



Dental Health Services Victoria

Annual Report

2014/2015



dental health
services victoria
oral health for better health

Dental Health Services Victoria

Dental Health Services Victoria (DHSV) is the leading public oral health agency in Victoria. We aim to improve the oral health status of all Victorians, particularly vulnerable groups and those most in need.

DHSV was established in 1996 and is funded by the State Government to provide or purchase clinical dental services to eligible Victorians and improve the planning, integration, coordination and management of Victoria's public dental services.

We provide Victorians with quality oral health care through The Royal Dental Hospital of Melbourne (RDHM) and by purchasing dental services for public patients from 53 community agencies throughout Victoria.

Our aim is to add value to the relationships we have with all 53 agencies to provide support in the provision of oral health services to as many eligible people as possible.

Responsible to the Victorian Minister for Health and Human Services, DHSV is a public health service which employs 654 staff who work to an agreed Statement of Priorities. As trusted advisors in public oral health policy, program and guideline development, we continue to contribute to improving oral health in our communities.

DHSV was established under the Health Services Act 1988. The responsible Ministers for Health during the reporting period were The Honourable David Davis MLC, Minister for Health, Minister for Ageing 1 July 2014 to 3 December 2014 and The Honourable Jill Hennessy MLA, Minister for Health 4 December 2014 to 30 June 2015.

Our Vision

Oral health for better health

Our Mission

To lead improvement in oral health for all Victorians, particularly vulnerable groups and those most in need

Our Values

Respect – we treat everyone in an open and courteous manner

Integrity – we behave fairly and honestly and are accountable for our actions

Teamwork – we work as a team and in partnership with our patients, our partners and the community

Excellence – we set best practice standards and are innovative in all that we do

DHSV acknowledges the ongoing support of the Victorian Government.

Highlights



Treated
382,942
people across our agencies and RDHM (inclusive of Child Dental Benefits Schedule clients)



Treated
10.3% more
Aboriginal and Torres Strait Islander peoples state-wide than the previous financial year (9,307 individuals)



12,328
refugees received dental treatment



160,315
people received emergency care



95%
of day surgery patients rated their experience as good or very good in the Victorian Health Experience Survey



164,785
children received dental care at one of the many public dental clinics across Victoria and the RDHM (inclusive of Child Dental Benefits Schedule clients)



A total of **485**
early childhood services, representing
23% of all Victorian early years settings
are currently participating in Smiles
4 Miles which is reaching 24,371 children
and their families



RDHM was recognised for a number
of achievements under the National Safety
and Quality Health Service Standards and
was awarded four met with merit ratings



Launched the Lean initiative designed
to train a cross section of staff
to implement projects that have
improved the cost, quality and delivery
of services to patients



Highly commended in the bid for
Victoria's top health honour –
the Premier's Metropolitan Health
Service of the Year award



Overall patient satisfaction levels
at RDHM hit an all-time high of

88%
in February 2015



Larrikin priest Father Bob was selected
for the 2015 Smile of the Year Award
with a particular emphasis on the oral
health of the homeless community

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In accordance with the Financial Management Act 1994, I am pleased to present the Report of Operations for Dental Health Services Victoria for the year ending 30 June 2015.



Dr Zoe Wainer
Chair, Board of Directors
Dental Health Services Victoria
Carlton VIC

13 August 2015

Consistent with the DataVic Access Policy issued by the Victorian Government in 2012, the information included in this Annual Report will be available at www.data.vic.gov.au in machine readable format.

Year in Review: Report of Operations

Extending the reach...

The DHSV commitment to treating more eligible patients than ever before remained on target despite the Federal Governments' deferral of the second National Partnership Agreement on Adult Public Dental Services. DHSV completed the requirements of the first National Partnership Agreement on Treating More Public Dental Patients during 2014–15. DHSV broke new ground with a record number of Aboriginal and Torres Strait Islander people treated and community outreach programs flourished with new community partnerships and innovative clinical leadership.

Service improvements

Patient satisfaction levels at RDHM hit an all-time high of 88% in February to June 2015, an increase from the average overall satisfaction rating of 74% from July to December 2014.

RDHM launched the Lean model of care aimed at improving processes and eliminating waste. Initiatives have included "vision boards" for communication with staff, redesigning the dental laboratory storage area and a new linen based service for sterilisation processes which has saved 1.5 hours of staff time per day and reduced electricity and water usage.

With an increased focus on innovations and clinical leadership DHSV was able to provide treatment to 382,942 patients even though the second National Partnership Agreement on Adult Public Dental Services had been deferred.

DHSV's commitment to children accessing our services saw a challenging period with the implementation of the Child Dental Benefits Schedule (CDBS). A very successful range of health promotion activities in education, health and community organisations has

meant that the dental health of children in Victoria remains a key objective in the work of DHSV.

The CDBS allows families to claim up to \$1,000 of basic dental treatment through Medicare for eligible 2–17 year olds over a two-year period. This financial year, 164,785 children received dental care at one of the many public dental clinics across Victoria and RDHM.

Partnering with the community

With funding from the Victorian Government, DHSV works with a range of health and other professional groups to increase their capacity to promote oral health within their own environments. These partnerships help create a team of community oral health 'champions' across a wide range of disciplines.

Smiles 4 Miles

Smiles 4 Miles is an initiative of DHSV which works in partnership with organisations to improve the oral health of children, their families, early childhood staff and the wider community. The program is based on the World Health Organisation's Health Promoting Schools Framework and is delivered predominantly in kindergartens.

Smiles 4 Miles worked in partnership with 33 local community organisations and 53 Smiles 4 Miles coordinators to implement the program in targeted areas across Victoria. A total of 485 early childhood services, representing 23% of all Victorian early years settings are currently participating in Smiles 4 Miles which is reaching 24,371 children and their families.

A total of 65 Smiles 4 Miles stakeholders participated in oral health professional development opportunities through the Smiles 4 Miles induction day, individual site visits and the annual forum. In addition, 32 students studying Certificate III in Early Childhood Education and Care received oral health training through our partnership with Holmesglen Institute.

Smiles 4 Miles has focussed on expanding the Clean Well message with a particular focus on Fluoride, Oral Hygiene and Dental Visits. All children participating in Smiles 4 Miles received information about the CDBS and how to access their local dental service. Referrals from Smiles 4 Miles early childhood services to local dental services ensure children are accessing dental services.

A strong partnership with the Healthy Together Victoria Achievement Program continues with early childhood services who have achieved their Smiles 4 Miles award now eligible to be recognised for the healthy eating and oral health priority component of this state-wide health promotion initiative.

Healthy Families, Healthy Smiles

The Healthy Families, Healthy Smiles (HFHS) initiative aims to improve the oral health of Victorian children aged 0–3 years and pregnant women by building the capacity of health and early childhood professionals to promote oral health. This initiative is funded by the Victorian Government.

Education programs

Over 2014–15 new education programs, resources and other capacity building activities were delivered through HFHS. Over 2,000 professionals from the following disciplines participated in professional development opportunities through the program:

- **Midwives** – 23 midwives completed the Midwifery Initiated Oral Health Education Program, bringing the total to 113 midwives trained to deliver oral health advice, assessment and referral. A further 37 midwives participated in other professional development forums offered through the program.
- **Maternal and child health nurses (MCHN)** – The Tooth Tips fact sheet was reviewed and updated in September 2014. The evaluation of the Teeth Manual highlighted a need for greater professional development in oral health. With the support of the Municipal Association of Victoria and Department of Education and Training DHSV delivered a presentation at the Maternal and Child Health Conference in May 2015, reaching approximately 1,300 MCHN. A partnership was also established with RMIT and a presentation delivered to 32 MCHN students.
- **Early Childhood Professionals** – Two new education programs and supporting resources for Early Childhood Professionals were delivered. The oral health information flipchart for supported playgroups was piloted involving delivery of oral health promotion workshops to 35 playgroup facilitators across 12 services. The Healthy Little Smiles Resource Kit for Early Childhood Professionals was also piloted with seven workshops delivered across seven communities reaching 141 early childhood educators. Feedback from the professionals participating in these pilots will inform the expansion of these initiatives.
- **Early Childhood Education and Care course providers** – Partnerships with Early Childhood Education and Care course providers have been established to embed oral health in tertiary education curricula. Four lectures were delivered to 110 students (Cert III and Diploma ECE&C) at two institutes (Box Hill and Kangan Institutes). A workshop was also held with teaching staff at Box Hill Institute.
- **Aboriginal Health Services** – An education program for staff called Bigger Better Smiles was expanded to an additional service after the successful pilot. Nine staff completed the training in April 2015. A presentation on oral health during pregnancy was also delivered as part of the Koori Maternity Service CPD day, reaching 17 midwives and Aboriginal Health Workers.
- **GPs and Practice Nurses** – An oral health CPD session for GPs and Practice Nurses was piloted with Frankston Mornington Peninsula Medicare Local, and reached 23 professionals. A shared maternity care forum also reached 27 antenatal professionals.
- **Pharmacists** – The Victorian Branch of the Pharmaceutical Society of Australia (PSA), DHSV and the Australian Dental Association {Victorian Branch} launched a joint position statement on oral health in March 2015. The position statement provides a foundation for pharmacists and the dental sector to work collaboratively to support better oral health in the community. DHSV also supported the PSA Continuing Professional Development Program delivering a lecture and four workshops reaching 257 pharmacists.

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- **Dietitians** – A partnership was established with the Dietitians Association of Australia and a working group convened to support the development of a national level oral health position statement.

A new four year project plan has been developed to support the implementation of the next phase of HFHS.

Smoke Free

Smoke Free Smiles

The first SmokeFree Smiles training session was held at RDHM on 31 July 2014. SmokeFree Smiles is a patient smoking cessation pilot program developed in collaboration with Quit Victoria, Department of Health and Human Services Victoria, DHSV and the Australian Dental Association Victorian Branch. RDHM was one of five pilot sites taking part in the pilot program which aims to train and support oral health professionals plus support staff in providing brief smoking cessation services. The first patient referral occurred shortly after the training session had finished. The launch was attended by the State Minister for Health. 192 referrals were made state-wide with 62 of those coming from RDHM.

Community

Together with Maternal and Child Health services in six sites, DHSV distributed family toothbrush and toothpaste packs. This was a continuation of a pilot project, made possible by the Colgate Mrs Marsh grant. A total of 12,600 oral care products were received by families at greatest risk.

Schools

Breakfast Club

DHSV received a grant from the Alliance for a Cavity-Free Future* to investigate the feasibility of conducting tooth brushing programs in primary school breakfast programs. Three schools with breakfast programs in areas experiencing disadvantage have begun the project.

* Alliance for a Cavity-Free Future, a non-profitable charitable organisation, is led by dental experts who have joined forces to help implement changes to dental health practices across the globe.

DHSV partnered with Ballarat Health Service and Latrobe University to deliver a 12 month pilot teaching

model of care for dental students. The pilot commenced in June. It will be formally evaluated and will provide an opportunity to deliver a contemporary evidence-based best practice teaching model that can be replicated across the State.

Oral Health Surveys

Victorian Child Oral Health Survey

The Victorian Child Oral Health Survey, a state-wide cross sectional survey, was completed by the Centre for Applied Oral Health Research (CAOHR). The survey was funded by the Victorian Government and involved the families of 16,333 children aged 4–14 years old. 153 schools consented to participate in the survey and oral examinations were successfully conducted on 4,447 children across Victoria. This data will form part of a National Child Oral Health data set.

Victorian Pre-Schoolers Oral Health Survey

The Victorian Pre-schoolers Oral Health Survey was completed by the DHSV's Centre of Applied Oral Health Research. The survey was funded by the Victorian Government and data was collected from 1,862 children aged 3–5 years old. Data was collected at 61 pre-schools across Victoria.

People with disability

DHSV formed a new partnership with Karingal, a non-for-profit organisation providing a large range of services for people with a disability. A 2010 review of the evidence found that people with intellectual disability have poorer oral hygiene, more gum disease and more untreated tooth decay than the general population. DHSV worked with Karingal to look at opportunities to address this disparity within its services. The focus of the years' work was consultation to determine current knowledge, skills and understanding about oral health; examination of current policy and practice; and discussion around barriers and opportunities for promoting oral health in disability settings.

In response to needs identified, a short film was produced to assist people with a disability to prepare for dental visits. Easy Read oral health information was also developed and 50 accommodation support staff received oral health CPD training.

Moving to new models of care through our LEAN system. Eliminating waste and improving processes through staff collaboration and thinking differently. Working together for improved services through innovative service flow

Better oral health through evidence based research

DHSV undertakes research projects to ensure that the services we provide adhere to best practice and are of the highest quality.

Hall Technique

DHSV continued to investigate the Hall Technique, a painless and non-intrusive method of treating tooth decay in young children. Avoiding the use of a needles or drills, the Hall Technique uses stainless steel crowns to seal tooth decay and halt its progress. Following a successful pilot program, 251 Hall Technique crowns have been placed by 12 clinicians at participating community dental agencies (North Richmond Community Health, Barwon Health and Monash Health). Parents of the 251 children (3 to 7 year olds) participating in the study expressed support of the Hall Technique. Baseline data indicates that the vast majority of parents and children (across all ages) participating in the study were pleased with the Hall technique visit and were happy to receive the Hall Crown or have the Hall Crown placed on their children's primary molars. Clinicians who placed the crown were also very supportive of the technique. The success of the Hall Crowns on these children

is being reviewed at six months, 12 months and 24 months after placement of the crown. The six months and 12 months data is currently being analysed.

Innovative plaque removal device for people with disabilities

DHSV was successful in gaining funding, in 2014, from the Department of State Development, Business and Innovation for the development of a plaque removal device that would assist people with disabilities (and manual dexterity issues) in maintaining good oral hygiene. DHSV have engaged the services of product development specialists APS Innovations Pty Ltd, to assist DHSV in the development process. The aim of this project is to develop a device that can conveniently and efficiently remove plaque from the natural teeth of people with disabilities and is acceptable by this population group and their carers. A feasibility study was successfully completed in 2013, and DHSV are currently half-way through the validation stage which includes manufacture of devices for testing. A clinical trial will be undertaken in early 2016 to test the efficiency and acceptability of the device in a group of adults with disabilities and their carers. The validation project is due for completion mid-2016.

Improving the patient experience

DHSV has a particular focus on priority access groups and communities that are identified in Victorian Government policy.

DHSV significantly improved the patient experience at RDHM with the implementation of the Patient Liaison Officer in Primary Care resulted in the highest patient satisfaction results for this clinic to date with an average of 86% for January, including the highest weekly result of 92%. The significant improvement is mainly attributed to increased communication with patients in the waiting area due to extra time allocated for the concierge role.

Patient satisfaction levels at RDHM hit an all-time high of 88% in February and June 2015, an increase from the average overall satisfaction rating of 74% from July to December 2014.

Refugees and asylum seekers

The Royal Dental Hospital of Melbourne (RDHM) has services to help refugees and asylum seekers living in Victoria receive dental care. Refugees and asylum seekers are eligible for general, denture and specialist treatment and may also be able to receive priority access to these public dental care services. RDHM also offers interpreter services for patients who need help with their visit. In 2014–15, 12,328 refugees received the dental treatment they needed.

A change in the model of care for how RDHM triages refugees and asylum seekers saw a significant decrease in number of asylum seeker and refugee patients presenting as 'walk ins' and improved the flow of the emergency department. The innovative model of care saw 448 patients attend RDHM after they had received dental triage at their local support service from a Certified IV trained Dental Assistant (DA). The DA triages patients, provides some oral hygiene education and refers to the RDHM emergency department or the local Community Agency dental clinic based on clinical need and location.

People with special needs

The DHSV Integrated Special Needs Unit covered a range of services for 4,555 patients which included three clinics for special needs patients at RDHM and five external clinics. This consists of two mobile service dental vans that visit special developmental schools and homebound patients, a domiciliary service which treats homebound patients, Ozanam clinic for the homeless and marginalised, Melbourne Juvenile Justice Clinic for youths in the justice system and the Plenty Valley Residential Services Clinic for those with severe intellectual disabilities.

Reaching out

To facilitate priority access for homeless people in the north west, DHSV collaborated with the Royal District Nursing Service and Northern Melbourne

Extending the reach through Melbourne's homeless community by taking part in the Where the Heart is Festival. RDHM dental practitioners performed mouth checks on a large number of people and referred patients for immediate treatment.

Medicare Local to issue a numbered priority access identification card to eight homeless-support agencies in the north west metropolitan region. The card made it easier for this group of patients to access priority care. 373 homeless people accessed oral health care over the five months of the project. Patients were very appreciative and DHSV is now considering options to extend the project across Victoria.

Aboriginal and Torres Strait Islander peoples

As part of the Commonwealth Government's *Closing the Gap* initiative, DHSV purchased and fitted out three vehicles to provide oral health services to Aboriginal people in regional areas. The three vans are operational in Portland, Shepparton and Bairnsdale.

Nadine Christensen from Bendigo Health Community Dental Services was awarded the Young Aboriginal Aspiring Leader award from the Bendigo District Aboriginal Cooperative (BDAC) on July 18 2015 as part of the NAIDOC Week awards.

DHSV and the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) signed a Memorandum of Understanding on May 13 2015 at VACCHO in recognition of our important partnership. DHSV first signed a letter of intent in 2008, then again in 2010.

People living in remote areas

From 2012 DHSV, the Royal Flying Doctor Service Victoria and the Australian Dental Association Victorian Branch developed and delivered oral health and care programs in the Northern Mallee area of Victoria in response to the increasing gap in oral health outcomes between metropolitan and rural populations.

In 2015 the program will expand to other regions and will provide screening and treatment utilising paid clinical staff. The mobile dental van was funded by the Victorian Government.

Aged Care

DHSV is undertaking a pilot project in partnership with the Australian Dental Association (Victorian branch), Ballarat Health Service, Goulburn Valley Health and North Richmond Community Health to provide oral health care to Residential Aged Care Facilities. The project commenced in April 2015 and provides oral health assessments and plans for all residents and treatment for eligible residents.

DHSV also developed a toolkit for agency staff to train carers working in Residential Aged Care Facilities (RACF) to help improve the oral and general health of residents. A training package including a facilitator guide, participant's handbook and supporting resources has been delivered to RACFs in Knox. Baseline evaluation data has been collected.

Patient led improvement

RDHM partnered with some Aboriginal and Torres Strait Islander priority group consumers to produce patient videos. The videos showed patients describing their experience at the RDHM focusing on the Picker Institute principles of patient centred care relating to access and communication. These videos were utilised to assist with staff training for National Safety and Quality Healthcare Standard 2 – Partnering with Consumers.

System upgrades

DHSV's public dental electronic patient management system, Titanium, was upgraded to enable full electronic claiming. DHSV published an information guide and resources for agencies and established a state-wide Titanium User Group that is now planning to transition to the new Ti Web version of the patient management system.

Building a stronger health workforce

Increasing scope of practice

DHSV piloted a prosthodontics professional development program to enable clinicians to provide expanded treatment opportunities for patients and manage some prosthodontics cases locally.

Indigenous Dental Assistant Traineeship Program

DHSV Dental Assistant Melissa Stevens became the first Indigenous woman to join La Trobe University's Bachelor of Health Sciences in Dentistry program, after graduating from DHSV's unique Indigenous Dental Assistant Traineeship program in 2013. She is set to fulfil her dream of becoming a dentist. Melissa joined fellow DHSV Indigenous traineeship graduate, Michael Lawler, the first Indigenous student to be accepted in the La Trobe Dentistry program in 2014.

Michael Lawler was announced as one of the two winners of The Quantum Leap scholarship. The Australian Hospitals and Healthcare Association (AHHA) scholarship is awarded to Aboriginal and Torres Strait Islander students enrolled part-time or full-time in a degree at an Australian University. Michael is currently studying dentistry at La Trobe University in Bendigo after graduating in the pioneer batch of the Indigenous Dental Assistant Traineeship program last year.

A safer workplace

RDHM's Day Surgery changed the way linen is set up and distributed at RDHM. Previously, staff had to pick up to 26 items separately, but the new process has seen linen distributed in individual packs that contains everything that the Day Surgery team needs, from staff gowns to surgical drapes required for patient care. The new process has reduced the occupational health and safety risk at the department. There has also been a significant reduction in the repetitive, manual handling of linen bundles.

Sharing ideas and concepts across the State

DHSV has implemented regional conferences across the State to share learnings and practices, and to align the sector to the Public Oral Health strategic priorities of extending the reach through new models of care, and clinical excellence to enhance safety and quality across the sector.

Prevention program for Muscular Skeletal disorders

As part of the new OH&S strategic plan DHSV has identified key risks and have rolled out a program to prevent muscular skeletal disorders across our clinical workforce, and will continue to do so to minimise the risk of injury for our oral health workforce.

Strengthening our DA structure

Through the implementation of a new DA career structure at RDHM, we have strengthened the Leadership capacity across the professional group, through both having the right people in the right roles and through planned training and development interventions, and improved remuneration levels to support attraction and retention.

Training our DAs to support new Models of Care

Over 40 DAs across the State have been up skilled in Cert IV in radiology and oral health promotion, to more effectively support the oral health team in the delivery of care enhancing job satisfaction and improving productivity.

Filling our workforce shortages through the Overseas Trained Dental Assistant program

To support the State in filling the shortage of the dental assistant workforce, we have trained a number of overseas trained dentists, who are not registered in Australia, to be dental assistants.

New coaching role

A new role for Dental Assistants, the DA Coach was developed and introduced in January 2015. Three coaches have been appointed across RDHM and are providing orientation, education and ongoing coaching to DAs, post grad students and trainees. They have also been assisting with training related to changes in policies and procedures. The role will continue to expand in the future with a new DA training program being introduced with RMIT.

A new role for Dental Assistants, the DA Coach was developed and introduced at RDHM to provide orientation, education and ongoing coaching to DAs, post grad students and trainees. The role will continue to expand in the future with a new DA training program being introduced with RMIT.

Almost 400 public oral health staff registered for the DHSV Public Oral Health Conference on Saturday, 20 June 2015 at the Asia Centre, University of Melbourne with the theme of Clinical Leadership.

Literacy

Better Health Channel

DHSV worked to improve the oral health literacy of Victorians as the content partner for 17 oral health fact sheets on the Better Health Channel. DHSV's fact sheets received over 98,000 views in the first three months of 2015. In partnership with senior clinicians, Health Promotion concluded an extensive review of these fact sheets to ensure the information is current and easy to read.

Clinical leadership

A new structure in the Oral Health Leadership teams was implemented that provides clarity in purpose for the applied research and clinical leadership activities through the establishment of the Centre for Applied Oral Health Research (CAOHR) and a team devoted to Clinical Leadership.

A new governance structure was implemented that supports Clinical Leadership. This included the establishment of a number of committees including:

- The Public Oral Health Leadership Council (POHLC). This is a leadership "think tank" which was established in November 2014 to improve clinical leadership in state oral health services and provide advice and guidance to DHSV on the development and implementation of new models of oral health care. The group has representation from all clinician types, both from the RDHM and public dental agencies and has developed a 3-year work plan which allows the group to make recommendations to the Executive on relevant issues.
- The Clinical Leadership in Practice Group (CLP) reports to the POHLC and is responsible for developing and reviewing clinical guidelines, clinical pathways and standard clinical operating procedures. It also develops and reviews clinical indicators and clinical audit tools. The CLP has representation from

Leaders in oral health

Planning for the future

DHSV is part of the Population Health Committee which is responsible for providing direction to the Board on population health matters and population-based health planning initiatives. It also served as the Victorian Oral Health Promotion Advisory Group for Victoria's Action plan for oral health promotion 2013–17.

A number of staff were actively involved in the development of the National Oral Health Plan 2015–24 and DHSV looks forward to its final release.

Recognising innovation

Over 100 colleagues from Victoria's public dental agencies gathered for the Innovations Workshop on 19 June 2015, an annual event to discuss new ways on extending our reach to priority groups. In its third consecutive year, the theme of the workshop was Clinical Leadership. The Workshop featured projects across Victoria including outreach service models and working with other health partners to include oral health in their agendas.

all clinician types from RDHM, statewide and representation from universities.

- The Clinical Leadership Group (CLG) reports to the POHLC and is the principal group providing overall clinical leadership and advice within RDHM. The CLG advocates for the development of coordinated and supported strategies which embed evidence based practice principles into clinical care and policy development. It oversees, facilitates and coordinates the review of current clinical practice across disciplines including peer review and effective, efficient service delivery models. The implementation of this governance structure enables clinicians, as members of these groups, to provide greater input into and lead the provision of oral health services through a formal structure.
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The Public Oral Health Leadership Council is a “think tank” which was to improve clinical leadership in state oral health services and provide advice and guidance to DHSV on the development and implementation of new models of oral health care.

Purpose, functions, powers and duties

DHSV is the leading public oral health agency in Victoria. The organisation coordinates state-wide oral health promotion programs and leads research to reduce the prevalence of oral disease and inform best practice.

We are committed to ensuring that public dental services are sustainable, cost-effective and of a high quality while continuing to improve the oral health status of all Victorians, particularly those most in need.

We work to educate the community and broader health sector about the links between oral health and general health.

We use our position as leaders in oral health and our partnerships with other health organisations and providers to promote the message that good oral health is essential for overall health and wellbeing in an attempt to better oral health outcomes for all Victorians.

DHSV is responsible for:

- providing dental services through RDHM
- purchasing dental services from 53 community dental agencies across Victoria
- developing the current workforce and supporting the education and training of future oral health professionals
- fostering, supporting and participating in oral health research
- advising the government on policy, funding and service development
- delivering oral health promotion programs across Victoria
- providing clinical leadership to the public oral health sector.

The following groups are eligible for public dental services:

- all children aged 0–12 years
- young people aged 13–17 years who are health care or pensioner concession cardholders or dependants of concession card holders
- 2–17 year olds eligible for dental care under the Child Dental Benefits Schedule

- children and young families up to 18 years of age in out-of-home care provided by the Department of Health and Human Services
- youth justice clients in custodial care, up to 18 years of age
- adults who are healthcare or pensioner concession cardholders or dependants of concession cardholders
- refugees and asylum seekers
- Aboriginal and Torres Strait Islander people who are treated at RDHM.

People who are eligible for public dental services may also have priority access to dental care. People who have priority access are not required to go on a waiting list. They are offered the next available appointment for general care.

The following groups have priority access:

- Aboriginal and Torres Strait Islander peoples
- children and young people (0–17 years)
- homeless people and people at risk of homelessness
- pregnant women
- refugees and asylum seekers
- registered clients of mental health and disability services, supported by a letter of recommendation from their case manager or staff of special developmental schools.

Summary of services

RDHM

RDHM is a world class specialist teaching facility. It works closely with partners at The University of Melbourne, RMIT University and LaTrobe University to educate and train future dental professionals.

Agencies

There are 53 community dental agencies located throughout metropolitan Melbourne and regional Victoria. Community dental agencies can be independent entities and can sit within larger health services,

community health services and hospitals. DHSV purchases services from these agencies to ensure eligible Victorians have access to public dental services.

Services

Emergency care

Emergency dental care is available to health care or pensioner concession cardholders at RDHM and community dental clinics. Emergency care is also available to the general public at RDHM.

General care

General dental care including fillings, dentures and preventive care, is available to current health care and pensioner concession cardholders as well as children and young people who are eligible for care under the Child Dental Benefits Schedule, at RDHM and community dental clinics across Victoria.

Specialist care

Patients may be referred to RDHM for specialist dental care including orthodontics, specialist needs, oral and maxillofacial surgery, endodontics, periodontics, prosthodontics, paediatric dentistry and oral medicine.

Oral health promotion

Integrated health promotion programs deliver benefits for the community by promoting wellbeing, strengthening community capacity and minimising the burden of disease. Our state-wide health promotion program supports key policy objectives, including prevention of oral disease, delivery of services to those in highest need and building capacity to improve oral health outcomes.

Education

The teaching clinics at RDHM support The University of Melbourne's education programs for dentists, specialists and oral health therapists. The teaching clinics also support RMIT University's education programs for dental assistants, technicians, prosthetists and hygienists.

In addition, RDHM provides training for overseas-trained clinicians seeking to sit for the Australian Dental Council exams to gain professional registration.

DHSV works closely with La Trobe University to support its rural oral health teaching program in a number of community dental agencies.

Purchased services

DHSV purchases oral health services from 53 community dental agencies. Through a population health approach, DHSV ensures there is a fair and equitable distribution of public money used in the most effective and efficient way to improve public oral health. DHSV has developed policies and procedures to ensure that defined levels of agency support are provided.

Safety & Quality/Redesign Business Improvement

DHSV works to a continuous quality improvement model and reports to compliance and monitoring standards with regular reviews undertaken in collaboration with consumers, management and staff.

Community liaison

DHSV looks to involve consumers in all aspects of its business, particularly around improving the patient journey through our services. Consumers sit on Board sub-committees and are consulted wherever possible in service and program developments.

Information technology

DHSV develops and maintains patient management system solutions and infrastructure to support the activities at community dental clinics across Victoria.

Management reporting and analysis

DHSV provides management reporting and analysis services to RDHM and community dental agencies in Victoria.

Agency support

DHSV works closely with public dental agencies across the state to ensure services provided are as efficient and effective as possible with the resources allocated. We provide resources, support and advice.

Clinical leadership

The Public Oral Health Leadership Council provides advice and guidance to DHSV on the development and implementation of new models of care.

Board and Executive

The functions of the Board of a public health service are set by the Health Services (Governance and Accountability) Act 2004. On the Minister for Health's recommendation, the Governor in Council appoints the DHSV Board of Directors. Members have a mix of qualifications, skills and experience, particularly in the areas of oral health, community welfare, finance and business.

Mr Mick Ellis (Chair)

*term concluded on 30 June, 2015

BEcon, BEd

Chair: Executive Performance and Remuneration Committee

Member: Finance Committee

Appointed to the Board in July 2006 and Chair since July 2009, Mick has extensive experience in the health and human service industry and is currently a partner in Highview Consultants, specialising in strategic management and human resource support.

Ms Kathy Bell

BA (Hons), GradCertHealthEcons, MPH, GAICD

Chair: Population Health Committee

Appointed to the Board in July 2009, Ms Bell has extensive experience in public health policy and management, with a focus on primary health care, workforce issues, Aboriginal health and remote health. She has held CEO positions in a number of not-for-profit organisations in the health sector.

Ms Helene Bender

OAM, BCom, Dip Travel & Tourism

Member: Executive Performance & Remuneration Committee

Member: Human Research Ethics Committee

Member: Finance Committee

Appointed to the Board in July 2011, Helene is Deputy Chancellor of Deakin University, a member of the Chancellor's Advisory Committee, Remuneration Committee, Honorary Degrees Committee and Legislation Committee. She is also a Director of the Geelong Cemeteries Trust and member of Finance Committee and Audit & Risk Committee plus Director of Tourism Victoria, Audit & Risk Committee, and Regional Tourism Working Group; also a volunteer at St John of God Hospital Geelong.

Mr Cameron Clark

MACS GAICD

Chair: Audit and Risk Committee

Chair: Human Research Ethics Committee

Member: Applied Research Governance Committee

Appointed to the Board in July 2011, Cameron runs an information technology company and has particular interests in IT, business and management. He has been involved in health initiatives relating to the personal control of e-health records and the "Health in the Home" concept. His expertise covers social media, disruptive technology as it applies to current businesses and the future use of "Apps" and "Gaming" to extend the reach of an organisation.

Dr Pamela Dalglish

BDS, Cert Dental Therapy

Chair: Safety and Quality Committee

Member: Audit and Risk Committee

Appointed to the Board in July 2011, Pamela has twenty years' experience in corporate governance and an impressive oral health background. She has held leadership roles with the Health Issues Centre, Victorian Women's Dentists Association, the Australian Dental Association (Victoria), Dental Practice Board of Victoria and the Registration and Notification Committee of Dental Board of Australia. Pamela has also been appointed as a Fellow of the Academy of Dentistry International and International College of Dentists.

Ms Jennifer Theisinger

*term concluded on 30 June, 2015

PSM BA, RN, Grad Dip Geront, Grad Dip Applied Science

Chair: Community Advisory Committee

Member: Executive Performance & Remuneration Committee

Member: Applied Research Governance Committee

Appointed to the Board in July 2012, Jennifer has a background in nursing with substantial experience in the areas of health policy development as well as the development, management and monitoring of health services. In 2001, Jennifer was awarded the Public Service Medal for outstanding public service and innovation in the field of palliative care administration.

Ms Barbara Hingston

BA, BSW, GAICD

Member: Safety and Quality Committee

Member: Population Health Committee

Barbara was appointed to the DHSV Board in August 2013 and brings a wealth of knowledge from the health and community services sector. She has much experience with acute health service governance as well as mental health and community service governance and management. Barbara also has extensive experience in clinical governance, stakeholder engagement, social policy, strategic organisational and service evaluation, planning and review. Barbara holds positions on the National Board – Headspace National Youth Mental Health Foundation, General Practice Training Tasmania, and Catholic Social Services Australia Board. On the Eastern Melbourne Medicare Local Board she has contributed to the successful transition of that organisation to the new Eastern Melbourne Primary Health Network. She has recently been appointed to the Tasmanian Health Service Governing Council.

Ms Dianne Rule

BA, BEd

Member: Audit and Risk Committee

Member: Population Health Committee

Dianne was appointed to the DHSV Board in late 2013. After teaching in both government and private schools, she established a niche publishing company with her husband in 1987. Dianne has previously worked as a Senior Adviser and Chief of Staff to both State and Federal politicians – giving her a great understanding of government and the legislative process. She is a Director of the Public Transport Ombudsman Limited, the Wheeler Centre and the JMB Foundation. Dianne also chairs The Greater Metropolitan Cemeteries Trust.

Mr John Nguyen

FCA, MBA, BCom, PGradDipFin

Chair: Finance Committee

Member: Community Advisory Committee

Appointed to the Board in December 2013, John is a risk and finance executive operating in the professional and financial services sectors. John was previously an Australian-based partner at a global professional services firm and has worked in New York, London and Singapore. He has a proven record advising large multinational financial services

and government clients in the areas of financial and risk management, governance and assurance. John is a leader who understands the importance of building a business based on people and culture.

Board meetings

The Board requires all members to devote sufficient time to the work of the Board and to endeavour to attend meetings.

In addition to the Annual General Meeting, the Board met 11 times during 2014–15 plus a strategic planning session in April. Attendance at Board meetings was as follows:

Member	Number of meetings eligible for	Number of meetings attended
Mick Ellis	11	11
Kathy Bell	11	9
Helene Bender	11	10
Cameron Clark	11	11
Pamela Dalgliesh	11	10
Jennifer Theisinger	11	11
Barbara Hingston	11	10
Dianne Rule	11	8
John Nguyen	11	11

Acknowledgment and thanks

In July we farewelled two of our esteemed Board members – Mick Ellis (Chair) and Jennifer Theisinger. They will be remembered for their dedication and contribution to the Board and committees on which they served.

Board committees

The following committees provided advice to the DHSV Board of Directors during the 2014–15 financial year:

Audit and Risk Committee

The role of the Audit and Risk Committee is to ensure that DHSV produces accurate, timely and relevant reports on the financial operations of the organisation. The committee also ensures that sufficient resources are allocated to identifying and managing organisational risk.

Chair: Mr Cameron Clark

Members: Dr Pamela Dalgliesh, Ms Dianne Rule (from November 2014), Mr Kevin Quigley (independent), Mr Peter Robertson (independent – from November 2014)

Community Advisory Committee

The Community Advisory Committee (CAC) provides advice and leadership on strategies for effective community participation and ensures that consumers and community views are reflected in service delivery, planning and policy development.

Chair: Ms Jennifer Theisinger

Members: Mr John Nguyen, Ms Sandra Anderson, Mr Sam Caldera, Mr Geoffrey Dye, Ms Sharon King Harris, Ms Christine Ingram, Ms Roxanne Maule, Ms Jacqueline Gibson (from Jan 2015), Ms Maria Sheridan (from Jan 2015)

Executive Performance & Remuneration Committee

The Executive Performance and Remuneration Committee monitors Executive and senior staff recruitment, remuneration and performance.

Chair: Mr Mick Ellis

Members: Mrs Helene Bender, Ms Jennifer Theisinger

Finance Committee

The Finance Committee advises the Board on matters relating to financial strategies and performance as well as capital management.

Chair: Mr John Nguyen

Members: Mr Mick Ellis, Ms Helene Bender, Dr Deborah Cole

Human Research Ethics Committee

The Human Research Ethics Committee protects the welfare and rights of participants involved in research. The committee reviews research proposals and monitors that way in which research is conducted at DHSV.

Chair: Mr Cameron Clark

Members: Mrs Helene Bender, Dr Menaka Abuzar, Ms Kavitha Chandra-Shekeran, Dr Mark Gussy, Dr Rodrigo Marino, Mr Peter Martin, Ms Christine Willshire, Rev Lynda McMinn

Population Health Committee

The role of the Population Health Committee is to provide advice and recommendations to the Board on health issues affecting the population served by DHSV.

Chair: Ms Kathy Bell

Members: Ms Dianne Rule, Ms Barbara Hingston, Dr John Rogers, Dr Gregory Morris, Mr Garry Pearson, Ms Bree Jones (until Feb 2015), Ms Roisin McGrath, Dr Felicia Valianatos, Dr Sajeev Koshy, Mr Chris Templin, Prof Mike Morgon, Dr Wendy Bissinger (until July 2014), Ms Lorraine Parsons (until Feb 2015), Dr Lisa Gibbs, Dr Julie Satur, Dr Mark Gussy, Ms Jan Black, Ms Rebekah Kaberry, Mr Timothy Moore (November 2014)

Safety and Quality Committee

The Safety and Quality Committee ensures that quality monitoring activities are systematically performed at RDHM and that quality standards are maintained.

Chair: Dr Pamela Dalgliesh

Members: Ms Barbara Hingston, Ms Dianne Rule, Ms Janet Curry, Ms Rebekah Kaberry, Ms Denise Harisou (from March 2015), Ms Melinda Tan (from March 2015)

Applied Research Governance Committee

The Applied Research Governance Committee oversees the conduct of research within DHSV and ensures it is conducted in accordance with the DHSV Strategic Plan and research governance framework.

Chair: Prof Clive Wright

Members: Mr Cameron Clark, Ms Jennifer Thesinger, Prof Anthony Blinkhorn, Prof Louise Kloot, Prof Marc Tennant, Ms Sue Huckson, Ms Tere Dawson, Ms Annemarie Wright, Assoc Prof Mark Gussy

DHSV Research Review Group (RRG) commenced on 4 December 2014

In December 2014 a decision was made to establish the DHSV Research Review Group (RRG) in place of the DHSV Board Subcommittee for Human Research Ethics (HREC). As the majority of applications received by the DHSV HREC had already been reviewed and approved by another HREC, generally the University of Melbourne, the DHSV RRG was established to review applications for any implications for RDHM patients and resourcing implications. There is a community member on the RRG and its implementation has resulted in a more streamlined process for research activities that involve RDHM patients.

Compensation arrangements

The Board reviews the compensation arrangements of the Chief Executive Officer and other senior executives via its Executive Performance and Remuneration Committee.

DHSV complies with the Government Sector Executive Remuneration Panel policies. The remuneration of Board Directors is determined in accordance with government policy.

Managing risk

The Board retained the services of Protiviti Independent Risk Consulting in 2014–15 as internal auditors and risk consultants as part of our ongoing commitment to risk management.

Executive

The DHSV Executive oversees all activity and ensures services provided are as efficient and effective as possible with the resources allocated to the service.

Dr Deborah Cole

Chief Executive Officer

*BDS, GradDipHealthAdmin, MBA,
GradCertLead&CathCulture, FAICD, FAIM, GAIST*

Appointed in February 2011, Deborah has substantial experience in managing major public healthcare organisations. She has held CEO positions at Calvary Health Care and Yarra City Council as well as senior executive positions at Mercy Health and St Vincent's Health. Deborah was Director of The Royal Dental Hospital of Melbourne from 1995–1999 and has also held senior positions at the South Australian Dental Service.

Dr Paula Bacchia

Executive Director, Oral Health Leadership

BDS, GradDipHealthServMan, GradCertPubHlth, FICD

Paula's portfolio includes the applied research, clinical leadership and health promotion teams. As a dental practitioner she has extensive experience as a senior clinician as well as management of large dental clinics, quality management roles and a strong background in public dental health. Paula also works as a Professional Officer with AHPRA and is an examiner with the Australian Dental Council and at LaTrobe University.

Mr Tim Hogan

Chief Financial Officer

BBus, FCPA, FGIA, GAICD

Tim oversees all of DHSV's financial activities. He has significant financial and operational expertise in the public health sector. Prior to joining DHSV, Tim was Director of Finance at Mercy Health and has also held senior management positions at Western Health and Southern Health. Tim is responsible for developing clear strategies and accountabilities across the portfolios of finance, data and compliance, and information communication technology (ICT).

Ms Nicky McCormick

Executive Director Workforce

BA Psychology, Post Grad Dip, Human Resources

Nicky is responsible for the human resources, recruitment, organisation development, clinical training and payroll portfolios. She has extensive experience in human resources. Before joining DHSV, Nicky was Head of Human Resources for Novartis Consumer Health across the Asia Pacific region. Nicky has also worked in HR across a number of different industries and countries; including commercial finance, business process outsourcing and aviation in the United Kingdom and New Zealand.

Mr Mark Sullivan

Chief Operating Officer

GDHA, Cert Purchasing/Planning, AFACHSE

Mark is responsible for purchasing services and administering funding for statewide public oral health services. He has particular expertise in project management, continuous improvement and customer service and has held senior executive positions in regional and specialist hospitals.

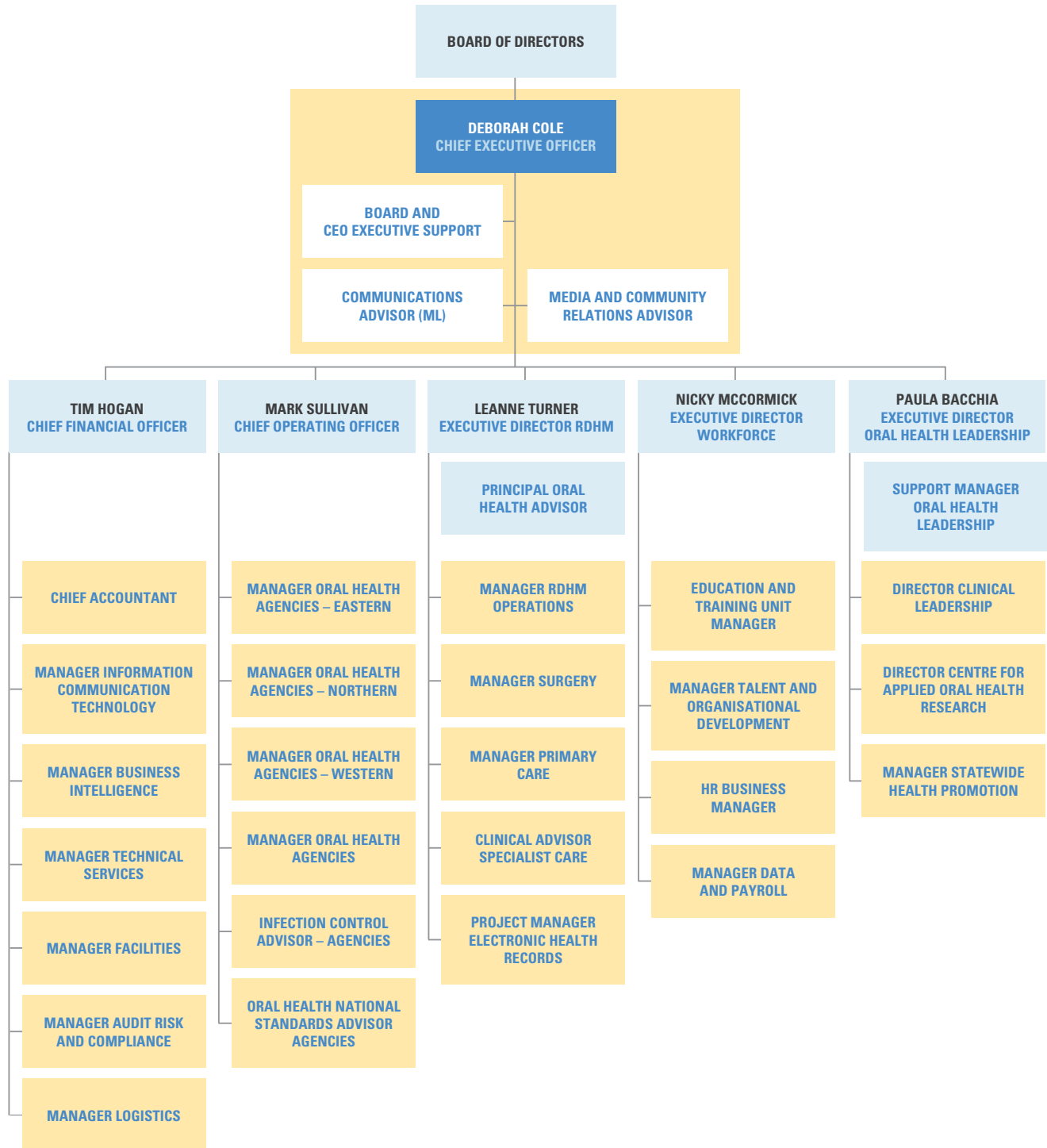
Ms Leanne Turner

Executive Director, The Royal Dental Hospital of Melbourne

RN, BHSc-Nsg, Postgraddip Health Admin, MBA, GAICD

Leanne is responsible for The Royal Dental Hospital of Melbourne. She is a recognised leader with management and board experience across a number of health services including Austin Health, Nillumbik Community Health Service, and Manningham Community Health Service. She holds qualifications in nursing, and is recognised for her skills in clinical governance, risk management, and implementing new models of care.

Organisational Chart



Workforce breakdown

Labour category	June Current Month FTE*		June YTD FTE*	
	2014	2015	2014	2015
Nursing – <i>Registered nurses</i>	21.62	17.52	19.27	19.16
Administration and clerical – <i>Admin, clerical, management</i>	206.22	170.79	206.56	179.19
Medical support – <i>CSSD techs/radiologists</i>	23.62	21.14	25.22	20.07
Hotel and Allied Services – <i>Other (e.g. storemen, drivers, orderlies)</i>	12.18	11.18	11.73	10.57
Medical officers – <i>Anaesthetists</i>	4.77	5.17	4.94	4.69
Ancillary staff (Allied Health) – <i>Speech therapists</i>	0.28	0.33	0.28	0.33
Specialist dentists	19.12	17.38	16.16	17.90
Dentists	39.53	31.87	42.41	33.01
Dental therapists	6.51	6.95	4.28	6.45
Dental hygienists	0.37	0.18	0.32	0.23
Dental assistants	116.42	101.89	113.66	106.26
Dental technicians	23.33	22.93	22.37	22.34
Total	473.97	407.33	467.20	420.20

*FTE – Full time equivalent

Fees and charges

Eligible adults

- Fee of \$26.50 per visit to a maximum of \$106 for a general course of care, which includes an examination and all general dental treatment.
- Flat fee of \$26.50 for an emergency course of care, which includes assessment and treatment of the tooth/gums/false teeth that is causing pain.
- Fees for dentures are dependent on the type of dentures required – \$64.50 per denture capped at \$129 for a full upper and lower denture.

Children aged 0–12 years who are not health care or pensioner concession card holders or not dependants of concession card holders:

- Free of charge for an emergency course of care
- Flat fee of \$31.50 per child for a general course of care, which includes an examination and all general dental treatment. Fees per family will not exceed \$124.

Fees for specialist services (The Royal Dental Hospital Melbourne only):

- Dependant on the treatment provided, up to a maximum of \$320 for a course of care.

Fee exemptions

Exemption from fees for public dental services apply to:

- Aboriginal and Torres Strait Islanders*
- Children and young people aged 0–17 years who are health care or pensioner concession card holders or dependants of concession card holders*
- Homeless people and people at risk of homelessness
- Refugees and Asylum Seekers
- All children and young people up to 18 years of age, who are in out-of-home care provided by the Department of Health & Human Services
- All youth justice clients up to 18 years of age in custodial care
- Registered clients of mental health and disability services, supported by a letter of recommendation from their case manager or staff of special development schools
- Those receiving care from undergraduate students
- Those experiencing financial hardship.

* Fees do apply for public specialist dental services.

Meeting Accreditation

RDHM was measured against nine out of ten of the National Safety and Quality Health Service Standards in December 2014 being awarded four met with merit ratings for National Standard 2: Partnering with Consumers.

The surveyors praised DHSV for a number of achievements, including risk management, antimicrobial stewardship, staff vision boards and the implementation of an adverse drug reporting card for patients.

They also commented that our clinical focus and development of clinical tools was commendable, and that improvements were made in clinical handover.

The surveyors were also impressed with our consumer tick of approval which they described as a creative initiative. For each new or amended letter or brochure staff seek consumer feedback on the content and design. If consumers are happy with the document, it is awarded the consumer tick of approval.

DHSV is leading the way in the new national accreditation standards. Since the standards were introduced, we have provided resources, advice and ongoing support for all 53 community dental agencies to enable them to achieve accreditation for their dental clinics.

We played a major role both as a member of the National Standards Dental Forum and in particular in a significant revision of the National Standards Guide for Dental Practices and the reclassification of some of the actions within the standards.

Quality resources

DHSV develops a range of educational and informative written materials and resources for public dental patients, other health professionals and members of the public. These resources include a public Quality of Care Report for The Royal Dental Hospital of Melbourne and

a suite of brochures, pamphlets and flyers. All written materials can be obtained via the DHSV website or by contacting DHSV Corporate Services on (03) 9341 1000.

Compliant with the requirements of the Standing Directions of the Minister for Finance, details in respect of the items listed below have been retained by DHSV and are available to the relevant Ministers, Members of Parliament and the public on request (subject to the freedom of information requirements, if applicable):

- a) A statement of pecuniary interest has been completed.
- b) Details of shares held by senior officers as nominee or held beneficially.
- c) Details of publications produced by the Department about the activities of DHSV and where they can be obtained.
- d) Details of changes in prices, fees, charges, rates and levies charged by DHSV.
- e) Details of any major external reviews carried out on DHSV.
- f) Details of major research and development activities undertaken by DHSV that are not otherwise covered either in the Report of Operations or in a document that contains the financial statements and Report of Operations.
- g) Details of overseas visits undertaken including a summary of the objectives and outcomes of each visit.
- h) Details of major promotional, public relations and marketing activities undertaken by the entity to develop community awareness of DHSV and its services.
- i) Details of assessments and measures undertaken to improve the occupational health and safety of employees.
- j) General statement on industrial relations within DHSV and details of time lost through industrial accidents and disputes, which is not otherwise detailed in the Report of Operations.
- k) A list of major committees sponsored by DHSV, the purposes of each committee and the extent to which the purposes have been achieved.
- l) Details of all consultancies and contractors including consultants/contractors engaged, services provided and expenditure committed for each engagement.


I, Dr Deborah Cole certify that Dental Health Services Victoria has complied with the Ministerial Standing Direction 4.5.5 – Risk Management Framework and Processes. The Dental Health Services Victoria Audit and Risk Committee verifies this.



Dr Deborah Cole
Chief Executive Officer
Dental Health Services Victoria
Carlton VIC

13 August 2015

I, Dr Deborah Cole certify that Dental Health Services Victoria has put in place appropriate internal controls and processes to ensure that reported data reasonably reflects actual performance. Dental Health Services Victoria has critically reviewed these controls and processes during the year.



Dr Deborah Cole
Chief Executive Officer
Dental Health Services Victoria
Carlton VIC

13 August 2015

Buildings management

DHSV buildings are maintained in accordance with the *Building Act 1993*, the *Building Code of Australia* and Department of Health and Human Services guidelines: *Fire Safety Compliance Series 7*.

Purchasing and tendering

DHSV procurement policies follow the procurement policies of the Victorian Government Purchasing Board. DHSV complies with the Principle Purchasing Policy of Health Purchasing Victoria.

Competitive neutrality

DHSV applies competitive neutral pricing principles to all of its identified business units in accordance with the requirements of the Government policy statement, Competitive Neutrality Policy Victoria and subsequent reforms.

Probity

DHSV has undertaken public tenders for contracts in accordance with Victorian Government Purchasing Board policies and has a rigorous supplier evaluation and relationship management process in place. When necessary DHSV utilises the services of an independent probity advisor.

Code of conduct

DHSV has a Code of Conduct that is consistent with the Code of Conduct for Victorian Public Sector Employees issued by Victorian Public Sector Commission for public sector employees. The Code of Conduct is available to all employees and is an integral part of the new employee induction and orientation program. All employees are expected to behave in a manner consistent with the requirements of the Code of Conduct.

Freedom of information

The Victorian Freedom of Information (FOI) Act 1982 provides members of the public the right to apply for access to information held by DHSV. The majority of applications under Freedom of Information are requests by patients for access to their own personal dental records.

DHSV received 131 requests during the year and all requests were granted in full.

Occupational health & safety

The OH&S strategic plan places a focus on leadership and employee engagement in occupational health and safety which is achieved with support and guidance from the Occupational Health and Safety Coordinator.

The SmileSAFE OH&S management system provides a framework for risk management that not only ensures compliance with relevant legislation but seeks continuous improvement.

Employee engagement and consultation is achieved through the establishment of designated work groups (DWGs) throughout the organisation. Each DWG has a designated OHS representative who is provided detailed training in OHS legislation, hazard identification and consultation methods. These elected representatives, along with management representatives, form the OHS Committee who are responsible for setting the direction of OHS and monitoring risk management programs such as workplace inspections, musculoskeletal disorder risk reduction and chemical risk management.

DHSV's WorkCover claims continued to be managed in a proactive manner, through early return to work initiatives, and strategic claims and injury management. The premium amount payable for 2015–16 is approximately \$164,253.76.

Sustainability and Environment

Energy consumption

Total energy consumption by energy type (GJ)	2012	2013	2014
Electricity	11,252	11,060	11,421
Natural gas	10,571	9,837	11,170
Produced & used steam	234	226	237
Total	22,057	21,123	22,828
Normalised energy consumption			
Energy per unit of floor space RDHM (GJ/m ²)	1	1	1

Greenhouse gas emissions

Total greenhouse gas emissions (tonnes CO ₂ e)	2012	2013	2014
Scope 1 – calculated consumed Nitrous Oxide	82	82	61
Scope 2 – calculated consumption gas and electricity	347	347	436
Total	429	429	497
Normalised Greenhouse gas emissions			
Emissions per unit of floor space RDHM (kgCO ₂ e/m ²)	41	41	36

Water consumption

Total water consumption by type (KL)	2012	2013	2014
Potable water	14,100	14,455	15,740
Total	14,100	14,455	15,740
Normalised water consumption			
Waste per unit of floor space RDHM (KL/m2)	1	1	1

Waste generation

Total waste generation by type (Tonnes)	2012	2013	2014
Clinical waste	23	23	24
General waste	213	210	217
Recycled waste	41	41	41
Total	277	274	282
Normalised waste generation			
Waste per activity (kg/activity)	2	2	2
Waste recycling			
Waste recycling rate (percentage)	15	15	15

DHSV is committed to continuous improvement for sound environmental practices with the view to protecting and enhancing the environment for future generations. The implementation of sustainable environmental practices in the activities that DHSV undertakes is managed through the Environmental Management System and the Sustainability and Environmental Management Plan.

DHSV also continues to work with the Department's of Health and Human Services and Sustainability Victoria to report our energy and water usage on a monthly basis. DHSV has developed a Sustainability and Environmental Management Plan, and an environmental focus group has been established to support delivery of the organisations stated environmental objectives.

Statement of Priorities

Strategic performance:

The Statement of Priorities is the key accountability agreement between DHSV and the Minister for Health.

The tables below report on the performance of DHSV in each area of the Statement of Priorities.

Part A: Strategic priorities for 2014–15

Priority	Action	Deliverable	Outcomes
Developing a system that is responsive to people's needs	<ul style="list-style-type: none"> Work with the Department of Health and public dental agencies to deliver agreed Commonwealth-funded programs. 	<ul style="list-style-type: none"> Meet 100% of the performance targets for the <i>National Partnership Agreement (NPA) on Treating More Public Dental Patients</i> by 31 March 2015, including maintaining State baseline activity levels. Promote use of <i>Child Dental Benefits Schedule (CDBS)</i> for children and young people in priority populations. 	<ul style="list-style-type: none"> Met 100% of NPA performance targets at 30 June 2014. Exceeded the Commonwealth target by 61% (61,823 DWAUs) at March 2015 (end of NPA1 period) while maintaining state baseline activity levels. Rolled out an integrated marketing communications strategy to promote the CDBS at RDHM and across public dental agencies. Upgraded Titanium to enable full electronic claiming and published an information guide and resources for community agencies. By June 2015, an average of 43% of children accessing public dental services in Victoria were accessing them via the CDBS. This number reached a yearly high of 54% in December 2014 with some agencies claiming up to 84%.
	<ul style="list-style-type: none"> Implement an organisation-wide policy for responding to clinical and non-clinical violence and aggression by patients, staff and visitors that aligns with Department guidance. 	<ul style="list-style-type: none"> Review and update current policy in line with the <i>Victorian health policy and funding guidelines 2014–15</i>. 	<ul style="list-style-type: none"> Developed an aggression management and prevention policy. Delivered a training program for front line staff on the management of challenging behaviour by patients. Reviewed the code grey procedure and developed and rolled out a code grey training program. Commenced the hospital-wide implementation plan.
	<ul style="list-style-type: none"> Develop opportunities for greater private sector collaboration, coordination and integration. 	<ul style="list-style-type: none"> Review and update the <i>Victorian privately contracted dental schemes provider handbook</i> in conjunction with the relevant private sector service providers. Publicise revised handbook in relevant dental professional association newsletters. 	<ul style="list-style-type: none"> A comprehensive review was completed and recommendations sent to DHHS. Focussed on extending the partnership with the Australian Dental Association and the Royal Flying Doctor Service to deploy dentists to more remote parts of rural Victoria.

Priority	Action	Deliverable	Outcomes
Developing a system that is responsive to people's needs (continued)	<ul style="list-style-type: none"> Progress partnerships with other services to improve outcomes for rural and regional patients. 	<ul style="list-style-type: none"> Improve access to specialist services to support agencies, particularly for rural communities. In partnership with other services, commence the implementation of <i>Smoke Free Smiles</i>, a smoking cessation program developed in consultation with Quit and consider its implementation into all models of care. 	<ul style="list-style-type: none"> Successfully completed a 16-week prosthodontics training program at RDHM with 8 participants from public dental clinics in rural and regional Victoria. This will improve outcomes for patients by expanding local expertise and referral pathways. Developed an Oral Surgery Mini Residency Program. Launched the <i>Smoke Free Smiles</i> smoking cessation program in our Surgery Department and other clinical areas resulting in 192 referrals to the Quitline. Phase two of the <i>Smoke Free Smiles</i> program commenced in March with the addition of seven more sites.
Improving every Victorian's health status and experiences	<ul style="list-style-type: none"> Develop and implement strategies to improve the oral health of priority groups, including older people and those with disabilities with poor oral health. 	<ul style="list-style-type: none"> Develop a toolkit by December 2014 to assist providing oral health care to residents of Residential Aged Care Facilities (RACF). 	<ul style="list-style-type: none"> Developed and published an RACF toolkit for agency staff to enable them to provide appropriate and effective oral health care to residents. The toolkit was delivered to RACFs in Knox and baseline evaluation data has been collected.
		<ul style="list-style-type: none"> Develop programs to ensure the maximum number of eligible people, particularly the disadvantaged, are provided with dental care. 	<ul style="list-style-type: none"> Developed a range of programs, direct and indirect, to improve service access to disadvantaged groups. A pilot project is underway at three facilities associated with Ballarat Health Service, Goulburn Valley Health and North Richmond Community Health.
		<ul style="list-style-type: none"> Complete the <i>Healthy Families Healthy Smiles</i> program with 100 midwives in antenatal care, Koori maternity services and priority rural areas, having undertaken the oral health training program. 	<ul style="list-style-type: none"> Round three of the Midwifery Initiated Oral Health Education Program (MIOH) training is still in progress with 23 (of 31 midwives) having completed the course. To date, 113 midwives have completed the MIOH. Of these, 11 work in Koori Maternity Services (over 9 sites).
		<ul style="list-style-type: none"> Project manage the Victorian Child and Preschool Oral Health Surveys to be completed by June 2015. 	<ul style="list-style-type: none"> Completed data collection for the Victorian Child Oral Health Survey. Data was collected from 4,447 children and 153 schools. Completed data collection for the Victorian Preschool Oral Health Survey in June 2015. Clinical and survey data was collected from 1,862 children through 61 preschools.
		<ul style="list-style-type: none"> Implement the Healthy Together Victoria – action plan for oral health promotion 2013–2017 annual work plan. 	<ul style="list-style-type: none"> The Victorian Oral Health Promotion Advisory Group met regularly to monitor the progress of the workplan. The committee provided a progress report to the Minister for Health.

Priority	Action	Deliverable	Outcomes
Improving every Victorian's health status and experiences (continued)	<ul style="list-style-type: none"> Use consumer feedback to improve person and family-centred care, health service practice and patient experience. 	<ul style="list-style-type: none"> Improve patient satisfaction at RDHM to 85% as measured by the Patient Experience Trackers. 	<ul style="list-style-type: none"> Results improved significantly from 76% in Q1 to an all-time high of 88% in Q4. Our Surgery Department received a patient satisfaction rating of 93% due to ongoing efforts to improve the patient journey.
	<ul style="list-style-type: none"> Optimise alternatives to hospital admission. 	<ul style="list-style-type: none"> Develop strategies to reduce the rates of preventable hospital admissions due to dental conditions. 	<ul style="list-style-type: none"> Worked in partnership with St Vincent's and The Royal Melbourne Hospital to reduce the number of dental-related preventable hospital admissions and emergency presentations. Initial meetings were held at both tertiary pilot hospitals and updated baseline data obtained. Commenced a review of the types of dental-related presentations occurring at both pilot sites.
Expanding service, workforce and system capacity	<ul style="list-style-type: none"> Develop and implement a workforce immunisation plan that includes pre-employment screen and immunisation assessment for existing staff that work in high-risk areas in order to align with <i>Australian Infection Control and Immunisation Guidelines</i>. 	<ul style="list-style-type: none"> Review and update DHSV Staff Health – Staff Immunisation Policy in line with the <i>Australian Infection Control and Immunisation Guidelines</i>. 	<ul style="list-style-type: none"> Completed a review of DHSV staff immunisation policy in line with 10th edition AICI guidelines. Implemented an updated policy, compliant with the guidelines.
	<ul style="list-style-type: none"> Build workforce capability and sustainability by supporting formal and informal clinical education and training for staff and health students, in particular inter-professional learning. 	<ul style="list-style-type: none"> Provide training and CPD programs consistent with DHSV and public dental agency strategic priorities to support the skill development of the public dental workforce. 	<ul style="list-style-type: none"> The 2015 CPD program commenced with four regional conferences across the state and a range of courses aligned to our strategic priorities. A total of 16 face-to-face CPD activities were delivered involving 657 participants across the State accumulating a total of 6,017 CPD points. There has also been increased usage of online self-directed learning modules to support clinical practice.
		<ul style="list-style-type: none"> Ensure all new agency program managers have been oriented using the Dental Program Manager's Guide. 	<ul style="list-style-type: none"> 100% of new agency program managers have been oriented using the guide.
	<ul style="list-style-type: none"> Optimise workforce productivity through identification and implementation of workforce models that enhance individual and team capacity and support flexibility. 	<ul style="list-style-type: none"> Commence the development of an emergency model of care using the DHSV model of care framework, including a review of the current triage process and framework. 	<ul style="list-style-type: none"> Conducted a thorough review of the triage process through the collection and analysis of baseline data. Visited local and interstate dental and acute hospital sites to discuss and observe triage tools and processes. Implemented changes to improve process efficiency and started developing proposals.

Priority	Action	Deliverable	Outcomes
Expanding service, workforce and system capacity (continued)		<ul style="list-style-type: none"> Train at least 50 dental assistants to Certificate IV level to enable them to provide oral health promotion and take simple radiographs. 	<ul style="list-style-type: none"> 45 dental assistants commenced the combined <i>Certificate IV in Radiology and Oral Health Promotion</i> to be completed by October 2015. A further 13 senior dental assistants commenced their <i>Training and Assessment/ Business Management Certificate IV</i> with an additional three commencing their <i>Certificate IV in Training and Assessment</i>.
	<ul style="list-style-type: none"> Conduct an annual innovations workshop and/or public health conference to increase the understandings, interactions and sharings between public oral health practitioners and managers. 	<ul style="list-style-type: none"> Conduct an innovations and public oral health conference in June 2015. 	<ul style="list-style-type: none"> An Innovations Workshop and Public Oral Health Conference were held in June 2015. 120 people attended the workshop and a further 287 attended the conference with participants providing positive feedback.
	<ul style="list-style-type: none"> Increase employment of Aboriginal people in mainstream health services in line with the strategic objectives of Koolin Balit. 	<ul style="list-style-type: none"> Implement the Koolin Balit objectives in accordance with DHSV's plan to strengthen the <i>Aboriginal and Torres Strait Islander Dental Assistant program</i>. 	<ul style="list-style-type: none"> Developed a Patient Liaison Aboriginal Traineeship and a toolkit to support a culturally suitable recruitment process for Aboriginal and Torres Strait Islander peoples. Improved support for our existing Aboriginal DA Traineeship program by strengthening the mentorship arrangement.
Increasing the system's financial sustainability and productivity	<ul style="list-style-type: none"> Identify and implement practice change to enhance asset management. 	<ul style="list-style-type: none"> Utilise the existing DHSV Capital Review Panel to enhance asset management and equipment purchases. 	<ul style="list-style-type: none"> Effectively managed asset tracking, maintenance and replacement planning processes via the Capital Review Panel.
		<ul style="list-style-type: none"> Model a state DWAU rate in conjunction with public dental agencies. 	<ul style="list-style-type: none"> Worked in partnership with DHHS and public dental agencies to determine a methodology and principles for the state rate.
Implementing continuous improvements and innovation	<ul style="list-style-type: none"> Provide leadership for the implementation of the <i>Australian National Quality and Safety in Health Service Standards</i> in the public dental sector. 	<ul style="list-style-type: none"> Ensure RDHM is successful at full accreditation in December 2014. 	<ul style="list-style-type: none"> Achieved successful accreditation status in December 2014. Awarded four met with merits under 'Standard 2 – Partnering with Consumers'.
		<ul style="list-style-type: none"> Partner with all public dental agencies to ensure their dental clinics achieve accreditation under the new <i>National Quality and Safety Health Service Standards</i>. 	<ul style="list-style-type: none"> 100% of agencies scheduled for accreditation under the new National Standards before the end of 2014 achieved accreditation for their dental clinic. DHSV has provided resources, advice and ongoing support for all 53 community dental agencies to enable them to achieve accreditation.
	<ul style="list-style-type: none"> Develop a focus on systems thinking to drive improved integration and networking across healthcare settings. 	<ul style="list-style-type: none"> Establish a statewide user group to facilitate the ongoing development of the current patient management system (Titanium). 	<ul style="list-style-type: none"> Established a statewide Titanium User Group. Commenced plans to transition to the new Ti Web version of the patient management system.

Priority	Action	Deliverable	Outcomes
Implementing continuous improvements and innovation (continued)	<ul style="list-style-type: none"> • Drive improved health outcomes through a strong focus on patient-centred care in the planning, delivery and evaluation of services, and the development of new models for putting patients first. 	<ul style="list-style-type: none"> • Undertake research that supports the development, implementation and monitoring of impacts of the innovative models of care being developed. 	<ul style="list-style-type: none"> • Hall Technique Project Data entry for six and 12-month reviews is complete. An oral presentation will be delivered at the International Association of Paediatric Dentistry Conference in Glasgow, Scotland in July 2015. • Plaque Removal Device Development of prototype near completion. Defining the scope, aims and objectives of the clinical trial is underway. • Health promotion projects Completed thorough evaluations of the following projects: Oral Health Promotion in Disability Services, Midwife Initiated Oral Health project, Oral health Promotion in Early Parenting Programs.
Increasing accountability & transparency	<ul style="list-style-type: none"> • Undertake an annual Board assessment to identify and develop Board capability to ensure all Board members are well-equipped to effectively discharge their responsibilities. 	<ul style="list-style-type: none"> • Continue to undertake annual Board assessments and provide professional development opportunities to ensure Board members are sufficiently equipped to perform their responsibilities. 	<ul style="list-style-type: none"> • Undertaken and discussed at the June 2015 Board meeting.
Improving utilisation of e-health and communications technology.	<ul style="list-style-type: none"> • Trial, implement and evaluate strategies that use e-health as an enabler of better patient care. 	<ul style="list-style-type: none"> • Implement hospital-wide digital imaging and storage network at RDHM. 	<ul style="list-style-type: none"> • Recruited a Project Manager – Electronic Health Records. • Completed digital radiography specification and specifications to support software and manage image storage and communication. • Tenders for digital radiography, cone beam and the RFI for PACS (image storage) were advertised on the Victorian Government tenders website in June.
	<ul style="list-style-type: none"> • Utilise telehealth to better connect service providers and consumers for appropriate and timely services. 	<ul style="list-style-type: none"> • Trial telehealth diagnosis (using intraoral cameras) in rural and remote areas, utilising specialist services available at RDHM. 	<ul style="list-style-type: none"> • Our IT and Surgery departments completed a demonstration trial of telehealth capability using a range of devices. • Developed a telehealth project plan that was approved and funded by DHHS. • Established a project control group and clinical reference groups. • Selected three units from RDHM – Oral Medicine, Orthodontics and Oral Surgery – to trial telehealth diagnosis and secured Goulburn Valley Health’s dental clinic as the first regional health service to trial telehealth diagnosis.

Part B: Performance priorities

Safety and quality performance

Key performance indicator	Target				
	2014–15 Agencies target	Q4 Actual	2014–15 RDHM target	Q4 Actual	2014–15 State-wide target
Number of hospital initiated postponements per 100 scheduled appointments			3.0	2.8	
Health service accreditation	Fully accredited		Fully accredited		
Ratio of emergency to general courses of dental care	40:60	40:60			

Financial sustainability performance

Key performance indicator	Target	YTD Q4 Target	YTD Q4 Actual	YTD Q4 Variance
Finance				
Net Operating result (F1)	\$0m	\$0m	(\$0.04m)	(\$0.04m)
Creditors	< 60 days	60	37	
Debtors	< 60 days	60	23	
Asset management				
Basic asset management plan	Full compliance	Full compliance	Full compliance	

Access performance

Key performance indicator	2014–15 Agencies target	Q4 Actual Agencies	2014–15 RDHM target	Q4 Actual RDHM	2014–15 State-wide target	Q4 Actual State-wide
Percentage of Dental Emergency Triage Category 1 clients treated within 24 hours	85.0%	89.1%	85.0%	92.1%	85.0%	90.0%
Percentage of Dental Emergency Triage Category 2 clients treated within 7 days	80.0%	87.0%	80.0%	84.6%	80.0%	86.9%
Percentage of Dental Emergency Triage Category 3 treated within 14 days	75.0%	88.5%	75.0%	84.0%	75.0%	88.3%

General and denture care	2014–15 Agencies target	2014–15 RDHM target	Q4 Actual RDHM	2014–15 State-wide target	Q4 Actual State-wide
Average recall interval for high caries risk eligible clients aged 0–17 years (months)				12.0	9.8
Average recall interval for low caries risk eligible clients aged 0–17 years (months)				24.0	13.8
Waiting time for prosthodontics, endodontics, and orthodontics specialist services patients (months)		15.0	12.2		
Waiting time for other dental specialist services patients (months)		9.0	6.4		
Waiting time for general care (months)				16.0	11.8
Waiting time for denture care (months)				22.0	12.2
Waiting time for priority denture care (months)				3.0	3.2

Service Performance

Activity	2014–15 Agencies target		2014–15 RDHM target		2014–15 State-wide target	
	Q4 Target	Q4 Actual	Q4 Target	Q4 Actual	Q4 Target	Q4 Actual
Total number of individuals treated					290,000	
					290,000	365,357

Activity	2014–15 Agencies target		2014–15 RDHM target		2014–15 State-wide target	
	Q4 Target	Q4 Actual	Q4 Target	Q4 Actual	Q4 Target	Q4 Actual
DWAUs					348,186	
					348,186	345,506

Financial Overview

The DHSV operating result for the financial year was a deficit of \$0.04 million. The net entity result was a deficit of \$1.1 million.

Total revenue decreased by \$45.1 million – a 20.7% decrease on the previous year. Total expenditure decreased by \$50.3 million – 22.4% decrease on the previous year. Total equity decreased by \$1.1 million which was a result of the net entity deficit of \$1.1 million.

In 2013–14, additional grants from the National Partnership Agreement (NPA) between the Department of Health and Human Services and the Commonwealth significantly increased DHSV's total revenue and expenditure.

The key operational and financial objectives at DHSV are documented in the Statement of Priorities 2014–15. Detailed financial statements are available in the back cover of this report.

Summary of financial results					
	2015 \$'000	2014 \$'000	2013 \$'000	2012 \$'000	2011 \$'000
Total Revenue	173,057	218,187	155,369	148,771	146,564
Total Expenses	174,161	224,433	162,188	154,642	153,464
Net Result for the Year (inc.					
Capital and Specific Items)	(1,104)	(6,246)	(6,819)	(5,871)	(6,900)
Retained Surplus/(Accumulated Deficits)	(29,646)	(28,542)	(22,296)	(15,477)	(9,606)
Total Assets	140,386	139,153	102,532	104,413	112,673
Total Liabilities	33,342	31,005	26,263	21,344	23,839
Net Assets	107,044	108,148	76,269	83,069	88,834
Total Equity	107,044	108,148	76,269	83,069	88,834

Consultancies

In 2014–15, there were 4 consultancies where the total fees payable to the consultants were \$10,000 or greater.

The total expenditure incurred during 2014–15 in relation to these consultancies is \$59,435.00 (exc GST). Details of individual consultancies can be viewed at www.dhsv.org.au.

In 2014–15, there were 14 consultancies where the total fees payable to the consultants were less than \$10,000.

The total expenditure incurred during 2014–15 in relation to these consultancies is \$34,981.20 (exc GST).

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

Disclosure Index

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Section	Legislation	Requirement	Page Reference
Ministerial Directions			
Report of Operations			
Charter and purpose	FRD 22F	Manner of establishment and the relevant Ministers	pg 3
	FRD 22F	Purpose, functions, powers and duties	pg 16
	FRD 22F	Initiatives and key achievements	pg 7
	FRD 22F	Nature and range of services	pg 17
Management and structure	FRD 22F	Organisational structure	pg 23
Financial and other information	FRD 10	Disclosure Index	pg 40
	FRD 11A	Disclosure of ex-gratia expenses	NA
	FRD 12A	Disclosure of major contracts	NA
	FRD 21B	Responsible person and executive officer disclosures	pg 42
	FRD 22F	Application and operation of Protected Disclosure 2012	–
	FRD 22F	Application and operation of Freedom of Information Act 1982	pg 28
	FRD 22F	Application and operation of Carers Recognition Act 2012	–
	FRD 22F	Compliance with building and maintenance provisions of Building Act 1993	pg 29
	FRD 22F	Details of consultancies over \$10,000	pg 39
	FRD 22F	Details of consultancies under \$10,000	pg 39
	FRD 22F	Employment and conduct principles	pg 28
	FRD 22F	Major changes or factors affecting performance	pg 39
	FRD 22F	Occupational Health and Safety	pg 28
	FRD 22F	Operational and budgetary objectives and performance against objectives	pg 31
	FRD 24C	Reporting of office-based environmental impacts	pg 29
FRD 22F	Significant changes in financial position during the year	pg 38	

Section	Legislation	Requirement	Page Reference
Financial and other information (continued)	FRD 22F	Statement on National Competition Policy	pg 28
	FRD 22F	Subsequent Events	pg 105
	FRD 22F	Summary of the financial results for the year	pg 38
	FRD 22F	Workforce Data Disclosures including a statement on the application of employment and conduct principles	pg 24
	FRD 25B	Victorian Industry Participation Policy Disclosures	NA
	FRD 29A	Workforce Data Disclosures	pg 24
	SD 4.2(g)	Specific information requirements	pg 7
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	SD 4.5.5	Ministerial Standing Direction 4.5.5.1 compliance attestation	pg 27
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Financial Statements			
Financial statements required under Part 7 of the FMA	SD 4.2(a)	Statement of changes in equity	pg 47
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