and deliver on a regional Age-Friendly strategy				
Maintained engagement	AP	✓		Cross-agency funding secured. Project to commence 2021-22
5H. Achieve and report against Towong Healthy Communities Plan 2018-2021 in partnership with the Towong Alliance				
Contributed to 2021 Towong Health Alliance planning process	AP		✓	Commenced and ongoing in 2021-22
5I. Develop a formal relationship with Snowy Valleys Council to ensure cross-border collaboration and service coordination				

Established connection	A		✓	Completed
Post Bushfire connections	A		✓	Completed
5J. Develop a formal relationship with Corryong College and Sacred Heart School to ensure service coordination across educational and health objectives				
Established good working connections	A		✓	Completed

## Services provided by Corryong Health

<p><b>Medical Services</b></p> <ul style="list-style-type: none"> <li>• Salaried Medical Officers</li> <li>• General Practice Nursing</li> <li>• Women's Health Nursing</li> <li>• Visiting Surgeon and Pediatrician</li> <li>• Diabetes Education</li> </ul> <p><b>Acute Care</b></p> <ul style="list-style-type: none"> <li>• Acute beds</li> <li>• Urgent Care Centre (UCC)</li> <li>• Pathology and imaging</li> <li>• Domiciliary Midwifery</li> <li>• High Dependency Unit</li> <li>• Dialysis</li> <li>• Palliative Care</li> <li>• Day Procedure Unit</li> </ul> <p><b>Allied Health</b></p> <ul style="list-style-type: none"> <li>• Physiotherapy</li> <li>• Occupational Therapy</li> <li>• Exercise Physiology</li> <li>• Podiatry</li> <li>• Social Work</li> <li>• Allied Health Assistance</li> </ul> <p><b>Visiting Services</b></p> <ul style="list-style-type: none"> <li>• Podiatry</li> <li>• Continence Management Nurse</li> <li>• Audiology</li> <li>• Psychology</li> <li>• Geriatrician</li> <li>• Speech Pathology</li> </ul> <p><b>Residential</b></p> <ul style="list-style-type: none"> <li>• Retirement Village</li> <li>• Aged Care</li> <li>• Palliative Care</li> </ul>	<p><b>Mental Health</b></p> <ul style="list-style-type: none"> <li>• Mental Health Nursing</li> <li>• Mental Health Social Work</li> <li>• Psychology</li> <li>• Alcohol and Drug Support</li> </ul> <p><b>Community Groups</b></p> <ul style="list-style-type: none"> <li>• Community Health Advisory Group</li> <li>• Cancer Support Group</li> <li>• Mental Health Support Group</li> <li>• Carers Support Group</li> <li>• Childbirth Education</li> </ul> <p><b>Community Development</b></p> <ul style="list-style-type: none"> <li>• Health and Fitness Centre</li> <li>• Social Inclusion</li> </ul> <p><b>Home Care Services</b></p> <ul style="list-style-type: none"> <li>• District Nursing</li> <li>• Meals on Wheels</li> <li>• Palliative Care</li> <li>• Day Activity Centre Program</li> <li>• Commonwealth Home Support Program</li> <li>• Home Care Packages</li> <li>• National Disability Insurance Scheme (NDIS)</li> <li>• Program for Younger People</li> </ul> <p><b>Telehealth</b></p> <ul style="list-style-type: none"> <li>• Various specialists</li> <li>• My Emergency Doctor</li> <li>• Royal Flying Doctor Service</li> <li>• Dietician</li> <li>• Psychiatry</li> </ul> <p><b>Volunteer Services</b></p> <ul style="list-style-type: none"> <li>• Community Transport</li> <li>• Volunteers</li> </ul>
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## **Legislation and Disclosures**

### **Local Jobs First Act 2003**

All areas of Corryong Health comply with the regulations within the Local Jobs First Act 2003. There was one contract completed during 2020/21.

### **Gender Equality Act**

On 31 March 2021, the Gender Equality Act 2020 (Vic) (the Act) and the Gender Equality Regulations 2020 (Vic) will commence operation. The primary purpose of the Act and the Regulations is to require public sector organisations (including public hospital and health services, TAFE institutes and water authorities), local councils and universities to take positive action towards achieving workplace gender equality and to require these organisations to promote gender equality in their policies, programs and services. The Act also establishes the new Public Sector Gender Equality Commissioner who will oversee compliance with the Act and the Regulations.

### **Freedom of Information Act 1982**

During the year there were no requests for information processed by the Agency under the Freedom of Information Act 1982. There were two medical record requests for information which were outside the Freedom of Information Act 1982.

Requests for access to information in documentary form in the custody of the Agency should be made in writing and address to:

The Freedom of Information Officer,  
Corryong Health,  
PO Box 200, CORRYONG VIC 3707

### **Public Interest Disclosure Act 2012**

The Public Interest Disclosure Act 2012 (Vic) enables people to make disclosures about improper conduct within the public sector without fear of reprisal. The Act aims to provide openness and accountability by encouraging people to make disclosures and protecting them when they do so. There have been no public disclosures at Corryong Health.

### **Carers Recognition Act 2012**

The Carers Recognition Act 2012 formally acknowledges the important contribution that people in a care relationship make to our community and the unique knowledge that carers hold of the person in their care. The valuable role of the carer has been integrated in the policies and procedures of Corryong Health.

### **Building Act 1993**

Corryong Health complies with the provisions of the Building Act 1993 in accordance with DHS capital Development Guidelines. (Assistant Treasurer Guideline Building Act 1993/Standards for Publicly Owned Buildings/November 1994).

## Financial Management Act 1994

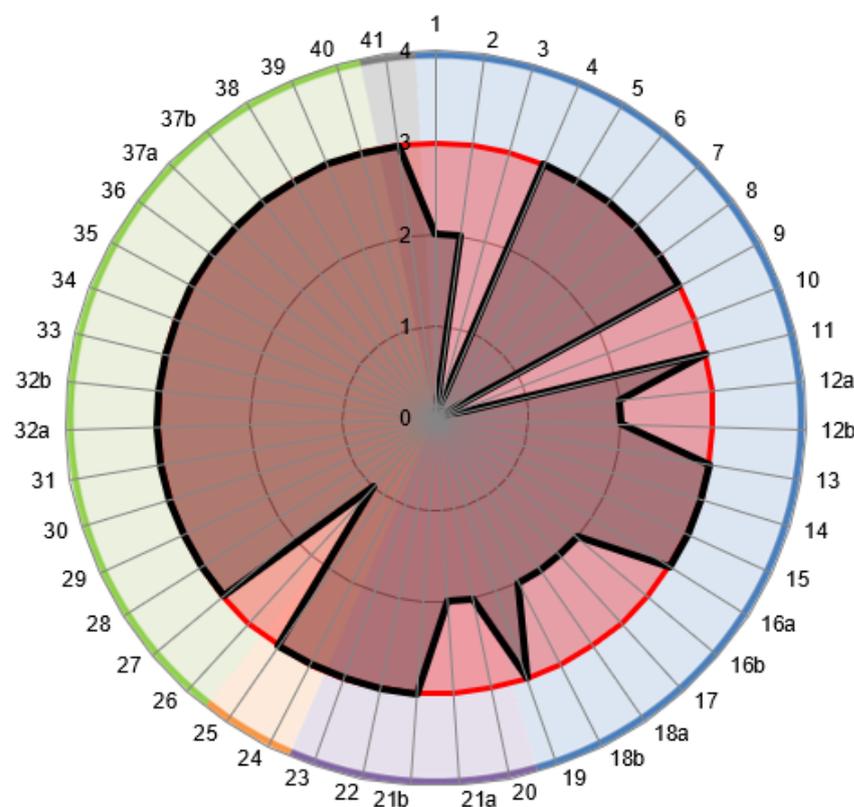
The information provided in this report has been prepared in accordance with the Directions of the Assistant Treasurer Part 9.1.3 (IV) and is available to relevant Ministers, Members of Parliament and the public on request.

## Asset Management Accountability Framework (AMAF) maturity assessment

The following sections summarise Corryong Health assessment of maturity against the requirements of the Asset Management Accountability Framework (AMAF). The AMAF is a non-prescriptive, devolved accountability model of asset management that requires compliance with 41 mandatory requirements. These requirements can be found on the Department of Treasury and Finance website (<https://www.dtf.vic.gov.au/infrastructure-investment/asset-management-accountability-framework>).

The Corryong Health target maturity rating is 'competence', meaning systems and processes fully in place, consistently applied and systematically meeting the AMAF requirement, including a continuous improvement process to expand system performance above AMAF minimum requirements.

### Results:



Target  Overall

Legend	
Status	Scale
Not Applicable	N/A
Innocence	0
Awareness	1
Developing	2
Competence	3
Optimising	4
Unassessed	U/A

### **Leadership and Accountability (requirements 1-19)**

Corryong Health has met its target maturity level under most requirements within this category (6/9).

Corryong Health did not comply with some requirements in the areas of overview and key requirements, resourcing and skills. Monitoring asset performance, asset management system performance, and other requirements. There is no material non-compliance reported in this category. A plan for improvement is in place to improve Corryong Health's maturity rating in these areas.

### **Planning (requirements 20-23)**

Corryong Health has met its target maturity level under most requirements within this category (3/5).

Corryong Health did not comply with some requirements in the areas of allocating asset management strategy. There is no material non-compliance reported in this category. A plan for improvement is in place to improve Corryong Health's maturity rating in these areas.

### **Acquisition (requirements 24 and 25)**

Corryong Health has met its target maturity level in this category.

### **Operation (requirements 26-40)**

Corryong Health has met its target maturity level under all but one requirement within this category. Corryong Health did not comply with one requirement in the areas of monitoring and preventative action. A plan for improvement is in place to improve Corryong Health's maturity rating in this area.

### **Disposal (requirement 41)**

Corryong Health has met its target maturity level in this category.

### **Safe Patient Care Act 2015**

Corryong Health has no disclosures under the Safe Patient Care Act 2015.

### **Occupational Health & Safety**

Corryong Health complies with the Occupational Health & Safety Act of 2004 and its associated regulations and code of practice to meet the Australian Council of Health Care Standards requirements.

### **Statement on National Competition Policy**

Corryong Health complies with "Competitive Neutrality Policy Victoria" and all government policies regarding neutrality in regard to tender applications.

### **Employee and Conduct Principles**

Corryong Health is committed to the application of the employment and conduct principles and all employees have been correctly classified in workforce data collections.

## **Hospital Fees**

Corryong Health charges fees in accordance with the Department of Health, Victoria directives issued under Section 9 of the Hospital and Charities (Fees) Regulations 1986 (as amended).

## **Audit Act 1994**

The purpose of the Corryong Health Finance and Audit Committee is to assist the health service to maximise benefits from systems of internal control and both internal and external review processes. The independent members of this committee are: Mr Ken Wilson. Board members are Ilea Buffier (Chair), Nicole Barwick and Ian Cesa.

External Auditors: Victorian Auditor General's Office (VAGO)

Internal Auditors: Accounting and Audit Solutions Bendigo (AASB)

## **Food Safety and Cleaning Audits**

Corryong Health uses an external independent audit process for cleaning standards, food safety and infection control. In all areas Corryong Health has performed above the State benchmark. Corryong Health achieved an average score of 98.8% for very high-risk areas the state bench mark for very high risk is a score of 90%. State bench mark score for high, moderate & low risk area is 85%. Corryong Health have scored these functional areas 89% for high areas, 92.5% for moderate risk areas, low risk areas 94.5%.

## **Infection Control**

Corryong Health participated in the *VICNISS – Victorian Nosocomial (hospital acquired) Infection Surveillance System*. We have had no hospital acquired infections for the period 2019/20.

Corryong Health continues to participate in hand hygiene monitoring and reporting. Corryong Health participates in the Hume regional infection control-auditing program, which facilitates us to benchmark against like facilities. Aged Care Surveillance has been included in VICNISS reporting. We participate in Aged Care National Antimicrobial Prescribing Survey (ACNAPS) each year and Acute National Antimicrobial Prescribing Survey (Hospital NAPS).

## **Staff Credentialing**

All clinical staff employed at Corryong Health must have the appropriate qualifications and skills, which are assessed prior to the person starting work. Visiting Medical Officers are credentialled with an annual review of medical indemnity insurance, medical registration and training attended.

## Attestations

### Data Integrity

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



**Mr Dominic Sandilands**  
**Chief Executive Officer**  
**At Corryong 28<sup>th</sup> August 2021**

### Conflict of Interest

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



**Mr Dominic Sandilands**  
**Chief Executive Officer**  
**At Corryong 28<sup>th</sup> August 2021**

### Integrity, fraud and corruption

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



**Mr Dominic Sandilands**  
**Chief Executive Officer**  
**At Corryong 28<sup>th</sup> August 2021**

**Responsible Bodies Declaration**

In accordance with the *Financial Management Act 1994*, I am pleased to present the Report of Operations for Corryong Health for the year ending 30<sup>th</sup> June 2021.



**Mrs Deborah Culhane**  
**Chairperson (on behalf of the Board)**  
**At Corryong 28th August 2021**

**Financial Management Compliance SD5.1.4**

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



**Mrs Deborah Culhane**  
**Chairperson**  
**At Corryong 28<sup>th</sup> August 2021**

# Disclosure Index

The Annual Report of Corryong 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.

<u>Legislation Requirement</u>	<u>Page reference</u>
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*For page reference 'FS' - please refer to copy of Corryong Health financial statements*

## **Ministerial Directions Report of Operations**

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### **Management and structure**

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**Corryong Health 2020/21 Financial Statements are available on our website**  
[www.corryonghealth.org.au](http://www.corryonghealth.org.au)



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Website: [www.corryonghealth.org.au](http://www.corryonghealth.org.au)

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