

Quality Account

Community Care Report

2019



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Welcome



We are pleased to present the 2019 Quality Account. Banyule Community Health proudly shares its achievements and performance with its community.

Banyule Community Health has ended the 2019 year with the wonderful news of being notified as a finalist in the upcoming Victorian Public Healthcare Awards for Health Service of the Year Award. This nomination is great acknowledgment of an outstanding year focussed on responding to community need and providing the highest quality care.

At a time when the health sector is experiencing significant fiscal and demand challenges, the Banyule Community Health Board made a clear reaffirmation of its commitment to provide equitable and integrated services to its communities with continued focused on high priority groups in the region. Banyule Community Health is proudly building on its strong platform and developing robust responses to the health and welfare challenges of the communities we serve.

Focusing on improving our services and the experience of care is a priority at Banyule Community Health. Our recent results from the Victorian Healthcare Experience Survey are extremely positive and indicate a strong sense of trust that clients have in our service. The results also identify areas we can improve and planning is underway to respond. Our 2019 staff survey conducted by Best Practice Australia was most encouraging with some exceptional results. It highlighted a positive work culture and

strong engagement of staff with the community in which they work. Our staff deserve great credit for their professionalism, dedication, and driving high standards of care and compassion.

Banyule Community Health works closely with its funders, partners and local community to provide responsive and purposeful programs and services. In 2019, some of our achievements include:

- Our Somali Australian New Lawyer Program strengthened our health justice work with our local Somali community;
- The growth of specialists clinics in our GP practice to enable clients a better integrated experience in 'their health service';
- The development and launch of a 9 part podcast project Not a Dollar More - led by people with a lived experience of gambling harm; and
- The further development of meaningful recovery programs for people experiencing mental health and/or substance misuse issues.

These and many more programs across Banyule Community Health are focused at meeting the needs of our communities and addressing the social determinants of health.

At a Governance level, the Board has developed a stronger focus on clinical governance and community participation. The newly established Community Participation Committee has reinforced the relationship between the Board and the

community, and ensured a clear and direct communication and connection with the local community.

On behalf of the Board and the Executive team we would like to acknowledge the significant contribution of our volunteers and community participants – each and every day they make a difference and contribute to our community and our staff. You will read about numerous examples of the contribution of our volunteers and community participants throughout this report. We would also like to acknowledge the contribution of David McKenzie, a former Chair of the Board who retired this year. David's contribution and importance to our community and Banyule Community Health remains embedded in our future strategies.

Finally, this Quality Account captures the many and diverse contributions that Banyule Community Health makes to its community through the stories of our clients and community. We truly appreciate these personal stories and the value they add to this report. The sharing of peoples lived experience is a powerful source of information to both celebrate and improve how we deliver services for our community.

John Ferraro
Chairperson

Mick Geary
Chief Executive Officer

Banyule Community Health acknowledge the traditional land owners, the Wurundjeri people of the Kulin Nation and pay respect to their Elders past, present and emerging.

About the Quality Account

Banyule Community Health and the Quality Account Committee are proud to present to the community the 2019 Quality Account. A report is produced each year as a way to let the community know about our services, how we are achieving our strategic goals, how we maintain safety and how we work to improve each year.



Feedback on the 2018 Report

This year 24 people provided feedback about the 2018 Quality Account, which is similar to the number in 2017. Since 2012, the report has been rated 'highly' for its readability, presentation and people's level of interest in articles.

The community have a strong preference for information about services, practices and evaluations to be presented using client stories and photos. Each year the Quality Account Committee have worked to improve this style of reporting. Suggestions for the 2019 report included requests for stories on care coordination, mental health services and external services. As a result, the 2019 Quality Account presents LIFT, a program that responds to client's changing mental health needs. In addition, several articles highlight services we provide in the community in partnership with external services.

Community Participation Committee

Every year a group of dedicated community members assists Banyule Community Health in the preparation of the Quality Account. In 2018, an extensive review of governance at Banyule Community Health resulted in a stronger representation of community participation at a Board level

with the formation of the Community Participation Committee of the Board of Directors.

Interested members from this Committee formed a sub-committee to develop the 2019 Quality Account. A group at the Board level now oversees the development of this major report to the community. We acknowledge and are thankful to the community members who were committed to producing the report in 2018 – 2019.

Alan Cook	Royal Abbott
Jim Bogle	Cathy D'Alterio
David McKenzie	Judy Cochrane

We would also like to acknowledge, and express thanks to the clients and community members who took the time to tell us their stories and who have generously agreed to share them with readers.

Special Thanks

The Quality Account Committee would like to extend a special thanks to Mr Alan Pearce who was an active volunteer in developing the Quality Account since its first publication in 2007. Alan ensured the presentation of the report was directed to the community readership and his editing skills were an asset to the group. We wish Alan well in his retirement.



This year we asked members of the Quality Account Committee what they hoped readers would enjoy about the report? This is what they said;

'The interesting stories about how services improve people's lives.'

'The colourful photos of real people in our community.'

'Reading about the many people who help keep the community healthy.'

'Seeing the diversity in our community.'

'Client stories that tell the story of this great health service.'

People with Lived Experience ...

... improve services.

Shayne had an idea.

Volunteering with the Peer Connection telephone support service, Shayne had an idea that came to life with support from Banyule Community Health. Soon enough he was working as a plumber by day and co-producing and presenting the 'Not a Dollar More' podcast series in his spare time with the Gambler's Help Peer Connection team. In its first five months, there were 6,000 downloads of the podcast across all episodes.

As a teenager struggling with gambling addiction, Shayne sought help several times but did not stop gambling until he was 27 years old. His story is similar to other young men interviewed on one of the podcasts. They talk about catching up with mates, having a beer and placing a bet at the TAB or using online apps.

The problem is that too many young men don't know how to recognise that they may be developing a problem or understand

that some ideas, like winning money back or getting even, are false beliefs. Shayne said "I see young guys on building sites who are quietly gambling on their mobile phone and I think that if they were more aware of the issues they could protect themselves from possible harm or get help before things spiral out of control."

The podcasts aim to inspire people to make the changes they need if they are experiencing gambling harm. People are encouraged to reach out for help when there is less stigma and shame attached to the problem.

Shayne interviews many people about how they hit rock bottom, what motivated them to get help and the different types of support they used. Some talk about their experiences with Gambler's Help counselling and financial counselling services. Others also talk about how getting peer support from Peer Connection and Gamblers Anonymous was key to their

recovery. The stories are real, raw and inspiring. Shayne's informal and friendly style allows people to share their often-painful experiences in a friendly and non-judgmental way.

Not A Dollar More is a podcast of nine episodes. Each episode tackles different aspects of gambling addiction starting with the essential question of "Is your gambling harmful?" Other episodes include the pokies, affected others, and relapse and triggers. Episode 6 is about 'Young men and gambling.' Shayne is now working with our Gambler's Help Community Engagement team on a project that would specifically target young men.

Shayne's idea goes a long way to improve access to gambling related information in the 'mainstream' community. Just as we all know that smoking is bad for our health and people talk about family violence, the Not A Dollar More podcasts raise public awareness of gambling harm.

What the listeners said

'Very motivating, somehow hearing someone sharing their story makes it seem more real'

'Even though I've stopped gambling they are really helpful for me'

'Thanks for having this podcast it's nice to know I am not alone and there are success stories out there, because at the moment my hope is vanishing.'



Health Promotion in Early Years Literacy

At Banyule Community Health, services are provided across the continuum of care, from health promotion and prevention, early intervention to treatment of conditions. We believe that health and wellbeing is best provided not only in our buildings, but also within community activities and places.

We Love Stories

'We Love Stories' is a health promotion program aimed at instilling a love for books and stories in children and their parent/carers. Working together with groups such as Banyule City Council, local libraries, Olympic Adult Education, playgroups and other community services, 'We Love Stories' is one part of a broader approach to improve the literacy of young people in Banyule.

Children from disadvantaged communities frequently have low literacy and pre-reading skills when they start school. Often, several generations in the one family can have low literacy which has been linked with poor mental, physical and social health outcomes.

Through making stories and social media 'We Love Stories' facilitates oral language development in children aged 0-5 years and strengthens the attachment between parent/carer and their child.

In places like kindergartens, children and their parent/carer draw a page for the book, whilst talking together about the story or the meaning of the picture. Children and parent/carers are encouraged to talk about the story again and with others, by showing photos of the day posted on the 'We Love Stories' Facebook page. Once published, the book is launched at an event that instills a sense of pride and achievement in the young story tellers and their parent/carers.

Still in its first year, stories have been successfully developed in playgroups, parent support groups, the Aboriginal playgroup and a local primary school.

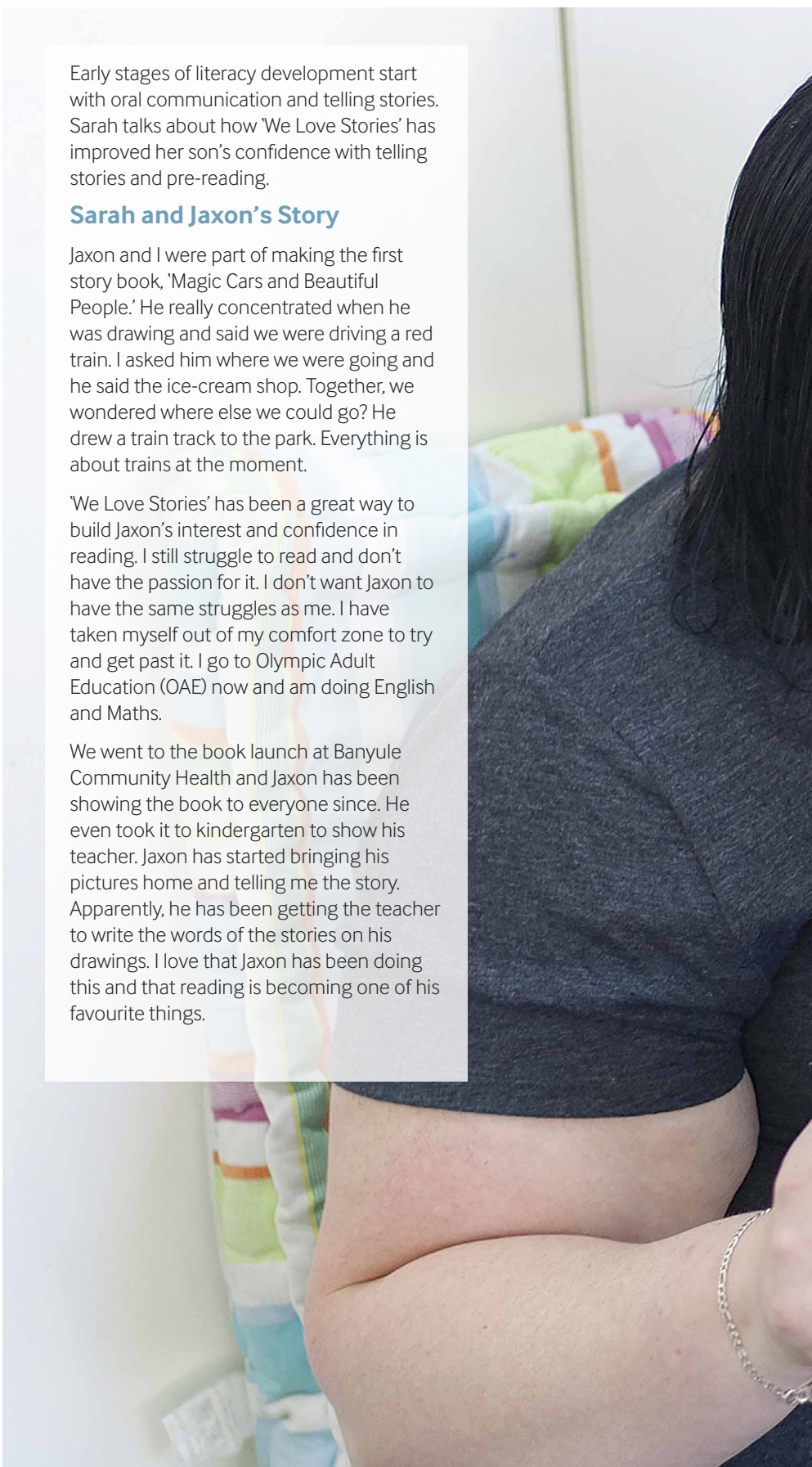
Early stages of literacy development start with oral communication and telling stories. Sarah talks about how 'We Love Stories' has improved her son's confidence with telling stories and pre-reading.

Sarah and Jaxon's Story

Jaxon and I were part of making the first story book, 'Magic Cars and Beautiful People.' He really concentrated when he was drawing and said we were driving a red train. I asked him where we were going and he said the ice-cream shop. Together, we wondered where else we could go? He drew a train track to the park. Everything is about trains at the moment.

'We Love Stories' has been a great way to build Jaxon's interest and confidence in reading. I still struggle to read and don't have the passion for it. I don't want Jaxon to have the same struggles as me. I have taken myself out of my comfort zone to try and get past it. I go to Olympic Adult Education (OAE) now and am doing English and Maths.

We went to the book launch at Banyule Community Health and Jaxon has been showing the book to everyone since. He even took it to kindergarten to show his teacher. Jaxon has started bringing his pictures home and telling me the story. Apparently, he has been getting the teacher to write the words of the stories on his drawings. I love that Jaxon has been doing this and that reading is becoming one of his favourite things.



Award Winning

'We Love Stories' is the 2019 Winner of the Victorian Department of Education, Early Years Award for the Promotion of Children's Health & Wellbeing. It is a "great acknowledgment for a community project focused on literacy, disadvantage and celebrating our community" (CEO).

'We Love Stories' has been short-listed for the 2019 Minister for Health's Award for Improving Maternal, Child and Family Health.



The Two of Us

Tua is a Counsellor from the Aboriginal Health Team and has been working with Gayle for almost 12 months. We caught up with Gayle and Tua at the Women's Group held at Babarrbunin Beek, an Aboriginal gathering place. Their story shows how a culturally safe service can support someone move towards healing from lifelong trauma.

Gayle

For me it is all about family. Coming to the Women's Group, I sort the beads into colours and types so the women can make jewellery if they want to. It also helps with my anxiety about having them all mixed in together. Everybody wants the Koori colours, but I tell them the bags come with all colours and we have to use them too.

The Women's Group is a place to go where we can choose what to do and there is no set structure. That's why I try to have different craft options set up for the group. They can paint on canvas, or card, paint plant pots and bowls. We can knit, make wind-chimes while yarnning, or sit quietly with a cup of tea. The main thing is that there is the freedom to choose something for ourselves. Most of us haven't really had the chance to do that before.

We come from different places. I am from the Torres Strait Islands, but we are all Koori and feel safe with each other. When we get together and share things, like a meal, care for each other, feel safe and relaxed then we can begin to heal. The group is growing in numbers and it makes me feel so good inside. That's what the Women's Group does for me, like a family.

I have my demons, just like everyone does. There's been a lot of family violence in my life. My best advice is writing down everything that is going on in your head. Try and keep your heart strong. I have done a lot of writing like that and Banyule Community Health helped to publish my writings as an e-book (Damaged Souls, Lost Youth, Alone Path. Lulu.com).

Post Traumatic Stress Disorder and severe depression can take hold of me and when it gets out of hand my body shuts down and I start to crumble inside. The Women's Group and the Aboriginal Health Team are my survival.

If you look around at the group right now, the room is calmer, the air is cleaner, everyone is doing something together or talking, just like a family gathering.

Tua

Gayle does an amazing job leading the group activities and craft. Her attention to detail means the women have what they need and do some lovely work that they can keep, or sell at a market stall. The Women's Group* at Babarrbunin Beek runs for about three hours each week.

With high rates of family violence in the Aboriginal population, opportunities to make connections with others are important. Complex trauma usually stays with a person over a lifetime and affects all areas of their lives, including their sense of identity and relationships. Part of the Aboriginal culture is healing. For women, coming together in groups, connecting with each other and sharing culture, is healing.

The group at Babarrbunin Beek appealed to Gayle because it is a culturally safe place for her to join Women's Business for healing. At that time in her life, Gayle rarely left the house and came to see me because she was struggling to manage her physical and mental health.

As a Counsellor, I work with the 'whole' person. It means I consider physical, mental, behavioural, cultural, spiritual and social wellbeing. I take into account any past traumas to understand a person's current responses and coping skills.

Gayle wanted to return to doing the things that she enjoys and improve how she managed her anxiety. She hadn't been going to the Women's Group for long when she became the coordinator of activities. The volunteer role has given Gayle a sense of purpose that has motivated her to be involved in other activities in the community. Her confidence has grown. The group has also provided a culturally safe place for Gayle to reflect on how she manages in other areas of her life.

The other day Gayle and I talked for an hour after the group because a situation had triggered past traumas for her. Having the flexibility to respond when Gayle needed the support is one of the things I like about working in the Aboriginal Health team.

From Gayle's book

I lost my childhood, it was a part of my life that was taken away from me ...

The house that I call home is hurting. No way to heal ...

Visions of the past haunt the lingering soul of the future ...

You ask the spirits of elders from long ago to give you guidance and listen ...

* The Women's Group at Babarrbunin Beek is a joint initiative of the Aboriginal Health Team, Banyule Community Health and the West Heidelberg Community Legal Service. The group is funded by the Victorian Legal Services Board through the Yarning Up project (WHCLS).



Caring for the Carer

Banyule Community Health recognises and supports the unique role of carers. Although carers for the aged comprise a large portion of this community group, many people who use our services care for younger clients with physical and mental health needs.

The principles that underpin our approach to carers are that they are:

- Respected as individuals with their own needs and as people who have special knowledge of the person in their care
- Supported as individuals and as carers, including during changes to the care relationship
- Recognised for their efforts and dedication as carers

Rohan, a carer for a young girl who is also his daughter, tells the following story. He talks about the life-changing role of becoming a carer and the support he has needed. Rohan's story with his daughter, also highlights how sometimes, health providers need to be creative to provide truly person centred care.

Rohan the Carer

I was at work when the school rang me to say that my daughter had collapsed and was in hospital. That was the beginning of a massive change in my life. She had a stroke due to an ongoing medical condition.

After working for 38 years in a job that I loved, I resigned to care for Anouk during her recovery. I would not have done it any differently, however, an important part of my life stopped and it was also a loss. Priorities change over a lifetime anyway and it was time to put my family first.

I would have to say that advocating for the person you care for is one of the most

important roles of being a carer. I was Anouk's voice and advocate. She needed someone to represent her individual needs and to negotiate the right services for her, particularly as her condition changed. Understanding Anouk's medical condition, the range of services available, and how to navigate the health and social support system was new to me, and a steep learning curve.

I would tell people new to the caring role not to be afraid to ask for help. Your ability to care for anyone is dependant on the strength that you have and it comes from looking after yourself. Physical exercise and doing things I enjoy on a regular basis are important.

Changes in my life and that of Anouk and the rest of our family, have been confronting for some people. Different reactions from family and friends have surprised me and our friendship group has changed. I have surrounded myself with people who are good at listening, have empathy and compassion and who can recognise my situation.

Rohan, Anouk & Physiotherapy

When Anouk came home, the Royal Children's Hospital referred us to physiotherapy at Banyule Community Health because she had lost strength in her core and legs. The physiotherapist worked with Anouk and myself. Anouk decided she wanted to be able to walk around the block, supervised for 10-15 minutes, to use stairs independently and be able to access all areas of the ground and first floor at school. To achieve these goals she needed to do physiotherapy exercises at home.

It felt impossible to get her to do any of these exercises at home. Of course, Anouk being a teenager and me her dad, she

doesn't always want to be with me or listen to me. As her carer Anouk is dependent on me while she recovers. It is a difficult position to be in for Anouk and myself, but we learn as we go and most of the time it works.

The physiotherapist was great, he listened to me when I told him Anouk was not doing her exercises at home no matter what we did. He tried to find out if Anouk was in pain or the exercises were too challenging but it turned out she was just bored with them. The three of us came up with ideas to motivate her. For eight weeks, an Allied Health Assistant did a weekly exercise session with Anouk at Banyule Community Health. We played music and I even learnt how to do the exercises and joined in. It was like a proper gym class. It helped, and Anouk became even more motivated by the progress she was making.

As Anouk's goals changed and her motivation improved, we talked with the physiotherapist about integrating exercise into her life. I also thought that it would be good for Anouk to do something that is social and without me. We found a physiotherapy student who comes to the house once a week to do the exercise program with Anouk. The Allied Health Assistant trained the student to ensure there was continuity of care between providers. They seem to be enjoying each others company and it's working out well.



Your Experience with Health Workers

Results from the 2018 Victorian Healthcare Experience Survey

93 clients from Banyule Community Health completed a survey and results were in keeping with statewide averages.

86% said the health workers always spend enough time with me

84% said that they always felt listened to and understood by the health workers

84% said that they always had confidence and trust in the health workers

83% said that the health workers were always compassionate

81% said that the health workers always took their concerns seriously

81% said that health workers always introduced themselves and their role

73% said that health workers always took the time to explain things to them



Volunteers

Without the dedicated work of volunteers, Banyule Community Health could not provide all the services that are available.

3081 Angels

At first, there was not enough room at Banyule Community Health to keep donations of pre-loved children's clothing, toys and equipment such as prams. There was, however, high demand for goods like these, by vulnerable families in the community. A group of dedicated volunteers began 3081 Angels in the Rosanna Baptist Church in 2012. Their mission; all children in Banyule achieve their right to have a good start in life.

Referrals come from hospitals, family violence services, refuges, services for asylum seekers and refugees, and any service that identifies a family needing support from 3081 Angels. After the initial referral, families can contact the Angels directly for ongoing support through the Happy Returns program.

Happy Returns

Happy Returns is a new program aimed at building relationships with families who have used 3081 Angels before and would benefit from further support. Once a month, six families are invited to 3081 Angels and treated like VIP shoppers. They try clothes on their children, walk away with toys and books, toiletries and whatever else they need. The volunteers make a huge meal and everyone sits together for lunch. It is a lot of fun and families connect with each other.

Recently two little boys from different families shared the same birthday on the day of Happy Returns. A volunteer made a hungry caterpillar cake and the day became a birthday party for two very excited birthday boys.





Volunteer Angels, Iva and Jan

Iva and Jan have volunteered with the Angels for eight years between them. Jan sorts shoes into sizes and put aside the ones that could be mended or just needed a good clean. Another volunteer came past holding a tyre tube and screwdriver. It would seem that the Angels are good at repairs, fixing toys and cots and even the wheels on a pram. Iva said that equipment is checked and approved for second hand use against safety standards. With so much to look at, Iva steered me towards a row of colourful bags. Each one was filled with all the personal items a new mother and baby would need. Regular donations of new personal items, like toothbrushes and cotton buds, mean new mothers don't need to worry about these costs for a couple of weeks at least. The volunteers sort donated goods, they sort sizes, types and colours, fill orders, take items home to wash and mend, pack many, many bags and deliver them to family homes.

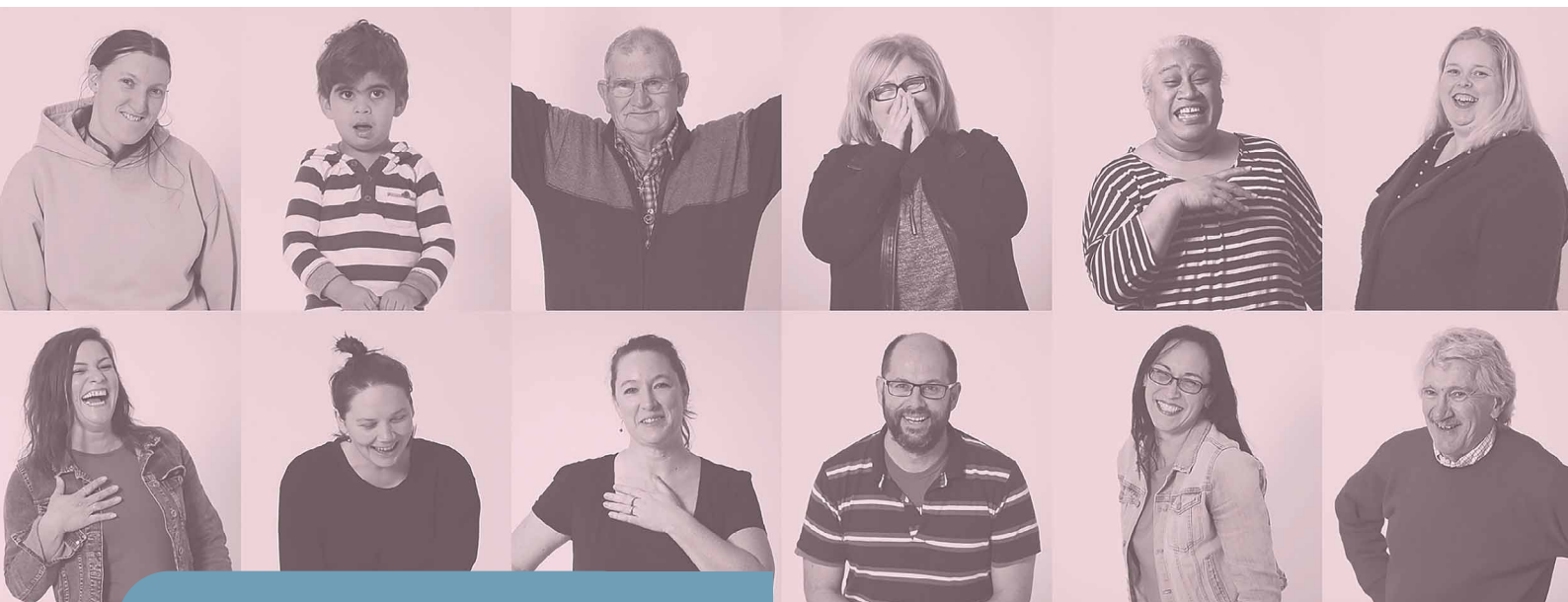
In 2018, 3081 Angels provided ...

- 144 clothing packs containing 21,600 items
- 2,000 nappies
- 90 prams
- 65 car seats and capsules
- 46 cots & 16 bassinets
- 72 bedding packs for cots & bassinets
- 23 highchairs



In 12 months some of our services ...

Based in north-east Melbourne, Banyule Community Health is a community health service that provides services across the continuum of care including medical, allied health, dental, aboriginal health, health promotion, counselling, gambler's help and legal services. BCH works across many sites with multiple approaches to service delivery. Based at two centres in West Heidelberg and Greensborough, BCH has multiple out-postings including a hospital emergency department, early childhood centres, schools, gambling venues and prisons.




Participants who have completed the Make a Move program (fall prevention program) with physiotherapy services, have shown a 40% improvement in their balance.

Venue Support Workers from Gambler's Help services have worked with 54 gaming venues in the North and North West regions. They train venue staff on how to support patrons who show signs of gambling harm.

Alcohol accounted for 69% of all presentations seen by our Alcohol & Other Drug worker (AOD) located in the Austin Health Emergency Department.

Paediatric Allied Health services conducted 30 groups that have contributed to the healthy development of 151 children.



Service Access /Intake team received on average 24 urgent referrals/enquiries per day.

Community Midwives, who are also Maternal & Child Health Nurses, have worked here for 55 years between them. The babies that they saw when they first started are now parents and visit the service with their own children.

Peer Support Workers had over 500 contacts with clients experiencing mental health issues (LIFT for Mental Health).

Using an on-site Orthotics Lab, 80% of required adjustments to orthotics were made by Podiatrists on the same day as the client's appointment.

A Carer Support Worker, supported 66 carers over 880 hours (Allied Health Team).

The Adult Occupational Therapy team completed 918 home visits to look at all parts of people's homes including bathrooms, bedrooms, entryways & steps.

West Heidelberg Community Legal Services provided 163 families with legal support following relationship breakdown.

Three Care Coordinators linked clients in to 87 different agencies such as health, legal, housing and employment services (LIFT for Mental Health).

Reception services receive an average of 33 phone calls an hour

Person Centred Care

Planning

Clients have a right to make decisions about their own health care. Health providers at Banyule Community Health support clients in developing their health and wellbeing goals, planning how to achieve them and reviewing progress. Planning goals and care requires sharing of information by way of assessment and developing Care Plans, sometimes called Treatment Plans.

Banyule Community Health monitors the standard of staff practices in assessment and care planning in two main ways.

- The criteria for high quality care plans are checked in the annual Client File Audit
- Clients report their experiences of receiving information, developing goals and care plans in the annual Victorian Healthcare Experience Survey.

Results of Victorian Healthcare Experience Survey

Ninety three clients of Banyule Community Health completed a survey and results were in keeping with statewide averages.

60% said that health workers asked about other areas in their life that may be affecting their health and wellbeing

84% said they were involved in decisions about their care or treatment

71% said that health workers considered all of their needs

58% said that health workers helped them to set goals for their health & wellbeing

69% reported that they had all the relevant people (eg. family members, health workers) involved in setting these goals

70% said the service helped them to feel that they could achieve these goals

76% received a written copy of their plan and 77% thought it was useful

72% said that health workers discussed and reviewed their plan with them

Client File Audit Results 2019

In March 2019, 80 staff from across ten program areas at Banyule Community Health had a total of 300 client files audited. Compliance with criteria for high quality Care Plans are as follows;

- 90% of goals promoted client independence and quality of life.
- 89% of Care Plans were written in plain language
- 88% of Care Plans recorded the participants in development of the plan
- 80% of Care Plans documented a timeframe for review
- 65% of Care Plans documented if a client had been offered, and if indicated had received, a copy of their plan

Quality Improvement Action: Team Leaders will train staff about offering clients a copy of their care plan at a team meeting. *Outcome:* In 2020, 85% of care plans have documented that a client was offered, and where indicated has received, a copy of their plan.

Health providers at Banyule Community Health take a person centred approach to planning client care. Debbie tells how she manages a complex medical condition with support from Kelly, a Dietitian. Their story shows how planning is tailored to individual needs, based on strengths, coordinated and directed by the client.

Debbie

Kelly gives me the encouragement that I need, to keep trying new ways of staying healthy. I worked for over 20 years in mental health services, but had to give up my job because of medical conditions and diabetes.

Recently, I was malnourished and feeling so sick that I was put in to hospital. The doctor diagnosed an auto-immune condition that affects my pancreas. My body was not getting the nutrition it needed, which played havoc with my insulin levels.

I was so worried about how I would cope when I went home. Getting to an appointment was impossible so Kelly came to my place. We talked about my condition and the information she had brought. It was such a relief to talk to someone about my worries. It was also reassuring to start talking about the sorts of things that I could do to manage, especially as Kelly knew my home life.

Kelly and I plan what I need to do, so that my body absorbs what it needs when I eat. She tells me what dose I need of pancreatic enzymes because it changes. When I told her that my pain was not getting any better, she suggested I talk to my GP about trying physiotherapy. It has made such a difference.

Kelly really sees me as an individual and her positive attitude has motivated me so much.

Kelly

Debbie has a way of bouncing back when her condition changes, she is very resilient. In the four years that I have been working with Debbie, her physical health has become increasingly complex. We work together on her treatment plans and since leaving hospital her goals are to enjoy eating food again and to maintain her strength.

It can be hard for Debbie when pain or nausea make it difficult to eat. We have talked about the foods that she should eat at a minimum and that ease nausea. It is a balancing act to ensure that Debbie receives the nutrition she needs to manage her diabetes and auto-immune condition in circumstances where it is difficult to eat or the body is not absorbing what it needs correctly.

Health goals need to be realistic and fit into other areas of a person's life, particularly when needs change, as Debbie's often can. I give Debbie the information she needs and support her to understand what it means for her. This approach ensures Debbie can make informed decisions about her health goals and care. Working to Debbie's strengths, I try to keep her focused on the changes that she can make and the things that are in her control as a way to keep her motivated.

I attend case meetings with Debbie and her GP, Psychologist, Diabetes Educator and other health professionals as needed. It is one way that we make sure that her goals and treatment plan are coordinated across different services. Probably the most useful for Debbie, is having us all in one room so that she does not have to repeat herself at separate appointments. Debbie can also ask questions and really see how her services link together.

Health Justice Partnership

Banyule Community Health and the West Heidelberg Community Legal Service recognise that legal, health and social issues are fundamental to a person's health and wellbeing. Working in a health justice partnership provides clients with a holistic and integrated service response to family violence.

An Electronic Application (App) for Financial Safety

Economic and financial abuse is a type of family violence that can be subtle yet have a large impact on people's ability to control their own life. It is easily hidden due to social norms for privacy in discussions about money and family finances.

"Financial abuse can keep victims tied to the perpetrator long after physical separation." Family Lawyer

Family Lawyer, Talya, in collaboration with The University of Melbourne Law School, has developed an App to support people experiencing financial abuse to move towards a position of financial safety. It supports and educates clients and service providers to identify the signs of financial abuse, and offers strategies and resources for securing financial safety.

Options are available for all sorts of situations where there may, or may not be children involved and where a person may want to leave, or would prefer to stay in their relationship. Examples are where to go for copies of personal documents and how to keep them safely, how to manage debts that do not belong to the person and how banks and utility services can help.

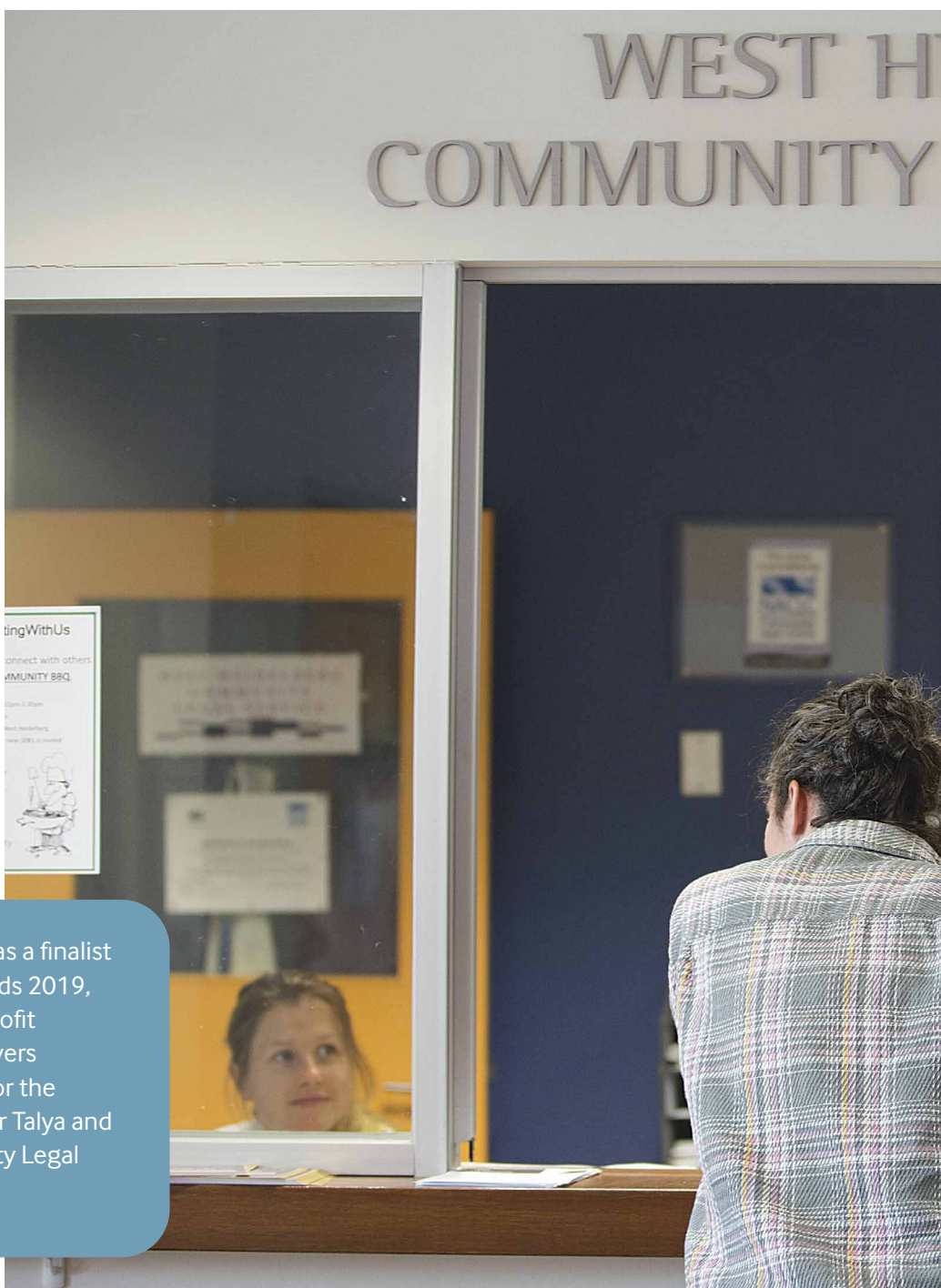
Francis Baum Fellowship 2018

Talya was the recipient of the highly regarded Francis Baum Fellowship awarded annually by the Banyule Community Health Board of Directors. The award supported Talya to develop the App in partnership with the LawApps program at Melbourne Law School

The Francis Baum Award supports staff to implement innovative ideas aimed at

improving access to services and the scope of services available to the community (Strategic Goal 2, Services & Programs), as well as building the professional capacity of staff (Strategic Goal 3, A Culture for learning). The award honours Sister Francis Baum who, since 1958, has been a committed leader and advocate for the West Heidelberg community, and a champion for new models of care.

Talya has been short listed as a finalist for the Women in Law Awards 2019, category of Best Not-For-Profit Lawyer. Conducted by Lawyers Weekly, being short listed for the award is an achievement for Talya and West Heidelberg Community Legal Service.



Financial Counselling

Fifty percent of clients assisted by the Family Violence Lawyer at West Heidelberg Community Legal Service, were experiencing financial hardship that was affecting their legal problem. The Financial Counsellor at Banyule Community Health specialises in family violence and works

with the legal service in development of financial safety plans for clients. In the first nine months of 2019 the Financial Counsellor opened 256 new cases of care, where 30% were internal referrals including from the legal service and a further 5% were from external family violence programs.

Family Violence Lawyer and Health Services

Twenty percent of clients assisted by the Family Violence Lawyer received care that was integrated with health and social services at Banyule Community Health. Due to client's multiple and complex needs, the lawyer worked closely with one or more workers from the health service. Service providers at Banyule Community Health, including the legal service, are aware of the impact of violence and trauma on those seeking support. The service ensures that clients can build safe relationships with staff in safe environments and that clients are always in control of the decisions they are making.

HEIDELBERG LEGAL SERVICE



Young & Deadly, Emerging Leaders

The Banyule Community Health, Youth Foundations 3081* program provided opportunities for local Aboriginal youth to develop skills and capabilities in leadership. The Facilitator partnered with local youth, the Aboriginal Health Team, the legal service, and other internal and external services in the community, to conduct a youth forum; Young & Deadly. Alinta and Jaleke had key roles in planning and running the event on the day.

Jaleke

Only in Year 6, Jaleke volunteered to take part in planning and presenting parts of the forum. He put forward creative ideas in planning sessions on how to make it interesting and relevant to young people. It was public speaking at the event, that Jaleke said made him the most nervous. He thought he would give it a try and was the MC with Alinta. He had to remember details of the people he was introducing, use a microphone and be confident in front of a full house at Babarrbunin Beek. Jaleke shows the qualities of an emerging leader and is now involved in planning for the Year 6 graduation event at school.

**Youth Foundation 3081 is funded by Bendigo Community Bank and managed by Banyule Community Health. It receives additional support from Banyule City Council and La Trobe University.*





Alinta

According to Alinta she was a “mouse” 12 months ago and was not confident speaking in groups. A teacher urged her to sign up to the school Leadership Program and she went way beyond talking in groups. In front of her school assembly, Alinta did Acknowledgment to Country and for a second time, at the Year 12 formal. Planning for Young & Deadly, she helped write a successful funding submission and showed a lot of initiative in organising the event. What she was most pleased about with her MC role, was that she tried a joke and her delivery worked, “it was scary but great.” Alinta went on to say that “I think it’s the things that you don’t want to do that give you the most confidence.” Throughout the year Alinta has extended herself and shown the qualities of an emerging leader and public speaker.

Continuity of Care Across Services

At Banyule Community Health we are committed to responding to a person's changed mental health needs, by ensuring continuity of care across a mix of services. We are the lead agency for the LIFT Stepped Care for Mental Health program.

Stepped care means a client is supported to easily access any combination of services that they need at different points in time. Previously, a client was referred to other services as their mental health needs changed. They would have to retell their stories, undergo repeated assessments and navigate new service systems with separate criteria and processes. Many people 'fell through the cracks' as they moved across a range of services.

The LIFT program provides all services in a single system. The team includes psychologists, mental health nurses, care coordinators, counsellors and peer support workers.

Gino's story illustrates how easy it was to access a mix of mental health services and how a team of different health providers helped in various ways.

Gino's Story

Two years ago, Gino was in a car accident that left him with a physical disability. Although he experienced trauma due to the loss of mobility, Gino said he would 'move on' when he was ready and did not want services. Unable to work, Gino became isolated and relied on his sister for day-to-day tasks like shopping and paying bills.

Twelve months later, Gino went to his GP and said "I just stay in bed all day because I'm so tired. It's pointless and sometimes I just want it to end." Realising he was depressed, the GP talked with Gino about several options and made a referral to the LIFT program at Banyule Community Health.

Gino felt clearer about what he wanted to achieve after he had talked with the LIFT clinician while doing a comprehensive assessment. He wanted to have the energy to do the things that he used to do before the accident. He also thought it was a good idea for the LIFT clinician to phone his sister and see if she needed support.

As part of his care team, the GP talked with Gino about anti-depressant medication. Gino decided to give it a go, and agreed to

see a LIFT Mental Health Nurse every week for support with his new medication. Although the GP also thought a Pain Clinic at the hospital could help, Gino decided against it.

Gino was also reluctant at first, to meet with a Peer Support Worker. He changed his mind when he realised that he had lived experience of depression and would really know where he was coming from. Eventually, Gino met a Peer Support Worker at a local café to get things started. It was a way for Gino to start doing day-to-day activities and establish some routine.

Two months later Gino felt better in his mood and his sleep had improved. Over time, he initiated contact with the Pain Clinic and started going to the Banyule Community Health Men's Shed. He also began to fill out forms, with encouragement from the Peer Support Worker, rather than being dependent on his sister. In discussion with Gino, the Mental Health Nurse dropped her visits to monthly and later stopped. The Peer Support Worker also visited less frequently before tapering off to a regular phone call to check in on him.

Everything was going well for ten months until Gino's sister died after a short illness. It significantly affected his mental health. He lost interest in all the activities he had started doing, and did not want support from any services other than his GP and

LIFT. The services came together quickly, which is what Gino needed at that time. Health providers consulted together and Gino did not need to repeat his story, he only had to make a time to see them.

The Mental Health Nurse started seeing Gino again and between appointments provided telephone support. The GP made some changes to his medication and recommended relaxation classes. The Peer Support Worker increased his contact and gave practical support with things like shopping and speaking with utility services for payment plans.

Sometimes life events can trigger past trauma. The trauma of losing his sister brought up his struggles following the car accident four years ago. Gino decided he wanted to see a LIFT Counsellor.

When Gino started to be active in his own care and asked for the support he needed, LIFT services started to taper off. The Peer Support Worker started to support Gino to find long term solutions, such as a volunteer to do his shopping and investigating NDIS eligibility.

Today, Gino is linked in to his GP and connects with others through regular activities at the Men's Shed. He returned to the Pain Clinic and attends hydrotherapy, and loves to walk his dog every day to unwind.



Overall Experience

Results from the 2018 Victorian Healthcare Experience Survey. 93 clients from Banyule Community Health completed a survey and results were in keeping with statewide averages.

96% said that they were treated with complete respect and dignity

93% said that the care they received was very good

88% definitely agreed that using this health service was beneficial to their health & wellbeing

87% said that they were never treated unfairly by the health service

80% said that they would recommended Banyule Community Health to others

78% said that using this health service helped them to do the things that are important to them

59% said that they knew how to make a complaint

Given the Australian Charter of Healthcare Rights states clients have a right to make a complaint, it is perhaps of some concern that 41% of respondents did not know how to use the Client Complaints & Feedback system at Banyule Community Health. Thirty four percent of respondents reported the same in 2017. Although figures were similar to the VHES statewide averages in both years, it would seem some action is required for improvement.

Action: Information about how to make a complaint at Banyule Community Health is displayed in a more prominent way and results from the 2019 VHES will be monitored for trends.

Team Work

Results from the 2018 Victorian Healthcare Experience Survey. 93 clients from Banyule Community Health completed a survey and results were in keeping with statewide averages.

89% said that they were referred to other services to improve their health & wellbeing

81% said that the health service gave all necessary information to other relevant services

76% said that they did not come across situations where one worker said one thing about their care and another worker said something else

73% said that people at the health service worked together to help them with their health & wellbeing

71% said that they never had to repeat information that should be in their record at the health service

Somali-Australian New Lawyer Program

In direct response to needs voiced by the local Somali community, Banyule Community Health and the West Heidelberg Community Legal Service, established a Somali-Australian New Lawyer position.

The project is unique in Victoria and aims to address the social disadvantage experienced by this community through access to legal services provided in a culturally safe and respectful practice. At the same time, the program promotes leadership and the development of role models in the Somali community that in turn, models diversity in the community sector and legal profession.

The Somali Australian Council of Victoria and Himilo Community Connect, promote the Somali-Australian New Lawyer program in support of the development of community leadership and access to legal services.

New Lawyer, the First Year

New Lawyer, Yusuf, has experience and understanding of Somali culture as lived by different generations. Growing up in Australia, having arrived with his family as a baby, Yusuf also spent time, as a nine year old, in Somalia at the height of the civil war. With his background, Yusuf has insights into how the Somali culture, and for some the added influence of Australian culture, present different challenges for clients using the legal system.

Yusuf recognises that there is a generational culture gap between those who fled Somalia and the next generation growing up in Australia. People who arrived as asylum seekers or refugees are often worried about the consequences of pursuing their legal rights. There is also greater disadvantage in education, employment, income and health among people who grew up in Somalia compared to Australia.

Regardless of the generation or individual experiences of the client, a Somali lawyer with implicit knowledge and understanding of culture and language has improved

access to legal services for community members. Presentations to the legal service have increased by 30% since the program began.

Where once community members may not have asked about legal issues, Yusuf is approached and asked questions at places like the mosque, West Heidelberg Mall and community events. He says it is a measure of the community feeling safe to ask about legal issues and learning about their rights. It is also evidence of the leadership role that he holds in the community.

Leadership Development and Community Legal Education

Leadership development of the New Lawyer is promoted in different ways. The Somali-Australian New Lawyer has access to the Victoria Legal Aid New Lawyer Training Program for professional development. An additional benefit is being able to join a professional network of young lawyers at similar stages of their careers. This opportunity is important for young professionals from Culturally and Linguistically Diverse Communities, who may not otherwise have the benefit of community connections within the legal profession. At the West Heidelberg Legal Service, the lawyer gains experience and skills working in an area that has one of the largest Somali populations in Victoria, and experience working in a community legal service.

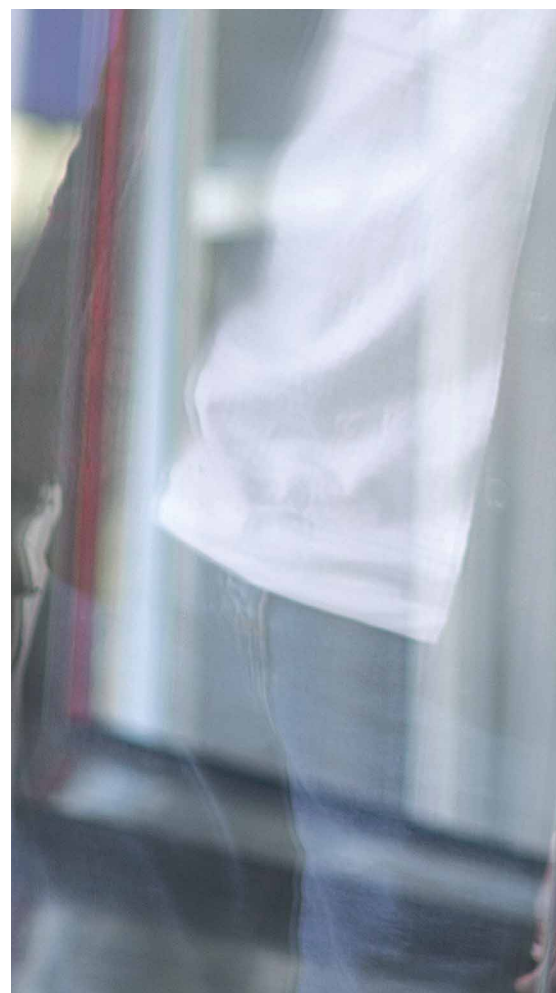
As a leader and role model in the Somali community, and a role model for African leadership in community and legal sectors, the New Lawyer program includes contributions to community legal education.

In the first year, the New Lawyer developed a Law Guide for a financial literacy program, 'Let's Talk Money' for migrant and refugee women provided by Women's Health in the North. The New Lawyer further trained local Somali Australian Peer Educators to deliver training based on the guide.

Interpreter usage

Banyule Community Health used 1,933 interpreters in 2018-2019.

Top 10 Languages	
Arabic	23%
Somali	13%
Mandarin	12%
Farsi	12%
Cantonese	5%
Vietnamese	4%
Urdu	4%
Italian	4%
Greek	3%
Tamil	3%





Children of All Abilities

Allied Health in the Community

At Banyule Community Health we are committed to providing services that are accessible to people who need them the most. Some of our work aims to reach people who are not using the services that they need or at a time when it would have the best effect.

SPOT-On

SPOT-On is an early intervention, paediatric Speech Pathology (SP) & Occupational Therapy (OT) outreach program. It aims to improve outcomes for children aged 0-5 years old who have one or more delays in language, literacy, speech, motor skills, self care skills, play and social skills. Reaching families where children were not already using speech pathology or occupational therapy services was important because without early intervention children with delays often have difficulty when they start school.

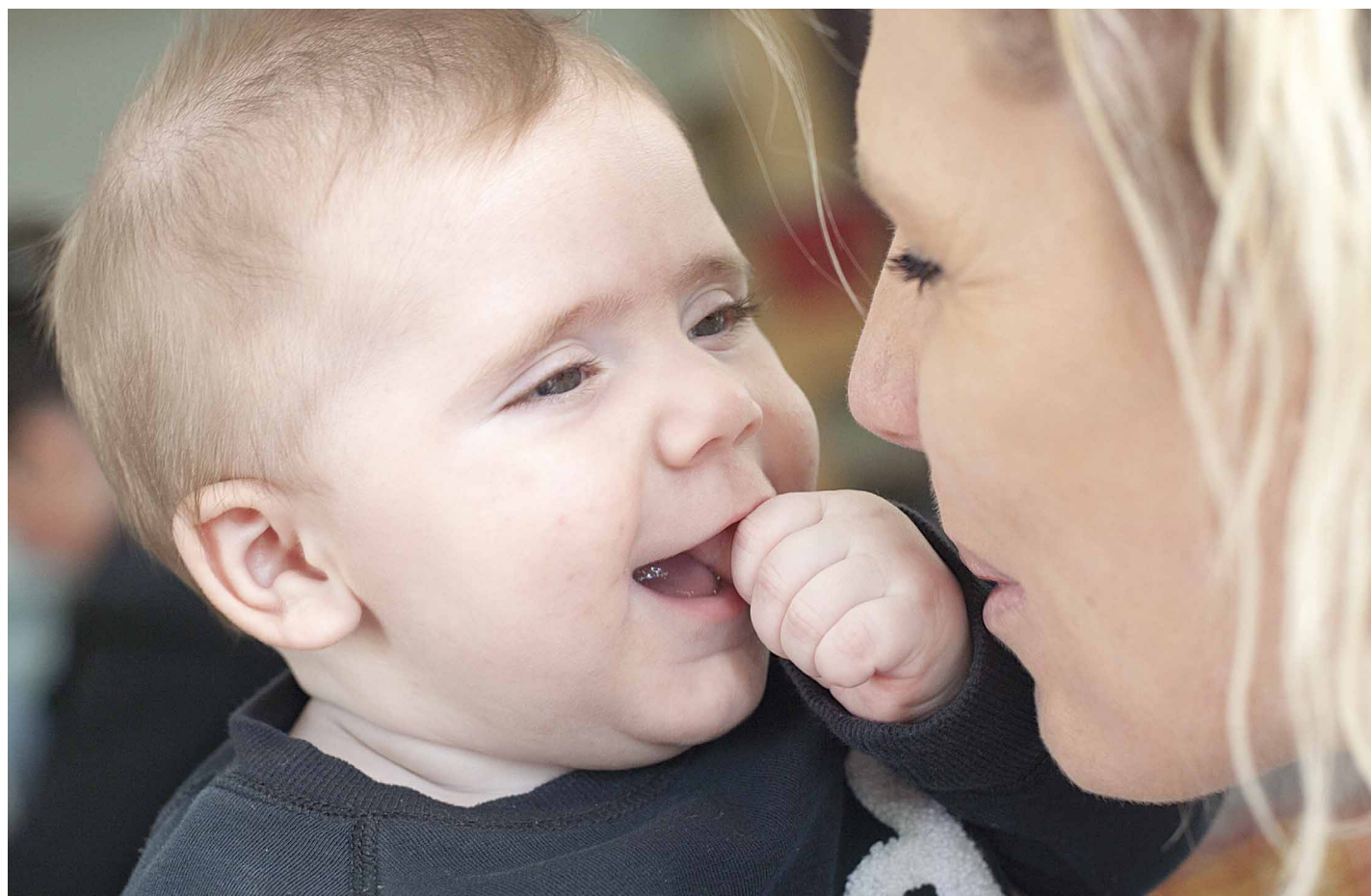
In the last two years a paediatric SP and OT from Banyule Community Health have provided outreach services in two early years learning centres. It is a unique program because SP's and OT's would usually visit one child at a centre, briefly talk with staff and follow up would be through the parents. Instead, the SPOT-On therapists spend half a day a week at the early learning centre working with staff and families. They worked with families who were not comfortable going to larger services for assessments and people who were not sure about therapists in general. The SP and OT were able to develop trusting relationships with these families and support them to access several services that they needed at Banyule Community Health and elsewhere.

As well as being available for questions and skills training while staff worked, the SPOT-On therapists ran information and training sessions for staff and families.

Eleven from 12 staff said that they had changed at least one area of practice as a result of the therapists being at their workplace.

- Confidence having discussions with parents about a child's developmental needs
- Using specific strategies to improve speech and motor skills in children
- Encouraging parents to access SP or OT services

The SPOT-On program has been evaluated as an approach that would benefit other early learning centres and considered as part of a broader response to developmental delay by the BHNEM Collaborative (Better Health North East Melbourne partnership).



Community Voice

The Youth Foundation 3081* program provides grants to young people to carry out projects that benefit the community. Although a Banyule Community Health Facilitator provides support at all stages, young people themselves lead the planning and implementation of projects from their own ideas. Learning new skills and becoming confident to take part in a real-

world project, young people learn that they can make a positive contribution to their community.

'We Can'

The young people at Waratah Special Developmental School wanted to show other people what they could do and celebrate their achievements. The teachers saw the benefits of having positive

messages about disability not only for the students themselves and school community, but also for the wider community.

The Facilitator worked with teachers, students and filmmakers from Action Crew to support the students to make a short film that celebrated the school community. You can see the film at waratahsds.vic.edu.au

Testimonial from the Victorian Equal Opportunity and Human Rights Commission

Senior Advisors from the Victorian Equal Opportunity and Human Rights Commission wrote a letter about the film: (June 2019)

We Can is a warm, intelligent and uplifting film made in collaboration with students and staff at Waratah Special Developmental School in Bellfield, Victoria. It takes a positive, respectful and inclusive approach to the representation of students' strengths and the celebration of their many achievements.

The filmmakers have used many creative approaches to ensure the participation of a diverse student cohort and to make the film accessible to a wide audience.

The result: a charming film that gives voice to an underrepresented group in our school communities and showcases the care, professionalism and ethos of the school staff.

Dr. Christine Dew, and Kylie Smith -

**Youth Foundation 3081 is funded by Bendigo Community Bank and managed by Banyule Community Health. It receives additional support from Banyule City Council and La Trobe University.*

The Victorian Equal Opportunity and Human Rights Commission have included the film in their professional training program for schools in Diversity and Inclusion.



Oral Health Services

Hard Black Rock for Resistant Children

A new product has had great success in treating cavities in children who are resistant to treatment. Banyule Community Health dental clinic have the option to use Silver Diamine Fluoride (Hard Black Rock). The procedure requires no injection or use of dental drills and is carried out in one visit. It is applied using a brush and is a fast, easy and painless way to treat sensitivity and damage caused by decay. It does, however, leave a black stain on the treated tooth, which most people don't mind for the benefit of stress-free treatment.

Rajan

Rajan is a four year old boy who will not allow any metal instruments or suction tubes in his mouth. Although a little nervous, Rajan did let the dentist use hard black rock once he knew how it would be applied. The dentist explained to Rajan and his parents, that a black stained spot would appear on the treated tooth. Written information from the dentist included pictures, so that they knew what to expect and could explain the procedure to family members, if any concerns arose.

Although hard black rock can remain on a tooth until adult teeth grow through, Rajan did require further dental work. It was likely to be at the Dental Hospital under general anesthetic and the wait list was long. The application of hard black rock meant that the cavity would not decay further and cause pain while Rajan waited for further treatment.

Rajan turned up for follow up appointments and started to allow the dentist to use suction and clean his teeth with a metal instrument. He was more relaxed in the dental chair because of his previous experience with the simple and non-intrusive procedure of hard black rock.

Changes to Sterilisation Practice due to New Standards

Every three years, Banyule Community Health dental services undergo a full assessment cycle against all of the National Standards for Quality Health Services (NSQHS). A mid-cycle assessment takes place within those three years.

Sometimes, when standards change outside the three year cycle, services may need to implement new practices to ensure they continue to provide care that is safe and of high quality. For example, in 2019, Banyule Community Health responded to new NSQHS standards in Sterilisation by only purchasing and using products that have Therapeutic Goods Approval (TGA). The approval means we can be sure that the products used for treatment are also of a high standard, which improves quality and safety in service delivery.

The use of TGA materials includes cleaning products used in clinic rooms. These products are now used in all areas of cleaning at Banyule Community Health. Compliance with use of TGA products in clinical services are monitored in an annual Infection Control Audit. This year, external auditors carried out the audit in the dental clinic.

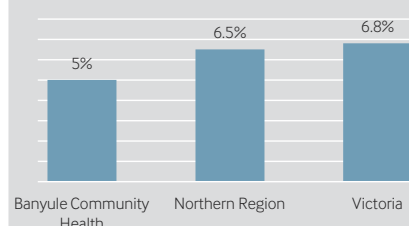
Oral Health Educators Promote Long Term Oral Health.

Dental services have introduced an innovative service to improve client's long term oral health. Experienced Dental Assistants working at Banyule Community Health completed training in Oral Health Education and started work in their new roles this year. They work along side clinicians during a course of care and show clients how to maintain their oral health between appointments. Long public waiting lists mean clients can wait up to two years

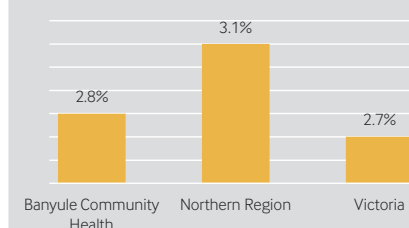
for their next dental appointment. Good oral health during this time can reduce the development of dental problems, which require more expensive and intrusive treatment and can affect other areas of physical and mental health and social wellbeing.

Amongst the many things, an Oral Health Educator can do, they can demonstrate the use of different types of tooth brush and modified techniques of brushing and flossing according to Individual requirements. They can test saliva and discuss the management of dry mouth as well as discuss how food and drink affect oral health.

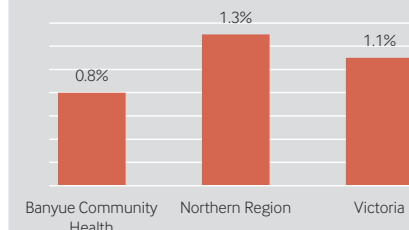
2018-2019 Restorative re-treatment within 6 months - adult



2018 - 2019 Restorative re-treatment within 6 months - child



Unplanned return within 7 days of a routine extraction 2018-2019





Client Feedback Contributes to Change

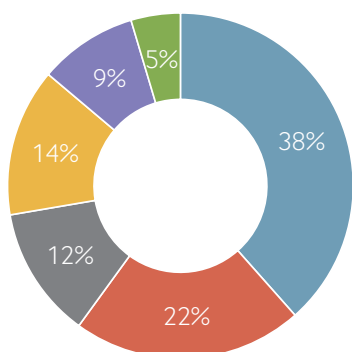
System for Client Complaints & Feedback

Banyule Community Health welcomes feedback from the community to improve services and uphold client rights to make a formal complaint. In 2018 there were 127 feedback items. Of these, 65 were complaints, 42 compliments and 20 were suggestions.

89% of complainants who had provided an email/address (50/56) had their complaint Acknowledged. Where dates were recorded on Feedback forms, 87% (39/45) received the Acknowledgement in required three working days and on average in two working days. Some Acknowledgments were not sent because a resolution had been reached with the client prior to the three day timeframe. 94% of complaints were resolved within the required 14 days with half of these taking only 7 working days.

Areas receiving the most complaints and the related actions are presented, on this page, in conjunction with results from the Victorian Healthcare Experience Survey (VHES, 2018).

Complaint Type



- Facilities & Environment
- Clinical Care/Access
- Behaviour & Conduct
- Clinical Care & Treatment
- Non-clinical Services/
Appointment Scheduling
- Other



Accessing the Health Service

Ninety three clients of Banyule Community Health completed the 2018 Victorian Healthcare Experience Survey (VHES).

- ✓ 95% rated the politeness and helpfulness of reception staff very highly.
- ✓ 80% said that their condition never got worse while they were waiting for an appointment.
- ✓ 78% said that it was easy to find out that the service existed and 86% said that it was easy to find.
- ✓ 77% said that they usually spend about the right amount of time in the waiting area before an appointment.
- ✓ 69% received information they needed about the appointment before attending.

Areas for Improvement

Car Parking: Results from the 2018 VHES, showed that transport facilities were an area of poor performance according to 47% of respondents. Also in 2018, nine complaints (14%) were made using the formal Client Feedback and Complaints system about car parking and traffic at the Greensborough site and use of the drop off zone at the West Heidelberg site.

Action: Traffic problems at the Greensborough site will improve once building works are completed. Banyule Community Health has reviewed how the pick up/drop off zone at West Heidelberg is used and installed signage to direct the flow of traffic.

Making an appointment: Sixty seven percent of respondents to the VHES said that it was always easy to make an appointment; an increase compared to 55% in 2017. Although VHES results are insignificant, ten complaints (15%) received through the formal Client Feedback and Complaints system, reported that appointments could not be made in a timely manner.

Action: Reception services trialed different approaches aimed at increasing staff time to make client appointments. A 'Meet & Greet' role was trialed where staff stood in the waiting area and diverted clients from the front desk by providing directions.

Variations of dedicating one staff to answer phones at the front desk or away from the area were trialed. A staff person who was located away from the front desk, was able to answer 40% of all reception calls. Staff at the front desk said that it helped them to spend more time with complex clients. In 2019, the team are working towards embedding this model into practice to improve the client experience in making appointments.

Environment & Facilities

Ninety three clients of Banyule Community Health completed the 2018 Victorian Healthcare Experience Survey (VHES).

- ✓ 98% were given enough privacy during their appointment
- ✓ 86% said that the health service was always welcoming
- ✓ 74% said the health service was very clean and 24% that it was fairly clean

Although the majority of complaints received through the Client Complaints and Feedback system were about the environment and facilities (36%), over half were about a room booking and almost half were about car parking (see also on this page, Accessing Services).

Areas for Improvement

Privacy at the Reception Desk at West Heidelberg:

Positive experiences reported by clients were low, in terms of privacy at the reception desk. Results were consistently reported as between 61%-66% across three years of the VHES.

Although the figures do not represent a significant change in performance in the three years, they are statistically significantly below the 2018 average for metropolitan community health services (78%), and the state average of 79%. There have been no formal complaints in the last two years about privacy at reception services. One client did suggest, however, that privacy screens be installed at the West Heidelberg site.

Action: Banyule Community Health include client privacy at the West Heidelberg reception desk when Architects are contracted to investigate the best use of space and make recommendations for change.

Managing Challenging Behaviour

Occupational Violence and Aggression

Banyule Community Health recognise that the way we behave is the result of many complex reasons and circumstances and that the causes of challenging behaviour are no different. A comprehensive and person centred response is outlined in a policy and procedure for Managing Challenging Client Behaviours. Occupational violence and aggression in healthcare settings is addressed as a workforce safety issue.

In 2018, Accreditors said that the strength based approach to clients with challenging behaviour at Banyule Community Health was "a leading strategy amongst health care organisations, of which the health service is to be commended."

Banyule Community Health meet all criteria

in the six domains of the 'Framework for Preventing and Managing Occupational Violence and Aggression' (Department of Health & Human Services, 2017). An audit and self-assessment against the framework was conducted in 2018 and an Action Plan for improvement has since been completed.

Extra Support to Access Services Without Incident

The strengths based approach to managing challenging behaviour at Banyule Community Health, is driven by a long-held principle that to serve all members of the community, no person is denied a service. It follows, therefore, that people who display challenging behaviour are often seen to require extra support to access the service without incident. This is balanced with the need to provide a safe environment for staff and other clients.

Staff are regularly provided training and support to respond to challenging behaviour. Training focuses on communication, empathy, understanding the crisis development level and knowing the best approach to take for the particular behavioural level. Importantly, a focus is put on all involved in any incidents.

Staff use case conferences and behaviour management plans to best manage the risks of occupational violence in the workplace, ensuring a safe working environment. Best practice strategies, knowledge of clients' needs and thorough pre planning, ensure that violence and/or aggression is often prevented and the best possible health outcome met. This process requires a dedicated, compassionate and professional response from staff committed to providing quality health outcomes for all.

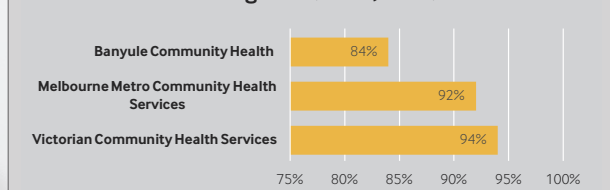
Feeling Physically Safe at West Heidelberg

Results from the Victorian Healthcare Experience Survey (VHES, 2018) showed 84% of clients always felt safe in the waiting area at the West Heidelberg site. Although the figure is high, it is statistically

significantly below the average of other community health services in Melbourne and across the state. In 2018, there was also a small increase in complaints to Banyule Community Health, made by clients about the behaviour of other clients, often in the waiting area.

Action: Banyule Community Health to investigate the perceptions of people in the waiting area during a Code Black, Clinical Response. Results will inform a response to improve the feelings of physical safety amongst people in these situations.

% of Clients who always felt safe in the waiting area (VHES, 2018)



Accreditation

NACLC

In 2019, the West Heidelberg Legal Service maintained accreditation with the National Association of Community Legal Centres.

Accreditation for the use of X-Rays

In March 2019, Banyule Community Health dental services, were accredited to use the OPG X-ray. The X-ray takes an image of the whole mouth in one picture. Diagnosis and the timely provision of treatment has improved because the dental clinic can provide instant X-ray images on-site.

To ensure safety in X-ray use, dental services were assessed against Diagnostic Imaging Standards (3rd ed). External

assessors (QIP), checked supporting processes, procedures and new equipment, for compliance with the standards. Standards covered areas of Registration and Licensing, Radiation Safety, and X-ray equipment.

AGPAL Accreditation

Royal Australian College of General Practitioners Standards for General Practice (November 2019) Australian General Practice Accreditation Limited. At the time of printing, a self-assessment journal had been submitted, the Practice Accreditation and Improvement Survey (PAIS) had been conducted, and assessors are due to visit on site in early November.

Centralised Sterilisation Room

A Working Group at Banyule Community Health are moving towards accreditation of a new Sterilisation Room that will be located in the dental clinic. Banyule Community Health have always been compliant with National Standards in sterilisation practice. The release of new National Standards, however, have required agencies to establish a room purpose built for sterilisation. An Action Plan includes fitting out a room and using equipment that is compliant with the standards. Accreditation and approval for its use is planned for 2021.

Client Satisfaction Survey in General Practice

Ninety three clients of the Banyule Community Health General Practice, completed the 'Practice Accreditation and Improvement Survey' as part of AGPAL Accreditation, 2019. Results were in keeping with other General Practices across Australia.

97% of all client ratings about the practice were good, very good or excellent.

91% said that they,

- would recommend the General Practice to others
- were treated with respect
- were greeted warmly

90% said that,

- clinicians had listened to them
- they were confident in the clinician's ability
- they were satisfied with the consultation
- they were satisfied with the way they were treated by staff
- they were satisfied with the General Practice overall

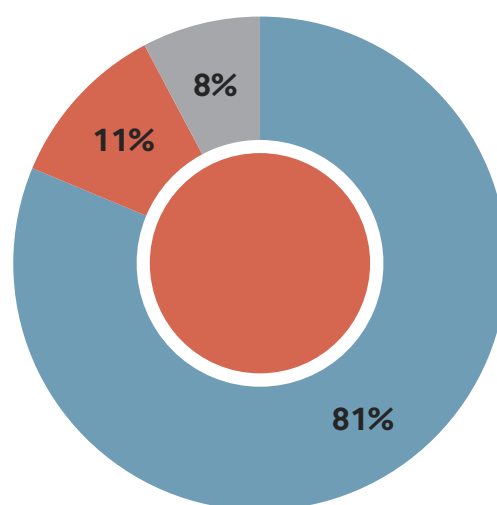
2018 - 2019 Finance Summary

A summary of income and expenditure at Banyule Community Health for the financial year 2018-2019 is provided below. The full Banyule Community Health Annual Report and Financial Statements are available online at www.bchs.org.au

With over 200 staff, 90 volunteers and over 16,000 registered clients, Banyule Community Health is a large and complex organisation. We have consistently operated within budget and our income and expenditure in 2018-19 were in the order of \$19M.

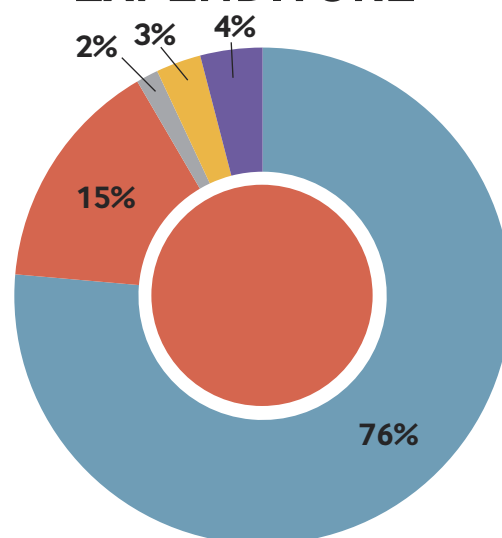
Income		
Grant Income	15,916,000	81%
Patient Fees	2,143,000	11%
Other Income	1,518,000	8%
TOTAL INCOME	19,577,000	100%
Expenditure		
Employee Benefits Expenses	13,897,000	76%
Client Program & Medical Expenses	2,765,000	15%
Depreciation & Amortisation Expense	262,000	2%
Repairs, Maintenance & Minor Equipment	534,000	3%
Other Expenses	736,000	4%
TOTAL EXPENSES	18,194,000	100%
SURPLUS / (DEFICIT) from operations	1,383,000	

INCOME



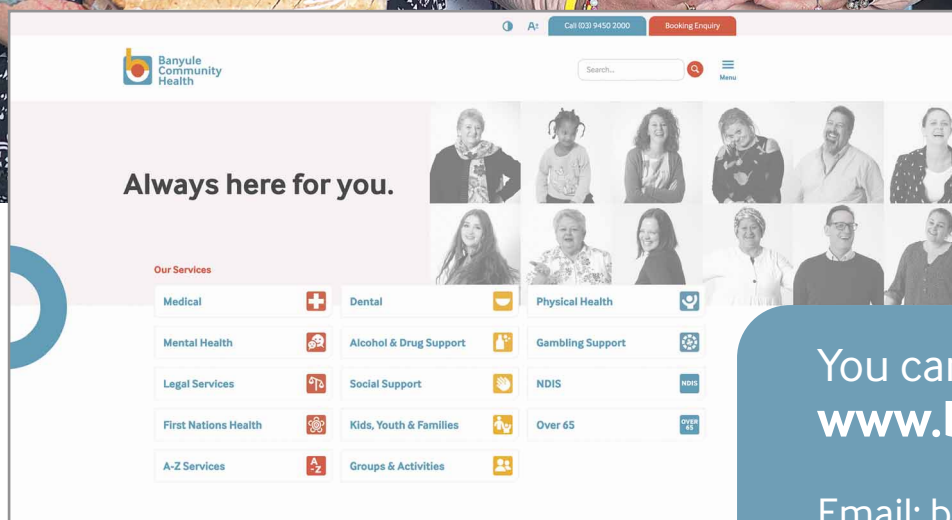
- Grant Income
- Patient Fees
- Other Income

EXPENDITURE



- Employee benefits expense
- Client program and medical expenses
- Depreciation and amortisation expense
- Repairs, maintenance and minor equipment
- Other expenses

How to find us



You can also find us online
www.bchs.org.au

Email: banyule@bchs.org.au

Twitter: @banyulechs

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