

Djerriwarrh Health Services

2017-18
**Annual
Report**
& Financial Statements

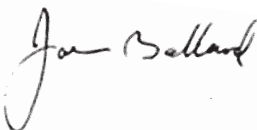


**djerriwarrh
health services**

Welcome - Report of Operations

RESPONSIBLE BODIES DECLARATION

In accordance with the *Financial Management Act 1994*, I am pleased to present the Report of Operations for Djerriwarrh Health Services for the year ending 30 June 2018.



Dr John Ballard

Administrator, Bacchus Marsh, 21 August 2018

ATTESTATION ON DATA INTEGRITY

I, Belinda Scott, certify that Djerriwarrh Health Services has put in place appropriate internal controls and processes to ensure that reported data accurately reflects actual performance.

Djerriwarrh Health Services has critically reviewed these controls and processes during the year.



Belinda Scott

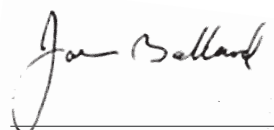
Chief Executive, Bacchus Marsh, 21 August 2018

FINANCIAL MANAGEMENT COMPLIANCE ATTESTATION

I, Dr John Ballard, on behalf of the Responsible Body, certify that Djerriwarrh Health Services has complied with the applicable Standing Directions of the Minister for Finance under the *Financial Management Act 1994* and Instructions except for the following Material Compliance Deficiencies:

Direction SD 4.2.3 Asset Management Accountability

Deficiencies exist in Allocating Asset Management Responsibility and Asset Management System Performance. In 2018-19 Djerriwarrh Health Services will continue to address these deficiencies through the Plant and Equipment Planning Committee.



Dr John Ballard

Administrator, Bacchus Marsh, 21 August 2018

ATTESTATION ON COMPLIANCE WITH HEALTH PURCHASING VICTORIA (HPV) HEALTH PURCHASING POLICIES

I, Belinda Scott, certify that Djerriwarrh Health Services has put in place appropriate internal controls and processes to ensure that it has complied with all requirements set out in the HPV Health Purchasing Policies including mandatory HPV collective agreements as required by the *Health Services Act 1988* (Vic) and has critically reviewed these controls and processes during the year.



Belinda Scott

Chief Executive, Bacchus Marsh, 21 August 2018

CONFLICT OF INTEREST

I, Belinda Scott, certify that Djerriwarrh Health Services 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 Djerriwarrh Health Services 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.



Chief Executive, Bacchus Marsh, 21 August 2018

Djerriwarrh Health Services (DjHS) serves the rapidly expanding population areas of the City of Melton and Moorabool Shire.

BACCHUS MARSH AND MELTON REGIONAL HOSPITAL

A 42-bed acute hospital which provides Maternity, Theatre, Medical, Urgent Care and outpatient services

MELTON HEALTH

Ambulatory care for Day Medical, Adult Health, Women and Children's Health and Dental Services

GRANT LODGE

A 30-bed residential aged care facility adjacent to the Bacchus Marsh and Melton Regional Hospital

BACCHUS MARSH COMMUNITY HEALTH CENTRE

Allied health, counselling, community nursing and palliative care

MELTON COMMUNITY HEALTH CENTRE

Allied health and counselling services

CAROLINE SPRINGS COMMUNITY HEALTH CENTRE

General community health programs

Front Cover

Grant Lodge Resident Keith having a visit from his great granddaughter.

Disclosure Index

The Annual Report of Djerriwarrh Health Services is prepared in accordance with all relevant Victorian legislation. This Disclosure Index has been prepared to facilitate identification of the health service's compliance with statutory disclosure requirements.

MINISTERIAL DIRECTION

Report of Operations

Charter and purpose

FRD 22H	Manner of establishment and the relevant Ministers	Page 10, 14
FRD 22H	Purpose, functions, powers and duties	Page 6, 7, 10, 11
FRD 22H	Initiatives and key achievements	Page 16 - 24
FRD 22H	Nature and range of services provided	Page 25

Management and structure

FRD 22H	Organisational Structure	Page 13
---------	--------------------------------	---------

Financial and other information

FRD 10A	Disclosure Index	Page 4, 5
FRD 22H	Workforce Data Disclosures including a statement on the application of employment and conduct principles	Page 31
FRD 22H	Employment and conduct principles	Page 6, 7, 28
FRD 22H	Occupational Health and Safety	Page 29
FRD 22H	Summary of the financial results for the year	Page 30
FRD 22H	Significant changes in financial position during the year	Page 30
FRD 22H	Operational and budgetary objectives and performance against objectives	Page 30
FRD 22H	Major changes or factors affecting performance	Page 30
FRD 22H	Subsequent events	Page 32
FRD 22H	Summary of the entity's environmental performance	Page 26
FRD 22H	Application and operation of the <i>Freedom of Information Act 1982</i>	Page 27
FRD 22H	Compliance with building and maintenance provisions of the <i>Building Act 1993</i>	Page 28
FRD 22H	Statement National Competition Policy	Page 28
FRD 22H	Application and operation of the <i>Protected Disclosure Act 2012</i>	Page 27
FRD 22H	Application and operation of the <i>Carers Recognition Act 2012</i>	Page 27
FRD 22H	Details of consultancies over \$10,000	Page 32
FRD 22H	Details of consultancies under \$10,000	Page 32
FRD 22H	Information and Communication Technology Expenditure	Page 31
FRD 22H	Additional information available on request	Page 5
FRD 25C	Victorian Industry Participation Policy disclosures	Page 28
SD 5.2.3	Declaration in Report of Operations	Page 2
SD 5.1.4	Financial Management Compliance Attestation	Page 2

Financial Report

Other requirements under Standing Directions 5.2

SD 5.2.1(a) Compliance with Australian Accounting Standards and other authoritative pronouncements.....	Page 7, 9
SD 5.2.1(a) Compliance with Ministerial Directions.....	Page 7, 9
SD 5.2.2 Declaration in financial statements.....	Inside Front Cover

Other disclosures as required by FRD's in notes to the Financial Statements

FRD 11A Disclosure of Ex gratia Expenses	Page 15
FRD 21C Disclosure of Responsible Persons, Executive Officers and other Personnel (Contractors with Significant Management Responsibilities) in the Financial Report	Page 46-49
FRD 103F Non-Financial Physical Assets	Page 22-30
FRD 110A Cash flow Statements	Page 4
FRD 112D Defined Benefit Superannuation Obligations.....	Page 20

Legislation

<i>Freedom of Information Act 1982</i>	Page 27
<i>Protected Disclosure Act 2012</i>	Page 27
<i>Carers Recognition Act 2012</i>	Page 27
<i>Victorian Industry Participation Policy Act 2003</i>	Page 28
<i>Building Act 1993</i>	Page 28
<i>Financial Management Act 1994</i>	Page 2
<i>Safe Patient Care Act 2015</i>	Page 28

Non Statutory Obligations

Conflict of Interest.....	Page 3
Occupational Violence reporting.....	Page 29
Reporting of outcomes from Statement of Priorities 2016–17	Page 16-24
Reporting of compliance with DataVic Access Policy	Page 5
Reporting of compliance, Health Purchasing Victoria policy.....	Page 2
Reporting obligations under the <i>Safe Patient Care Act 2015</i>	Page 28

Additional Information

Information listed in FRD 22H (Section 5.19) is available on request by relevant Ministers, Members of Parliament and the public (subject to the Freedom of Information requirements, if applicable).

This Annual Report should be read in conjunction with our 2017-18 Quality Account.

The information in this Annual Report is available at www.djhs.org.au.

The tables in the Annual Report will be submitted to Data Vic to be made available at www.data.vic.gov.au/category/health

Mission

Helping people of our community to better health and wellbeing

Vision

Providing quality integrated health services within available resources to the people of our community and encouraging personal responsibility for healthcare

Values

Compassion Leadership Excellence Accountability Respect



Eight Key Objectives

1. PATIENT/CLIENT – COMMUNITY AND CLINICAL SERVICES

To provide health and wellbeing related services in response to identified needs of our culturally diverse community

2. COMMUNITY

To promote health and wellbeing through addressing the broader determinants of health in our community

3. STAFF

To optimise the performance of staff by providing a workplace supportive of integrity, professionalism, initiative and teamwork

4. SAFETY AND QUALITY

To continuously evaluate and improve the safety and quality of our services and work environment

5. FINANCIAL/BUSINESS

To secure and manage efficiently our financial resources to maximise our capacity to deliver services

6. MANAGEMENT

To lead innovation and service enhancement to produce outcomes that flow through to the client/patient

7. INFORMATION

To maximise the use of information and communication technology for the benefit of our clients/ patients and to support management by fact

8. PHYSICAL/RESOURCES

To equip services with contemporary infrastructure and equipment

Dr John Ballard



It has been another year of progress and development at Djerriwarrh Health Services.

The June opening of the newly upgraded maternity unit at Bacchus Marsh and Melton Regional Hospital by the Minister for Health,

the Honourable Jill Hennessy, marked a further development of the Hospital and another vote of confidence in the future of our dedicated, qualified and caring staff and volunteers.

The refurbishment project, part of a \$10.6 million capital investment program in Djerriwarrh Health Services, has boosted the number of post-delivery beds in the maternity unit from 11 to 15, and expanded the health service's capabilities to cater for up to 1,200 births per annum.

The completion of this new infrastructure - along with the ongoing \$9 million operating theatre redevelopment and the construction of a \$21 million Melton Health and Community Services facility - is an important milestone in Djerriwarrh's transformation, as it continues to adapt to better meet the needs of its rapidly growing and diversifying communities.

In addition to these major projects, the state government has also provided further funding for additional upgrade works required to link the Central Sterile Stock Department (CSSD) to the new Theatre Suite; \$350,000 for a new nurse call system and \$83,000 to undertake improvements to Grant Lodge.

In December 2017, Chief Executive, Mr Andrew Freeman, decided to move from his successful time with Djerriwarrh Health Services, to take up a new position with Western Health. In my capacity as Administrator of Djerriwarrh, I appointed Andrew to the role of Chief Executive in October 2015. He instigated profound changes and reinvigorated the culture of the Health Service. I thank and acknowledge Andrew for his efforts.

I also wish to acknowledge Ms Amanda Edwards

for her support and leadership at Djerriwarrh Health Services throughout her period as interim Chief Executive. I look forward to continuing to work with Amanda in her substantive role as Director of Nursing and Midwifery, and to relying on her strong leadership capabilities to ensure patient focussed, high quality, compassionate care.

As the financial year draws to an end, I am privileged to welcome our new Chief Executive, Ms Belinda Scott, to Djerriwarrh Health Services. The cornerstone of any health service is strong, focused leadership, and I am confident Belinda will provide this direction. She is a highly experienced and respected health administrator with a strong grounding in the delivery of clinical care.

Djerriwarrh Health Services ended the 2017-18 financial year with an operating surplus of \$47,000.

As Administrator of Djerriwarrh Health Services, I look forward to continuing to embed the major changes implemented at the Health Service, and to supporting the Executive team and staff to deliver outstanding levels of care for all patients, residents and clients.

Personally, and on behalf of the Service, I express our deep appreciation to all of our volunteers, the extraordinary Bacchus Marsh Ladies Auxiliary and to each member of staff at Djerriwarrh Health Services for their ongoing commitment to care, continuous improvement and service to our community.

I also wish to express my gratitude to both the Minister for Health and the Department of Health and Human Services for their ongoing support.

Amanda Edwards

(Interim Chief Executive January 2018 - June 2018)



I was honoured to act as interim Chief Executive of Djerriwarrh Health Services from January to late June 2018.

My number one objective as interim Chief Executive was to ensure continuity of outstanding care and support for our dedicated staff.

In my six months in the role, I worked closely with Dr Ballard and the whole team at Djerriwarrh to achieve this, and to grow and further develop the Health Service.

Throughout my tenure, I had the pleasure of attending a number of Djerriwarrh community events including; the David Calleja Memorial Car Show, the 'Women Making it Happen' International Women's Day celebration dinner and our annual volunteer's lunch.

At this year's lunch, I had the honour of presenting 14 of our remarkable volunteers with milestone length of service awards, representing a collective service of almost 195 years. In particular, I want to acknowledge Eileen Knight and Beryl Morgan of the Ladies Auxiliary for an extraordinary 60 years of cumulative service to Djerriwarrh Health Services.

It was great to see such a high level of community involvement and support for these events, and I look forward to more of the same throughout the coming financial year.

I want to thank Dr Ballard and the whole team at Djerriwarrh for their support and hard work over the last six months. John's support and guidance was invaluable throughout my time as interim chief executive.

I also welcome Belinda Scott to the Djerriwarrh team and wish her all the best in her new Chief Executive role. I look forward to supporting Belinda in my capacity as Djerriwarrh's Director of Nursing and Midwifery and as a member of the Service's leadership team, to meet the needs of our rapidly expanding and increasingly diverse communities of Bacchus Marsh, Melton and Caroline Springs.

Finally, I again recognise the dedication of our staff and volunteers, and the wider community for its continued support of our Health Service.

I am very proud of the progress made over the last year and I look forward to another exciting and progressive year at Djerriwarrh.

Governing Body

Djerriwarrh Health Services was incorporated under the *Health Services Act 1988* Part 3 on 1 April 1998 by the Governor-in-Council, acting on the recommendation of the Minister for Health made after receiving advice from the Secretary of the Department of Human Services, under Section 64A of the *Health Services Act 49/1988*, and acting under Section 65 of the Act.

Dr John Ballard was appointed by Governor-in-Council under section 61(2) of the *Health Services Act 1988* as administrator of Djerriwarrh Health Services on 27 October 2015. The appointment was effective from that date. Previous to this Dr Ballard was appointed as a board delegate from 8 July 2015.

In accordance with the *Health Services Act 1988* Division 4 Section 33, the administrator has affirmed that the chief executive and staff will carry out the policies and procedures of Djerriwarrh Health Services with due diligence. The administrator, in compliance with the *Health Services Act 1988* Section 25, has appointed a chief executive, approved by the Secretary of the Department.

In accordance with the *Health Services Act 1988*, the function of the administrator is to oversee and strategically govern Djerriwarrh Health Services

and to ensure the services provided comply with the requirements of the Act and the objectives of Djerriwarrh Health Services. The role of the administrator is pivotal in successful strategic planning and implementation of policies that set the agenda for the future. Good leadership, with clinical and corporate governance not only encourages professional standards of care, but also establishes the structures by which the key objectives can be set and performance standards measured. The administrator is actively involved in the health service's objective to achieve compliance with the National Safety and Quality Health Standards and to ensure that safe, quality care is offered to the people who attend the health service.



Board Committees

AUDIT & ENTERPRISE RISK COMMITTEE

This committee assists the board by providing assurance in the key areas of statutory accounts, internal control, legislative compliance and oversight of the activities of risk management, internal and external audit. The committee comprises Kirby Clark (chair), Dr John Ballard and Hernan Vinco.

CLINICAL APPOINTMENTS COMMITTEE

This committee advises and recommends to the board the appointment or reappointment of applicants to the Visiting Medical Officer and staff specialist positions at Djerriwarrh Health Services, including the scope of their clinical privileges.

FINANCE & RESOURCES COMMITTEE

This committee advises the board on matters relating to financial strategies, priorities, financial performance, including viability and sustainability, and the effective use of resources and assets.

DIVERSITY & CONSUMER ADVISORY COMMITTEE

This committee assists the board by providing assurance to the board that appropriate mechanisms are in place governing the roles of consumers.

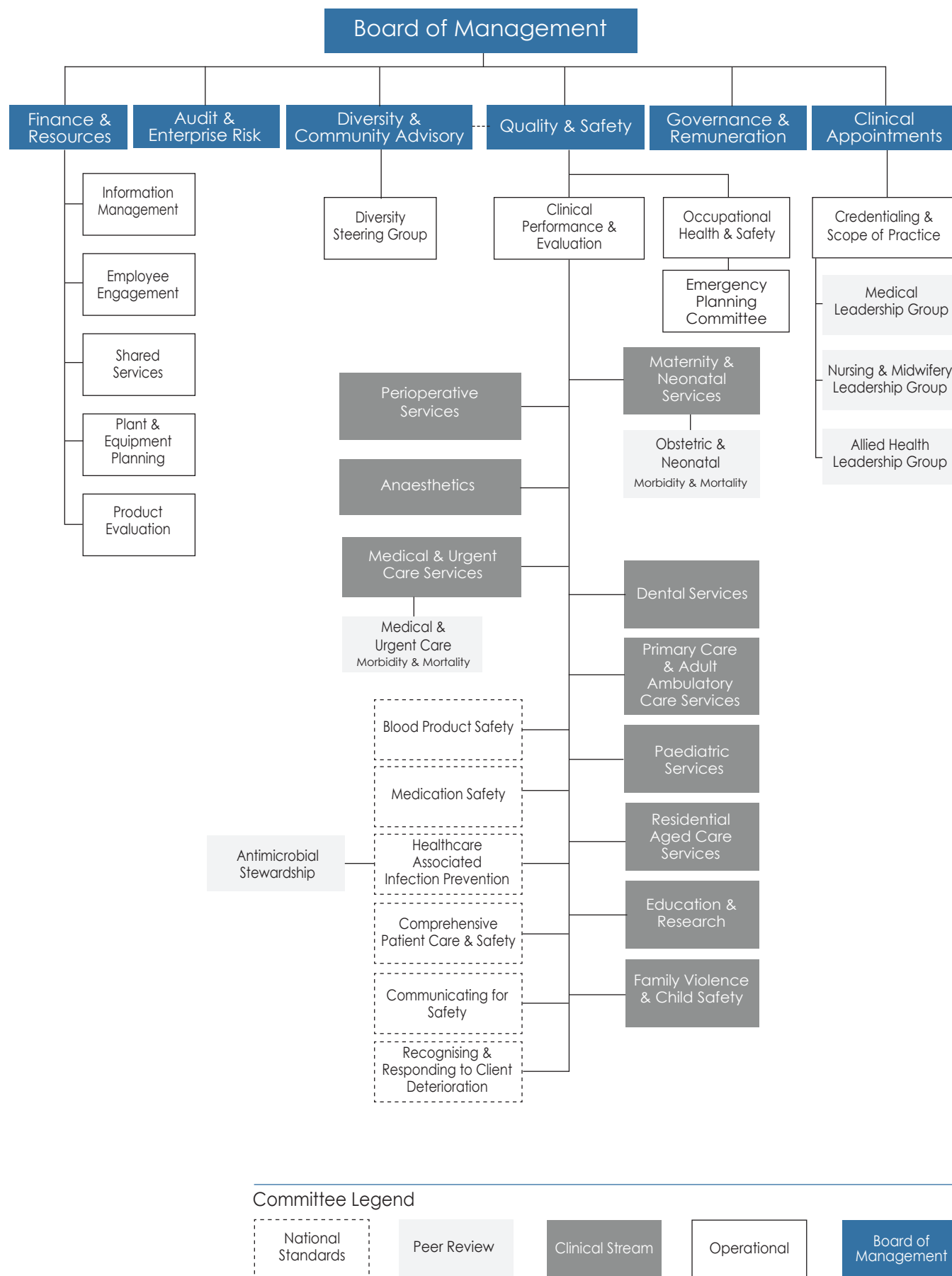
This committee is informed by consumer and community needs including, but not limited to, the needs of consumers from Culturally and Linguistically Diverse backgrounds, Aboriginal and Torres Strait Islander communities, and people with disabilities.

QUALITY & SAFETY COMMITTEE

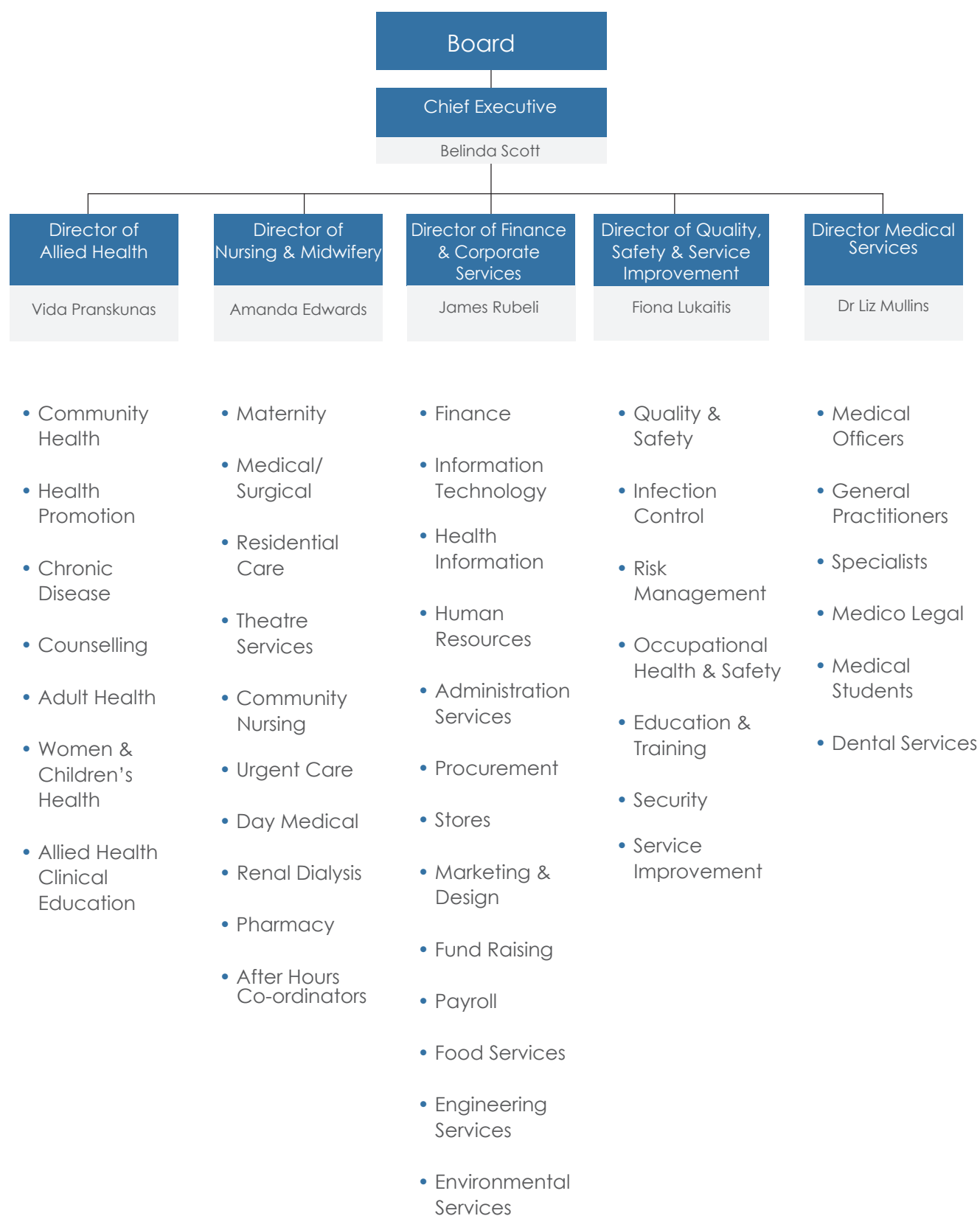
This Committee monitors the health services that are provided to patients, care recipients and clients. This committee provides assurance to the board that appropriate clinical governance mechanisms are in place and effective throughout the organisation.



Governance Structure



Board & Management Teams at 30 June 2018



Senior Management team

After Hours Coordinators

Annie Carr
Helen Rylands
Jane Bostock
Janine Bowman
Susan Carlyon
Jennifer Hallam
Trina Lidgett
Jacqueline Lyle
Sharon Marx
Denise O'Dal

Manager Adult Health Manager Children's Health

Ruth Martin

Manager Clinical Nurse Educator

Vacant

Manager Allied Health Clinical Education

Jenelle McHugh

Manager Community Health/ Health Promotion

Melissa Sappupo

Manager Community Nursing Services

Helen Mathews

Manager Counselling Services

Joan Eddy

Manager Day Medical

Mandy Cullen

Lead Dentist

Vacant

Manager Engineering Services and Infrastructure

Greg Todd

Manager Environmental Services

Debbie Hutchinson

Manager Finance

Suzana Sambevski

Manager Health Information

Andrea Cochrane

Manager Hotel Services

Archie Small

Manager Human Resources

Amelia Beasley

Manager Infection Control

Chris Braden

Manager Maternity Services

Sarah Watts

Manager Medical/Surgical Services

Vacant

Manager Quality

Vanessa McColl

Manager Pharmacy Services

Lisa Daly

Manager Residential Care Services

Jacqui Tarrant

Manager Perioperative Services

Kate Anderson

Manager Administration

Vicki Baker

Manager Payroll

Lisa Tonkich

Manager Accounting

Andrew Griffith

MINISTER FOR HEALTH, MINISTER FOR AMBULANCE SERVICES

The Honourable Jill Hennessy, MP

BANKERS

Westpac Banking Corporation
Commonwealth Bank
Treasury Corporation of Victoria
Bendigo Bank

AUDITORS (external)

Victorian Auditor-General's
office (Agent - AASB
Accounting and Audit
Solutions)

AUDITORS (internal)

MGR Accountants

Medical Officers

URGENT CARE

Dr Raja Devanthan
Dr Vlad Maksoutov
Dr David Poustie

Dr Richard Yang
Dr Paul Robinson
Dr Hamid Ahmadi

Dr Farruhk Tufail
Dr Waleed Yousif
Dr Om Naidu

GENERAL PRACTITIONERS

Dr Santino Bronchinetti
Dr Sivinand Sooknandan
Dr Robert Hosking
Dr Paul Williams
Dr Woodrow Wu

Dr Ravin Sadhai
Dr Jessica Tint
Dr Ummu Rauf
Dr Pei Sue Lee
Dr Ayesha Munir

Dr Samir Hamid
Dr Parameswaran Prathiespan
GP Anaesthetists
Dr Greg Coates
Dr Peter Schlesinger

SPECIALISTS

Anaesthetists

Dr Gabriel Berra
Dr Matthew Bowman
Dr Nik Pey Iray
Dr Shaun Ryan
Dr Matthew Hayhoe
Dr Jayakumar Rangaswami
Dr Tze Ping Tan
Dr Mark Ong
Dr Claire Burrows

Medical Oncologist

Dr Cuong Do

Dermatologist

Dr Josie Yeatman

Ear, Nose and Throat Surgeons

Mr Perry Burstin
Mr Avdo Zahirovic

Endocrinologists

Dr May Lea Ong
Dr Tricia Wong

Gastroenterologist

Dr Peter McCarthy

General Surgeons

Mr Alvin Cham
Mr Ian Faragher
Mr Chris Lu
Mr Ananth Nagesh
Mr Binh Nguyen

Clinical Haematologist

Dr Duncan Carradice

Nephrologist

Dr Susheel Sharma

Obstetricians/ Gynaecologists

Dr Michael Bardsley
Dr Nisha Khot
Dr Latika Cilly
Dr Carmen Brown
Dr Afsaneh Tourani

Oral Surgeon

Dr Graeme Fowler

Orthopaedic Surgeons

Mr Ishfaq Hussaini
Mr Russell Miller

Paediatricians

Dr Nigel Hocking
Dr Zoe McCallum
Dr Riju Mittal
Dr Vinita Abraham
Dr Zoe Asher
Dr Trupti Prasad

Plastic Surgeon

Mr Alex Yuen

Respiratory Physician

Dr Anne Marie Southcott

Urologist

Mr David Cook

Part A: Statement of Priorities

In 2017-18 Djerriwarrh Health Services (DjHS) will contribute to the achievement of the Government's commitments by:

Goals	Strategies	Health Service Deliverables	Outcome
Better Health Healthy neighbourhoods and communities encourage healthy lifestyles	Better Health Build Healthy Neighbourhoods	Expand on the Linking Melton South project to promote social connectedness and healthy lifestyles, using place based initiatives in a disadvantaged neighbourhood.	<p>The community led "Dream Big" festival was delivered in September 2017 in partnership with local community service organisations. The "Dream Big" festival is a free event that aims to promote community leadership, participation and foster more socially inclusive and connected community. The event was attended by 2,400 community members over 2 days and involved participation by local schools, community groups, individuals and families residing in and around the area of Melton South.</p> <p>The Pop-up services hub continues to operate one morning per week at the Melton South Community centre to facilitate client access to health and community services. The Pop-Up services hub aims to engage with vulnerable groups who would not otherwise access local services. Over 1,400 community members attended the Pop-Up services hub in need of supports relating to health, finance and housing.</p> <p>Meanwhile, community consultation has been completed in Rockbank and surrounding areas to inform the development of community led, place based projects for implementation throughout 2018-21.</p>
Illness is detected and managed early	Help people to stay healthy	Target consumers with Type 2 diabetes to receive assistance and education through diabetes nurse educator led support groups, to ensure that they are supported beyond their intervention with our services.	<p>The Diabetes Support group is a peer led program which aims to support clients to better manage their chronic health and wellbeing needs. The program is conducted monthly with approximately 15 people in attendance. A DjHS Diabetes Educator attends the group to provide professional support and to respond to client questions which serves to improve client understanding of their condition and delay the onset of diabetes complications.</p> <p>Client access to medical specialist clinics has improved following a review of Intake processes, appointment scheduling and cancellations which in turn has served to improve clinic efficiency. This has resulted in the filling of vacant appointment time-slots and increased access for urgent appointments.</p>

Part A: Statement of Priorities

Goals	Strategies	Health Service Deliverables	Outcome
Everyone understands their own health and risks	Reduce Statewide Risks	Work with Western Health to embed a whole of hospital model to identify and respond to family violence including implementation of the model; training and education of staff; and screening of patients for early identification, assessment and referral in relation to family violence.	<p>Family Violence Prevention and Child Safety Committee established August 2017.</p> <p>Action plan developed and implementation of Strengthening Hospitals strategy in progress.</p> <p>Proposal to support implementation was submitted to Western Health. Funding was received and a Project officer has been appointed to lead project implementation.</p> <p>To date, some organisational policies and procedures have been reviewed and implemented. Managers attended Family Violence training, facilitated by Western Health, and we have raised awareness across the organisation through posters and flyers.</p>
A system geared to prevention as much as treatment	Target health gaps	As the lead agency in the Koolin Balit Early Years project we will partner with local agencies in Melton to deliver improvements in health outcomes for Aboriginal children and families.	<p>The Koolin Balit program aims to promote the health and developmental outcomes of Aboriginal children aged 0-8. This is achieved by improving client access to services and increasing the capacity of families to promote child development.</p> <p>Pathways workers have been appointed to support service access and improve care coordination.</p> <p>Health promotion activities including dental health days, nutrition education and language development programs have been delivered to support a healthy start to life in addition to capacity building initiatives such as the "Busy Bees" program which aimed to build parent knowledge and skills to promote child language development.</p> <p>The celebration of Aboriginal culture is intrinsic to Aboriginal health and wellbeing. NAIDOC week celebrations served to recognise the role of culture in promoting health and wellbeing while also providing an opportunity to raise community awareness of and engagement with DjHS services.</p> <p>To date, 48 families and 69 children have been recruited into the program.</p>

Part A: Statement of Priorities

Goals	Strategies	Health Service Deliverables	Outcome
Better Access People are connected to the full range of care and support they need	Better Access Plan and invest	Complete the construction of the \$21 million Melton Health and Community Services Building that will strengthen access to health, well-being and community services in Melton.	Much work has been undertaken to progress the construction of the Melton Health & Community Services building. Five organisations, including DjHS, will be housed within the Melton Health and Community Services hub which will strengthen client access to services, improve the delivery of more integrated and coordinated services. Practical completion is scheduled for August 2018.
People are connected to the full range of care and support they need	Ensure fair access	Develop collaborative approach for the provision of National Disability Insurance Scheme (NDIS) services across the local areas ensuring that both patients and carers are actively involved in all aspects of care.	DjHS is a registered NDIS provider in Moorabool and commenced delivering support services to the Moorabool community in January 2017. The Melton NDIS service is due to commence in October 2018 and we are prepared for the commencement.
There is equal access to care	Provide easier access	Engage with consumers and community groups to promote feedback and participation that ensures that services are crafted to meet their diverse needs.	<p>The DjHS Health Promotion team partnered with the Melton City Council to participate in the annual Melton Care Expo. The event is well attended with a variety of service providers, community representatives and their carers attending to learn more about the available services within their catchment. Consequently, this event provides a great opportunity to gain community feedback on local needs to inform the development of client programs.</p> <p>DjHS clients participated in the Victorian Healthcare Experience survey. The survey sought client feedback across areas including Community Health and inpatient services. Community feedback revealed positive results with adult inpatients and community health clients rating their experience highly (98% and 95% respectively).</p> <p>The DjHS Health Promotion team focus on a population health approach to achieve better health outcomes.</p>

Part A: Statement of Priorities

Goals	Strategies	Health Service Deliverables	Outcome
			<p>The 2017-2018 Integrated Health Promotion strategic plan was developed which identified the key priorities for action between 2017-2021. The Health Promotion team identified 3 priorities, specifically:</p> <ul style="list-style-type: none"> • Promote healthy eating and active living • Linking Melton South and Rockbank project • Preventing violence – gender equity <p>Community consultation is ongoing to further identify community priorities and projects which respond to local needs.</p> <p>The “Walk with Her” community event was conducted in March 2018 to raise community awareness of the issue of violence against women. The event attracted over 120 community representatives in addition to staff from DjHS, Victoria Police, Melton City Council and Neighbourhood Houses to promote the prevention of violence against women.</p> <p>Client access to medical specialist clinics has improved following a review of Intake processes, appointment scheduling and cancellations which in turn has served to improve clinic efficiency. This has resulted in the filling of vacant appointment time-slots and increased access for urgent appointments.</p> <p>Review of existing clinics has also resulted in increased services delivered in respiratory medicine, diabetes and endocrinology.</p>
More access to care in the home and community	Provide easier access	Strengthen community based palliative care services to better support patient preference to die at home.	Palliative Care and End of Life Committee established. Priorities determined. Systems and processes for admission and support of clients strengthened. Subsequent increase in number of palliative care clients.

Part A: Statement of Priorities

Goals	Strategies	Health Service Deliverables	Outcome
Better Care Target zero avoidable harm Healthcare that focusses on outcomes Patients and carers are active partners in care Care fits together around people's needs	Better Care Put quality first Join up care Strengthen the workforce Embed evidence Ensure equal care	Review and update Person Centred Care Policy and procedures and implement the Victorian Managed Insurance Authority toolkit, In Their Shoes, gather patient stories to better understand user experience.	The Person Centred Care Policy and procedure has been reviewed and updated. Commenced the implementation of the In Their Shoes toolkit. Patient stories are now included at relevant committees, education and training sessions. Allied Health teams have continued the collection and review of client outcome measures which have served to contribute to program evaluation and service improvement. Clinical guidelines, procedures and admission papers have been reviewed and redeveloped to support staff management of clients across the care continuum and clearly articulate needs and goals. Client care plans outline client management as per client goals and priorities. Documentation audits are conducted periodically to monitor staff compliance with care planning.
	Mandatory actions against the 'Target Zero avoidable harm' Goal: Develop and implement a plan to educate staff about obligations to report patient safety concerns.	Develop an occupational violence and aggression action plan based on the Department of Health and Human Services strategy and provide education and training to staff.	Occupational Violence and Aggression prevention project led by the Nursing and Midwifery group implemented a whole of organisation strategy. Priorities were determined. Achieved to date: <ul style="list-style-type: none"> • Organisation wide staff survey • Awareness raising education completed. • Successful submission for increased hours security presence at Melton and Bacchus Marsh Campuses.

Part A: Statement of Priorities

Goals	Strategies	Health Service Deliverables	Outcome
	Establish agreements to involve with external specialists in clinical governance processes for each major area of activity (including mortality and morbidity review)	Continue to participate and be an active member in the Western Health – Western Region Perinatal Loss meetings. Expand this model to our other clinical committees.	Ongoing attendance and participation in Western Region Perinatal Loss meetings. Local Maternity Morbidity and Mortality meetings held monthly. Medical & Urgent Care Morbidity and Mortality meetings held bi-monthly. Gynaecological services Morbidity and Mortality meetings held quarterly. Anaesthetic meetings held bi-monthly. Perioperative services meetings held monthly. All Morbidity and Mortality meetings have external experts within the membership.
	In partnership with consumers, identify three priority improvement areas using Victorian Healthcare Experience Survey data and establish an improvement plan for each. These should be reviewed every six months to reflect new areas for improvement in patient experience.	Work with consumers and community to identify, implement and monitor areas for improvement through review of Victorian Health Experience Survey data, consumer feedback, and consumer participation.	Victorian Health Experience survey is shared with our Diversity and Consumer Advisory committee and consultation occurs with them in relation to our improvement action plan. Improvement actions included: <ul style="list-style-type: none"> • Discharge training and education for ward staff • Improved patient information brochures • New feedback forms developed

Part B: Performance Priorities

High quality and safe care

Key performance indicator	Target	2017-18 Actual
Accreditation		
Accreditation against the National Safety and Quality Health Services Standards	Full compliance	Achieved
Compliance with the Commonwealth's Aged Care Accreditation Standards	Full compliance	Achieved
Infection prevention and control		
Compliance with the Hand Hygiene Australia program	80%	85.9%
Percentage of healthcare workers immunised for influenza	75%	77%
Patient experience		
Victorian Healthcare Experience Survey - data submission	Full compliance	Achieved
Victorian Healthcare Experience Survey - positive patient experience - Quarter 1	95% Positive experience	95.9%
Victorian Healthcare Experience Survey - positive patient experience - Quarter 2	95% Positive experience	97.5%
Victorian Healthcare Experience Survey - positive patient experience - Quarter 3	95% Positive experience	100%
Victorian Healthcare Experience Survey - discharge care. Quarter 1	75% Positive experience	83.0%
Victorian Healthcare Experience Survey - discharge care. Quarter 2	75% Positive experience	87.9%
Victorian Healthcare Experience Survey - discharge care. Quarter 3	75% Positive experience	91.4%
Victorian Healthcare Experience Survey - patient perception of cleanliness - Quarter 1	70%	85.1%
Victorian Healthcare Experience Survey - patient perception of cleanliness - Quarter 2	70%	85.8%
Victorian Healthcare Experience Survey - patient perception of cleanliness - Quarter 3	70%	83.9%
Adverse events		
Number of sentinel events	Nil	1
Mortality - number of deaths in low mortality DRGs ¹	Nil	N/A**
Maternity and newborn		
Rate of singleton term infants without birth anomalies with APGAR score <7 to 5 minutes	≤1.6%	1.8%
Rate of severe foetal growth restriction (FGR) in singleton pregnancy undelivered by 40 weeks	≤28.6%	N/A**

¹DRG is Diagnosis Related Group

*This indicator was withdrawn during 2017-18 and is currently under review by the Victorian Agency for Health Information

** Result not statistically relevant due to the relative size of the Health Service

Part B: Performance Priorities

Strong governance, leadership and culture

Key performance indicator	Target	2017-18 Actual
Organisational culture		
People matter survey - percentage of staff with an overall positive response to safety and culture questions	80%	90%
People matter survey - percentage of staff with a positive response to the question, "I'm encouraged by my colleagues to report any patient safety concerns I may have"	80%	94%
People matter survey - percentage of staff with a positive response to the question, "Patient care errors are handled appropriately in my work area"	80%	93%
People matter survey - percentage of staff with positive response to the question, "My suggestions about patient safety would be acted upon if I expressed them to my manager"	80%	89%
People matter survey - percentage of staff with a positive response to the question, "The culture in my work area makes it easy to learn from errors of others"	80%	90%
People matter survey - percentage of staff with a positive response to the question, "Management is driving us to be a safety-centred organisation"	80%	91%
People matter survey - percentage of staff with a positive response to the question, "This health service does a good job of training new and existing staff"	80%	83%
People matter survey - percentage of staff with a positive response to the question, "Trainees in my discipline are adequately supervised"	80%	89%
People matter survey - percentage of staff with a positive response to the question, "I would recommend a friend or relative to be treated as a patient here"	80%	87%

Effective financial management

Key performance indicator	Target	2017-18 Actual
Finance		
Operating result (\$m)	0.00	0.047
Average number of days to paying Trade creditors	60 days	75 days
Average number of days to receiving Patient fee debtors	60 days	34 days
Public & Private WIES ² activity performance to target	100%	80.3%
Adjusted current asset ratio	0.7 or 3% improvement from health service base target	1.16
Number of days with available cash	14 days	1.9 days

*The changes arising in the WIES funding model following the introduction of AR-DRG version 8 in 2016-17 have impacted Djerriwarrh Health Services ability to recognise WIES activity in 2017-18.

The Department of Health and Human Services has acknowledged these issues at a system level and provided assurances around minimum funding levels throughout 2017-18.

² WIES is a Weighted Inlier Equivalent Separation

Part C: Activity & Funding

Funding type	2017-18 Activity Achievement
Acute Admitted	
WIES Public	4,043
WIES Private	99
WIES DVA	24
Acute Non-Admitted	
Specialist Clinics - Public	13,941
Specialist Clinics - Private	4,904
Sub-Acute & Non-Acute Admitted	
Subacute WIES - Palliative Care Public	43
Aged Care	
Residential Aged Care	10,363
HACC	13,367
Primary Health	
Community Health / Primary Care Programs	17,539
Community Health Other	1,077
Other	
Health Workforce	15

Range of Services

Range of Services

HOSPITAL SERVICES

- Acute Medical
 - Acute Surgical
 - Alcohol & Drug Detoxification Unit
 - Maternity
 - Oncology/Haematology
 - Palliative Care
 - Post-Acute Care
 - Pre-Admission Clinic
 - Renal Dialysis
 - Theatre Services
 - Urgent Care
-

ALLIED HEALTH, COMMUNITY HEALTH AND NURSING SERVICES

- Aboriginal Health Nurse
 - Adolescent, Young Adult & Family Counselling
 - Alcohol & Other Drug Services
 - Audiology Clinic (Hearlink)
 - Breast Cancer Support
 - Community Health Nursing
 - Community Palliative Care
 - Continence Service
 - Day Rehabilitation
 - Dementia Support Nurse
 - Diabetes Education
 - Dietetics
 - District Nursing
 - Family Violence Prevention Counselling
 - Financial Counselling
 - Friendly Visiting Program
 - General Counselling
 - Health Coach Nursing
 - Healthy Mothers Healthy Babies Program
 - Hospital Admission Risk Program (HARP)
 - Hospital In The Home (HITH)
 - Infant Settling & Feeding Clinic (Tweddle)
 - Live Free Breathe Free Smoking Cessation Clinic
 - Lymphoedema Service
 - Mortgage Wellbeing Service
 - Needle & Syringe Exchange Program
 - Occupational Therapy
 - Paediatric Program including Autism and Developmental Delay Assessments
 - Palliative Care
 - Physiotherapy
 - Podiatry
 - Psychology
 - Refugee Health
 - Social Worker
 - Speech Pathology
 - Stomal Therapy Clinic
 - Tele medicine Home Monitoring
 - Wound Consultancy
-

SPECIALIST OUTPATIENT SERVICES

- Antenatal Consulting Clinics
 - Classes (Childbirth Education)
 - Day Medical
 - Dental
 - Dermatology
 - Endocrinology
 - General Medicine/Nephrology
 - Gynaecology
 - Maternity – Preparing for Birth, Breastfeeding and Parenting
 - Orthopaedic Clinic
 - Respiratory Medicine
-

RESIDENTIAL AGED CARE

- Grant Lodge

Environmental Performance - Environmental Footprint

Djerriwarrh Health Services is dedicated to ensuring it minimises its carbon footprint where possible. Being in a population growth corridor presents challenges to reduce waste, energy and water from year to year as Djerriwarrh Health Services provides more and more services to its communities.

CO² EMISSIONS

Energy type	2015-2016	2016-2017	2017-2018
Emissions per unit of floor space (kgCO ₂ e/m ²)			
CO ₂	258.87	239.32	234.31

GAS

Natural gas has decreased in usage, this decrease has largely been due to the removal of the underfloor heating system at the Bacchus Marsh and Melton Regional Hospital. The domestic hot water system that had previously served the Bacchus Marsh Community Health centre has recently been replaced with an energy efficient instantaneous hot water system.

ELECTRICITY

A slight increase in electricity usage was generated as a result of underfloor heating moving across to electricity from gas, this change has provided greater patient satisfaction by allowing more precise control of climates within the site.

WATER

Water usage has decreased across sites, this has been possible due to the continual replacement of old pipework and the installation of equipment with decreased water consumption.

Water	2015-2016	2016-2017	2017-2018
Total water consumption by type (kL)			
Potable Water	31,402	19,839	18,318

WASTE

Djerriwarrh Health Services has continued to change practices to increase recyclable waste across all sites. The installation of additional comingled recycled bins, and the removal of general waste bins in office areas, has increased recycled waste.

Total waste generated (kg clinical waste+kg general waste+kg recycling waste) 39,929 kg.

Statutory Reporting

Under the Directions for the Minister for Finance, part 9.1.3 (iv) it is mandatory for Djerriwarrh Health Services to report on statutory requirements, including legislative changes that have had an impact on the operations of Djerriwarrh Health Services. Djerriwarrh Health Services has fully complied with all statutory disclosures and other requirements.

FREEDOM OF INFORMATION

Djerriwarrh Health Services is an agency subject to the *Freedom of Information Act (Victoria) 1982*. As required under the Act, Djerriwarrh Health Services has nominated the Chief Executive as the Freedom of Information Officer.

During 2017–18, 189 Freedom of Information requests were processed.

PROTECTED DISCLOSURE

Djerriwarrh Health Services is an agency subject to the *Protected Disclosure Act 2012* which enables people to make disclosures about improper conduct within the public sector without fear of reprisal.

The Act aims to ensure openness and accountability by encouraging people to make disclosures and protecting them when they do.

There were no disclosures in 2017-18.

CARERS RECOGNITION

Djerriwarrh Health Services is fully compliant with the *Carers Recognition Act 2012*. This Act formally recognises and values the role of carers and the importance of care relationships in the community. The Act states principles about the significance of care relationships and specifies obligations for State Government agencies, local councils and other organisations that interact with people in care relationships.

Djerriwarrh Health Services has:

- Taken all practicable measures to comply with its obligations under the Act
- Promoted the principles of the Act to people in care relationships receiving our services and also to the broader community
- Provided carer support and counselling



Statutory Reporting

VICTORIAN INDUSTRY PARTICIPATION POLICY

Djerriwarrh Health Services is compliant with the *Victorian Industry Participation Policy Act 2003*. During the year, there was one contract under the Victorian Industry Participation Policy that was subject to tender for services for construction of building works to the value of \$6.3 million. This project utilises approximately 97 per cent of local content and will create 16 new jobs and will allow 37 jobs to be retained.

BUILDING MAINTENANCE

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

INDUSTRIAL RELATIONS

Djerriwarrh Health Services endeavours to maintain a good relationship with industrial relations bodies by being open and transparent. There was no time lost in 2017–18 due to industrial disputes.

COMPETITIVE NEUTRALITY

It is Government policy that the costing policies of publicly funded organisations should reflect any competitive advantage available to the private sector. Djerriwarrh Health Services complies with the National Competition Policy and has met the requirements of the Competitive Neutrality Policy Victoria.

PRIVACY

Djerriwarrh Health Services is committed to the protection of privacy of information for all patients, residents, clients and staff.

STATEMENT OF MERIT AND EQUITY

Djerriwarrh Health Services 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.

SAFE PATIENT CARE

Djerriwarrh Health Services complies with the *Safe Patient Care Act 2015* in relation to Nurse to Patient and Midwife to Patient ratios. The Health Service has no matters to report in relation to its obligations under section 40 of the *Safe Patient Care Act 2015*.

STATEMENT OF FEES AND CHARGING RATES

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

OVERSEAS TRAVEL

No overseas trips were taken during 2017-2018.

PUBLICATIONS

The following publications dealing with the functions, powers, duties and activities of the health service were produced in 2017-2018.

Electronic copies of the documents are available at www.djhs.org.au and printed copies are held in the executive office:

- Djerriwarrh Health Services Annual Report
- Djerriwarrh Health Services Quality Account

Statutory Reporting

OCCUPATIONAL HEALTH AND SAFETY

Occupational Health and Safety at Djerriwarrh Health Services is focused on the safest possible workplace ensuring all our staff are supported and can stay well, acknowledging the linkage between personal health and safety in the workplace. The goal is to prevent injury through education, training and risk identification, or if someone is injured assisting their recovery and return to work. The Occupational Health and Safety Committee has broad representation from across the organisation and meets monthly to review prevention activities, promote health and wellbeing, and review incidents to develop strategies to improve the environment.

In 2017-18, 190 Occupational Health and Safety related incidents were recorded. Reporting is encouraged to support improvements and monitor progress. Of the incidents reported 94% were rated as no injury or minimal injury with no additional care required, 6% were rated as injury requiring an increased level of care, and there were no incidents whereby a severe injury was recorded.

During 2017-18 there were eight new WorkCover claims compared to eight in 2016-17.

Training and practice is a key aspect of maintaining a safe environment. Djerriwarrh Health Services has a scheduled plan for practicing emergency evacuations, fire drills and managing emergency situations.

Mandatory education for all employees covers:

- Manual Handling
- Hand Hygiene
- Bullying & Harassment
- Emergency Procedure Training
- Module 1 – Introduction to Culturally Competent Care
- Module 2 – Culturally Competent Communication
- Preventing & Managing Occupational Violence & Aggression
- Social Media

The valuable feedback received from consumers has led to significant improvements in both the physical environment and the way services are provided, contributing to a safer health service.

Occupational violence statistics	2017-2018
WorkCover accepted claims with an occupational violence cause per 100 FTE	0.24
Number of accepted WorkCover claims with lost time injury with an occupational violence cause per 1,000,000 hours worked.	1.46
Number of occupational violence incidents reported	90
Number of occupational violence incidents reported per 100 FTE	21.28
Percentage of occupational violence incidents resulting in a staff injury, illness or condition	1.11%

Financial Performance

	13-14 \$'000	14-15 \$'000	15-16 \$'000	16-17 \$'000	17-18 \$'000
Total Revenue	55,544	57,329	66,794	71,428	85,339
Total Expenses	57,212	57,955	64,636	66,132	68,862
Other operating flows included in the Net result	(23)	(103)	(551)	578	70
Net Result for the Year	(1,691)	(729)	1,607	5,876	16,547
*Operating Result	207	(37)	144	500	47
Total Assets	41,262	42,183	45,294	52,039	72,073
Total Liabilities	13,459	15,109	16,613	16,767	18,248
Total Equity	27,803	27,074	28,681	35,272	53,825

* The Operating result is the result for which the Health Service is monitored in its Statement of Priorities, also referred to as the *Net result before capital and specific items*.

Unadjusted current Asset Ratio	13-14 \$'000	14-15 \$'000	15-16 \$'000	16-17 \$'000	17-18 \$'000
Current Assets	7,506	8,221	9,535	11,701	14,931
Current Liabilities	11,689	13,147	14,383	14,937	16,553
Current Asset Ratio	0.64	0.63	0.66	0.78	0.90

Djerriwarrh Health Services has continued to progress and develop in 2017-18.

Management and staff are committed to embracing change and enhancing rigour and accountability across all aspects of the organisation.

The Department of Health and Human Services has acknowledged the financial challenges faced by Djerriwarrh Health Services in 2017-18 and has supported the Health Service by not recalling funding for a 20 percent under target result for acute care in 2017-18.

As a result of this assistance, Djerriwarrh Health Services ended the 2017-18 financial year with an operating surplus of \$47k, against a projected break-even operating budget.

Financial Reporting 2017/18

COMMUNITY SUPPORT

Djerriwarrh Health Services is grateful for the financial support it receives from community members whose donations are used to purchase vital medical equipment.

The health service particularly wants to recognise the members of the Bacchus Marsh Ladies Auxiliary for their ongoing service and support.

In addition, thanks goes to those who attended or supported our annual fundraising events, including the David Calleja Memorial Car Show, The Longest Lunch and Ladies Tennis Day. While events like these raise funds for equipment, they also allow Djerriwarrh Health Services to showcase its services.

WORKFORCE DATA

The table below shows the Full time equivalent (FTE) employee numbers as at 30 June 2017 and 30 June 2018. The FTE figures exclude overtime. These figures do not include contracted staff (e.g. Agency Staff, Fee For Service Medical Officers) who are not regarded as an employee for this purpose.

Labour Category	JUNE Current Month FTE		JUNE YTD FTE	
	2017	2018	2017	2018
Nursing	190.90	181.25	185.72	181.73
Administration and Clerical	80.37	91.42	82.41	78.93
Medical Support	22.32	21.41	22.43	21.95
Hotel and Allied Services	48.49	55.08	48.01	61.19
Medical Officers	5.22	3.23	6.54	2.65
Hospital Medical Officers	11.13	7.72	9.17	7.38
Sessional Clinicians	0.05	8.42	0.05	8.22
Ancillary Staff (Allied Health)	86.09	59.66	84.76	60.85

During the financial year a number of staff were realigned to new Enterprise Bargaining Agreements, representing a state wide shift.

DETAILS OF ICT EXPENDITURE

Business as usual (BAU) ICT expenditure	Non business As Usual (non-BAU) ICT expenditure		
	Total expenditure (excluding GST) (a)+(b)	Operational expenditure (excluding GST) (a)	Capital expenditure (excluding GST) (b)
\$2.4m	\$0.1m	\$0.0m	\$0.1m

Financial Reporting 2017/18

CONSULTANCIES

In 2017-18, there were four consultancies where total fees payable were \$10,000 or greater. Total expenditure incurred during 2017-18 in relation to these consultancies was \$264,434(excl. GST).

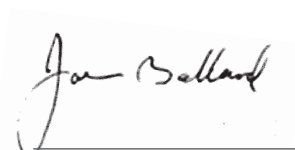
INDIVIDUAL CONSULTANCIES (\$10,000 OR GREATER)

Consultant	Purpose of Consultancy	Start Date	End Date	Total approved project fee (excl GST)	Expenditure 2017-18 (excl GST)	Future expenditure (excl GST)
PORTER NOVELLI	Communications	01/07/2017	30/06/2018	\$110,583	\$110,583	\$50,000
KAREN MILWARD	Koolin Balit	1/07/2017	30/06/2018	\$50,882	\$50,882	\$0
STUDER GROUP	Leadership coaching	1/07/2017	30/06/2018	\$57,359	\$57,359	\$20,000
MCPHEE ANDREWARTHA	Organisational Development & EAP provider	1/07/2017	30/06/2018	\$45,610	\$45,610	\$30,000

In 2017-18 there were no consultancies where total fees payable were less than \$10,000.

EVENTS SUBSEQUENT TO BALANCE DATE

There has been no event subsequent to balance date that may have a significant effect on the operations of the entity in subsequent years.



Dr John Ballard

Administrator

Bacchus Marsh, 21 August 2018



Belinda Scott

Chief Executive,

Bacchus Marsh, 21 August 2018

Our Volunteers

Volunteers are gratefully acknowledged for the hard work and support they give Djerriwarrh Health Services. Volunteers help in many areas including Meals on Wheels, Melton Health, Melton Community Health, Grant Lodge, Consumer Transport, Friendly Visiting, Hospital Auxiliary, Palliative Care and the Hospital Kiosk. Without the volunteers recognised below, it would be difficult for Djerriwarrh Health Services to provide services to the community in the way that it does.

CURRENT VOLUNTEERS

Mr Gregory Adams	Miss Wendy Deacon	Dr James Grimes	Ms Roberta Lewis
Ms Margaret Amery	Mr Brent Delahey	Mr Keith Gundry	Mrs Jillian Lidgett
Miss Felicity Antony	Mrs Mary Delahey	Mrs Dorothy Hatcher	Mrs Bernice Light
Mrs Barbara Atkin	Mrs Barbara Di Collalto	Mrs Bernadette Hayter	Mrs Heather Linsdell
Mrs Gillian Barker	Mrs Joyce Dick	Mrs Dorothy Hazell	Mrs Helen Lyne
Mr Anthony Barker	Mr Vernon Dick	Mr Andrew Heal	Mr Trevor Lyne
Miss Anastasia Bazzano	Mrs Valerie Dickson	Mrs Nanette Hein	Mrs Robyn Mackenzie
Mrs Greta Beale	Mrs Mary Diele	Mrs Lynette Hennessy	Ms Michelle Males
Ms Vivienne Bearn	Mrs Sunita Ditcham	Mrs Lynette Hewat	Ms Amy Mangion
Mrs Alexandra Bebenek	Ms Naomi Donaldson	Miss Debra Hine	Mrs Thelma Manly
Mrs Prue Beech	Mrs Sandra Downs	Ms Robyn Hine	Ms Wendy Mannix
Mrs Anne Bennett	Ms Celestine Drake	Miss Jillian Hogan	Mrs Dianne McAuliffe
Mrs Carmel Berry	Miss Melissa Dryden	Mrs Kaye Holland	Mrs Beverly McCourt
Miss Laura Berryman	Mrs Kay Dunen	Mrs Athena Holmes	Ms Carol McGrath
Mrs Ann Birch	Ms Lili Eggleston	Mr Terry Hooper	Mrs Janice McGuinness
Mrs Iris Blythe	Mrs Karena Esnouf	Mrs Lynne Hopewell	Ms Cornelia McLaughlin
Mr Peter Blythe	Mrs Stephenie Evans	Mr Gregory Hose	Miss Jacquelyn Melvin
Mrs Linda Bracksley	Mrs Janice Farmelo	Mrs Marg Hose	Mrs Cathryn Merry
Mrs Pamela Broad	Mrs Janice Farmelo	Mr Damiene House	Mrs Robyn Millar
Ms Robyn Brooks	Mrs Sandra Ferella	Mrs Maryanne Hucker	Mr David Millar
Mrs Janina Brown	Mrs Marilyn Fernandez	Miss Lily Huinck	Mrs Susan Miller
Mrs Joan Brown	Mrs Gwenda Ferry	Ms Emmy Jansink	Ms Lee-Anne Miller
Mrs Jennifer Burn	Mrs Christine Fraser	Ms Lesley Jenner	Mrs Bertha Missen
Mrs Marlene Burvill	Mrs Christine Gasior	Mr Lance Jennison	Mrs Beryl Morgan
Mrs Kay Butler	Mrs Anne Gatt	Mrs Judy Jenz	Mrs Margaret Murdoch
Mrs Barbara - Anne Caisley	Mr Lawrence Geyer	Mr Donald Johnson	Mrs Karin Murer
Mrs Jean Carboon	Mrs Joan Gibson	Ms Julie Johnson	Mrs Betty Nelson
Mr Norman Carboon	Mr Christopher Giles	Mr Wayne Johnson	Mr Raymond Newland
Mr Colm Carragher	Mrs Wendy Ginnane	Ms Nicole Kearns	Mrs Sheryl Newton
Mrs Elizabeth Charge	Ms Robyn Goodman	Mr John Keddy	Mrs Noreen Nisbet
Mrs Cheryl Cleggett	Miss Tamara Gourley	Ms Sabrina Kelly	Ms Brianna O'Connor
Mr Lindsay Collins	Mr Gino Governi	Mrs Loretta Kelly	Mrs Robyn O'Keefe
Mrs Dorothea Cook	Mrs Agnes Governi	Mrs Cheryl King	Ms Carolyn Olthof
Ms Pamela Course	Ms Julie Grace	Mrs Eileen Knight	Mrs Kathryn Orchard
Ms Heather Crouch	Mr John Graham	Dr Kate Laing	Mrs Pauline Pace
Mrs Glenys Currie	Mrs Deborah Grech	Mrs Rachel Laurie	Mrs Wendy Parkes
Mr Elton Cutajar	Ms Marica Grech	Ms Joanne Layton	Mrs Jennifer Partridge
Mrs Elizabeth Davie	Miss Angela Grigg	Mrs Betty Le Sueur	Mr Aaron Pereira
	Miss Kirsten Grigg	Mrs Wendy Lesko	

Our Volunteers & Staff Milestones

Mrs Marie Perry	Mrs Nola Scicchiano	Mrs Elizabeth Swan	Mrs Helga Weiss
Ms Jennifer Petersen	Mrs Vivienne Sheldon	Ms Lorraine Symons	Mrs Denise Werner
Ms Nola Pettett	Ms Dianne Simboro	Mrs Olive Tait	Mrs Joan Wesley
Mrs Helen Pike	Miss Merryn Smith	Mrs Glenda Tanner	Mr Keith Wesley
Mrs Deanna Portlen	Ms Bethany Somers	Ms Pamela Thorne	Mr Keith Wesley
Mr Joshua Powell	Mrs Yvonne Spargo	Mrs Maureen Thorpe	Mrs Jean Weybury
Mrs June Prout	Mrs Rosa Stainer	Mrs Alice Trask	Mrs Lucille Wheelahan
Miss Victoria Ragg	Mrs Audrey Stanaway	Mrs June Trask	Mr John Wilson
Mrs Nola Roberts	Mrs Melita Stephenson	Mr Andrew Travis	Mr Terrence Wilson
Mrs Lynette Robinson	Mrs Shirley Stephenson	Ms Norma Trotter	Mr Stuart Wood
Mrs Gayle Rodda	Mrs Gayle Stevens	Mrs Rosemary Van Alkemade	Mrs Denise Woodman
Ms Pamela Roginson	Mr Anthony Stevens	Miss Elya Vanhinnisdael	Mrs Robyn Youl
Mrs Winsome Rose	Mrs Lorraine Stewart	Mr Hernan Vinco	Mr Barry Youl
Mrs Carolyn Rowan	Mr Graeme Stewart	Ms Jennifer Wade	Mrs Lynette Young
Mrs Doreen Salt	Mrs Nancy Stewart	Mrs Kathleen Warwick	Mrs Thelma Young
Mr Terrence Schultz	Ms Lorraine Swain		

RETIRED VOLUNTEERS

Miss Sue Bacon	Mr David Gibbs	Ms Sandra Martin	Mrs Isabella Sciberras
Ms Hania Bout	Mrs Lauren Gurion	Mrs Donna May	Mrs Agnes Seex
Ms Jill Braithwaite	Mrs Sylvia Halloran	Ms Francie Muccignat	Miss Victoria Seex
Ms Iwonna Brojer	Mrs Mandy Harrington	Mrs Evelyn Mugavin	Ms Penney Smithers
Mrs Janice Chircop	Miss Chantelle Heggie	Ms Lacey Mugavin	Ms Margaret Thompson
Mrs Carole Cochrane	Mrs Dorothy Hornbuckle	Mrs Debra Pickering	Mrs Vicki Tudball
Mrs Victoria Cook	Mrs Lorraine Huntley	Mr Colin Prout	Mrs Catherine Williams
Miss Glenis Dow	Mr Pieter Jongkryg	Mr Peter Rattray	Mr Derek Williamson
Mrs Tonia Dudzik	Mr Philip LeFlay	Mrs Jeanette Rattray	Mrs Sonja Zvonder
Mrs Yvonne Duhigg		Mr David Robertson	

STAFF MILESTONES

35 YEARS

Jennifer Hallam

30 YEARS

Dorcas Luza

Veronica Bertram

25 YEARS

Gillian Brady

Carolyn Bibby

20 YEARS

Tara Armstrong

Sheridan Coy

15 YEARS

Perry Burstin

10 YEARS

Matilda Xerri

Geraldine Ellawala

Julie Harkin

Dianne Stent

Susan Harrison

Richard Grinstein

Helen Shilton

Donna Froy

Linda Marshall

Michelle Sherrington

Tracey Hopper

Wendy Brown

Hiezelyn Galang

Kristy Digman

Ashlea McGrath

Christine Marciniac

Jocelyn Benedicto

Bree Horvat

James Rubeli

Marie Antonelli

Teresa Patterson

Lisa Tonkich

Lee Wong

Claire Fry

Marilyn Prime

Linda Hall

Sharlene Emerson

Jesusa Lugtu

Zoe McCallum

Deborah Estlick

Andrea Cochrane

Sarajane Stock

Roswitha Arndt

Kim Dawson

Moses Tadokata

Cheryl Prendergast

Nadine Homewood

Amanda Joyce

Tammie Lehner

Andrea Garcia

Esther Cross

Mari Dantic

Joanne Brownscombe

Financial Statements

**Please contact 03 5367 2000 or email: info@djhs.org.au
if the Financial Statements are not attached here.**

The Financial Statements are general purpose financial statements which have been prepared in accordance with the *Financial Management Act 1994* and applicable Australian Accounting Standards (AA5)



www.djhs.org.au

ABN 83 271 740 698