

# ANNUAL REPORT

2021-2022



**Caring for the Upper Murray- Together, strengthening the health of our community**

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# About Corryong Health

Corryong Health acknowledges the Australian Aboriginal and Torres Strait Islander people of this nation. We acknowledge the traditional custodians of the lands on which we conduct our business. We pay our respects to ancestors and Elders, past, present and emerging.

**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 & Chief Executive Officer – 2021/22 Reflections and Our Future

2021/22 has marked the mid-point of the Corryong Health Strategic Plan 2019-2024. Corryong Health continues to respond to the lasting and compounding impacts of the Black Summer Bushfires; COVID-19 pandemic; and the trauma experienced by the Corryong and broader Upper Murray community.

During March to July 2021, the Corryong Health Board and Executive undertook to a review of our Strategic Plan to ensure contemporary relevance to the changing community needs. Amendments were developed to accompany the Strategic Plan and made publicly available on the Corryong Health website ([www.corryonghealth.org.au](http://www.corryonghealth.org.au)) and enacted during the course of the 2021/22 year (refer to Multi-Purpose Service Key Achievement Report).

One critical priority of the Mid-term review was to undertake a Service Delivery Plan which was completed in partnership with Cube Group as the consultant and in partnership with Community Members, Partner Service Providers, Staff, Executive and Board. This plan highlights the importance of re-orientating Corryong Health towards preventative primary care, having been required to operate in a COVID-19 reactive state for the past two (2) years. Further, it provides a blue-print for ensuring high-value, safe service delivery which keeps pace with the fiscal challenges facing all health services. We are delighted to report that significant inroads have been made into the Service Delivery Plan and will be a continued focus in 2022/23.

During the 2021/22 year, our Board has remained stable and we would like to sincerely recognise the significant contributions of Deborah Culhane who served as Chair to May 2022; and for all Board Directors including Deborah Culhane; Ilea Buffier; Peter Dikschei; Ian Cesa; Katherine (Kate) Waterford.

We would like to thank Leigh McJames for his dedicated service as Board Delegate since September 2020 and who has stepped down from his role at the end of 2021. We would like to extend the sincerest of gratitude to our external sub-committee members who have provided their expertise and time to Corryong Health: Mr. Stan Stavros – Finance and Audit Committee; Ms. Sylvia Montgomery and Dr. Pat Giddings – Quality and Safety Committee; and all community members of the Community Health Advisory Group.

We would like to thank all of our Staff, Volunteers and Executive for the passion, commitment and skills they bring to their respective roles. A special thank you to the volunteers of our Hospital Auxiliary who after years of dedication and support of this agency, folded in February 2022. The funds raised over the years have helped Corryong Health to purchase essential equipment for our clients and residents.

It has been a very challenging year and we are very proud of how Corryong Health has responded to these challenges and positioned the health service to be sustainable, safe and viable in order to meet and exceed the health needs of this wonderful community into the future.



Nicole Barwick, Board Chair



Dominic Sandilands, Chief Executive Officer

## Board of Directors

Board Director's name	Year joined board	Committees
Deborah Culhane (Board Chair until May 2022)	1 <sup>st</sup> July 2018 – current.	Community Health Advisory Group, Remuneration
Ilea Buffier (Treasurer until May 2022, Deputy Chair from May 2022)	1 <sup>st</sup> July 2019 – current	Finance & Audit, Remuneration
Nicole Barwick (Deputy Chair until May 2022, Board Chair in May 2022)	1 <sup>st</sup> July 2020 – current	Finance & Audit, Quality & Safety
Peter Dikschei	27 <sup>th</sup> January 2021 – 30 <sup>th</sup> June 2022	Community Health Advisory Group, Remuneration
Ian Cesa	27 <sup>th</sup> January 2021 – current	Finance & Audit, Quality & Safety, Community Health Advisory Group
Katherine Waterford	27 <sup>th</sup> April 2021 – current	Quality & Safety

## Responsible Ministers

1<sup>st</sup> July 2021 to 27<sup>th</sup> June 2022  
The Hon Martin Foley MP,  
Minister for Health  
Minister for Ambulance Services  
Minister for Equality

From 27 June 2022 to 30 June 2022  
The Hon Mary-Anne Thomas MP  
Minister for Health  
Minister for Ambulance Services

1<sup>st</sup> July 2021 to 27<sup>th</sup> June 2022  
The Hon James Merlino MP  
Minister for Mental Health

27<sup>th</sup> June 2022 to 30 June 2022  
The Hon Gabrielle Williams MP  
Minister for Mental Health  
Minister for Treaty and First Persons

1<sup>st</sup> July 2021 to 23<sup>rd</sup> May 2022  
The Hon Greg Hunt MP  
Minister for Health and Aged Care

## Senior Staff

### Chief Executive Officer:

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

### Director of Clinical Services & Nursing:

Sharon Edmondson  
Ba Nursing, Grad Dip Hlth Serv Mgt

### Director of Community Services:

Rick Lawford: October 2021-April 2022  
Ba Bus Acc, Cert Disability

### Director of People, Facilities & Finance

Tony Vinckx: Commenced June 2022  
Dip Bus (HRM), Ba VET (HR), Cert Train & Ass,  
Grad Cert Bus Mgt, Cert Work Safe, Dip IT (Sys  
Analysis & Des), Assoc Dip Bus.

### Chief Finance Officer:

Kerrie Clarke  
FCPA, Ba Bus (Accounting/Finance)

### Director of Quality Safety & Risk:

Nicole Martin  
Ba Hlth Sc (OT), Dip Mgt.

### Director of Medical Services:

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

### Senior Medical Officers:

Dr Paul Dodds ceased April 2022  
MBBS (Hons) (MON), FACRRM, DRANZOG

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

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

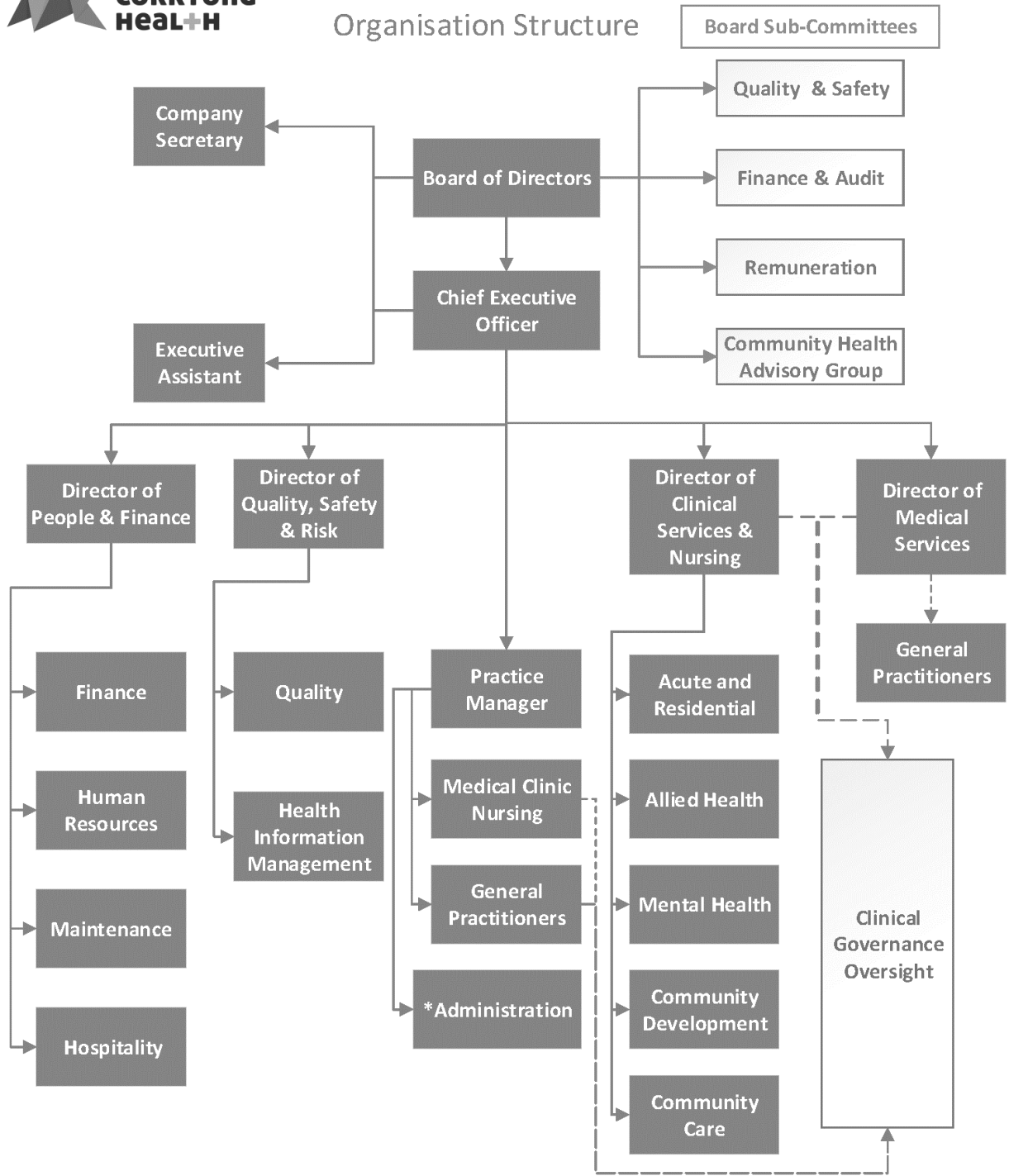
Dr Gracie Pun: On maternity leave  
MBBS, FRACGP, BMEDSCI

Dr Mary-Anne Lancaster  
MBBS, FRACGP, DRANZCOG

# Organisational Structure



## Organisation Structure



\*Administration includes:  
 - Practice Coordinator  
 - Reception  
 - Administration Support  
 - Intake

## Hospital Auxiliary Presidents Report

It has been a sad year for the Auxiliary. We lost our President, Sandra Benton on the 4<sup>th</sup> September, 2021. We remember her with love. Sandra was dedicated to raising funds for our local hospital over many years.

The Auxiliary had a meeting on the 19<sup>th</sup> November 2021. The garden outside the Palliative Care suite was discussed. Due to the overgrown state of the garden, it was decided to remove the majority of the plants and redesign the area. The Auxiliary members present moved a motion to purchase plants for the garden when the ground staff and volunteers are ready to do the work. A plaque will be placed in the garden in honour of Sandra Benton and the Ladies Auxiliary.

On 1<sup>st</sup> December 2021, 10 members attended a Christmas get-together luncheon at 'Legends on Hanson'. It was a very pleasant outing after all the lockdowns.

The next meeting was held on 18<sup>th</sup> February, 2022. Much discussion took place to determine the future of the Auxiliary. A vote on continuing with the Ladies Auxiliary or to fold was conducted. Not an easy decision, but the vote was to fold. Due to the age and loss of our members, the work of running a monthly street stall was too big of an ask for the remaining members. The funds held by the Auxiliary will be distributed when items are required for the multi-purpose facility at the discretion of the Office Bearers.

A luncheon was arranged for Friday 25<sup>th</sup> March, 2022 at 'Legends on Hanson'. Attending was Deborah Culhane, Dom Sandilands, Sharon Edmondson and the Auxiliary Members. It was a 'thank you' for all the years of service the ladies have provided. Ideas and discussions took place as to the requirements within the hospital and the decision was made to spend money to refurbish the Palliative Care suite and garden.

Purchases for Palliative Care Refurbishment to date:

Bench Seat	675.00
Televisions x 2	1,170.00
Sofa Bed	999.00
2-Seater Sofa	549.00
Dining Table and Chairs	<u>799.00</u>
	\$4,192.00

Thea Newton  
Vice President



## **Corryong Community Health Advisory Group**

In 2021/22 the Community Health Advisory Group (CHAG) has undertaken significant re-alignment to become a sub-committee of the Board, having previously operated as an operational sub-committee.

The Corryong Health CHAG has continued to focus activities towards the Safer Care Victoria Partnering with Consumers: 'Partnering in Healthcare Framework'. CHAG has completed action plans in domains of 'Shared Decision Making' and 'Equity and Inclusion' in 2020/21; and 'Personalised & Holistic' and 'Effective Communication' in 2019/20.

In 2021/22, CHAG completed an action plan against the final domain in the Partnering in Healthcare Framework: 'Working Together'.

Achievements included:

- Development of a Partnering with Purpose framework which brings all forms of organisational feedback together, including audits, surveys, suggestions, compliments and complaints, for the purpose of quality improvement.
- Participation and representation on the Ovens Murray Community Advisory Committee forum
- Community engagement and review of the Corryong Health Service Delivery Plan in partnership with the Corryong Health Board, Executive and consultant experts
- Continued regular survey conducted by CHAG members of randomly selected consumers of Corryong Health services to seek their feedback
- 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 including revision of terms of reference and formal reporting lines to the Board
- Active involvement in the National Safety and Quality Health Service Accreditation process, with notable mention by the assessors for effective community engagement
- Training and development in bushfire trauma with Ann Leadbeater OAM as a recognised Disaster Recovery and Trauma expert

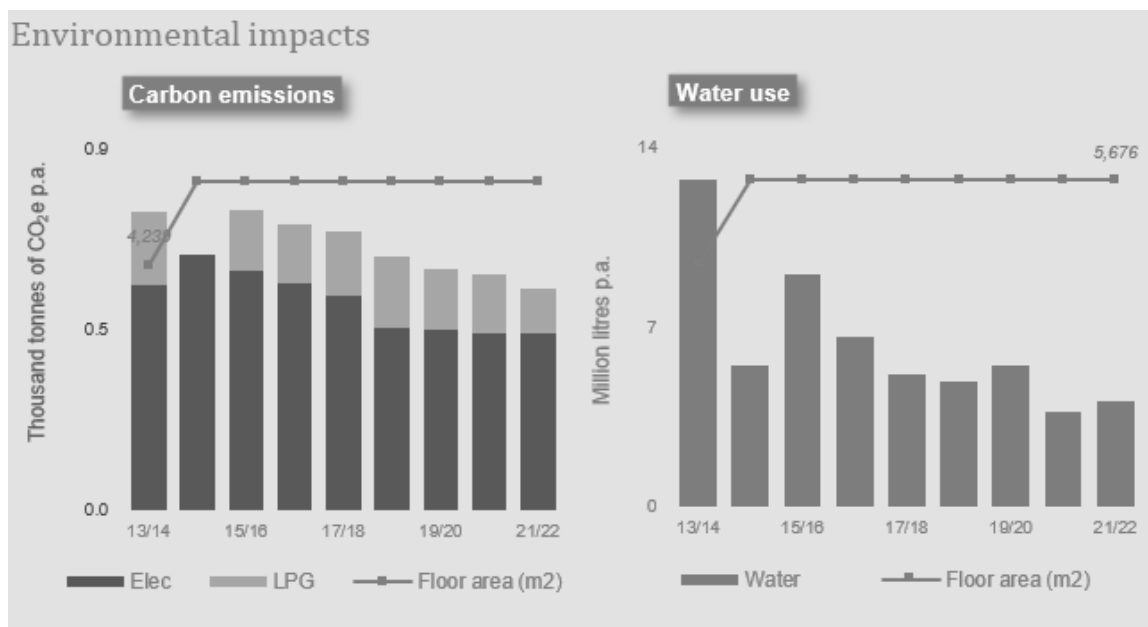
Sue Morley

Deputy Chair CHAG

## Environmental Performance

Corryong Health has undertaken a number of initiatives to improve its environmental performance in 2021-22. These include:

- Hospitality has moved to using biodegradable straws,
- Hospitality have moved to using biodegradable disposable cutlery and crockery,
- New blinds fitted to some buildings to reduce heat and glare in summertime,
- New more efficient hot water systems fitted to Retirement village,
- New roof and insulation fitted to a selection of Retirement village units,
- Continued use of replacing high water usage plants on hospital gardens/grounds to lower water use on plants,
- Continued use of energy efficient light replacement options,
- Continued use of purchasing water-saving fixtures where possible, including sensor taps, smaller dishwashers and dual flush toilets,
- Continued use of purchasing energy efficient computer screens and printers,
- Continued use of purchasing energy-efficient T5 lamps,
- Continued use of purchasing non-chemical cleaning agents.



Carbon emission values represent total Scope 1 and 2 carbon emission from stationary energy (energy used in buildings).

Factors Influencing Environmental Impacts			
	2019-20	2020-21	2021-22
Floor area (m <sup>2</sup> )	5676	5676	5676
Separations	484	464	465
In-patient Bed Days	1173	1415	1057
Aged Care Bed Nights	10336	10432	10457

## Expenditure Trend

	2020-21 (\$ thousand)	2020-21 (\$/m2)	2021-22 (\$ thousand)	2021-22 (\$/m2)	Change from previous year
Electricity	\$90	\$16	\$97	\$17	7.6%
Liquefied Petroleum Gas	\$48	\$8	\$48	\$8	1.2%
Potable Water	\$8	\$10	\$10	\$2	14.3%
<b>TOTAL</b>	<b>\$146</b>	<b>\$26</b>	<b>\$155</b>	<b>\$27</b>	<b>5.9%</b>

All values are GST exclusive

## Celebration of staff years of service

Years of Service	Staff Member
35 years	Robyn Burgess
	Kate Wheeler
	Sue Lebner
	Cath Klippel
25 Years	Kerrie Clarke
	Joy Gadd
	Gary Caldwell
20 years	Paul Dodds
15 Years	Debra McNamara
	Leeanne Fulford
10 Years	Anita Brown
	Jenna Bond
	Rose Smith
	Barbara Williams
	Ruth McKelvey
5 Years	Fritzie Malenab
	Jennifer Wood
	Joanne Biers
	Georgia Nicholas

	Kylie Pole
	Beverley Hogg
	Judith Tomaneng
	Denise Obran
	Myra Chua
	Aimee Caulfield
	Gail Hooton
	Rachel Sharp
	Louise Smith

## Donations and Contributions

Donor	Application	Amount
Estate of Ernest Frederick Gilbert	Not Specified	6,000.00
Coo-Wee Ride	Mental Health	5,000.00
Sustainabylt	Not Specified	500.00
Coburg Rotary Club	Kates Kitchen	2,015.60
Courthouse Wodonga	Social Work	700.00
John Mitchell	Social Inclusion	75,000.00
Total		89,215.60

## 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 2004* (Vic) 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>2021/22</b>	<b>2020/21</b>	<b>2019/20</b>
Number of reported hazards/ incidents for the year per 100 FTE	Incidents 78 Hazards 17	Incidents 56 Hazards 14	Incidents 40 Hazards 10
Number of lost time standard Workcover claims for the year per 100 FTE	6	1	0
Average Cost per Workcover claim for the year ('000)	\$30	\$17	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>
2021/22	3	2.9	188.5	\$92,215	\$30,738	\$21,124
2020/21	1	0	38	\$55,710	\$17,076	\$24,620
2019/20	0	0	Nil	\$32,545	Nil	\$91,192

## Occupational Violence

<b>Occupational violence statistics</b>	<b>2021-22</b>
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	26
Number of occupational violence incidents reported per 100 FTE	26.36
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 202-22

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

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

## Consultancies

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

In 2021-22, there was 1 consultancy under \$10,000 (excl. GST). The total expenditure incurred during 2021-22 in relation to this consultancy is \$2545.45 (excl. GST)

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

In 2021-22, there was one consultancy where the total fees payable to the consultants were \$10,000 or greater. The total expenditure incurred during 2021-22 in relation to this consultancy is \$49,610 (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)
Cube Group Management Consulting	Service Delivery Plan Development	7/9/21	29/3/22	\$49,610	\$49,610	Nil

#### Information & Communication Technology (ICT) expenditure

The total ICT expenditure incurred during 2021-22 is \$494,503 (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)			
\$484,033	\$10,470	\$NIL	\$10,470

#### 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

<b>FULL TIME EQUIVALENT (FTE) STAFF BY LABOUR CATEGORY</b>				
<b>Labour Category</b>	<b>June current month FTE</b>		<b>Average monthly FTE</b>	
	<b>2021</b>	<b>2022</b>	<b>2021</b>	<b>2022</b>
Nursing	32.38	30.74	31.52	33.66
Medical Support	-	0.51	-	0.47
Hospital Medical Officers	3.35	2.2	3.338	2.85
Ancillary Staff (Allied Health)	10.76	8.48	10.53	7.21
Administrative and clerical	16.60	13.9	17.14	16.44
Hotel and Allied Services	37.00	37.42	36.93	38.01
<b>Total:</b>	<b>100.09</b>	<b>93.25</b>	<b>99.50</b>	<b>98.64</b>

<b>As at 30 June 2022</b>		<b>As at 30 June 2021</b>	
<b>Type</b>	<b>Total</b>	<b>Type</b>	<b>Total</b>
Full time	15	Full time	14
Part time	115	Part time	117
Casual	34	Casual	27
<b>Total</b>	<b>164</b>	<b>Total</b>	<b>158</b>

## 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.

## Comparative Financial Analysis

\$,000	2022	2021	2020	2019	2018
<b>Net Operating result</b>	-130	-14	471	-27	376
Total Revenue	14,985	14,222	13,242	11,903	11,211
Total Expenses	16,109	14,974	13,743,	12,429	11,734
<b>Net results from transactions</b>	<b>-1124</b>	<b>-752</b>	<b>-501</b>	<b>-526</b>	<b>-523</b>
Total other economic flows	26	-7	9	40	3
<b>Net result</b>	<b>-1098</b>	<b>-759</b>	<b>-492</b>	<b>-486</b>	<b>-520</b>
Total Assets	17,719	18,615	19,922	17,464	14,386
Total Liabilities	6,300	7,454	8066	5,116	4,285
Net Assets/Total equity	<b>11,419</b>	<b>11,161</b>	<b>11,856</b>	<b>12,348</b>	<b>10,101</b>

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

\$,000	2022
<b>Net operating result#</b>	-130
<b>Capital and specific items</b>	
Capital purpose income	345
COVID 19 State Supply Arrangements – Assets received free of charge or for Nil consideration under the State supply	298
State Supply Items consumed up to 30 <sup>th</sup> June 2022	298
Depreciation and amortisation	-1334
Finance costs (other)	-5
<b>Net result from transactions</b>	<b>-1124</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	98.4%
Compliance with the Hand Hygiene Australia program	85%	92.7%
Percentage of healthcare workers immunised for influenza	92%	93%
Victoria Healthcare Experience Survey – patient experience	95% positive experience	N/A*

\*Less than 10 responses received

### b) Governance and Leadership

Key performance indicator	Target	Result
People Matter Survey – Safety Culture Among Healthcare Workers	62%	65%

### c) Financial sustainability

Key performance indicator	Target	Result
Operating result (\$m)	0.00	-0.13
Trade creditors	60 days	33 days
Patient fee debtors	60 days	21 days
Adjusted current asset ratio	0.7	0.90
Number of days with available cash	14 days	51.1 days

### d) Funded flexible aged care places

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

### e) Utilisation of Flexible Aged Care Places

<b>Campus</b>	<b>Number</b>	<b>Occupancy level %</b>
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>	

**f) Acute Care Activity**

<b>Service</b>	<b>Type of Activity</b>	<b>Actual Activity 2021-22</b>
Medical Inpatients	Bed Days	1095
Urgent Care Centre	Presentations	1394
Radiology	Number of Clients	1200
Palliative care	Number of Clients	7
District Nursing	Occasions of Service	156
Renal dialysis	Number of Clients	2

**g) Primary Health Care Activity**

<b>Service</b>	<b>Total Attendances</b>
Diabetes Education	365
Exercise Physiology	291
Medical Attendances	11576
Mental Health	1995
Practice Nurse	3617
Occupational Therapy	1410
Physiotherapy	1830
Social Worker	89
Podiatry	1038

## 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 2021-2022 for each strategy set out in the Strategic Plan.

### MPS Key achievement reporting

From March to July 2021, Corryong Health Board and Executive undertook a mid-term review of the 2019-2024 Strategic Plan. Given the environmental changes encountered through Bushfires, COVID-19 pandemic and subsequent workforce impacts, the following re-prioritisation of focus was made and actioned as per below during 2021/22 financial year:

Strategy	Strategic Action	Outcome
1	Develop a Service Delivery Plan	<ul style="list-style-type: none"> <li>Approved by Board March 2022.</li> <li>Implementation plan developed into business plan for financial year 2022/23</li> </ul>
2	Develop outcome indicators	<ul style="list-style-type: none"> <li>Development work completed by Executive and Board</li> <li>Integrated measures with Service Delivery Plan</li> <li>Carryover to 2022/23</li> </ul>
3	Formalise clinical supervision framework	<ul style="list-style-type: none"> <li>Completed</li> </ul>
	Develop and implement Reconciliation Action Plan	<ul style="list-style-type: none"> <li>Letter of commitment from regional partners</li> <li>Second draft submitted to Reconciliation Australia</li> </ul>
	Investigate an apprenticeship program for non-clinical services	<ul style="list-style-type: none"> <li>Formalised agreement with Alpine Institute</li> <li>Successful funding for regional training partnership.</li> <li>Commencement of training pathway for Certificate III Individual Support</li> </ul>
4	Consider funding, or access via partnerships, human resource infrastructure resources such as grant writers and communication teams	<ul style="list-style-type: none"> <li>Health Legal service agreement in place</li> <li>Tender Writer contracted by Corryong Health with demonstrated success</li> <li>Social media campaign contracted for recruitment campaigns, development of collateral and website landing page upgrades</li> <li>Website recruitment landing page redesigned</li> </ul>

5	Establish partnerships that are of mutual benefit	<ul style="list-style-type: none"> <li>• Alpine Institute agreement for training pathways</li> <li>• Active engagement with Hume Health Service Partnership</li> <li>• Active engagement with Hume Regional Health Alliance (HRHA) Executive</li> <li>• Reconciliation Action Planning partnership between Corryong Health; Towong Shire Council; Tallangatta Health; Walwa Bush Nursing; Alpine Shire Council and Alpine Health</li> <li>• Upper Hume Regional Partnership</li> <li>• Upper Murray Community Recovery Committee</li> <li>• Upper Murray Microgrid Project</li> <li>• Thrive Suicide Prevention group</li> <li>• Upper Hume Primary Care Partnership and transitioning to Ovens Murray Public Health Unit</li> </ul>
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## 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>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> </ul>
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<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>	<ul style="list-style-type: none"> <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.

### Gender Equality Act 2020 (Vic)

Corryong Health has submitted the Gender Equality Action Plan, and have implemented a requirement to monitor and report on the Gender Composition for Each Department Annually.

### 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.

### **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.

### **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 member of this committee is: Stan Stavros. 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)

### **Cleaning Standards**

Corryong Health uses an external independent audit process for cleaning standards. In all areas Corryong Health has performed above the State benchmark. Corryong Health achieved an average score of 98.4% 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 91% for high areas, 94.4% for moderate risk areas, low risk areas not assessed.

### **Food Safety**

Food Safety ACTS as an external independent auditor of food safety standards on behalf of Towong Shire Council certified Corryong Health on the 23<sup>rd</sup> June 2021 to be compliant with the Food Act (Vic) 1984 which covers the requirements and FSANZ standards applicable under the State of Victoria.

### **Infection Control**

Corryong Health participated in the *VICNISS – Victorian Nosocomial (hospital acquired) Infection Surveillance System*. Corryong Health had no hospital acquired infections for the period 2021/22.

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 by Corryong Health must have the appropriate qualifications and skills, which are assessed prior to the person starting work. Visiting Medical Officers and employed Medical Officers are credentialed by a credentialing committee chaired by the Director of Medical Services, with an external independent medical expert member and members of the executive. Annual review of medical indemnity insurance, medical registration and training attended is completed and recorded.

## 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 15<sup>th</sup> August 2022**

### 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 15<sup>th</sup> August 2022**

### 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 15<sup>th</sup> August 2022**



**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 2022.



**Ms Nicole Barwick**  
**Chairperson (on behalf of the Board)**  
**At Corryong 15th August 2022**

**Financial Management Compliance SD5.1.4**

I, Nicole Barwick, 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.



**Ms Nicole Barwick**  
**Chairperson**  
**At Corryong 15<sup>th</sup> August 2022**

# 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.

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*For page reference 'FS' - please refer to copy of Corryong Health financial statements*

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**Notes**

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**Corryong Health 2021/22 Financial Statements are available on our website**  
[www.corryonghealth.org.au](http://www.corryonghealth.org.au)



PO Box 200, CORRYONG VIC 3707  
Phone: (02) 60763200, Facsimile: (02) 60761739  
Email: [enquiry@corryonghealth.org.au](mailto:enquiry@corryonghealth.org.au)  
Website: [www.corryonghealth.org.au](http://www.corryonghealth.org.au)

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