

QUESTIONS & ANSWERS  
*about our Service*



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WEST WIMMERA HEALTH SERVICE  
*ANNUAL REPORT*

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2010-2011



## Statement of Publication of the Report

This Report covers the reporting period 1 July 2010 to 30 June 2011 and has been approved for print by the Department of Health, Grampians Region.

The Report complies with the 'Health Services Annual Reporting Guidelines for 2010-2011, under the *Financial Management Act 1994*'; the timelines and processes for tabling and receipt of the 2010-11 annual reports for public entities in Parliament' and FRD 30A – standard requirements for design and print of annual reports and checklists provided by the Department of Health Victoria.

It will be tabled in hard copy with the Victorian Parliament on or prior to Monday 12 September 2011 and released to the community at the Annual General Meeting of West Wimmera Health Service to be held in the Nhill Community Centre on Friday 18 November 2011 at 8.00 PM.

Thereafter it will be available in hard copy at all West Wimmera Health Service sites and by contacting the Service on **(03) 5391 4222**.

The Report will also be placed on West Wimmera Health Service Website under 'Publications' [www.wwhs.net.au](http://www.wwhs.net.au) and also the internal Intranet.

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## Responsible Bodies Declaration

In accordance with the Financial Management Act 1994, I am pleased to present the Report of Operations for West Wimmera Health Service for the year ending 30 June 2011.



Mr Ronald Rosewall  
*President*

Nhill, 13 July 2011

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# Vision

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To establish a health service without peer through the pursuit of excellence and by opening the doors to innovation and technology.

# Mission

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West Wimmera Health Service is committed to the delivery of health, welfare, and disability services which are compassionate, responsive, accessible and accountable to individual and community needs, which result in quality outcomes for the people of the West and Southern Wimmera and the Southern Mallee.

# Values

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## **Strong Leadership and Management**

We value our organisation and will encourage exceptional professional skills and promote collaborative teamwork to drive better outcomes for our consumers.

## **A Safe Environment**

Safety will always be our prime focus.

## **A Culture of Continuing Improvement**

The delivery of superior care to our consumers motivates a culture of quality improvement in all that we do.

## **Effective Management of the Environment**

Our Service is managed in ways which recognise environmental imperatives.

## **Responsive Partnerships with Our Consumers**

We maintain a productive relationship with our communities and stakeholders through open communication, honest reporting and a willingness to embrace constructive suggestions.



**WWHS**

# PRESIDENT & CHIEF EXECUTIVE OFFICER'S REPORT 2010-2011

**Q.** West Wimmera covers a very large area.

Is it possible to provide high level, modern health services in such a remote rural context?

**A.** *Our unwavering aim is to make the best and widest range of health care available WITHIN our communities. We have been recognised for our achievements and we will strive to build on them – not rest on our laurels.*

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## *To The Hon David Davis MP – Minister for Health*

*In accordance with legislative requirements it is with respect we provide the 2010-2011 Annual Report of West Wimmera Health Service.*

*The Report details the very successful Report of Operations and Financial Statements which highlight the capability of the Service to maintain a strong financial base while providing a vital and quality health service.*

*The operating surplus this year will be the sixth consecutive positive outcome demonstrating our ability to maintain focus on the core values highlighted in our Vision, Mission and Values statement. This publication also portrays the extensive choice of healthcare our Service offers.*

*The Objectives detailed in our Strategic Plan indicate a level of achievement of which we are justifiably proud.*

*Minister, we trust the Report clearly brings to you and your government the important contribution that West Wimmera Health Service has made in delivering the quality of care enshrined in your healthcare philosophy to such a large area of remote rural Victoria.*

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Mr Ron Rosewall  
President

Mr John N. Smith PSM  
Chief Executive Officer

## PRESIDENT AND CHIEF EXECUTIVE OFFICER'S REPORT 2010–2011

*As we reflect on another year of West Wimmera Health Service operations the National Health Reform has officially commenced with various initiatives coming into play from 1st July 2011.*

*West Wimmera Health Service enters this period of uncertainty and change in the political health arena in great stead to transform to a model from which our communities will gain most benefit from this new Reform Agenda.*

*We are proactively staying abreast of impending changes and their potential impact on our business, advocating where appropriate to best meet the needs of our communities.*

It is our pleasure to report a sixth consecutive operating surplus and thus the ability to maintain a substantial cash resources reflecting a healthy financial scorecard for the organisation.

Once again multiple accreditation agencies have carried out assessments to review the quality of the services we provide. The results confirm we continue to perform at the highest level.

The achievements of the Service were formally recognised when shortlisted as a finalist for the 2010 Victorian Public Healthcare Premier's Award – Rural Health Service of the Year.

### CAPITAL FUNDING

West Wimmera Health Service in partnership with Local Government submitted successful applications for two significant funding rounds through the Australian Government Department of Health & Ageing.

- > The Hindmarsh Shire was successfully funded \$500,000 for the redevelopment of the Nhill Medical Clinic Project, through the National Rural and Remote Health Infrastructure Program.
- > In conjunction with the West Wimmera Shire we were granted \$500,000 for the Goroke Super Clinic development through the GP Super Clinic Primary Care Infrastructure Grant Program.

These significant grants will underwrite the two projects. Additional funds to complete the projects will be sought to realise the capital vision adopted by the Board of Governance.

**Table 1. Capital & Equipment Grants Received**

<i>Funding Purpose</i>	<i>\$ Amount</i>
Sterilizer	105,000
Infusion Pumps	64,000
Carpet - Kaniva Nursing Home	45,000
Carpet - Iona Digby Harris Home	59,500
Nurse Call System - Jeparit Hospital	64,984
Air-Conditioning - Jeparit Hospital	42,000
<b>TOTAL</b>	<b>380,484</b>

The completion of capital redevelopment projects has been and will continue to be a major focus of the Board of Governance, as it continues the commitment to provide first class facilities from which to achieve its service objectives and charter.

### WIMMERA SUB REGION SERVICE PLANNING PROJECT

The Service has participated in the Wimmera Sub Region Service Planning Project. At the end of this reporting period the project has progressed to the stage of formalising a service plan for all health services in the Wimmera Sub Region that will guide service delivery for the next decade.

The Service will continue to closely work with the Project Group and Department of Health to consider the identified objectives ensuring they meet the needs of the West Wimmera and the larger Wimmera population as a whole.

## ACCREDITATION

In late November 2010 the Service underwent a Periodic Review Survey conducted by the Australian Council on Healthcare Standards (ACHS). The review was an overwhelming success. This independent assessment of the quality and standard of our services endorses our claim that we provide the highest components of healthcare.

West Wimmera Health Service also gained accreditation with the Victorian Disability Standards, a new accreditation process, and the National Disability Standards in 2010-2011. All highly commendable outcomes.

## CONSUMER DIRECTED CARE PACKAGES

The Service received five Consumer Directed Care Packages from the Department of Health & Ageing. The packages will be implemented under a pilot program with the client being instrumental in determining services required for them to remain at home.

## BOARD MEMBERS

The Board of Governance of nine community members display their commitment to West Wimmera through their continued determination to best govern the needs of the organisation and stakeholders. To our Board Member colleagues we extend our gratitude.

## STAFF

On 1st July 2010 the Service commenced an external Employee Assistance Program which provides confidential access to counsellors for the benefit of all staff. The appointment of a specific 'Return to Work Coordinator' provides staff with encouragement and assistance with their return following an injury and/or adversity.

The commitment to our staff to support and assist in times of need, evidences the respect and appreciation the Service has for the loyalty and commitment they continue to show West Wimmera. We say thank you.

## MEDICAL PRACTITIONERS

The Service has appointed experienced Visiting Medical Practitioners who provide surgical and general practitioner services. Our continued relationship with the Tristar Medical Group and the Visiting Medical Practitioners ensures this comprehensive health service can support our communities by providing the highest standard of care. We sincerely thank them.

## SUPPORTERS

We are privileged to have a significant number of people who serve as volunteers, friends and relatives groups, as members of auxiliaries and Community Advisory Committee members. We particularly acknowledge Mr Norm Mansfield, who through nomination by the Service, received a prestigious award at the 2011 Minister for Health Volunteer Awards ceremony.

The commitment and loyalty of our supporters who continue to tirelessly raise funds, undertake projects and provide support for facilities across the Service is greatly appreciated.

To all we record our expression of gratitude.

## DEPARTMENT OF HEALTH, DEPARTMENT OF HUMAN SERVICES AND DEPARTMENT OF HEALTH & AGEING

We continue to be strongly supported by our colleagues within the State and Federal Health Departments. The Department of Health is our primary liaison, but the continued support from the Department of Human Services and the Department of Health & Ageing must be acknowledged. In the coming 12 months these relations will be strongly sought to maximise the opportunities that may present through the National Health Reform Agenda.

## FUTURE

West Wimmera Health Service is continuing its commitment to the Strategic Plan 2009 – 2012 and will proceed to achieve the strategic vision set for this period.

Our response to the Wimmera Sub Region Service Planning outcomes and the wider National Health Reform Agenda will require reflective consideration and innovative vision to enable the needs of the West Wimmera catchment to be best met.

The Board of Governance and Executive remain strongly committed to serving our communities and will keenly embrace opportunities as they arise.

Minister, it is with pride we present to you West Wimmera Health Service's achievements for 2010-2011 for your consideration and endorsement.



Mr Ron Rosewall  
President



Mr John N. Smith PSM  
Chief Executive Officer

# GOVERNANCE

**Q.** What part does the Board of Governance play in the way West Wimmera Health Service works?

**A.** *The Board of Governance is at the heart of everything we do. It guides our Service in its efforts to improve, in its compliance with all operational and legal obligations and constantly monitors the needs and expectations of the communities we serve.*

## THE BOARD OF GOVERNANCE

*West Wimmera Health Service was first declared a Public Hospital under the Health Services Act 1988 and subsequent amendments on 21 August 1995.*

The Service is governed by a Board of Governance (the Board) drawn from the wide geographical area for which the Service is responsible for the delivery of accessible, appropriate healthcare.

The Governor in Council appoints Board Members on the advice of the Minister for Health usually for a three year term.

Board Members of West Wimmera Health Service do not receive payment or sitting fees and are responsible for the effective and efficient clinical and corporate governance of the Service and ensure reporting of financial and clinical status is accurate, transparent and in compliance with Government requirements.

### BOARD OF GOVERNANCE MEMBERS 2010 – 2011

- > Mr R S Rosewall BA SocSci – President
- > Ms L G Clarke JP – Vice President
- > Mr H G Champness BA, Dip.Ed, Accredited Lay Preacher
- > Mr R A Ismay
- > Mr L C Maybery
- > Mr R L Stanford
- > Mrs J M Sudholz
- > Mr D J White Dip.Ag Sci, Post Grad Dip Ag, Adv Cert Works Man, Dip Eng Tech, Adv Dip Eng Tech
- > Mrs N E Zanker BA, Dip Ed

### AUDIT COMMITTEE

- > Dr J R Magrath Hon DBus – Chair, Independent Member
- > Mr J M Hobday LLB – Independent Member
- > Mr R. A. Ismay
- > Mr R L Stanford
- > Mr D J White
- > Mrs N E Zanker
- > Mr R S Rosewall – President Ex Officio

Table 2. **WWHS BOARD OF GOVERNANCE 2010/2011**

Name	Office	Original Appointment	Term of Appointment	Attendance Record
Ronald Stanley Rosewall	Vice President	01.03.1999	01.11.08 – 30.06.13	100%
Leonie Gae Clarke	President	01.03.1997	01.11.08 – 30.06.11	80%
Harvey George Champness		03.03.2009	03.03.09 – 30.06.11	90%
Ronald A Ismay		01.10.1998	01.07.09 – 30.06.12	90%
Lester Charles Maybery		01.10.1998	01.07.09 – 30.06.12	90%
Rodney Lloyd Stanford		01.11.2005	01.11.08 – 30.06.13	80%
Janice Margaret Sudholz		01.10.1998	01.07.09 – 30.06.12	90%
Desmond John White		01.11.2001	01.07.08 – 30.06.11	60%
Naomi Elizabeth Zanker		01.07.2009	01.07.09 – 30.06.12	80%

# EXECUTIVE TEAM

## CHIEF EXECUTIVE OFFICER

### Mr John Norman Smith, PSM

MHA, Grad Dip HSM, FAICD, AFACHSM, AFAHRI, FAHSFMA, AFAIM, Cert III OH&S

#### Chief Executive Officer

The Chief Executive Officer strategically leads and manages the organisation to ensure optimum health outcomes are provided through effective and efficient utilisation of the organisation's resources.

John's vision has resulted in an organisation which proactively strives for 'better population health' through innovative management, a stable workforce and strong partnerships.

A National Councillor of the Australian Hospital & Healthcare Association, John also serves on the Board of Directors of the Victorian Hospitals Industrial Association, is a National Councillor and also sits on the Boards of Directors of the Australian Council on Healthcare Standards and its International Board.

John has represented the Service on the Wimmera Sub Region Service Planning Project Group, Wimmera and Southern Mallee Health Alliance and the Department of Health – Enterprise Bargaining Negotiations Steering Committee.

## EXECUTIVE DIRECTORS

### Mr Ritchie Dodds

BCom, CA, FFin, MBA, GAICD

#### Executive Director

##### – Finance & Administration

Ritchie is responsible for the Service's Finance, Human Resources, Procurement, Information Technology and Administration functions and deputises for the Chief Executive Officer.

During the year Ritchie successfully completed the Company Directors Course as offered by the Australian Institute of Company Directors further enhancing his knowledge of Corporate Governance within the context of the Service's operations.

### Mrs Janet Fisher

RN, RCNA, Grad Dip Bus Man

#### Executive Director

##### – Clinical Services

The responsibilities of the Executive Director Clinical Services include the management of Medical, Surgical, Primary Care, Central Sterilising, Radiology, Pharmacy and Maternal & Child Health Services. In addition Jan is responsible for Residential Aged Care, Allied and Community Health and Goroke Community Health Centre.

Jan is a Registered Nurse and holds a Graduate Diploma in Business Management from the University of Ballarat, and has completed the five day OH&S course.

### Kaye Borgelt

Assoc Dip Med Records Admin, Grad Cert Mgt Org Change

#### Executive Director

##### – Corporate & Quality Services

Kaye is responsible for the Corporate & Quality Division which comprises Non-Clinical Departments; Catering, General Services, Engineering, Health Information Management and Education.

The Division also co-ordinates Quality and Accreditation, Security, Occupational Health and Safety, Capital Projects and Risk Management.

Kaye holds an Associate Diploma in Medical Record Administration and a Graduate Certificate in the Management of Organisational Change and has also completed the five day OH&S course. Kaye successfully completed a Coding Refresher course in 2010.

### Dr Ian Graham

MBBS, MHP, FRACMA

#### Executive Director

##### – Medical Services

Dr Graham administers the Credentialing, Appointment, Definition of the Scope of Practice and Performance Management of Visiting Medical Practitioners which extends to General Practitioners in Nhill, Jeparit, Rainbow, Kaniva and Natimuk; Visiting Surgeons, Anaesthetists, Gynaecologists, Physicians and Psychiatrists.

Ian chairs the Clinical Quality and Safety Committee which brings together Medical, Nursing, Allied Health and Management personnel to review policies, procedures, and clinical quality management across West Wimmera Health Service.

### Melanie Albrecht

LLB, BIS, Grad. Cert. HSM, AFCHSE

#### Operations Manager

Appointed in April 2006 as Operations Manager, Melanie is responsible for the executive management of Disability Services, Dental Services, Aged Care Administration, Compliments, Complaints and Contracts.

Melanie provides assistance to the Chief Executive Officer with Operational Administration and Special Projects.

### Katrina Pilgrim

Cert IV Bus Management (Frontline)

#### Executive Assistant

Katrina is Personal Assistant to the Chief Executive Officer and provides Secretarial and Administrative support in that capacity. Kate has 25 years experience in this field and is a long term dedicated employee of West Wimmera Health Service.

Responsibilities include Minute Secretary to the Board of Governance, Committees and Sub-Committees and attending to managerial duties as designated.

# COMMUNICATION CHART



# STRATEGIC PLAN 2010-2011

**Q.** Does the Strategic Plan have a significant influence in improving health services for people in West Wimmera?

**A.** *The Strategic Plan is our 'road map'. The current Plan covers a three year period. At the outset we try to identify areas of need or potential improvements and assess the best ways to achieve these improvements within the Plan's allotted time frame. Without a Plan our efforts would be unco-ordinated and haphazard.*

**OBJECTIVE 1.0*****Attract, Develop and Retain the Service Delivery Skills Required***

Strategic Goal	Achievements 2010/2011	Future – 2011/2012
<b>1.1 Continue to provide universal staff education and training needs analysis, planning and delivery.</b>	<ul style="list-style-type: none"> <li>&gt; Staff compliance with mandatory education remained high with all 10 elements achieving an average compliance of 97%.</li> <li>&gt; Undergraduate clinical placements provided to Nursing &amp; Allied Health Students.</li> <li>&gt; Number of mandatory education days increased from 17 to 25 in direct response to staff feedback.</li> <li>&gt; 102 education sessions were provided within the Service, with 1011 attendees.</li> <li>&gt; 344 staff attended 152 external courses.</li> <li>&gt; Grant of \$46,800 received to improve student accommodation with plans to renovate residence at 34 Macpherson Street Nhill.</li> <li>&gt; Advice received of funding opportunities through Health Workforce Australia particularly relating to nursing undergraduate clinical placements.</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Train Engineering staff at each site to conduct site specific fire training.</li> <li>&gt; Work with Australian Catholic University to access funding through the Health Workforce Australia grant program.</li> <li>&gt; Actively participate in the Grampians Region, Clinical Placement Network facilitated by the Department of Health.</li> <li>&gt; Utilise video conferencing and teleconferencing more to provide education concurrently across all sites.</li> <li>&gt; Consider applicability of the "Confluence" Software Communication Package to facilitate staff training.</li> </ul>
<b>1.2 Redesign the workforce to meet needs at all sites and for all care groups, especially with respect to mental health.</b>	<ul style="list-style-type: none"> <li>&gt; Recruitment strategies continue, particularly for overseas trained nurses.</li> <li>&gt; Increased employment of Agency Nurses in the six month period due to maternity leave and resignations.</li> <li>&gt; Appointment of a full-time Social Worker through the Rural Primary Health Service Program.</li> <li>&gt; Appointment of 5 Living At Home Assessment (LAHA) Officers across the West Wimmera Sub Region</li> <li>&gt; Appointment of Community Directed Care Coordinator.</li> <li>&gt; Redesign of Oliver's Management structure to gain Hospitality expertise via operational management through the Corporate &amp; Quality Services Division.</li> <li>&gt; Implementation of policies to support the 'Living at Home' model of care.</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Bring about the development of a 'community hub' with a focus on mental health to establish a model for West Wimmera Health Service.</li> <li>&gt; Redesign the Community Aged Care Services Model of Care to be holistic and enhance the ability of consumers to live in their own home longer.</li> <li>&gt; Management operating and performance to be continually monitored at Oliver's Café and Kiosk and "Snappy Seconds" secondhand outlet to achieve ongoing viability.</li> </ul>
<b>1.3 Enhance the effectiveness of the division of duties between all clinicians.</b>	<ul style="list-style-type: none"> <li>&gt; Introduction of mortality review. All deaths across the service reviewed to flag potential issues in regard to patient care.</li> <li>&gt; \$22,000 received from the Department of Health to implement a 'Plan Do Study Act' (PDSA) project focusing on increasing medical practitioner referrals to Allied Health Professionals.</li> <li>&gt; The PDSA team was formed and collaboration between Natimuk Medical Practitioners, Wimmera Primary Care Partnership and WWHS staff occurred.</li> <li>&gt; Further investigation of electronic referral system from GP's to West Wimmera Health Service Allied health Professionals particularly for enhanced Primary Care plans.</li> <li>&gt; Discussion and planning with the Principals of Tristar has established clearer lines of clinical care delineation.</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Develop the skill base and extend the scope of practice of clinicians to meet the specific needs of our consumers.</li> <li>&gt; Investigate the possibilities of increasing referrals to Specialist Visiting Surgeons.</li> <li>&gt; Introduce electronic referrals to Medical Practitioners and Referral Based Projects and Services.</li> <li>&gt; Increase the use of Enhanced Primary Care Plans.</li> </ul>

**OBJECTIVE 2.0***Deliver Efficient, Safe and Effective Services*

Strategic Goal	Achievements 2010/2011	Future – 2011/2012
<b>2.1 Achieve continuing accreditation of all services.</b>	<ul style="list-style-type: none"> <li>&gt; Successful Periodic ACHS Accreditation survey in November 2010 with full accreditation maintained.</li> <li>&gt; Extensive Achievement (EA) rating achieved for Infection Control.</li> <li>&gt; Moderate Achievement (MA) rating achieved for all other mandatory criteria surveyed.</li> <li>&gt; Inaugural full certification (Stage 2) for Victorian Disability Service Standards</li> <li>&gt; Re-Certification for Commonwealth funded business services to the National Disability Services Standards.</li> <li>&gt; Accreditation received in the Home and Community Care, National Respite for Carers and Community Aged Care Packages programs.</li> <li>&gt; Support visits by the CACS&amp;AA to Kaniva, Rainbow, Jeparit and Iona High and Low Residential Aged Care facilities with full compliance achieved at each visit.</li> <li>&gt; West Wimmera Health Service provided views to the Commonwealth Department of Health &amp; Ageing regarding the rollout of National HACCC Standards across the National Respite for Carers, Community Aged Care Packages and Consumer Directed Care programs.</li> <li>&gt; Unannounced spot visits by CACS&amp;AA at Residential Aged Care facilities at Nhill, Kaniva, Jeparit, Rainbow and Natimuk with full compliance achieved at all facilities.</li> <li>&gt; Board of Governance decision made to continue with ACHS Accreditation process incorporating EQUIP 5.</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Ensure we not only conform with all Accreditation Standards, but exceed them to become the leader within our peer group.</li> <li>&gt; Implement the Active Service Delivery model in Allied &amp; Community Health Service delivery.</li> <li>&gt; Continue to comply with Victorian and National Disability Services Standards in the annual compliance audits.</li> <li>&gt; Combine the National Respite for Carers, Community Aged Care Packages and Consumer Directed Care Packages accreditation processes to meet the National Common Standards for Accreditation.</li> </ul>
<b>2.2 Improve access to and use of community transport between WWHS sites and other health service providers.</b>	<ul style="list-style-type: none"> <li>&gt; West Wimmera Health Service Bus fleet now made available for community use; e.g. Schools, Sporting Bodies and individuals on receipt of formal application.</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Lobby strongly for a coordinated sustainable transport service which clearly provides for the needs of all our stakeholders.</li> </ul>
<b>2.3 Take a more pro-active role in the health care policy development process.</b>	<ul style="list-style-type: none"> <li>&gt; Wimmera Sub Regional planning process has continued in 2010/11 with final report still to be adopted.</li> <li>&gt; The Board of Governance has received and will consider the Draft West Wimmera Health Service Sub Regional Plan which is a derivative of the Wimmera Plan..</li> <li>&gt; Special Board meeting in May 2011 with Professor Chris Brook in attendance to consider detail associated with the National Health Reform. Meeting attended by Board, Senior Executive, Middle Management and Community Advisory Committee members.</li> <li>&gt; Continued participation in Wimmera Southern Mallee Health Alliance.</li> <li>&gt; Chief Executive Officer became a member of the Department of Health Enterprise Bargaining Agreement EBA consultation group.</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Establish a unified approach to health policy development engaging Senior Managers, Professional Colleges and Associations, Peak Bodies and State and Federal Governments.</li> <li>&gt; Allied Health Professionals to become actively involved in association special interest groups to facilitate a rural and remote perspective with national policy development.</li> <li>&gt; Final Report of Wimmera Sub Region Review to be considered by Board.</li> </ul>

**OBJECTIVE 2.0***Deliver Efficient, Safe and Effective Services*

Strategic Goal	Achievements 2010/2011	Future – 2011/2012
<b>2.4 Expand and prioritise early intervention and chronic disease management services.</b>	<ul style="list-style-type: none"> <li>&gt; Successful application made for 5 Consumer Directed Care Packages which have now been implemented.</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Establish effective resource utilisation in a best practice environment.</li> <li>&gt; Apply for additional Consumer Directed Care Packages as they are offered by the Commonwealth Department of Health &amp; Ageing</li> <li>&gt; Strengthen the chronic disease referral pathway through the PDSA project and implement an electronic referral system.</li> </ul>
<b>2.5 Expand Dental Health Services and Oral Health initiatives.</b>	<ul style="list-style-type: none"> <li>&gt; A Private Dentist 0.4EFT commenced in 2011</li> <li>&gt; 1.0 EFT salaried Dentist recruited for period January- November 2011.</li> <li>&gt; Continued participation in the Grampians Oral Health Network with a project coordinator appointed.</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Recruit Salaried or Private Dental Surgeons, a Dental Technician and expand the use of the Dental Therapist.</li> </ul>
<b>2.6 Redefine Health Promotion and Illness Prevention services.</b>	<ul style="list-style-type: none"> <li>&gt; Continue a regional approach to planning the health promotion strategy</li> <li>&gt; 47 organisations participated in the 'WorkHealth Checks' Project conducted by West Wimmera Health service for WorkSafe Victoria from July to December 2010, with a substantial waiting list still evident.</li> <li>&gt; The WorkHealth Check throughput was considered sub-standard and dialogue has taken place with WorkSafe to increase productivity.</li> <li>&gt; Increased community numbers in the Health &amp; Fitness Centre, targeting young mums and older users. An evaluation was conducted which clearly showed these targets were met. Evaluation to be undertaken again in December 2011.</li> <li>&gt; Application submitted for the WorkSafe WorkHealth Checks tender to be enlisted as an endorsed provider in partnership with the Ballarat District Nursing Health Service.</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Promote a coordinated regional approach to health promotion and illness prevention services.</li> <li>&gt; Embed the Active Service Delivery Model philosophy which is a Department of Health directive assisting clients to care for themselves. WWHS has a plan for this and has commenced with this philosophy through the Consumer Directed Care Packages Project.</li> <li>&gt; Increase number of staff trained to undertake health checks as arranged with WorkSafe.</li> <li>&gt; Be actively involved in the Wimmera Primary Care Partnership strategic Health Promotion Plan which will target 2012 and beyond.</li> </ul>
<b>2.7 Strengthen acute patient access to step down care.</b>	<ul style="list-style-type: none"> <li>&gt; Hospital in the Home Policy reviewed by Clinical Managers and updated, awaiting endorsement by Clinical Quality &amp; Safety Committee prior to introduction.</li> <li>&gt; Review of admission and discharge process and documentation undertaken to streamline admission process. This includes screening patients to determine if they require an onsite pre admission visit or whether it can be conducted via a phone link. Draft documentation implemented.</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Form relationships with regional providers to instigate efficient step down care.</li> <li>&gt; Increase rehabilitation service provision.</li> <li>&gt; Evaluate new admission process including draft documentation.</li> </ul>

**OBJECTIVE 2.0***Deliver Efficient, Safe and Effective Services*

Strategic Goal	Achievements 2010/2011	Future – 2011/2012
<b>2.8 Expand the services provided by Visiting Specialist Clinicians.</b>	<ul style="list-style-type: none"> <li>&gt; Community forums conducted to ascertain what cancer sufferers and their carers believe are the deficiencies in care in our Region.</li> <li>&gt; Presentation made to Board of Governance by an Oncologist regarding statistical data and options for WWHS to consider.</li> <li>&gt; Meeting held with Grampians Integrated Cancer Services (GICS) regarding introduction of cancer services at WWHS.</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Respond to community need by obtaining the services of a Consultant Urologist, Endocrinologist and General Physician.</li> <li>&gt; Scope of Practice for Ophthalmologist expanded to include administration of Macular Degeneration injections.</li> <li>&gt; Ankle Surgery to be added to scope of Practice for Orthopaedic Surgeon.</li> <li>&gt; Continue to investigate options for outsourcing allied health services to other agencies.</li> </ul>
<b>2.9 Extend the depth of General Practitioner Service coverage at all sites.</b>	<ul style="list-style-type: none"> <li>&gt; Recognised Medical Practitioner shortage at Rainbow, Jeparit and Kaniva for many months. WWHS has contributed to costs associated with the acquisition and placement of Locum Medical Practitioners during this period.</li> <li>&gt; Part-time Medical Practitioner commenced practice at Natimuk, has been credentialed.</li> <li>&gt; Locum Medical Practitioner services in place at Rainbow/Jeparit ensuring continuous ongoing medical coverage.</li> <li>&gt; Extensive consultation has taken place with Tristar Medical Group with WWHS taking a lead role in ensuring continual General Practitioner coverage.</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Ensure our communities continue to receive General Practitioner services 24 hours per day 7 days per week.</li> </ul>
<b>2.10 Improve the efficiency and utilisation of Nhill's Operating Suite.</b>	<ul style="list-style-type: none"> <li>&gt; New operating theatre equipment purchased and installed leading to broader range of procedures available, and improving self sufficiency:               <ul style="list-style-type: none"> <li>- Anaesthetic machine.</li> <li>- Laparoscopic equipment.</li> <li>- Instruments for use of the ENT Surgeon.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>&gt; Increase the use of the Operating Suite encapsulating a Day Procedure Unit.</li> <li>&gt; Extend scope of Eye and Orthopaedic Surgeons.</li> <li>&gt; Install new Sterilizers to improve efficiency associated with sterilising instruments.</li> </ul>
<b>2.11 Expand the use of Telemedicine.</b>	<ul style="list-style-type: none"> <li>&gt; Discussions held with Ophthalmologist regarding use of telemedicine for eye consultations.</li> <li>&gt; Submission made to Department of Health for Telemedicine and Oncology services.</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Initiate Regional and Metropolitan clinical partnerships to expand use of Telemedicine.</li> </ul>
<b>2.12 Explore the future direction of Disability Services.</b>	<ul style="list-style-type: none"> <li>&gt; A review of management and organisational matters associated with Cooinda continues to take place.</li> <li>&gt; Review completed and recommendations still to be finalised.</li> <li>&gt; Concern has evolved in relation to the overall need and future provision of services across all Cooinda programs.</li> <li>&gt; Increase in the EFT of Cooinda Day Service clients by 1.6 in 2011.</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Expand opportunities for supported employees through new business ventures and partnerships.</li> <li>&gt; Finalise review in relation to the needs and future provision of services across all Disability programs.</li> </ul>

**OBJECTIVE 2.0***Deliver Efficient, Safe and Effective Services*

Strategic Goal	Achievements 2010/2011	Future – 2011/2012
<b>2.13 Review and improve health service delivery in Goroke.</b>	<ul style="list-style-type: none"> <li>&gt; \$500,000 received from the Commonwealth for GP Super Clinic funding for the redevelopment of the Goroke Community Health Centre</li> <li>&gt; Project Control Group from West Wimmera Health Service and West Wimmera Shire set up to oversee the Goroke Project.</li> <li>&gt; Public meeting held May 2011 at Goroke to discuss final redevelopment plans with the community.</li> <li>&gt; Plans finalised for Goroke Community Health Centre and GP Super Clinic redevelopment.</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Foster community involvement through public meetings to inform project progress.</li> <li>&gt; Progress to project tender in August 2011.</li> <li>&gt; Enhance health promotion programs available to the community.</li> <li>&gt; Enhance the relationship with Ambulance Victoria and consider co-location in new building.</li> </ul>
<b>2.14 Consider the future configuration of Hostel services at Kaniva.</b>	<ul style="list-style-type: none"> <li>&gt; Project discussed with Architect using initial concept drawings as basis for discussion.</li> <li>&gt; Kaniva Hostel occupancy increased to 100% from May 2011 – the highest level since 2003.</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Bring about the relocation of 'Arthur Vivien Close' Hostel to the Kaniva Hospital</li> </ul>
<b>2.15 Improve public information about the services delivered by WWHS.</b>	<ul style="list-style-type: none"> <li>&gt; The 'Annual and Quality Review to our Community – 2010' publicly launched to our communities.</li> <li>&gt; Finalist in the 2010 Victorian Public Healthcare Premier's Award – Rural Health Service of the Year.</li> <li>&gt; 2009/10 Quality of Care Report received a score of 100.1 placing it in the top quartile in the Small Rural Health Service category.</li> <li>&gt; 2009/10 Annual Report received a 'Gold Award' from Australasian Reporting Awards Limited and also in the top 10 of the PriceWaterhouseCooper Reporting Transparency Awards.</li> </ul>	<ul style="list-style-type: none"> <li>&gt; A community newsletter and an expanded Web site will be promoted and widely distributed.</li> <li>&gt; Marketing and Public Relations Consultant to assist with marketing.</li> </ul>
<b>2.16 Co-locate the Ambulance Service with WWHS in Nhill.</b>	<ul style="list-style-type: none"> <li>&gt; Negotiations have commenced with Department of Health &amp; Ambulance Victoria in relation to the relocation of the Ambulance Service.</li> <li>&gt; Documentation received from Department of Health for completion and submission r.e. Ambulance proposal.</li> <li>&gt; The co-location of the ambulance service in relation to WWHS is embodied in the Wimmera Sub Region Service Plan.</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Continue negotiations with the Department of Health and Ambulance Victoria to relocate Nhill Ambulance Services to the Nhill Hospital.</li> <li>&gt; To progress debate at a Wimmera Sub Region level as to the likely outcome of co-location coming to fruition.</li> </ul>
<b>2.17 Maintain a safe environment for Patients, Residents, Clients, Staff and other Stakeholders.</b>	<ul style="list-style-type: none"> <li>&gt; Appointment of a Return to Work Coordinator.</li> <li>&gt; Implementation of the Victorian Hospital Incident Management System (VHMIS)</li> <li>&gt; CCTV internal and external recording introduced at Jeparit and Nhill Hospitals.</li> <li>&gt; No incidents occurred which required reporting to WorkSafe.</li> <li>&gt; External Security review undertaken in May 2011.</li> <li>&gt; VMIA Site Risk Surveys undertaken at Nhill and Kaniva with Nhill achieving a rating at the high end of the 'Good' matrix (the second highest possible) and Kaniva achieving a 'Very Good' rating (the highest rating possible).</li> <li>&gt; VMIA Risk Framework Quality Review undertaken achieving an overall rating of 'Effective'.</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Implement recommendations arising from External Security Review.</li> <li>&gt; Implement recommendations arising from Nhill and Kaniva Site Risk Surveys.</li> <li>&gt; Implement recommendations arising from Risk Framework Quality Review.</li> </ul>

**OBJECTIVE 2.0***Deliver Efficient, Safe and Effective Services*

Strategic Goal	Achievements 2010/2011	Future – 2011/2012
<b>2.18 Foster Environmental Sustainability, including reducing WWHS carbon footprint.</b>	<ul style="list-style-type: none"> <li>&gt; Following installation of new air conditioning system at Natimuk LPG gas savings of 47% were made when compared with previous year.</li> <li>&gt; Premises not covered under 'Whole of Government' funding transferred to new electricity supplier with 23% cost savings.</li> <li>&gt; Rainwater tanks replaced at Goroke resulting in increased storage capacity. Tanks relocated to improve aesthetics.</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Explore greater opportunities for Recycling and decreasing the use of Water, Electricity and Gas.</li> </ul>
<b>2.19 Maximise funding opportunities with Commonwealth and State Government agencies.</b>	<ul style="list-style-type: none"> <li>&gt; \$169,000 received for equipment including sterilizer and infusion pumps.</li> <li>&gt; Operating surplus of \$632,000 achieved 2009-10 financial year.</li> <li>&gt; \$17,000 received to replace "Mira" building hot water service.</li> <li>&gt; Commonwealth funding applications made for Commonwealth Health &amp; Hospitals Fund; NRRHIP applications for Rainbow and Natimuk; DVA primary health.</li> <li>&gt; State funding applications submitted for all regular grant opportunities.</li> <li>&gt; \$109,500 received to replace carpet in Iona and Archie Gray Nursing Homes.</li> <li>&gt; \$35,000 received to purchase floor line beds at each residential Aged Care facility.</li> <li>&gt; Funding received through the Commonwealth's ACFI increased by 6%.</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Continue to be aware of and make applications for Commonwealth and State Government special funding opportunities.</li> <li>&gt; Reapply for funding to complete Nhill Hospital under the Commonwealth Health &amp; Hospitals Fund Regional Priority Round.</li> </ul>
<b>2.20 Complete Stages 3 &amp; 4 of the Nhill Hospital Redevelopment and other Capital Projects.</b>	<ul style="list-style-type: none"> <li>&gt; \$500,000 received from the National Rural and Remote Health Infrastructure Program for the Nhill Medical Clinic Project</li> <li>&gt; Trescowthick Hostel, Lockwood Hostel and 'Iona' Digby Harris Home fitted out with Reverse Cycle air-conditioning.</li> <li>&gt; Redevelopment of Oliver's Café preparation area.</li> <li>&gt; Extensive renovation of the residence for the Kaniva Medical Practitioners including new floor coverings, replacement of kitchen and laundry equipment and replacement of evaporative air conditioning system.</li> <li>&gt; Planning undertaken for new premises for a Central Stores facility.</li> <li>&gt; Planning and consultation undertaken with Architects and staff regarding Stages 3 and 4 of Nhill Hospital redevelopment program.</li> <li>&gt; Application submitted to Commonwealth Department of Health &amp; Ageing to complete Stage 3 &amp; Stage 4 – application unsuccessful but will be resubmitted into next round.</li> <li>&gt; Renovations commenced to upgrade Rainbow GP residence and Medical Clinic.</li> <li>&gt; Plans finalised for Nhill Medical Clinic and tenders advertised.</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Source new Commonwealth and State funding opportunities for completion of the unfinished projects pertaining to the redevelopment of the Nhill Hospital.</li> <li>&gt; Complete Nhill Medical Clinic redevelopment.</li> <li>&gt; Complete Goroke Community Health Centre and GP Super Clinic redevelopment.</li> <li>&gt; Develop Nhill Central Store Unit.</li> <li>&gt; Relocate Nhill Essential Services.</li> </ul>

**OBJECTIVE 2.0*****Deliver Efficient, Safe and Effective Services***

Strategic Goal	Achievements 2010/2011	Future – 2011/2012
<b>2.21 Implement new Information Technology systems, upgrades and enhancements.</b>	<ul style="list-style-type: none"> <li>&gt; The transition to the "Oracle" financial system which experienced a number of initial problems but in the long term will certainly enhance accountability.</li> <li>&gt; Installation of Victorian Hospital Incident Management System (VHIMS) with upgrade to Riskman incident reporting system to facilitate process.</li> <li>&gt; Incidents now categorised using standardised measurements with the capacity to report incident data electronically to VMIA and Department of Health.</li> <li>&gt; iPads purchased for use by Board and Senior Executive to facilitate secure and timely information exchange.</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Further improve information systems for all sections of the Service to ensure safe care for clients, patients and residents and promote more efficient work practices.</li> <li>&gt; Proceed to conform with Department of Health requirements in relation to incident reporting, simultaneously ensuring that privacy and confidentiality of information is maintained.</li> <li>&gt; Departmental requests in relation to data and detail required through the incident reporting program and will be carefully vetted prior to submission and a process put in place to ensure this occurs.</li> </ul>

**OBJECTIVE 3.0*****Be a Meaningful Participant in the Region***

Strategic Goal	Achievements 2010/2011	Future – 2011/2012
<b>3.1 Implement a more flexible and integrated service model.</b>	<ul style="list-style-type: none"> <li>&gt; The WWHS Community Needs Analysis and Service Profile Project Report remains active and has been emphasised as an important document at meetings of the Wimmera Sub Regional planning group.</li> <li>&gt; The Report has continued to be a reference point for service delivery and enhancement.</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Implement an Active Service Delivery Model which will support integrated care for all.</li> <li>&gt; The West Wimmera Health Service Community Needs Analysis and Service Profile Project Report to continue to be a vital reference in ultimately finalising and agreeing to the Wimmera Sub Region Service Plan. This will also be relevant to the Plan which will be a derivative of the Sub Regional Service Plan.</li> <li>&gt; Implement a Community Aged Care Services Model to encompass Community Aged Care Packages, Living at Home Assessments, Consumer Directed Care Packages, Aged Care Assessment Service and National Respite for Carers Program to ensure an holistic approach to care.</li> <li>&gt; Implement a formal Rehabilitation Model of Care.</li> </ul>
<b>3.2 Implement co-ordinated access to a comprehensive range of secondary and tertiary acute, sub-acute, mental health, drug treatment, and other services based on our regional participation and beyond.</b>	<ul style="list-style-type: none"> <li>&gt; Wimmera Southern Mallee Health Alliance Memorandum of Understanding officially signed.</li> <li>&gt; Collaborative approach taken to Sub Region external contracts entered into with other health care providers.</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Position the Service to be an influential leader in Service Planning, Development and Coordination in the Wimmera Sub Region and through the Wimmera Southern Mallee Health Alliance.</li> </ul>

# SERVICES – AVAILABLE AT NHILL, GOROKE, JEPARIT, KANIVA, RAINBOW AND NATIMUK

## AGED CARE

- > Aged Care Assessment
- > Community Aged Care Packages
- > Community and Home Based Aged Care
- > Residential Hostels & Nursing Homes

## CLINICAL

- > Acute
- > Admission and Discharge Clinic
- > Dental Diagnostic
- > Dental Prosthetic
- > Dialysis
- > Domiciliary Midwifery
- > ENT Surgery
- > Gastroenterology
- > General and Specialist Medical Care
- > General and Specialist Surgery
- > Laparoscopic Surgery
- > Maternity Shared Care Clinic
- > Nursing Traineeships
- > Obstetrics and Gynaecology
- > Ophthalmic Surgery
- > Oral Surgery
- > Orthopaedic Surgery
- > Palliative Care
- > Pathology
- > Pharmacy
- > Post Acute Care
- > Primary Care Casualty
- > Psychiatry
- > Reconstructive Surgery
- > Regional Discharge Planning Strategy

## ALLIED AND COMMUNITY SUPPORT

- > Ante/Post Natal Classes
- > Asthma Education and Counselling
- > Cancer Council Victoria
  - Cancer Awareness
- > Cardiac Rehabilitation Program
- > Carer's Group – Nhill, Natimuk, Goroce
- > Community Health Nursing
- > Continence Education
- > Diabetes Education
- > Dietetics
- > District Nursing
- > Drug and Alcohol Program
- > Emergency Relief Program
- > Exercise Groups – Tai Chi, Aerobics
- > Exercise Physiology
- > Farm Safety Education
- > Fitness Assessments
- > Fun, Fit and Fabulous
- > Guys & Gals School Program
- > Gym/Weights Program
- > Hairdressing
- > Health and Fitness Centre
- > Health Education and Promotion
- > Hearing Screening
- > Home and Community Care
- > Hospital in the Home
- > Hospital to Home
- > Kindergarten Screenings
  - Podiatry, Speech Pathology
- > Massage Therapy
- > Maternal and Child Health
- > Meals on Wheels
- > Men's Shed
- > Moovers and Shakers Walking Groups
- > Mums and Bubs in Goroce
- > National Diabetes
- > National Respite for Carers Program
- > Nutrition Education
- > Occupational Therapy
- > Optometry
- > Orthodontic Referral
- > Pap Smear Tests
- > Physiotherapy

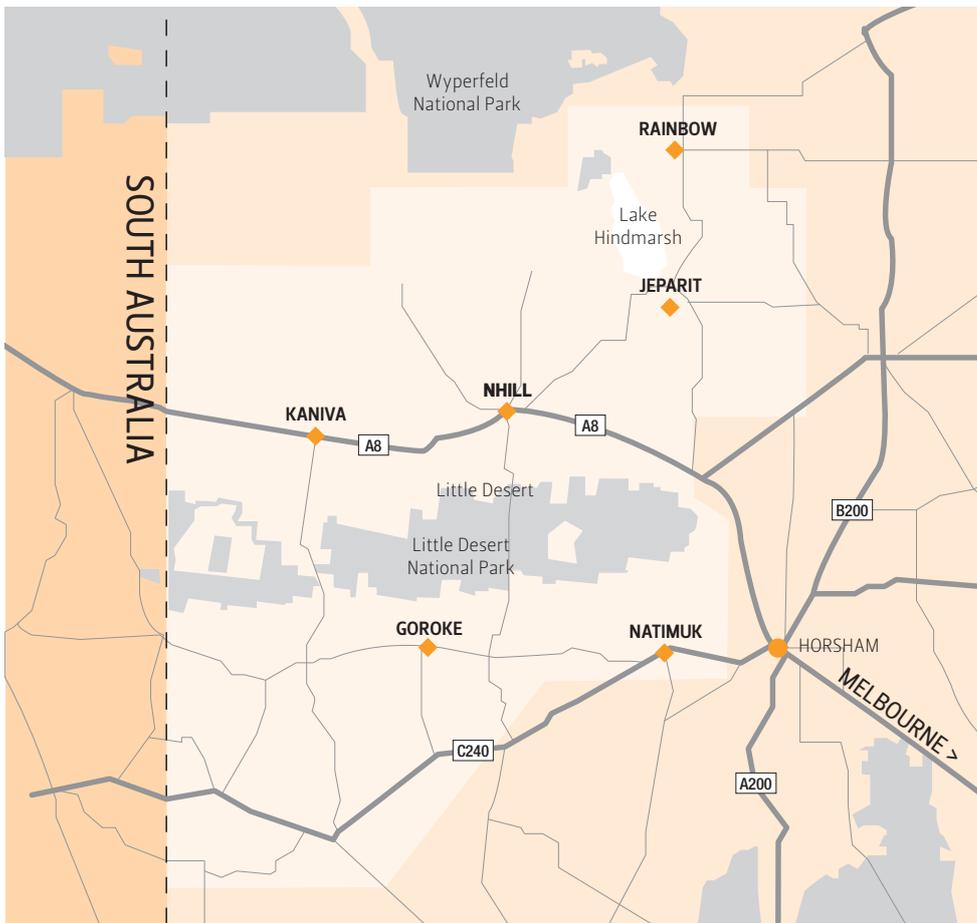
- > Planned Activity Groups
  - (Day Centres)
- > Podiatry
- > Puberty Biz Sexuality Education for Grade 6 Children and Parents
- > Radiology
- > Rural Primary Health Service
- > 'Secret Men's Business'
  - group for older men
- > Social Work—Welfare and Counselling Service
- > Speech Pathology
- > Strutting Strollers
- > WorkHealth Checks

## DISABILITY

- > Advocacy
- > Community Access
- > Adult Day Service
- > Food Preparation and Sales
- > Future for Young Adults
- > Individualised Support
- > Living Skills
- > Respite
- > Supported Employment
- > Therapy Programs
- > Vocational Training

## REGIONAL

- > Allambi Elderly Peoples Home, Dimboola
- > Avonlea Hostel, Nhill
- > Dunmunkle Health Service
- > Edenhope Hospital
- > Goroce P-12 College
- > Hopetoun Hospital
- > Jeparit Primary School
- > Kaniva College
- > Kindergartens - Nhill, Jeparit, Kaniva, Rainbow, Goroce
- > Lutheran Primary School, Nhill
- > Natimuk Primary School
- > Nhill College
- > Rainbow College
- > Rainbow Primary School
- > Rural Northwest Health
- > St Patrick's Primary School, Nhill
- > Woomelang Bush Nursing Centre



*West Wimmera Health Service covers a vast area of some 17,000 square kilometres in rural North Western Victoria. It incorporates six separate facilities from an organising base of Nhill.*

## SERVICE SUPPORT

- > Education
- > Engineering and Maintenance
- > Environmental Services
- > Gym Program
- > Health Information Management
- > Hospitality Services
- > Library and Resource Services
- > Traineeships
- > Volunteers
- > Work Experience
- > Work Placements

## NURSING HOMES AND HOSTELS

- > **Nhill**
  - 'Iona' Digby Harris Home
- > **Kaniva**
  - 'Archie Gray' Nursing Home
  - 'Arthur Vivian Close' Hostel
- > **Jeparit**
  - 'Tullyvea' Nursing Home and Hostel
- > **Rainbow**
  - 'Bowhaven' Hostel
  - 'Weeah' Nursing Home
- > **Natimuk**
  - 'Alan W Lockwood' Hostel
  - 'Trescowthick House' Hostel
  - Natimuk Nursing Home

## COMMUNITY PROGRAMS

### HOSPITAL TO HOME (H2H)

This program supports patients in the transition from hospital to home. Patients must live in municipalities associated with West Wimmera Health Service.

### HOSPITAL IN THE HOME (HITH)

HITH is the provision of hospital care in the comfort of the person's own home. Patients are regarded as hospital inpatients and remain under the care of their treating medical practitioner.

### NATIONAL RESPITE FOR CARERS PROGRAM (NRCP)

Provides 'time out' for carers of people with Dementia. This program offers carers the opportunity to maintain their own interests while fulfilling the demanding role of carer.

### COMMUNITY AGED CARE PACKAGES (CACPS)

These packages offer comprehensive assistance to the elderly to support them in their homes, thus delaying entry into a hostel or nursing home.

### POST ACUTE CARE (PAC)

Provides community based services such as community nursing and personal care.

### HOME AND COMMUNITY CARE PROGRAM (HACC)

This program provides care in home and community settings to frail older adults, younger people with disabilities and their carers, promoting independence and avoiding premature or inappropriate admission to long term Residential Aged Care.

# ACUTE CARE

**Q.** We, in the West Wimmera region, are a long way from big cities and the specialist medical services found there. What is WWHS doing to alleviate the problem of distance?

**A.** *Remoteness is a fact of life for our Service. To overcome it we have developed innovative approaches to forward planning and the uptake of technology. They bring the expertise of Visiting Medical Specialists and infrastructure such as the Haemodialysis Unit to our Service.*

## OUR AIM IS TO BRING ACUTE CARE IN EASY REACH

*The Hospitals of West Wimmera Health Service are modern, comfortable and safe, providing "Hospital" surroundings and "Motel" style accommodation for patients and an efficient working environment for staff.*

A concerted effort has been made to reduce the clinical image of patient rooms and amenities and rooms for receiving visitors. A vibrant and exciting décor has been introduced in all our Hospitals.

We manage a wide range of bed-based (hospital) and ambulatory care programs which are also extended to the wider community.

Acute, bed-based accommodation is located at:

- > Nhill Hospital – 35
- > Rainbow Hospital – 7
- > Kaniva Hospital – 6
- > Jeparit Hospital – 4

There are many facets associated with the provision of Acute Care and when integrated all perform together an ethos of quality prevails.

### ADMISSION AND DISCHARGE

The Admission and Discharge service operates from the Nhill Hospital and has two major functions – the Pre-Admission Clinic and Discharge Planning. Sound management by the Admission & Discharge Co-ordinator has resulted in patients better understanding these processes.

The co-ordination of this Unit by designated Registered Nurses Division 1 & 2 ensures that patients undergoing pre-admission assessment are assessed using a consistent approach. Equally, patients preparing for discharge can be confident they will receive all the appropriate services on returning to their homes.

Patients preparing for elective surgery attend the Pre Admission Clinic for interview prior to admission which is designed to inform and assess the patient regarding pre and post-operative routines. Any preparation required and lifestyle restrictions which may be necessary during recuperation as well as the outcome to expect from the surgical procedure are discussed.

Previous medical and surgical history of the patient and any support services which may be required for the patient or their carer following discharge.

### HAEMODIALYSIS

Our Dialysis Unit has retained its momentum being in action three half days per week with four clients cared for during each session.

Increased staff training has resulted in our capability to expand to two sessions per day if required.

The Unit also offers vacation care for Dialysis patients visiting our region.

The Unit was relocated and improved during the year to a larger space, with increased privacy for clients.

### MEDICAL IMAGING

Medical Imaging is available at Nhill Hospital at least three days each week.

Patients from our other sites and beyond attend the Nhill Medical Imaging Department for X-rays.

The current Radiographers contracted to the Service provide an expert service in producing the images for Radiologist interpretation.

The outcome of investigation into reintroducing an Ultrasound to the Service has resulted in plans for this service to begin in July 2011 with the acquisition of a high quality ultrasound system. Its introduction will initially meet existing needs with plans to expand the service as demand increases.

Importantly, the Medical Imaging service has maintained its fully accredited status gained in 2010.

### PHARMACY

Our Service is based at the Nhill Hospital providing Pharmacy Services to all sites of WWHS.

The Pharmacist visits all sites providing medication education for nursing staff and patients, simultaneously monitoring storage of medications, reviewing patient medications and making recommendations to Medical Practitioners as necessary.

The Pharmacist is a constant source of information and assurance for staff when requiring specific medication information and general pharmaceutical advice.

### VISITING SPECIALISTS

Elective Surgery which takes place at the Nhill Hospital includes specialties:

- > Ear Nose and Throat
- > Orthopaedic
- > Oral
- > General Surgery
- > Ophthalmology
- > Gynaecology

A Geriatrician visits Hostels & Nursing Homes six weekly to provide this specialist care to our residents and patients within the acute care setting also.

Ready access to high standards in Specialist Services is crucial for the wellbeing of our community. It reduces the need to travel huge distances for this dimension of care thus enabling patients to retain the support of family and friends during their time of illness.

## OPERATING SUITE

The Nhll Hospital contains a modern very well equipped Operating Suite which is keenly accessed by Visiting Specialist Surgeons weekly.

Strict criteria is in place covering the range of surgical services offered and the health status of the patients who undergo surgery. Care is delivered in accordance with professional safe practice and protocol.

The Service, in providing surgical procedures at this level, is cognisant of the need to provide “state of the art” equipment and resources to guarantee safe and stable practices.

In line with this belief we have purchased the following equipment to ensure that monitoring our patients and the care delivered is at an optimal level.

- > Surgical equipment for the Ear Nose & Throat Surgeon.
- > Laparoscopic equipment to enable General surgeons to perform a greater range of Laparoscopic Surgery.
- > An Anaesthetic machine to ensure safe monitoring of patients receiving an anaesthetic.
- > A “Heat Sealer” to ensure surgical packs are sealed to comply with Australian Standard AS 1079.1–1993 – Packaging of items (sterile) for patient care, and remain within date until next use.

## ONCOLOGIST CHEMOTHERAPY

With the high demand for Chemotherapy in the Wimmera region we are investigating the Service's potential role with the delivery of Chemotherapy within the Wimmera. Achieving such an outcome will greatly improve access to Cancer care.

To this end WWHS is presently liaising with “Grampians Integrated Cancer Service” Ballarat to progress the possibilities of the introduction of this care to occur.

## CONCLUSION

We are pleased to report the maintenance of high level Visiting Medical Specialists to our Service and the ongoing provision of modern technology and infrastructure.

## STATISTICS

The activities set out in Table 3, below, are reported in compliance with the *Health Service Annual Reporting Guidelines* and the *Financial Management Act 1994*.

The table was completed for activities funded by the Department on the basis of set targets. As requested detail is supplied only on activity undertaken.

Table 3.

Activity	2010/11
<b>Weighted Inlier Equivalent Separations (WIES)</b>	
WIES Public	1,104.58
WIES Private	354.73
<b>Total WIES (Public and Private)</b>	<b>1459.31</b>
WIES Renal	25.00
WIES DVA	156.60
WIES TAC	10.82
<b>WIES TOTAL</b>	<b>1626.69</b>
<b>Sub Acute Inpatient</b>	
Rehab L2 (non DVA)	N/A
GEM (non DVA)	194
Palliative Care - Inpatient	N/A
Transition Care (non DVA) – bed day	N/A
Restorative Care	N/A
Rehab 2 - DVA	N/A
GEM - DVA	146
Palliative Care - DVA	N/A
<b>Ambulatory</b>	
VACS - Allied Health	N/A
VACS - Variable	N/A
Transition Care (non DVA) - Homeday	N/A
SACS - Non DVA	N/A
SACS - Paediatric	N/A
Post Acute Care	N/A
VACS - Allied Health - DVA	N/A
VACS - Variable - DVA	N/A
SACS - DVA	N/A
Post Acute Care - DVA	N/A
<b>Aged Care</b>	
Aged Care Assessment Service	182
Residential Aged Care	
-Residents Treated	78
-Occupied Bed Days High Care	27,704
-Occupied Bed Days Low Care	16,075
<b>Mental Health</b>	
MH - Inpatient	N/A
MH - Ambulatory	N/A
<b>Nursing Home Type</b>	
NHT (non DVA)	377
NHT - DVA	98
<b>WIES Activity Performance</b>	
WIES (Public and Private) performance to target (%)	N/A

Inpatient data is reported as at 30 June 2011 and is interim pending finalisation of data on 9th September 2011.

# RESIDENTIAL AGED CARE – OUR CORE SERVICE

**Q.** There are many elderly people in our community. Is provision of Residential Aged Care as good as it can be?

**A.** *All our nursing home and hostel facilities are accredited - a stringent measure of excellence. Each facility also has a continuous improvement plan for we are committed to making the very good even better.*

## PROVIDING EXCELLENT LEVELS OF RESIDENTIAL AGED CARE IS AT THE HEART OF OUR SERVICE

*West Wimmera Health Service offers 77 High Care (Nursing Home) places and 46 Low Care (Hostel) places. Situated in several sites within our Service area they combine new modern surroundings with the ultimate in care choice, lifestyle and support.*

### HIGH CARE PLACES ARE AVAILABLE AT:

- > Rainbow Hospital – 10
- > Jeparit Hospital – 10
- > Kaniva Hospital – 11
- > Natimuk Residential Aged Care – 20
- > Iona Nhill Hospital – 26
  - 10 Frail aged
  - 10 Dementia specific
  - 6 Psychogeriatric

Psychogeriatric residents require ongoing mental health and cognitive review to ensure their continued wellbeing. This is achieved by regular reviews undertaken by a Visiting Psychiatrist and Psychiatric Nurse. The continued increase in demand for mental health care confirms this is an important service we are pleased to have such expertise to provide for our residents.

### LOW CARE PLACES ARE AVAILABLE AT:

- > Rainbow Hospital – 10
- > Jeparit Hospital – 5
- > Kaniva Hospital – 10
- > Natimuk Residential Aged Care – 21
  - 11 Dementia specific
  - 10 Frail Aged
- > Iona Nhill – 4

As elderly members of our communities and their families consider the options of Residential Aged Care there are a number of questions they ask.

### CAN I, OR MY ELDERLY RELATIVE, MAINTAIN AN ENJOYABLE LIFESTYLE WHEN I MOVE INTO A WEST WIMMERA HEALTH SERVICE HOSTEL OR NURSING HOME?

#### AT WEST WIMMERA HEALTH SERVICE YES YOU CAN!

Every aspect of our care is motivated by our unswerving belief in the right of every resident to freedom of choice and opportunity to live a comfortable, happy life, continuing to enjoy social activities, hobbies and integration with family and friends while receiving the benefits of the attention of our compassionate, well trained staff with specific care provided when required.

To make sure our staff are equipped to help residents maintain the best possible health and happiness, continuous education is available for them to keep abreast of the latest philosophies and practice with specific skills tested annually to ensure the physical, social and emotional needs of our residents are met.

West Wimmera Health Service has obtained the services of specialist aged care health professionals with the appointment of a Consultant Geriatrician and the presence of an experienced team of allied health professionals who visit all Residential Aged Care Homes to add to the expertise of the Resident healthcare team.

### ASSESSMENT BY AGED CARE ASSESSMENT TEAM (ACAT)

Prospective residents must be assessed by ACAT personnel to be eligible for admission to a Commonwealth funded aged care home or program such as Community Aged Care Packages (CACPs).

A request for a medical assessment can be made to our Service to enable the ACAT team, independent specialists in aged care, to review a “client” in the community or a resident who is already in a residential home and provide an opinion along with recommendations on future care and treatment options.

ACAT assessments are carried out by ACAT trained Registered Nurses Division 1 and Geriatricians independent of West Wimmera Health Service.

Fees and charges for Residential Aged Care are based on income; assets and the level of care required by the resident and are determined in accordance with the *Aged Care Act 1997* by Commonwealth Agency “Centrelink”.

## ACCREDITATION

In September 2010 the Aged Care Standards and Accreditation Agency reviewed the assessment modules used by assessors when monitoring compliance within Residential Aged Care Homes. These modules are resident focused and allow the assessors to determine the level of care required with the home care providers.

The review has seen a reduction in assessment modules from 14 to 11. This has resulted in less duplication, by including all previously assessed areas in the reduced number of modules.

Modules now addressed:

- > Incident management
- > Care assessment, planning and actioning
- > Medication administration and management
- > Infection and hygiene management
- > Environment and safety management
- > Nutrition, hydration, oral and dental care
- > Staffing management systems
- > Improvements and feedback
- > Supporting independent lifestyle and preferences
- > Pain management and palliative care
- > Resident satisfaction

## OUR CARE IS ALWAYS IMPROVING. HOW DO WE KNOW?

Commonwealth Assessors from the Aged Care Standards and Accreditation Agency (ACSAA) visit all West Wimmera Health Service Residential Aged Care Accommodation units to review records, policies, procedures and to interview staff, residents and families while assessing the level and quality of care our residents experience.

A full accreditation assessment takes place over two days with two assessors in attendance with their visits planned in advance.

An unannounced visit occurs at each of our nine units annually and we are not aware of this occurring until the assessors walk through the door!

At each visit the assessors must be satisfied we are providing appropriate levels of care and quality of life for all residents. Constant planning with residents, their families and the care team occurs to ensure standards are met, with continuous improvement occurring - this being our professional aim.

Commonwealth Accreditation Standards encompass four elements of care.

1. Management Systems, Staffing and Organisational Development
2. Health and Personal care
3. Resident Lifestyle
4. Physical Environment and Safe Systems

Within the four standards are 44 specific Care outcomes.

Each facility has a Continuous Improvement Plan and our Aged Care Department has a schedule of reviews and appraisals which confirm policies and procedures are in line with the Aged Care Standards.

## CONCLUSION

All our aged care facilities hold three year Accreditation Status a "Guarantee" on which you can rely as a symbol of excellence for the standard of care available at West Wimmera Health Service.

We report with pride that our residents live a comfortable, nurtured and dignified life. We are committed to their individualised care which meets the needs of each resident with compassion and the stamp of excellence applied to our systems and facilities.

# ALLIED & COMMUNITY HEALTH SERVICES

**Q.** Communities like Natimuk and Rainbow are a considerable distance from the centre of the Service in Nhill. Are these communities missing out on aspects of health provision?

**A.** *Our approach to the vast area we cover, from the very earliest days, has been to make our care available to all parts of our service area and to develop relevant aspects of care for the people in the distant parts of our catchment.*

*Health education, prevention, Diabetes education and regular home visits by our District Nurses are examples of the aspects of care that are coordinated by the Community and Allied Health division.*

## HIGH QUALITY HEALTH CARE IN REMOTE LOCATIONS – THAT'S WHAT WE DO

*As rural clinicians Allied Health Practitioners must be ready to respond to all consumers who seek our care.*

*We therefore ensure that our team comprises highly skilled professionals who have the right combination of skills to respond to our communities' needs. These services embrace Acute, Rehabilitation, Outpatients – in the community, in the home; in Hospitals and Residential Aged Care settings, Disease Prevention and Health Promotion and extensive home care services.*

### **ALLIED HEALTH SERVICES**

Our health professionals offer the following services to all the people in our diverse communities and covering every stage of life from babies to the very elderly.

#### **PODIATRY**

Assessment and construction of orthotic aids, education on footwear for residents and staff to prevent and minimise the risk of falls and general remedial therapy for a range of foot related problems are derived from this speciality.

#### **OCCUPATIONAL THERAPY**

Offers health and rehabilitation care assisting individuals to achieve independence in their daily lives, particularly after surgery. Advice surrounding modifications required within the home after surgery, an episode of ill health or to enable people to cope with changes in physical capacity brought on by age or a medical condition is also a feature of this service.

#### **SPEECH PATHOLOGY**

Our Speech Pathologists assess and manage conditions relating to voice, language fluency and swallowing for clients from pre-school children through to aged care clients.

### **DIABETES EDUCATION**

Educates Diabetic clients in glucose monitoring and the use of insulin devices. West Wimmera Health Service is a sub agent for the National Diabetic Service Scheme (NDSS) which means people in our communities with Diabetes can purchase their Diabetic supplies at each of our facilities.

#### **MASSAGE THERAPY**

Provides remedial and relaxation massage techniques to outpatients, inpatients and residents in our Aged Care Residences.

#### **SOCIAL WORK**

Delivers essential services, connecting and assisting clients to access service and other organisations for emotional, social and financial support in times of need.

#### **CENTRELINK**

A Centrelink Agency is located at Nhill Hospital.

#### **EMERGENCY RELIEF PROGRAM**

Co-ordinated by our Social Worker, this program provides food parcels and other assistance to individuals and families experiencing exceptional circumstances.

### **RURAL PRIMARY HEALTH SERVICE (RPHS)**

The RPHS Program provides health promotion and preventative health services across our communities as well as in the areas of Edenhope, Harrow and Apsley. It encompasses a team of Community Health Nurses, Social Worker and Physiotherapist.

#### **WORKCOVER – WORKHEALTH CHECKS**

WWHS is an Endorsed WorkCover WorkHealth Check provider. Staff are trained to provide free specialist health checks to employees arranged through their employers. They provide feedback to employees in order to maximise their health status and prevent chronic disease such as Diabetes and Cardiovascular Disease.

#### **PHYSIOTHERAPY**

Our experienced Physiotherapists assess and treat people with musculoskeletal, neurological and cardiothoracic conditions to facilitate normal movement and function.

They are heavily involved in community health programs such as The Cardiac Rehabilitation Program providing education for people after a heart event or as a preventative measure and the Falls Prevention Program which implements strategies to minimise the risk of falling.

## DIETETICS

Our Dietitians work across the community to assist people with nutritional requirements and information as well as to decrease the risk of obesity and chronic disease associated with inappropriate consumption of foods and drinks. A comprehensive consultation is provided, including individual nutrition assessment and education about appropriate lifestyle modifications. They also provide guidance with appropriate nutritional needs for recuperation after an illness, and work with schools, sporting clubs and community groups to promote the importance of nutrition for good health and wellbeing.

## DENTAL SERVICES

The Nhill Dental Clinic has extended its comprehensive dental services by the recruitment of two new Dentists in the 2010-2011 year.

With the services of two Dentists, a Dental Therapist and Oral Surgeon, the Nhill Dental Clinic is equipped to provide a wide array of Dental Services to the West Wimmera communities.

The Clinic offers dental treatment to public and private patients offering comparable wait times to other clinics in the area.

This is a credit to the Service. Recruitment of Dental Practitioners is a challenging experience across the state, not a predicament for West Wimmera Health Service alone.

Refurbishment of the Kaniva and Rainbow Dental Clinics has occurred during the year to improve access to Dental Services for those communities.

The Department of Health has launched a new funding model for oral health commencing 1st July 2011 which will present challenges for continuing the level of service provided at the Nhill Dental Clinic. The Service will endeavour to provide the most comprehensive dental service to our communities.

## COMMUNITY HEALTH

### DISTRICT NURSING

Our District Nurses provide and manage care within the community to ensure clients are receiving appropriate nursing services such as wound care within the comfort of their home.

### LIVING AT HOME ASSESSMENT

This is a specialised and comprehensive assessment in which highly trained staff have the expertise to undertake an assessment in the home to determine the services a client requires to maintain independence and remain in their home for as long as possible.

### COMMUNITY AGED CARE PACKAGES

WWHS provides 15 packages across its catchment and beyond delivering home support, respite services, meal preparation and gardening to contribute to client's independent living.

### CONSUMER DIRECTED CARE PACKAGES

A recent addition to our community programs, WWHS was awarded 5 packages in which consumers have the responsibility for managing their own Package and seek services they want tailored to their own special needs, again to maximise independent living within their own home.

This is a Commonwealth Department of Health & Ageing "Project" of which we are proud to be a part.

### NATIONAL RESPITE FOR CARERS PROGRAM

This Program offered in all West Wimmera Health Service communities is designed to support and assist relatives and friends caring at home for those who are unable to care for themselves due to a disability or frailty.

This support is extended through the provision of home care, respite and gardening to enhance their ability to care longer for the client to remain in their home surroundings and enjoy the comfort this brings.

## HOME AND COMMUNITY CARE

A program available for those over 65 years or children with a disability who require nursing or allied health services either within the home environment or centre based care.

### PLANNED ACTIVITY GROUPS

Social support and mental health and wellbeing are offered through this program in all West Wimmera Health Service communities.

## RESEARCH AT WEST WIMMERA HEALTH SERVICE

West Wimmera Health Service is currently involved in major research investigating the effects of free fluids, i.e. drinks that are not thickened, but free running, for patients who are prescribed thickened fluids because they suffer from oropharyngeal dysphagia, swallowing difficulties.

This Research Project has received ethics approval until the end of 2012. A total of 200 patients will be admitted to the study which is being undertaken in collaboration with researchers from the University of Melbourne, Baker IDI Heart and Research Institute, a renowned Australian Research Institute and Bendigo Health, Victoria.

### RESULTS

To 30 June 2010 six patients have participated in the study with results successful so far. These results cannot be disseminated as the Research Project remains open until December 2012 and any dissemination of results to date may bias the study.

### FUTURE

It is expected that suitable candidates for the research study will continue to participate until the conclusion in December 2012.

## PROGRESS IS ALWAYS OUR GOAL

Our next initiative is to put in place the Active Service Model to support clients to be actively involved in making decisions about their ongoing lifestyle, which we believe will add considerably to their quality of life.

## COOINDA SPECIAL DISABILITY SERVICE

*Cooinda Disability Services continues to improve its support for those with a disability by working with them to achieve positive outcomes, encouraging personal development, promoting participation in community activities and also by providing supported employment opportunities.*

Through the quality and diversity of programs offered to our Commonwealth funded supported employee clients and State Funded clients are able to gain experience through an extensive choice of activities. Each person has the opportunity to realise their goals and capabilities and the opportunity to express their dreams through our individual support based activities.

### ACCREDITATION

Our Disability Services have once again experienced a number of triumphs and of course inevitable change.

It is important to report that the Commonwealth component of our business e.g. Oliver's Café & Kiosk, Snappy Seconds and our "Luv-a-Duck" connection were subjected to Independent Audit Assessments and the Department of Human Services "Quality Framework" Audit Program in July 2010 with both experiencing very successful outcomes.

The Accreditation status of these programs is now ensured for the next three years.

The Assessors were extremely complimentary about the variety and standard of programs and activities offered which indeed is highly commendable and motivating.

### DAY SERVICES

A Department of Human Services funded activity, the Gardening Program continues to attract new customers and is expanding at a pleasing rate. The "Cooinda Crew" can be seen mowing lawns and tidying gardens for their 18 customers throughout the community. The clients involved experience great satisfaction from their work and interaction with their customers.

The garden at Cooinda continues to produce vegetables with clients and staff looking forward to the possibility of participating in a "New Community Gardening" project currently being investigated in conjunction with the Nhill College – Business Enterprise and West Wimmera Health Service staff.

### BUSINESS – ENTERPRISE – THE INTERFACE WITH OUR COMMUNITY

Changes to staffing and day to day management of Oliver's Café, in the central business district of Nhill will build on other business developments of the last three years.

Oliver's Kiosk, situated in the "Handbury Foyer" of the Nhill Hospital is a popular refreshment outlet for Patients, Visitors, Medical Practitioners, Staff and Patrons from nearby businesses.

Another Business interest "Snappy Seconds", is a retail outlet for preloved items, is at present preparing to relocate to larger premises in a more central location and continues to provide a beneficial service to the Community.

The "Luv-a-Duck" Breeding Shed, enterprise operated by our Disability Service clients has yet again experienced a successful year collecting duck eggs for Luv-a-Duck, the fifth year of this rewarding partnership which will continue into 2011-2012.

Those working in this business activity appreciate the learning experience offered to them and the reward of being associated with this renowned company is highly valued.

Employment for supported employees in departments of West Wimmera Health Service has also been an important step towards integration with the community and into a working environment.

All have moved into their workplaces with enthusiasm.

West Wimmera Health Service Allied Health professionals also continue to work with our clients and supported employees and are a key factor in our individual support based programs which ensures our small service ably satisfies the needs of our clients and employees.

West Wimmera Health Service Disability component is looking forward to the changes facing all Disability services in the coming year which will be thoughtfully considered and positively addressed.

# CORPORATE & QUALITY SERVICES

**Q.** A rural health service like West Wimmera is, by its nature, a complex organisation. How is it managed, kept running efficiently and responding to all the practical demands of maintaining its services?

**A.** *There are numerous support services ranging from administration to engineering, to catering, education and health information. They form a combined force that works innovatively, efficiently and always with an eye to improve, not just maintain services. We are both appreciative and proud of their contribution to our Service of excellence.*

## OUR SERVICE CAN BE FAIRLY MEASURED BY THE QUALITY BUILT INTO OUR SERVICES AND SYSTEMS

*West Wimmera Health Service achieves quality of care outcomes by applying the most current health care techniques to the wide ranging care and services we offer and participates in reviews undertaken by external organisations. We also review our compliance with State, National and International Standards and Legislation.*

The Corporate and Quality Services Division is responsible for providing vitally important support services - Engineering, Catering, General Services, Education and Health Information which underpin clinical services provision. The Division is also responsible for Occupational Health and Safety, Risk Management, Quality and Accreditation systems.

A major challenge for this Division is always to ensure quality care is delivered to all consumers no matter of the location of our Service area.

### GOAL

#### OUR GOAL IS:

- > To deliver efficient, safe and effective care and achieve continuing accreditation of all services.
- > To provide and maintain safe and high quality physical surroundings including an ongoing capital replacement process as formulated within the Asset Management Plan.
- > To provide a clean and hygienic environment that minimises the risk of infection while promoting a pleasant living experience.
- > To provide fresh, nutritious and tasty meals that meet individual needs and satisfaction of our consumers.
- > To continue to provide staff education and training that subscribe to systematic planning and delivery in order to attract, develop and promote skills required to safely deliver all services.

### STRATEGIES TO ACHIEVE GOALS

#### DEDICATED TO:

- > Recruitment and ongoing training of appropriately skilled and qualified staff who are passionate and committed to providing quality care and service.
- > Staged implementation of \$14.5 million Capital Works program as determined by the Board of Governance.
- > Use of up to date evidence based research to support the care we provide and undergo external and internal reviews to maintain audit compliance with national, state and internal standards and legislation.
- > Build on the provision of a freshly cooked menu which meets healthy dietary guidelines respecting individual patient preference and physical needs.
- > Ensure a clean, hygienic and pleasant environment is maintained at all times through use of adequate and enthusiastic staff resources, proper, efficient and effective equipment and detailed daily work schedules.
- > Facilitate staff engagement and understanding of quality and accreditation processes by providing education and expert leadership throughout the organisation.

### ACHIEVEMENTS 2010/11

- > Successful Australian Council on Healthcare Standards EQuIP 4 Accreditation Periodic Review in November 2010 with continued accreditation endorsed through to November 2012.
- > Staff across all disciplines were provided with the opportunity to participate in ongoing learning with 344 staff attending 152 external courses and 1021 staff attending 102 internal education sessions.
- > Staff participated in a range of mandatory education programs aimed at minimising errors occurring in high risk areas such as medication management, fire and safety, manual handling and basic life support. Average compliance rates for staff participation in these areas was greater than 97% all year.
- > Replacement of the air conditioning system in "Iona" Digby Harris Home now provides consistent and comfortable temperature with individual room control.
- > New Infusion Pumps purchased for each acute facility and the Operating Suite will further ensure accurate and safe intravenous administration of fluids and medications. This enhancement will provide greater functionality with smaller amounts able to be accurately infused.
- > Purchase of Floorline Beds for all high care Residential Aged Care facilities will minimise falls risk and increase resident independent mobility.

- > Finalisation of plans for redevelopment of Nhill Medical Clinic and Goroke Community Health Centre to enable these Projects to proceed to tender.
- > Replacement of oxygen regulators and manifolds at each of our sites will ensure compliance with the revisions to *Australian Standard AS 2896-1998*.
- > Rainwater tanks at Goroke replaced and relocated with increased storage capacity.
- > Extensive renovation of the residence for the Kaniva Medical Practitioner including new floor coverings, replacement of kitchen and laundry equipment and the evaporative air conditioning system.
- > Renovation of Oliver's Café to meet and exceed Occupational and Environmental Health Standards, general safety and hygiene.
- > Review of Management and Operating structure of Oliver's Café & Kiosk to achieve ongoing viability and quality for these innovative, well patronised dining and training outlets.
- > External cleaning audits of Acute Hospitals and Residential Aged Care units achieved scores of 96.8% and 94% respectively, considerably above the statewide benchmark of 85%.
- > 186,000 meals prepared and served across Hospital and Residential Aged Care facilities together with Meals on Wheels catering commitments.
- > External audit of infrastructure at Nhill and Kaniva undertaken by Victorian Managed Insurance Authority achieved 'Good' and 'Very Good' ratings, the two highest possible outcomes. No extreme or high risks were identified.
- > External risk management review undertaken by Victorian Managed Insurance Authority achieving the second highest possible rating of 'Effective', highlighting that WWHS has consistent and comprehensive risk management processes appropriate for everyday management.
- > An external security review was undertaken across all sites. When assessed against Australian Standard AS 4485.1. Kaniva, Jeparit, Rainbow, Goroke, Natimuk and Coinda Disability Services were rated with an overall risk level of 'Low', Nhill being rated as a 'Medium' risk. An action plan has been formulated to address matters raised in the Reports.
- > External Fire Safety audits undertaken at all sites in accordance with legislative requirements. No extreme or high risks were identified. An action plan has been put in place to ensure recommendations are addressed within the stipulated timeframes.
- > Occupational Health & Safety (OH&S) Compliance Status Review was conducted by "Safety Action" in February 2011 which revealed that the Service continues to progress its OH&S compliance obligations. A template was set for further action during the next twelve months.
- > Introduction of Victorian Health Incident Management System as part of state-wide incident reporting strategy. The computer based reporting system provides an extremely accurate account of incidents which occur and the follow-up action we have instigated.
- > Utilise the funding grant received from Department of Health Clinical Placement Network Program to improve student accommodation with plans to renovate the residence at Macpherson Street Nhill.
- > Replace carpet in "Iona" Digby Harris Home, Nhill and Archie Gray Nursing Home Unit, Kaniva.
- > Replace the Sterilizer in the Central Sterile & Supply Department (CSSD) including upgrading plumbing to ensure adequate water supply to equipment within CSSD.
- > Replace hot water service in "Mira" Medical and Allied Healthcare building.
- > Transfer our accreditation process to ACHS EQUIP 5, including the introduction of ten National Accreditation Standards as mandated by the Commonwealth "Australian Commission and Safety and Quality".
- > Implement pertinent recommendations arising from external reviews undertaken in 2010/11 including Security, Fire Safety, Risk Management and Site Risk Infrastructure.

While much was achieved in 2010/2011, much will always remain to test us.

## CONCLUSION

The Corporate & Quality Division is excited by what lies ahead given the wide range of services it administers in supporting West Wimmera Health Service's Clinical and General Health Care commodities of excellence.

## WHAT DOES THE FUTURE HOLD?

### WEST WIMMERA HEALTH SERVICE WILL:

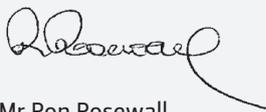
- > Project Manage the construction of Nhill Medical Clinic and Goroke Community Health Centre.
- > Renovate premises at Rainbow to provide a Residence and Medical Clinic for the Rainbow/Jeparit Medical Practitioner.
- > Finalise planning for construction of a new Central Procurement (Stores) facility and develop a General Stores complex at the Nhill Hospital.
- > Relocate Essential Services including Medical Gases, Boilers, Refrigeration and Electrical Services.
- > Redevelop the Nhill Hospital Kitchen to provide a modern, efficient and comprehensive food preparation processing and catering department.

## COMPLIANCE

*As a responsible Health Service WWHS fully understands, accepts and complies with all legislative requirements that govern our activities in delivering healthcare to our communities.*

### ATTESTATION ON COMPLIANCE WITH AUSTRALIAN/ NEW ZEALAND RISK MANAGEMENT STANDARD

I, Ronald Rosewall certify that West Wimmera Health Service has risk management processes in place consistent with the Australian/New Zealand Risk Management Standard and an internal control system is in place that enables the Executives to understand, manage and satisfactorily control risk exposures. The Audit Committee verifies this assurance and that the risk profile of West Wimmera Health Service has been critically reviewed in the last 12 months.



**Mr Ron Rosewall**  
President

Nhill, 23 July 2011

### ATTESTATION ON DATA INTEGRITY

I, John Norman Smith certify that West Wimmera Health Service has put in place appropriate internal controls and processes to ensure that reported data reasonably reflects actual performance. West Wimmera Health Service has critically reviewed these controls and processes during the year.



**Mr John N. Smith PSM**  
Accountable Officer

Nhill, 23 July 2011

### FREEDOM OF INFORMATION

The Chief Executive Officer is the designated Freedom of Information Officer.

The *Freedom of Information Act 1982 (the Act)* provides consumers with the opportunity to access documents about their personal affairs, including medical records. Consumers also have the right to request that incorrect or misleading information is amended or removed.

Some exemptions to being able to access documents apply which relate to safety of individuals and confidentiality of patients and third parties.

During the reporting period 12 applications were received under the *Freedom of Information Act*. Access was granted in full for 11 applications, in the other instance the information requested was unable to be located.

A further 10 requests, outside of *Freedom of Information Act* stipulations, were also processed. These requests were from Statutory Authorities such as Victoria Police, the Transport Accident Authority; the Courts, Solicitors and treating Medical Practitioners.

All applications related to requests for Medical Record information.

### COMPETITIVE NEUTRALITY POLICY VICTORIA

Competitive neutrality ensures the significant business activities of publicly owned entities compete fairly in the market. As this policy and its subsequent reforms only apply to significant businesses of a for-profit nature, no disclosure by the Service is required.

### STATEMENT ON COMPLIANCE WITH THE BUILDING AND MAINTENANCE PROVISIONS OF THE BUILDING ACT 1993

In accordance with the Building Regulations 2006, made under the *Building Act 1993*, all buildings within the Service are classified according to their functions.

Each site has a comprehensive and dynamic planned preventative maintenance program to ensure ongoing building safety and compliance with regulations.

An Essential Safety Measures Report is prepared annually for each facility and confirms the safety of buildings, including fire safety, entry and egress.

An external audit of Nhill and Kaniva buildings undertaken by the Victorian Managed Insurance Authority in March 2011 resulted in an overall rating of 'Very Good' for Kaniva Hospital and 'Good' for Nhill Hospital. Several medium and low risks identified during the audit process are now being addressed.

No High or Extreme risks were identified.

### SUMMARY OF MAJOR CHANGES OR FACTORS WHICH HAVE AFFECTED THE ACHIEVEMENT OF THE OPERATIONAL OBJECTIVES FOR THE YEAR

During the 2010-2011 financial year there were no major changes or factors which materially affected the achievement of the operational objectives.

## EVENTS SUBSEQUENT TO BALANCE DATE WHICH MAY HAVE A SIGNIFICANT EFFECT ON THE OPERATIONS OF THE ENTITY IN SUBSEQUENT YEARS

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

## SUMMARY OF THE APPLICATION AND OPERATION OF WHISTLEBLOWERS PROTECTION ACT 2001

The *Whistleblowers Protection Act 2001* (the Act) came into operation on 1 January 2002.

West Wimmera Health Service is committed to the aims and objectives of the Act. It does not tolerate improper conduct by its employees, officers or members, nor the taking of reprisals against those who come forward to disclose such conduct.

The Service recognises the value of transparency and accountability in its administrative and management practices, and supports the making of disclosures that reveal corrupt conduct, conduct involving a substantial mismanagement of public resources, or conduct involving a substantial risk to public health and safety or the environment.

The Service has a Whistleblowers Policy which outlines the process of making a disclosure. The Operations Manager is the protected disclosure officer for West Wimmera Health Service.

In 2010 -11 there were no disclosures or notifications of disclosure under this Act.

## VICTORIAN INDUSTRY PARTICIPATION POLICY (VIPP)

The purpose of this policy is to increase opportunities for local business and supply chain partners to participate in government related business.

The Service did not tender any works above the designated \$1m threshold therefore no reporting requirements apply.

**Table 4. Consultants contracted by West Wimmera Health Service**

	Number	\$ Value
In excess of \$100,000	1	139,172
Less than \$100,000	5	142,073
<b>TOTAL</b>		<b>305,000</b>

## PRICES, FEES AND RATES CHARGED BY THE SERVICE

The Service receives government grants and subsidies for a significant portion of its annual recurrent funding and therefore does not charge patients and clients directly for various health services including publicly funded acute inpatient care and some Residential Aged Care services. For those services for which the consumer is directly charged, their price is determined in order to cover only the cost of the service provided. Such prices are reviewed on annual basis and are adjusted in accordance with any rise in the cost of the their provision due to, for example, inflation.

## PUBLICATIONS

All publications produced by West Wimmera Health Service are readily available in hard copy from the Health Service and major publications such as Annual Reports, Quality of Care Reports, Strategic Plans, Reviews of Strategic Plans and the Diversity Plan can also be accessed via the web site [www.wwhs.net.au](http://www.wwhs.net.au).

## ADDITIONAL INFORMATION (FRD 22B APPENDIX)

In compliance with the requirements of the Standing Directions of the Minister for Finance, details in respect of the items listed below have been retained by West Wimmera Health Service and are available to the relevant Ministers, Members of Parliament and the public on request (subject to 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 the Health Service and where they can be obtained;
- (d) Details of changes in prices, fees, charges, rates and levies charged by the Health Service;
- (e) Details of any major external reviews carried out on the Health Service;
- (f) Details of major research and development activities undertaken by the Health Service that are not otherwise covered either in the Report of Operations or in a document that contains the financial statements and Report of Operations;
- (g) Details of overseas visits undertaken including a summary of the objectives and outcomes of each visit;
- (h) Details of major promotional, public relations and marketing activities undertaken by the Health Service to develop community awareness of the Health Service and its services;
- (i) Details of assessments and measures undertaken to improve the occupational health and safety of employees;
- (j) General statement on industrial relations within the Health Service and details of time lost through industrial accidents and disputes, which is not otherwise detailed in the Report of Operations; and
- (k) A list of major committees sponsored by the Health Service, the purposes of each committee and the extent to which those purposes have been achieved.

# RESPONSIBLE OFFICERS FOR OUR SERVICE

## COMMONWEALTH

**The Hon Nicola Roxon MP**  
Minister for Health and Ageing

**The Hon Justine Elliot MP**  
Minister for Ageing (to 14 September 2010)

**The Hon Mark Butler MP**  
Minister for Mental Health and Ageing  
(from 14 September 2010)

**The Hon Jenny Macklin MP**  
Minister for Families, Housing, Community  
Services and Indigenous Affairs

**The Hon Bill Shorten MP**  
Parliamentary Secretary for Disabilities  
and Children's Services (to 14  
September 2010)

**Senator the Hon Jan McLucas**  
Parliamentary Secretary for Disabilities  
and Carers (from 14 September 2010)

**The Hon Warren Snowden MP**  
Minister for Veterans' Affairs, Defence  
Science and Personnel, and Indigenous  
Health (from 14 September 2010)

**Mr John Forrest MP**  
Federal Member for Mallee

## STATE

*(1 JULY 2010 TO 2 DECEMBER 2010)*

**The Hon John Brumby MLA**  
Premier and Minister for Veterans' Affairs

**The Hon Daniel Andrews MLA**  
Minister for Health

**The Hon Lisa Neville MLA**  
Minister for Mental Health, Community  
Services and Senior Victorians

**The Hon Tim Holding MLA**  
Minister for Finance, WorkCover and  
Transport Accident Commission, Tourism  
and Major Events, and Water

**The Hon Gavin Jennings MLC**  
Minister for Environment and Climate  
Change and Innovation

**Mr Hugh Delahunty MLA**  
Member for Lowan, Shadow Minister for  
Sport & Recreation, Youth Affairs and  
Veterans' Affairs

**Mr Peter Kavanagh MLC**  
Member for Western Victoria Region

**Mr David Koch MLC**  
Member for Western Victoria Region

**Ms Jaala Pulford MLC**  
Member for Western Victoria Region

**Ms Gayle Tierney MLC**  
Member for Western Victoria Region

**Mr John Vogels MLC**  
Member for Western Victoria Region

.....  
*(2 DECEMBER 2010 TO 30 JUNE 2011)*

**The Hon David Davis MLC**  
Minister for Health, Minister for Ageing

**The Hon Mary Wooldridge MLA**  
Minister for Mental Health, Women's  
Affairs and Community Services

**The Hon Robert Clark MLA**  
Minister for Finance

**The Hon Hugh Delahunty MLA**  
Member for Lowan, Minister for Sport &  
Recreation, and Veterans' Affairs

**The Hon Ryan Smith MLA**  
Minister for Environment and Climate  
Change and Youth Affairs

**Mr David Koch MLC**  
Member for Western Victoria Region

**Mr David O'Brien MLC**  
Member for Western Victoria Region

**Ms Jaala Pulford MLC**  
Member for Western Victoria Region

**Mr Simon Ramsay MLC**  
Member for Western Victoria Region

**Ms Gayle Tierney MLC**  
Member for Western Victoria Region

## DEPARTMENT OF HEALTH

*(AS AT 30TH JUNE 2011)*

**Ms Fran Thorn**  
Secretary

**Prof Chris Brook**  
Executive Director, Wellbeing,  
Integrated Care and Ageing

**Mr Lance Wallace**  
Executive Director,  
Hospital & Health Service Performance

**Dr Karleen Edwards**  
Executive Director, Mental Health,  
Drugs and Regions

**Mr Peter Fitzgerald**  
Executive Director, Strategy and Policy

**Ms Maree Guyatt**  
Director, Integrated Care

**Mr Tom Niederle**  
Director, Health and Aged Care,  
Grampians Region

## DEPARTMENT OF HUMAN SERVICES

*(AS AT 30TH JUNE 2011)*

**Ms Gill Callister**  
Secretary

**Mr Arthur Rogers**  
Executive Director, Disability Services

**Ms Margaret Crawford**  
Director of Housing, Executive Director  
of Housing and Community Building

**Ms Chris Asquini**  
Executive Director, Children,  
Youth and Families

**Ms Brenda Boland**  
Regional Director, Grampians Region

# FINANCE AND ADMINISTRATION

**Q.** We know the Service covers a very large geographic area and the provision of broad based health care is complex. How is it possible to keep the Service running smoothly within financial constraints?

**A.** *The task involves many diverse activities from Human Resources to Financial Management. We constantly monitor performance and explore ways to improve. This is particularly true regarding the introduction of new technology, better methodologies and staff commitment.*

# A FIERCE COMMITMENT TO IMPROVING THE PROVISION OF HEALTH CARE IS ONLY POSSIBLE THROUGH SOUND FINANCIAL MANAGEMENT

*A cohesive and team oriented Finance and Administration Department is a key element of the Service's capacity to efficiently and effectively deliver high quality health services on a sustainable financial basis.*

## GOALS

- > Achieve an operating surplus.
- > Ensure key operational decision making is based on reliable, accurate financial information.
- > Enhance management's financial knowledge and resulting ability to maximise the effect of each Department's annual budget.

## STRATEGIES TO ACHIEVE GOALS

- > Continue to provide timely and reliable financial information to stakeholders to ensure revenue opportunities are maximised and cost pressures are contained.
- > Further educate Finance Department staff in identified areas of up-skilling need.
- > Unlock remaining functionalities of the newly installed "Oracle" financial management information system to exploit resulting business intelligence opportunities which subsequently arise.

## ACHIEVEMENTS

- > An operating surplus achieved for the sixth consecutive year.
- > Successful implementation of the "Oracle" Financial Information Management System providing full automation of the Service's financial reporting, procurement and supply systems.
- > New time clocks and software installed throughout the Service allowing accurate reporting of staff time in attendance and real time processing of new employee identification cards.
- > All pay related information including payslips and payment summaries is now available to staff in electronic format through the Service's "PayGlobal" Human Resource Self Service (HRSS) platform.

## OUTLOOK

- > Finalise the move to the new Storage Area Network (SAN) to provide a significantly faster and secure information technology network.
- > Maximise opportunities which may arise out of the proposed changes to the way that health services will be funded as expected from the current round of health service management reforms between the Commonwealth and State Governments.
- > Ensure an operating surplus is achieved for the 2011-2012 financial year.

## PROCUREMENT AND SUPPLY

Our Supply Department has managed to provide the right supplies to the right places on time to a satisfactory level despite the potentially very disruptive installation of a new automated requisition, supply and stock management system "Oracle" during the year. There was also a significant rationalisation of the use of storage space at our main Nhill warehouse further increasing this Department's efficiency and reliability.

## EMPLOYMENT – MERIT & EQUITY

Our aim to remain an "Employer of Choice" is bolstered through our compliance with the imperatives set by the following legislation:

- > *The Victorian Public Authorities (Equal Employment Opportunity) Act 1990.*
- > *The Victorian Equal Opportunity Act 1995.*
- > *The Victorian Public Sector Management and Employment Act 1998.*
- > *The Commonwealth Disability Discrimination Act 1992.*
- > *The Commonwealth Racial Discrimination Act 1975.*
- > *The Victorian Public Administration Act 2004.*

Through the application of Service policies and protocols and monitoring of compliance with relevant industrial relations instruments we aim to:

- > Ensure open competition in recruitment, selection, transfer and promotion
- > Base employment decisions on merit
- > Treat employees fairly and reasonably
- > Provide employees with a reasonable avenue of redress against unfair or unreasonable treatment
- > Avoid discriminating between employees on the basis of their gender, age, impairment, industrial activity, marital status and religious or political beliefs

We do not tolerate bullying or harassment in any form.

We continued to receive invaluable feedback in relation to our employees' perceptions of working at West Wimmera Health Service from our participation in the State Service Authority's "People Matter Survey".

## FINANCE

The Finance Department successfully transitioned to the new "Oracle" system which went 'live' at the start of the year. "Oracle" operates in a substantially different manner to the former program. Our Finance staff rose to and overcame this challenge with no major adverse impact on the quality of its output being sustained.

## PERSONNEL

In an organisation where employment related costs make up more than 75% of total expenditure it is vital that employees are remunerated appropriately and paid in accordance with the various awards, agreements, laws and regulations which apply. Our Pay Office staff once again provided this service along with the secure maintenance of personnel records including the recording and reporting of employee mandatory education compliance.

## WORK RELATED INJURIES

No staff member was seriously hurt during the year as the result of an incident arising out of their employment with the Service. The safety of our staff is paramount and we continue to regularly monitor and enforce a proper approach to safety across all Service operations.

## INFORMATION TECHNOLOGY

In accordance with its Information Technology Strategic Plan the Service maintained its fleet of desktop personal computers and laptops so that one third of all machines is refreshed every three years. This is considered to be the most cost-effective method of renewing such hardware while keeping abreast of new hardware technology.

The Service boosted its capacity to exploit the benefits provided by new technology with the purchase of a Storage Area Network server system which when fully commissioned will transform the way Service information is electronically stored and used.

No material amounts of network downtime were experienced during the year which is testimony to the quality of our IT systems and also that of the support we receive from Dulkeith Computing Solutions, our IT support service contractor.

## INDUSTRIAL RELATIONS AND HUMAN RESOURCES

The application of the new 'Modern Awards' from 1 July 2010 under the *Fair Work Act 2009*, had minimal impact on our employment practices with no breaches of the new provisions.

*No time was lost due to industrial disputes* a direct result of our employee relations philosophy of direct staff engagement and consultation. We acknowledge the co-operative and productive relationship we maintain with the Victorian Hospitals Industrial Association and the employee Unions associated with this industry.

Table 5.

### WWHS Workforce Composition

Employees	2011	2010
Full Time	127	126
Part Time	324	295
Casual	77	95
<b>Total</b>	<b>528</b>	<b>516</b>

### Equivalent to Full Time by Category

	2011	2010
Nursing	173	166
Administration	32	33
Medical & Allied Health Professionals	25	27
General Services	55	54
Maintenance	18	17
Disability	13	9
<b>Total</b>	<b>316</b>	<b>306</b>

### Employees by Gender

	2011	2010
Female - EFT	264	259
Female - Number	451	452
Male - EFT	51	47
Male - Number	77	70

This was the first year of our engagement of Davidson Trahaire Corpsych, Employee Assistance Program providers which provides a comprehensive, independent and confidential assistance package to all staff and their immediate families and is a crucial element of our ongoing effective human resource management.

## CONCLUSION

The 2010-2011 reporting period presented particular challenges to the Service in terms of the introduction of major technology and systems upgrades. It is pleasing to report that these challenges were met with great professionalism and have achieved the expected operational benefits.

## FINANCIAL PERFORMANCE – AN OVERVIEW

*Covering a wide and in parts remote geographical area, West Wimmera Health Service faces a unique set of financial challenges. The quality and scope of the health services we provide can only be maintained by a well-resourced and efficiently managed organisation.*

The Service's healthy financial results for the past six years and current strong financial position are testimony to our ability to continue to successfully adapt to an ever changing operating environment.

There are many contributing factors to our financial success but it would not be possible without the continued support of the Department of Health, our many donors and benefactors and the ongoing dedication of our staff.

### NET OPERATING RESULT

The Service recorded a Net Operating Result (income less expenses before capital items) of \$197k which exceeded its budgeted outcome result of \$180k by \$17k and marks the sixth consecutive year of a positive result being achieved.

### OPERATING INCOME

Figure 1 illustrates the major sources of total operating income by percentage with the Victorian State Government (predominantly the Department of Health) being the largest funder with some 53.5% of income received.

### OPERATING EXPENDITURE

At \$22.3m Employee Related Costs make up the Service's largest category of Operating Expenditure at 76.3% of total costs (2009-2010: 76%), Figure 2.

Fig 1. Operating Income by Source

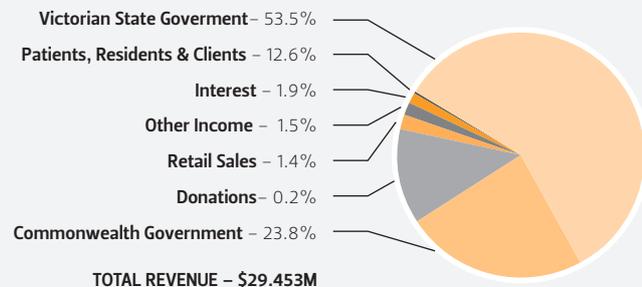


Fig 2. Operating Expenditure by Category

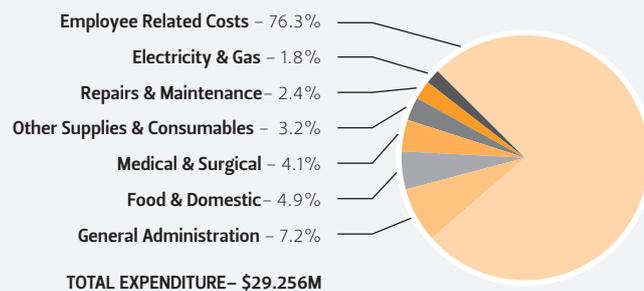
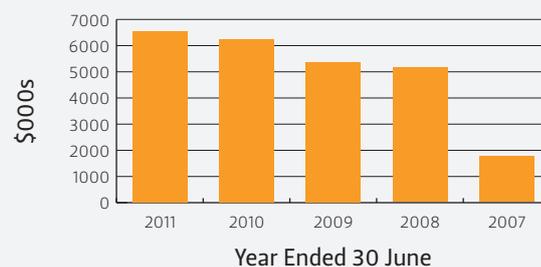


Fig 3. Cash and Investments – Five Year Comparison



### CASH AND INVESTMENTS

At 30 June 2011 the Service held in excess of \$10m in Cash and Investments, which was comprised as detailed in Table 6.

Cash for Monies Held in Trust relates to Residential Aged Care accommodation bonds held by the Service.

Figure 3 details cash and investment comparisons for a 5 year period.

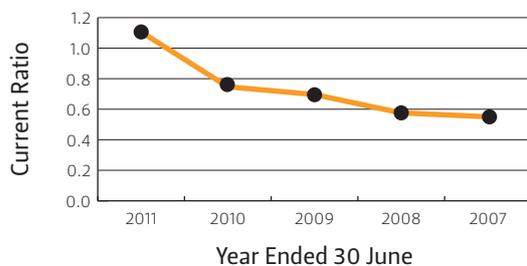
Table 6. Composition of Cash and Investments as at 30 June 2011

	\$0,000s	\$0,000s
Cash for Health Service Operations	6,529	6,216
Cash for Monies Held in Trust	3,769	2,999
<b>TOTAL</b>	<b>10,298</b>	<b>9,215</b>

**Table 7. Operating Statement – Five Year Comparison**

Financial Year Ending 30 June	2011	2010	2009	2008	2007
	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s
Revenue	29,453	28,558	26,733	25,961	24,743
Employee Related Expenditure	(21,212)	(20,228)	(18,339)	(18,119)	(17,797)
Non-Salary Labour Costs	(1,104)	(1,042)	(1,201)	(1,161)	(927)
Supplies & Consumables	(2,218)	(2,208)	(2,224)	(1,882)	(1,795)
Other Expenses	(4,722)	(4,527)	(4,370)	(4,349)	(4,076)
Net Result before Capital & Specific Items	197	553	599	450	148
Net Capital Items & Specific Items (includes depreciation)	(2,847)	(2,412)	(174)	1,023	391
<b>Net Result for the Year</b>	<b>(2,650)</b>	<b>(1,859)</b>	<b>425</b>	<b>1,473</b>	<b>539</b>

Balance Sheet	2011	2010	2009	2008	2007
	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s
Current Assets	11,107	10,196	8,228	8,255	4,329
Non-Current Assets	46,885	49,727	52,378	42,894	43,963
Current Liabilities	(10,001)	(9,445)	(8,580)	(9,317)	(7,927)
Non-Current Liabilities	(802)	(639)	(522)	(433)	(659)
<b>Net Assets (Equity)</b>	<b>47,189</b>	<b>49,839</b>	<b>51,504</b>	<b>41,399</b>	<b>39,706</b>

**Fig 4. Current Ratio – Five Year Comparison**

## FINANCIAL RATIOS

### CURRENT RATIO: 1.11

At 30 June 2011 Current Ratio (Current Assets divided by Current Liabilities) was 1.11. This means that for every dollar of current liabilities payable by the Service it holds \$1.11 in current assets. A Current Ratio of more than 1 indicates that the Service is well able to meet its current liabilities as and when they fall due.

### QUICK ASSET RATIO: 1.08

The Quick Asset Ratio is similar to the Current Ratio but provides a more immediate indication of the Service's solvency by including only current assets and current liabilities of a short term nature. This result means that the Service has \$1.08 in liquid assets for every one dollar of short term liabilities.

### DEBT TO EQUITY (GEARING) RATIO: 0.23

This ratio is used to indicate the degree to which the Service relies on externally sourced funding and the result of 0.23 shows that only a very small amount of such funding is required.

**Table 8. Cash Management /Liquidity Indicators**

Cash Management/ Liquidity	2010-11 Actuals
Creditors (days)	32
Debtors	28

## CASH MANAGEMENT & LIQUIDITY

### DEBTORS DAYS: 27.6

On average it took the Service 27.6 days to recoup money owed to it for patient, client and resident fees over the year.

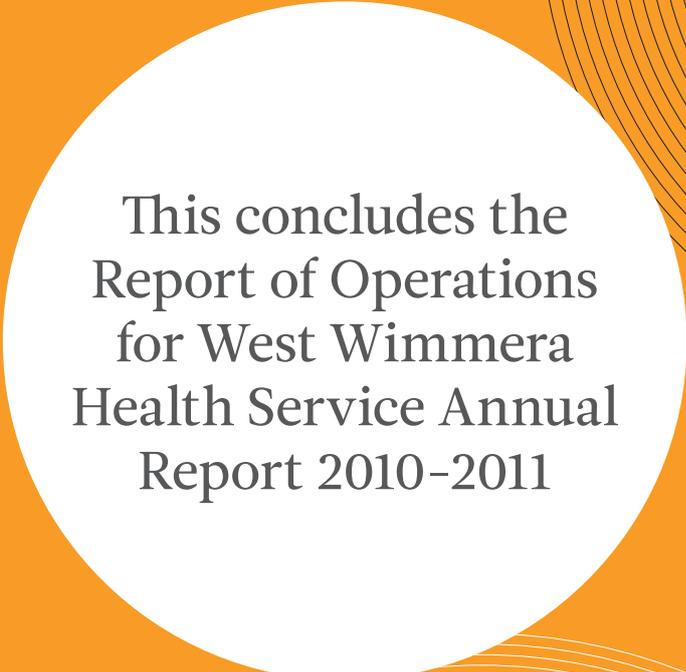
### CREDITORS DAYS: 32.4

Conversely, this measure shows that the Service took on average 32.4 days to pay its creditors.

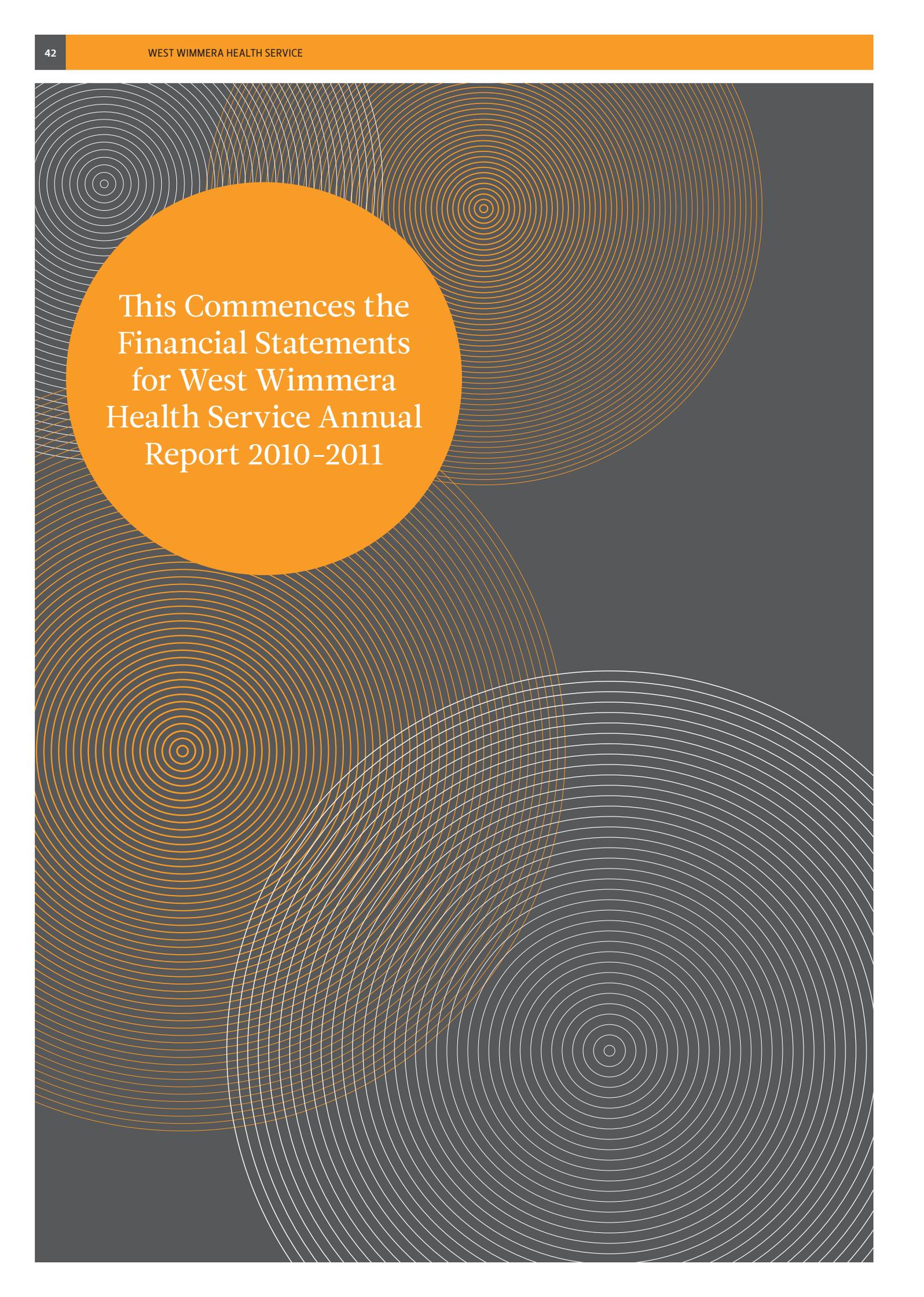
With strong results for all major financial performance indicators and a relatively high level of cash and investments at year end, West Wimmera Health Service can be satisfied with what it has achieved financially over the past year. Our unrelenting approach to efficient service delivery means this year can be seen as one more chapter in our ongoing story of success.

## CONCLUSION

The foregoing results underscore the Service's financial strength and resilience at a time when such qualities have never been more critical to its ongoing ability to provide high quality and accessible healthcare.



This concludes the  
Report of Operations  
for West Wimmera  
Health Service Annual  
Report 2010-2011



This Commences the  
Financial Statements  
for West Wimmera  
Health Service Annual  
Report 2010-2011

# VAGO

Victorian Auditor-General's Office

## INDEPENDENT AUDITOR'S REPORT

### To the Board Members, West Wimmera Health Service

#### *The Financial Report*

The accompanying financial report for the year ended 30 June 2011 of West Wimmera Health Service which comprises the comprehensive operating statement, balance sheet, statement of changes in equity, cash flow statement, notes comprising a summary of significant accounting policies and other explanatory information, and the Board Member's, Accountable Officer's and Chief Finance and Accounting Officer's declaration has been audited.

#### *The Board Members' Responsibility for the Financial Report*

The Board Members of West Wimmera Health Service are responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards, including the Australian Accounting Interpretations, and the financial reporting requirements of the *Financial Management Act 1994*, and for such internal control as the Board Members determine is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

#### *Auditor's Responsibility*

As required by the *Audit Act 1994*, my responsibility is to express an opinion on the financial report based on the audit, which has been conducted in accordance with Australian Auditing Standards. Those Standards require compliance with relevant ethical requirements relating to audit engagements and that the audit be planned and performed to obtain reasonable assurance about whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The audit procedures selected depend on judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, consideration is given to the internal control relevant to the entity's preparation and fair presentation of the financial report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of the accounting policies used and the reasonableness of accounting estimates made by the Board Members, as well as evaluating the overall presentation of the financial report.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

#### *Independence*

The Auditor-General's independence is established by the *Constitution Act 1975*. The Auditor-General is not subject to direction by any person about the way in which his powers and responsibilities are to be exercised. In conducting the audit, the Auditor-General, his staff and delegates complied with all applicable independence requirements of the Australian accounting profession.

# VAGO

Victorian Auditor-General's Office

## Independent Auditor's Report (continued)

### *Opinion*

In my opinion, the financial report presents fairly, in all material respects, the financial position of West Wimmera Health Service as at 30 June 2011 and of its financial performance and its cash flows for the year then ended in accordance with applicable Australian Accounting Standards, including the Australian Accounting Interpretations, and the financial reporting requirements of the *Financial Management Act 1994*.

### *Matters Relating to the Electronic Publication of the Audited Financial Report*

This auditor's report relates to the financial report of West Wimmera Health Service for the year ended 30 June 2011 included both in West Wimmera Health Service's annual report and on the website. The Board Members of West Wimmera Health Service are responsible for the integrity of West Wimmera Health Service's website. I have not been engaged to report on the integrity of West Wimmera Health Service's website. The auditor's report refers only to the subject matter described above. It does not provide an opinion on any other information which may have been hyperlinked to/from these statements. If users of the financial report are concerned with the inherent risks arising from publication on a website, they are advised to refer to the hard copy of the audited financial report to confirm the information contained in the website version of the financial report.

MELBOURNE  
29 August 2011



D D R Pearson  
Auditor-General

**West Wimmera Health Service  
Board member's, accountable officer's and  
chief finance & accounting officer's  
declaration**

We certify that the attached financial statements for West Wimmera Health Service have been prepared in accordance with Standing Direction 4.2 of the *Financial Management Act 1994*, applicable *Financial Reporting Directions*, Australian Accounting Standards, Australian Accounting Interpretations and other mandatory professional reporting requirements.

We further state that, in our opinion, the information set out in the comprehensive operating statement, balance sheet, statement of changes in equity, cash flow statement and notes to and forming part of the financial statements, presents fairly the financial transactions during the year ended 30 June 2011 and the financial position of West Wimmera Health Service at 30 June 2011.

At the time of signing, we are not aware of any circumstance which would render any particulars included in the financial statements to be misleading or inaccurate.

We authorise the attached financial statements for issue on this day.



**R S Rosewall  
Board Member**



**J N Smith  
Accountable Officer**



**R R Dodds  
Chief Finance &  
Accounting Officer**

Nhill  
29 August 2011

Nhill  
29 August 2011

Nhill  
29 August 2011

## West Wimmera Health Service Annual Report 2010/2011

**West Wimmera Health Service  
Comprehensive Operating Statement  
For the Year Ended 30 June 2011**

	Note	2011 \$'000	2010 \$'000
Revenue from Operating Activities	2	28,805	28,106
Revenue from Non-Operating Activities	2	648	452
Employee Expenses	3	(21,212)	(20,228)
Non Salary Labour Costs	3	(1,104)	(1,042)
Supplies & Consumables	3	(2,218)	(2,208)
Other Expenses From Continuing Operations	3	(4,722)	(4,527)
<b>Net Result Before Capital &amp; Specific Items</b>		<b>197</b>	<b>553</b>
Capital Purpose Income	2	824	1,182
Depreciation and Amortisation	4	(3,669)	(3,593)
Finance Costs	5	(2)	(1)
<b>COMPREHENSIVE RESULT FOR THE YEAR</b>		<b>(2,650)</b>	<b>(1,859)</b>

*This statement should be read in conjunction with the accompanying notes.*

## West Wimmera Health Service Annual Report 2010/2011

**West Wimmera Health Service**  
**Balance Sheet**  
**As at 30 June 2011**

	Note	2011 \$'000	2010 \$'000
<b>Current Assets</b>			
Cash and Cash Equivalents	6	10,298	9,215
Receivables	7	510	650
Inventories	8	161	240
Other Assets	9	138	22
<b>Total Current Assets</b>		<b>11,107</b>	<b>10,127</b>
<b>Non-Current Assets</b>			
Receivables	7	231	85
Property, Plant & Equipment	10	46,654	49,642
<b>Total Non-Current Assets</b>		<b>46,885</b>	<b>49,727</b>
<b>TOTAL ASSETS</b>		<b>57,992</b>	<b>59,854</b>
<b>Current Liabilities</b>			
Payables	11	948	1,217
Employee Benefits & Related On-Costs Provisions	12	5,199	4,963
Other Liabilities	13	3,854	3,196
<b>Total Current Liabilities</b>		<b>10,001</b>	<b>9,376</b>
<b>Non-Current Liabilities</b>			
Employee Benefits & Related On-Costs Provisions	12	802	639
<b>Total Non-Current Liabilities</b>		<b>802</b>	<b>639</b>
<b>TOTAL LIABILITIES</b>		<b>10,803</b>	<b>10,015</b>
<b>NET ASSETS</b>		<b>47,189</b>	<b>49,839</b>
<b>EQUITY</b>			
Property, Plant & Equipment Revaluation Surplus	14a	10,050	10,050
Restricted Specific Purpose Reserve	14a	770	754
Contributed Capital	14b	25,924	25,924
Accumulated Surpluses /(Deficits)	14c	10,445	13,111
<b>TOTAL EQUITY</b>	14d	<b>47,189</b>	<b>49,839</b>
Commitments for Expenditure	17		
Contingent Liabilities and Contingent Assets	18		

**West Wimmera Health Service  
Statement of Changes in Equity  
For the Year Ended 30 June 2011**

	Note	Property, Plant & Equipment Revaluation Surplus \$'000	Restricted Specific Purpose Surplus \$'000	Contributions by Owners \$'000	Accumulated Surpluses/ (Deficits) \$'000	Total \$'000
<b>Balance at 1 July 2009</b>		<b>10,050</b>	<b>727</b>	<b>25,924</b>	<b>14,971</b>	<b>51,672</b>
Net result for the year		-	-	-	(1,859)	(1,859)
Transfer to / (from) Accumulated Surplus	14a,c	-	27	-	(27)	-
Effects of correction of errors	1(t)	-	-	-	26	26
<b>Restated balance at 30 June 2010</b>		<b>10,050</b>	<b>754</b>	<b>25,924</b>	<b>13,111</b>	<b>49,839</b>
Net result for the year		-	-	-	(2,650)	(2,650)
Transfer to / (from) Accumulated Surplus	14c	-	16	-	(16)	-
<b>Balance at 30 June 2011</b>		<b>10,050</b>	<b>770</b>	<b>25,924</b>	<b>10,445</b>	<b>47,189</b>

*This statement should be read in conjunction with the accompanying notes*

**West Wimmera Health Service  
Cash Flow Statement  
For the Year Ended 30 June 2011**

	Note	2011 \$'000	2010 \$'000
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>			
Operating Grants from Government		17,750	17,403
Patient and Resident Fees Received		9,767	9,723
Donations and Bequests Received		49	36
GST Received from/(paid to) ATO		43	55
Interest Received		571	363
Other Receipts		923	891
Employee Expenses Paid		(19,647)	(19,439)
Non Salary Labour Costs		(1,104)	(1,041)
Payments for Supplies & Consumables		(8,139)	(6,996)
Finance Costs		(2)	(1)
<b>Cash Generated from Operations</b>		<b>211</b>	<b>994</b>
Capital Grants from Government		380	305
Capital Donations and Bequests Received		114	528
Other Capital Receipts		345	348
<b>NET CASH INFLOW/(OUTFLOW) FROM OPERATING ACTIVITIES</b>	15	<b>1,050</b>	<b>2,175</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>			
Payments for Non-Financial Assets		(1,067)	(1,160)
Proceeds from sale of Non-Financial Assets		375	332
<b>NET CASH INFLOW/(OUTFLOW) FROM INVESTING ACTIVITIES</b>		<b>(692)</b>	<b>(828)</b>
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>			
Proceeds from Borrowings		252	155
Repayment of Borrowings		(252)	(155)
<b>NET CASH INFLOW/(OUTFLOW) FROM FINANCING ACTIVITIES</b>		<b>-</b>	<b>-</b>
<b>NET INCREASE/(DECREASE) IN CASH HELD CASH AND CASH EQUIVALENTS AT BEGINNING OF PERIOD</b>		<b>6,092</b>	<b>4,745</b>
<b>CASH AND CASH EQUIVALENTS AT END OF PERIOD</b>	6	<b>6,450</b>	<b>6,092</b>

*This statement should be read in conjunction with the accompanying notes*

# Notes to the Financial Statements

## 30 June 2011

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## **Note 1: Summary of Significant Accounting Policies**

### **(a) Statement of compliance**

These financial statements are a general purpose financial report which have been prepared in accordance with the *Financial Management Act 1994* and applicable Australian Accounting Standards (AASs) and Australian Accounting Interpretations and other mandatory requirements. AASs include Australian equivalents to International Financial Reporting Standards.

The financial statements also comply with relevant Financial Reporting Directions (FRDs) issued by the Department of Treasury and Finance, and relevant Standing Directions (SDs) authorised by the Minister for Finance.

West Wimmera Health Service is a not-for profit entity and therefore applies the additional Aus paragraphs applicable to "not-for-profit" health services under the AASs.

### **(b) Basis of accounting preparation and measurement**

Accounting policies are selected and applied in a manner which ensures that the resulting financial information satisfies the concepts of relevance and reliability, thereby ensuring that the substance of the underlying transactions or other events is reported.

The accounting policies set out below have been applied in preparing the financial statements for the year ended 30 June 2011, and the comparative information presented in these financial statements for the year ended 30 June 2010.

The going concern basis was used to prepare the financial statements.

The presentation currency of the Service is the Australian dollar, which has also been identified as the functional currency of the Service.

The financial statements, except for cash flow information, have been prepared using the accrual basis of accounting. Under the accrual basis, items are recognised as assets, liabilities, equity, income or expenses when they satisfy the definitions and recognition criteria for those items, that is they are recognised in the reporting period to which they relate, regardless of when cash is received or paid.

The financial statements are prepared in accordance with the historical cost convention, except for the revaluation of certain non-financial assets and financial instruments, as noted.

Particularly, exceptions to the historical cost convention include:

- Non-current physical assets, which subsequent to acquisition, are measured at valuation and are re-assessed with sufficient regularity to ensure that the carrying amounts do not materially differ from their fair values;
- The fair value of assets other than land is generally based on their depreciated replacement value.

Historical cost is based on the fair values of the consideration given in exchange for assets.

In the application of AASs management is required to make judgments, estimates and assumptions about carrying values of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and various other factors that are believed to be reasonable under the circumstances, the results of which form the basis of making the judgments. Actual results may differ from these estimates.

The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period or in the period of the revision, and future periods if the revision affects both current and future periods.

### **(c) Reporting Entity**

The financial statements include all the controlled activities of West Wimmera Health Service. The Service's principal address is 49-51 Nelson Street, Nhill, Victoria, 3418.

A description of the nature of the Service's operations and its principal activities is included in the report of operations, which does not form part of these financial statements.

### **(d) Principles of Consolidation**

#### ***Jointly controlled assets***

Interests in jointly controlled assets are accounted for by recognising in the Service's financial statements its proportionate share of the assets, liabilities and any income and expenses of such joint ventures. Transactions between the Service and joint venture entities have been eliminated so as not to be counted twice in these financial statements.

### **(e) Scope and presentation of financial statements**

#### **Fund Accounting**

The Service operates on a fund accounting basis and maintains three funds: Operating, Specific Purpose and Capital Funds. The Service's Capital and Specific Purpose Funds include unspent capital donations and receipts from fund-raising activities conducted solely in respect of these funds.

#### **Services Supported By Health Services Agreement and Services Supported By Hospital and Community Initiatives**

Activities classified as *Services Supported by Health Services Agreement* (HSA) are substantially funded by the Department of Health and include Residential Aged Care Services (RACS) and are also funded from other sources such as the Commonwealth, patients and residents, while *Services Supported by Hospital and Community Initiatives* (H&CI) are funded by the Service's own activities or local initiatives and/or the Commonwealth.

#### **Residential Aged Care Service**

The Service's Residential Aged Care Service operations are an integral part of the Service and share its resources. An apportionment of land and buildings has been made based on floor space. The results of the two operations have been segregated based on actual revenue earned and expenditure incurred by each operation in Note 19 to the financial statements.

The Service's Residential Aged Care Service operations are substantially funded from Commonwealth bed-day subsidies.

### **Comprehensive operating statement**

Income and expenses in the comprehensive operating statement are classified according to whether or not they arise from 'transactions' or 'other economic flows'. This classification is consistent with the whole of government reporting format and is allowed under AASB 101 *Presentation of Financial Statements*.

'Transactions' and 'other economic flows' are defined by the Australian system of government finance statistics: concepts, sources and methods 2005 Cat. No. 5514.0 published by the Australian Bureau of Statistics.

'Transactions' are those economic flows that are considered to arise as a result of policy decisions, usually interactions between two entities by mutual agreement. Transactions also include flows within an entity, such as depreciation where the owner is simultaneously acting as the owner of the depreciating asset and as the consumer of the service provided by the asset. Taxation is regarded as mutually agreed interactions between the Government and taxpayers. Transactions can be in kind (e.g. assets provided/given free of charge or for nominal consideration) or where the final consideration is cash.

'Other economic flows' are changes arising from market re-measurements. They include gains and losses from disposals, and revaluations and impairments of non-current physical and intangible assets.

The net result is equivalent to profit or loss derived in accordance with AASs.

### **Net Result Before Capital & Specific Items**

The subtotal entitled 'Net result Before Capital & Specific Items' is included in the comprehensive operating statement to enhance the understanding of the financial performance of the Service. This subtotal reports the result excluding items such as capital grants, assets received or provided free of charge, depreciation, and items of an unusual nature and amount such as specific income and expenses. The exclusion of these items is made to enhance matching of income and expenses so as to facilitate the comparability and consistency of results between years and Victorian Public Health Services. The 'Net result Before Capital & Specific Items' is used by the management of the Service, the Department of Health and the Victorian Government to measure the ongoing performance of health services in operating hospital services.

Capital and specific items, which are excluded from this sub-total, comprise:

- ❖ Capital purpose income comprises all tied grants, donations and bequests received for the purpose of acquiring non-current assets, such as capital works and plant and equipment. Consequently the recognition of revenue as capital purpose income is based on the intention of the provider of the revenue at the time the revenue is provided.
- ❖ Depreciation and amortisation, as described in Note 1 (h)

### **Balance sheet**

Assets and liabilities are categorised either as current or non-current.

### **Statement of changes in equity**

The statement of changes in equity presents reconciliations of each non-owner and owner equity opening balance at the beginning of the reporting period to the closing balance at the end of the reporting period. It also shows separately changes due to amounts recognised in the comprehensive result and amounts recognised in other comprehensive income related to other non-owner changes in equity.

### **Cash flow statement**

Cash flows are classified according to whether or not they arise from operating activities, investing activities, or financing activities. This classification is consistent with requirements under AASB 107 *Statement of Cash Flows*.

### **Comparative Information**

In the prior year's (2009-2010) financial statements the Service classified its accommodation bond investments as Other Financial Assets when given that such investments had maturity dates of 3 months or less, these investments should have been instead classified as Cash and Cash Equivalents. Accordingly, adjustments have been made to the Balance Sheet and relevant notes to reflect this reclassification. The reclassification did not have any effect on the Service's net or comprehensive results.

## **(f) Change in Accounting Policies**

### **Interest in Jointly Controlled Assets**

Up until the current financial year the Service has accounted for its interest in the Grampians Regional Health Alliance (GRHA) information technology joint venture using the Equity Method however such interest should have been accounted for using the Proportionate Method in accordance with AASB 131 *Interests in Joint Ventures*. The current year's financial statements have been prepared, and the prior year comparatives have been adjusted, in accordance with AASB 131. Changes in relevant items resulting from this change in accounting policy are shown as follows:

	<b>2010</b>
	<b>\$'000</b>
<b><u>Comprehensive Operating Statement</u></b>	
Revenue from Operating Activities	237
Revenue from Non-Operating Activities	4
Employee Expenses	66
Other Expenses from Continuing Operations	176
Share of Net Result of Associates & Joint Ventures Accounted for using the Equity Method	(10)
Depreciation	14
Share of other comprehensive income of joint venture	(3)

	<b>2010</b>
	<b>\$'000</b>
<b>Balance Sheet</b>	
Investments accounted for using the Equity Method	(260)
Cash and Cash Equivalents	124
Sundry Debtors	131
Equipment & Motor Vehicles	79
Equipment & Motor Vehicles – Accumulated Depreciation	(36)
Trade Creditors	(89)
Equity*	51

*\* The adjustment to equity arises due to the Service's share in the net assets of the Joint Venture being lower by such amount compared to what the Joint Venture's accounts showed when the investment was accounted for previously using the equity method. That is, prior to the reclassification the Service's investment should have been reported as \$219k, not \$260k.*

### **(g) Income Recognition**

Income is recognised in accordance with AASB 118 *Revenue* and is recognised as to the extent that it is probable that the economic benefits will flow to the Service and the income can be reliably measured. Unearned income at reporting date is reported as income received in advance.

Amounts disclosed as revenue are, where applicable, net of returns, allowances and duties and taxes.

#### **Government Grants and other transfers of income (other than contributions by owners)**

In accordance with AASB 1004 *Contributions*, government grants and other transfers of income (other than contributions by owners) are recognised as income when the Service gains control of the underlying assets irrespective of whether conditions are imposed on the Service's use of the contributions.

Contributions are deferred as income in advance when the Service has a present obligation to repay them and the present obligation can be reliably measured.

#### **Indirect Contributions from the Department of Health**

- Insurance is recognised as revenue following advice from the Department of Health.
- Long Service Leave (LSL) Revenue is recognised upon finalisation of movements in the LSL liability in line with the arrangements set out in the Metropolitan Health and Aged Care Services Division Hospital Circular 14/2009.

#### **Patient and Resident Fees**

Patient and resident fees are recognised as revenue at the time invoices are raised.

#### **Donations and Other Bequests**

Donations and bequests are recognised as revenue when received. If donations are for a special purpose, they may be appropriated to a reserve, such as the specific restricted purpose reserve.

### Interest Revenue

Interest revenue is recognised on a time proportionate basis that takes in account the effective yield of the financial asset.

### (h) Expense Recognition

Expenses are recognised as they are incurred and reported in the financial year to which they relate.

#### Employee expenses

Employee expenses include wages and salaries; annual leave; sick leave; long service leave and superannuation expenses which are reported differently depending upon whether employees are members of defined benefit or defined contribution plans.

#### Defined contribution plans

In relation to defined contribution (i.e. accumulation) superannuation plans, the associated expense is simply the employer contributions that are paid or payable in respect of employees who are members of these plans during the reporting period. Contributions to defined contribution superannuation plans are expensed when incurred.

#### Defined benefit plans

The amount charged to the comprehensive operating statement in respect of defined benefit superannuation plans represents the contributions made by the Service to the superannuation plans in respect of the services of current Service staff. Superannuation contributions are made to the plans based on the relevant rules of each plan.

Employees of the Service are entitled to receive superannuation benefits and the Service contributes to both defined benefit and defined contribution plans. The defined benefit plans provide benefits based on years of service and final average salary.

The name and details of the major employee superannuation funds and contributions made by the Service are as follows:

<b>Fund</b>	<b>Contributions Paid or Payable for the year</b>	
	<b>2011</b>	<b>2010</b>
	<b>\$'000</b>	<b>\$'000</b>
<b>Defined benefit plans:</b>		
Health Super Superannuation Fund	39	41
Other	6	10
<b>Defined contribution plans:</b>		
Health Super Superannuation Fund	1,490	1521
Other	127	42
<b>Total</b>	<b>1,662</b>	<b>1,614</b>

### Depreciation

Assets with a cost in excess of \$1,000 are capitalised and depreciation has been provided on depreciable assets so as to allocate their cost or valuation over their estimated useful lives.

Depreciation is generally calculated on a straight line basis, at a rate that allocates the asset value, less any estimated residual value over its estimated useful life. Estimates of the remaining useful lives and depreciation method for all assets are reviewed at least annually. This depreciation charge is not funded by the Department of Health.

Depreciation is provided on property, plant and equipment, including freehold buildings, but excluding land. Depreciation begins when the asset is available for use, which is when it is in the location and condition necessary for it to be capable of operating in a manner intended by management.

The following table indicates the expected useful lives of non current assets on which the depreciation charges are based.

	<b>2011</b>	<b>2010</b>
Buildings		
- Structure Shell Building Fabric	22 to 33 years	22 to 33 years
- Site Engineering Services and Central Plant	11 to 31 years	11 to 31 years
Central Plant		
- Fit Out	5 to 15 years	5 to 15 years
- Trunk Reticulated Building Systems	3 to 17 years	3 to 17 years
Plant & Equipment	3 to 10 years	3 to 10 years
Medical Equipment	3 to 10 years	3 to 10 years
Computers and Communication	3 to 5 years	3 to 5 years
Furniture and Fittings	5 to 20 years	5 to 20 years
Motor Vehicles	10 years	10 years

As part of the buildings valuation, building values were componentised and each component assessed for its useful life as represented above.

### **Finance Costs**

Finance costs are recognised as expenses in the period in which they are incurred and refer to interest on the Service's bank overdraft and on unpaid accommodation bond refunds.

### **(i) Other economic flows included in the net result**

Other economic flows measure the change in volume or value of assets or liabilities that do not result from transactions. These include:

#### **Net Gain / (Loss) on Non-Financial Assets**

Net gain / (loss) on non-financial assets includes realised and unrealised gains and losses from revaluations, impairments and disposals of all physical assets and intangible assets.

#### **Disposal of Non-Financial Assets**

Any gain or loss on the sale of non-financial assets is recognised at the date that control of the asset is passed to the buyer and is determined after deducting from the proceeds the carrying value of the asset at that time.

### ***Impairment of Non-Financial Assets***

All non-financial assets are assessed annually for indications of impairment, except for inventories and financial assets.

If there is an indication of impairment, the assets concerned are tested as to whether their carrying value exceeds their possible recoverable amount. Where an asset's carrying value exceeds its recoverable amount, the difference is written-off as an expense except to the extent that the write-down can be debited to an asset revaluation surplus amount applicable to that same class of asset.

It is deemed that, in the event of the loss of an asset, the future economic benefits arising from the use of the asset will be replaced unless a specific decision to the contrary has been made. The recoverable amount for most assets is measured at the higher of depreciated replacement cost and fair value less costs to sell. Recoverable amount for assets held primarily to generate net cash inflows is measured at the higher of the present value of future cash flows expected to be obtained from the asset and fair value less costs to sell.

### **Net Gain/(Loss) on Financial Instruments**

Net gain/(loss) on financial instruments includes realised and unrealised gains and losses from revaluations of financial instruments that are designated at fair value through profit or loss or held-for-trading; impairment and reversal of impairment for financial instruments at amortised cost; and disposals of financial assets.

### **Other gains/(losses) from other economic flows**

Other gains/(losses) from other economic flows include the gains or losses from:

- transfer of amounts from the other surpluses and/or accumulated surplus to net result due to disposal or derecognition or reclassification; and
- the revaluation of the present value of the long service liability due to changes in the bond interest rates.

## **(j) Financial assets**

### **Cash and Cash Equivalents**

Cash and cash equivalents comprise cash on hand and cash at bank, deposits at call and highly liquid investments with an original maturity of 3 months or less, which are readily convertible to known amounts of cash and are subject to insignificant risk of changes in value.

For the cash flow statement presentation purposes, cash and cash equivalents includes bank overdrafts, which are included as current borrowings in the balance sheet.

### **Receivables**

Receivables consist of:

- Statutory receivables, which includes predominantly amounts owing from the Victorian Government and GST input tax credits recoverable; and

- Contractual receivables, which includes of mainly debtors in relation to goods and services, loans to third parties, accrued investment income, and finance lease receivables.

Trade debtors are carried at nominal amounts due and are due for settlement within 30 days from the date of recognition. Collectability of debts is reviewed on an ongoing basis, and debts which are known to be uncollectible are written off. A provision for doubtful debts is recognised when there is objective evidence that an impairment loss has occurred. Bad debts are written off when identified.

Receivables that are contractual are classified as financial instruments. Statutory receivables are not classified as financial instruments.

A provision for doubtful receivables is made when there is objective evidence that the debts may not be collected and bad debts are written off when identified.

### **Investments and Other Financial Assets**

Investments are recognised and derecognised on trade date where purchase or sale of an investment is under a contract whose terms require delivery of the investment within the timeframe established by the market concerned, and are initially measured at fair value, net of transaction costs.

Investments are classified in the following categories:

- Financial assets at fair value through profit or loss;
- Loans and receivables; and
- Available-for-sale financial assets.

The Service classifies its other financial assets between current and non-current assets based on the purpose for which the assets were acquired. Management determines the classification of its other financial assets at initial recognition.

The Service assesses at each balance sheet date whether a financial asset or group of financial assets is impaired.

All financial assets, except those measured at fair value through profit or loss are subject to annual review for impairment.

### **Loans and receivables**

Trade receivables, loans and other receivables are recorded at amortised cost, using the effective interest method, less impairment. Term deposits with maturity greater than three months are also measured at amortised cost, using the effective interest method, less impairment.

The effective interest method is a method of calculating the amortised cost of a financial asset and of allocating interest income over the relevant period. The effective interest rate is the rate that exactly discounts estimated future cash receipts through the expected life of the financial asset, or, where appropriate, a shorter period.

### **Held-to-maturity investments**

Where the Health Service has the positive intent and ability to hold investments to maturity, they are measured at amortised cost less impairment losses.

### **Impairment of Financial Assets**

At the end of each reporting period the Service assesses whether there is objective evidence that a financial asset or group of financial assets is impaired. Objective evidence includes financial difficulties of the debtor, default payments, debts which are more than 60 days overdue, and changes in debtor credit ratings. All financial instruments assets, except those measured at fair value through profit or loss, are subject to annual review for impairment.

Bad and doubtful debts for financial assets are assessed on a regular basis. Those bad debts considered as written off by mutual consent are classified as a transaction expense. The bad debts not written off by mutual consent and allowance for doubtful receivables are classified as 'other economic flows' in the net result.

The amount of the allowance is the difference between the financial asset's carrying amount and the present value of estimated future cash flows, discounted at the effective interest rate.

Where a financial asset's fair value at balance date has reduced by 20 per cent or more than its cost price; or where its fair value has been less than its cost price for a period of 12 or more months, the financial instrument is treated as impaired.

In assessing impairment of statutory (non-contractual) financial assets, which are not financial instruments, professional judgement is applied in assessing materiality using estimates, averages and other computational methods in accordance with AASB 136 *Impairment of Assets*.

## **(k) Non-Financial Assets**

### **Inventories**

Inventories include goods and other property held either for sale, consumption or for distribution at no or nominal cost in the ordinary course of business operations. It excludes depreciable assets.

Inventories held for distribution are measured at cost, adjusted for any loss of service potential. All other inventories are measured at the lower of cost and net realisable value.

The bases used in assessing loss of service potential for inventories held for distribution include current replacement cost and technical or functional obsolescence. Technical obsolescence occurs when an item still functions for some or all of the tasks it was originally acquired to do, but no longer matches existing technologies. Functional obsolescence occurs when an item no longer functions the way it did when it was first acquired.

### **Property, Plant and Equipment**

All non-current physical assets are measured initially at cost and subsequently revalued at fair value less accumulated depreciation and impairment.

**Land and Buildings** are recognised initially at cost and subsequently measured at fair value less accumulated depreciation and impairment.

**Plant, Equipment and Vehicles** are recognised initially at cost and subsequently measured at fair value less accumulated depreciation and impairment. Depreciated historical cost is generally a reasonable proxy for fair value because of the short lives of the assets concerned.

### **Revaluations of Non-current Physical Assets**

Non-current physical assets are measured at fair value and are revalued in accordance with FRD 103D *Non-current physical assets*. This revaluation process normally occurs at least every five years, based upon the asset's Government Purpose Classification, but may occur more frequently if fair value assessments indicate material changes in values. Independent valuers are used to conduct these scheduled revaluations and any interim revaluations are determined in accordance with the requirements of the FRDs. Revaluation increments or decrements arise from differences between an asset's carrying value and fair value.

Revaluation increments are credited directly to the asset revaluation surplus, except that, to the extent that an increment reverses a revaluation decrement in respect of that same class of asset previously recognised as an expense in net result, the increment is recognised as income in the net result.

Revaluation decrements are recognised immediately as expenses in the net result, except that, to the extent that a credit balance exists in the asset revaluation surplus in respect of the same class of assets, they are debited directly to the asset revaluation surplus.

Revaluation increases and revaluation decreases relating to individual assets within an asset class are offset against one another within that class but are not offset in respect of assets in different classes.

Revaluation surpluses are normally not transferred to accumulated funds on derecognition of the relevant asset.

In accordance with FRD 103D, the Service's non-current physical assets were assessed to determine whether revaluation of the non-current physical assets was required.

### **Other non-financial assets**

#### ***Prepayments***

Other non-financial assets include prepayments which represent payments in advance of receipt of goods or services or that part of expenditure made in one accounting period covering a term extending beyond that period.

## **(I) Liabilities**

### **Payables**

These amounts consist predominantly of liabilities for goods and services.

Payables are initially recognised at fair value, and then subsequently carried at amortised cost and represent liabilities for goods and services provided to the Service prior to the end of the financial year that are unpaid, and arise when the Service becomes obliged to make future payments in respect of the purchase of these goods and services.

The normal credit terms are usually Nett 30 days.

### **Provisions**

Provisions are recognised when the Service has a present obligation, the future sacrifice of economic benefits is probable, and the amount of the provision can be measured reliably.

The amount recognised as a provision is the best estimate of the consideration required to settle the present obligation at reporting date, taking into account the risks and uncertainties surrounding the obligation. Where a provision is measured using the cash flows estimated to settle the present obligation, its carrying amount is the present value of those cash flows, using a discount rate that reflects the time value of money and risks specific to the provision.

When some or all of the economic benefits required to settle a provision are expected to be received from a third party, the receivable is recognised as an asset if it is virtually certain that recovery will be received and the amount of the receivable can be measured reliably.

## **Employee Benefits**

### ***Wages and Salaries, Annual Leave and Accrued Days Off***

Liabilities for wages and salaries, including non-monetary benefits, annual leave and accrued days off which are expected to be settled within 12 months of the reporting date are recognised in the provision for employee benefits in respect of employees' services up to the reporting date, and are classified as current liabilities and measured at their nominal values.

Those liabilities that are not expected to be settled within 12 months are recognised in the provision for employee benefits as non-current liabilities, measured at present value of the amounts expected to be paid when the liabilities are settled using the remuneration rate expected to apply at the time of settlement.

### ***Long Service Leave***

The liability for long service leave (LSL) is recognised in the provision for employee benefits.

***Current Liability – unconditional LSL*** (representing 10 or more years of continuous service) is disclosed in the notes to the financial statements as a current liability even where the Service does not expect to settle the liability within 12 months because it will not have the unconditional right to defer the settlement of the entitlement should an employee take leave within 12 months.

The components of this current LSL liability are measured at:

- present value – component that the Service does not expect to settle within 12 months; and
- nominal value – component that the Service expects to settle within 12 months.

***Non-Current Liability – conditional LSL*** (representing less than 10 years of continuous service) is disclosed as a non-current liability. There is an unconditional right to defer the settlement of the entitlement until the employee has completed the requisite years of service. Conditional LSL is required to be measured at present value.

Consideration is given to expected future wage and salary levels, experience of employee departures and periods of service. Expected future payments are discounted using interest rates of Commonwealth Government guaranteed securities in Australia.

### ***Termination Benefits***

Termination benefits are payable when employment is terminated before the normal retirement date or when an employee accepts voluntary redundancy in exchange for these benefits.

Liabilities for termination benefits are recognised when a detailed plan for the termination has been developed and a valid expectation has been raised with those employees affected that the terminations will be carried out. The liabilities for termination benefits are recognised in other creditors unless the amount or timing of the payments is uncertain, in which case they are recognised as a provision.

### **On-Costs**

Employee benefit on-costs, such as payroll tax, workers compensation, superannuation are recognised together with provisions for employee benefits.

### **Superannuation liabilities**

The Service does not recognise any unfunded defined benefit liability in respect of the superannuation plans because Service has no legal or constructive obligation to pay future benefits relating to its employees; its only obligation is to pay superannuation contributions as they fall due. The Department of Treasury and Finance administers and discloses the State's defined benefit liabilities in its financial statements.

## **(m) Leases**

Leases are classified at their inception as either operating or finance leases based on the economic substance of the agreement so as to reflect the risks and rewards incidental to ownership.

Leases of property, plant and equipment are classified as finance leases whenever the terms of the lease transfer substantially all the risks and rewards of ownership to the lessee. All other leases are classified as operating leases.

### **Finance Leases**

#### ***Entity as lessor***

The Service does not hold any finance lease arrangements with other parties.

### **Operating Leases**

Operating lease payments, including any contingent rentals, are recognised as an expense in the comprehensive operating statement on a straight line basis over the lease term, except where another systematic basis is more representative of the time pattern of the benefits derived from the use of the leased asset.

### **Lease Incentives**

All incentives for the agreement of a new or renewed operating lease are recognised as an integral part of the net consideration agreed for the use of the leased asset, irrespective of the incentive's nature or form or the timing of payments.

In the event that lease incentives are received by the lessee to enter into operating leases, such incentives are recognised as a liability. The aggregate benefits of incentives are recognised as a reduction of rental expense on a straight-line basis, except where another systematic basis is more representative of the time pattern in which economic benefits from the leased asset is diminished.

### **Leasehold Improvements**

The cost of leasehold improvements are capitalised as an asset and depreciated over the remaining term of the lease or the estimated useful life of the improvements, whichever is the shorter.

## **(n) Equity**

### **Contributed Capital**

Consistent with Australian Accounting Interpretation 1038 *Contributions by Owners Made to Wholly-Owned Public Sector Entities* and FRD 119 *Contributions by Owners*, appropriations for additions to the net asset base have been designated as contributed capital. Other transfers that are in the nature of contributions or distributions that have been designated as contributed capital are also treated as contributed capital.

### **Property, Plant & Equipment Revaluation Surplus**

The asset revaluation surplus is used to record increments and decrements on the revaluation of non-current physical assets.

### **Specific Restricted Purpose Reserve**

A specific restricted purpose reserve is established where the Service has possession or title to the funds but has no discretion to amend or vary the restriction and/or condition underlying the funds received.

## **(o) Commitments for expenditure**

Commitments for expenditure are not recognised on the balance sheet. Commitments for expenditure are disclosed at their nominal value and are inclusive of the GST payable. In addition, where it is considered appropriate and provides additional relevant information to users, the net present values of significant individual projects are stated.

## **(p) Contingent assets and contingent liabilities**

Contingent assets and contingent liabilities are not recognised in the balance sheet, but are disclosed by way of note and, if quantifiable, are measured at nominal value. Contingent assets and contingent liabilities are presented inclusive of GST receivable or payable respectively.

## **(q) Goods and Services Tax**

Income, expenses and assets are recognised net of the amount of associated GST, unless the GST incurred is not recoverable from the taxation authority. In this case it is recognised as part of the cost of acquisition of the asset or as part of the expense.

Receivables and payables are stated exclusive of the amount of GST receivable or payable. The net amount of GST recoverable from, or payable to, the taxation authority is included with other receivables or payables in the balance sheet.

Cash flows are presented on a gross basis. The GST components of cash flows arising from investing or financing activities which are recoverable from, or payable to the taxation authority, are presented as an operating cash flow.

Commitments for expenditure and contingent assets and liabilities are presented on a gross basis.

### **(r) Rounding Of Amounts**

All amounts shown in the financial statements are expressed to the nearest \$1,000 unless otherwise stated.

Figures in the financial statements may not equal due to rounding.

### **(s) New Accounting Standards and Interpretations**

Certain new Australian accounting standards and interpretations have been published that are not mandatory for the 30 June 2011 reporting period.

As at 30 June 2011, the following standards and interpretations had been issued but were not mandatory for the reporting period ending 30 June 2011. The Service has not and does not intend to adopt these standards early.

<b>Standard/Interpretation</b>	<b>Summary</b>	<b>Applicable for annual reporting periods beginning on</b>	<b>Impact on financial statements</b>
AASB 9 <i>Financial instruments</i>	This standard simplifies requirements for the classification and measurement of financial assets resulting from Phase 1 of the IASB's project to replace IAS 39 <i>Financial Instruments: Recognition and Measurement</i> (AASB 139 <i>Financial Instruments: Recognition and Measurement</i> ).	Beginning 1 Jan 2013	Detail of impact is still being assessed.
AASB 124 <i>Related Party Disclosures</i> (Dec 2009)	Government related entities have been granted partial exemption with certain disclosure requirements.	Beginning 1 Jan 2011	Preliminary assessment suggests the impact is insignificant. However, the Service is still assessing the detailed impact and whether to early adopt.

**West Wimmera Health Service**  
**Notes to the Financial Statements**  
30 June 2011

<b>Standard/Interpretation</b>	<b>Summary</b>	<b>Applicable for annual reporting periods beginning on</b>	<b>Impact on financial statements</b>
AASB 1053 <i>Application of Tiers of Australian Accounting Standards</i>	This Standard establishes a differential financial reporting framework consisting of two tiers of reporting requirements for preparing general purpose financial statements.	Beginning 1 July 2013	The Victorian Government is currently considering the impacts of Reduced Disclosure Requirements (RDRs) for certain public sector entities and has not decided if RDRs will be implemented to the Victorian Public Sector.
AASB 2009-11 <i>Amendments to Australian Accounting Standards arising from AASB 9 [AASB 1, 3, 4, 5, 7, 101, 102, 108, 112, 118, 121, 127, 128, 131, 132, 136, 139, 1023 and 1038 and Interpretations 10 &amp; 12]</i>	This Standard gives effect to consequential changes arising from the issuance of AASB 9.	Beginning 1 Jan 2013	Detail of impact is still being assessed.
AASB 2009-12 <i>Amendments to Australian Accounting Standards [AASB 5, 8, 108, 110, 112, 119, 133, 137, 139, 1023 and 1031 and Interpretations 2, 4, 16, 1039 and 1052]</i>	This standard amends AASB 8 to require an entity to exercise judgement in assessing whether a government and entities known to be under the control of that government are considered a single customer for purposes of certain operating segment disclosures. This standard also makes numerous editorial amendments to other AASs.	Beginning 1 Jan 2011	The amendments only apply to those entities to whom AASB 8 applies, which are for-profit entities except for-profit government departments. Detail of impact is still being assessed.
AASB 2009-14 <i>Amendments to Australian Interpretation – Prepayments of a Minimum Funding Requirement [AASB Interpretation 14]</i>	Amendments to Interpretation 14 arise from the issuance of prepayments of a minimum funding requirement.	Beginning 1 Jan 2011	Expected to have no significant impact.
AASB 2010-2 <i>Amendments to Australian Accounting Standards arising from Reduced Disclosure Requirements</i>	This Standard makes amendments to many Australian Accounting Standards, including Interpretations, to introduce reduced disclosure requirements to the pronouncements for application by certain types of entities.	Beginning 1 July 2013	Does not affect financial measurement or recognition, so is not expected to have any impact on the Service's financial result or position however this may reduce some note disclosures in financial statements.

<b>Standard/Interpretation</b>	<b>Summary</b>	<b>Applicable for annual reporting periods beginning on</b>	<b>Impact on financial statements</b>
AASB 2010-4 <i>Further Amendments to Australian Accounting Standards arising from the Annual Improvements Project [AASB 1, AASB 7, AASB 101 &amp; AASB 134 and Interpretation 13]</i>	This Standard makes numerous improvements designed to enhance the clarity of standards.	Beginning 1 Jan 2011	No significant impact on the financial statements.
AASB 2010-5 <i>Amendments to Australian Accounting Standards [AASB 1, 3, 4, 5, 101, 107, 112, 118, 119, 121, 132, 133, 134, 137, 139, 140, 1023 &amp; 1038 and Interpretations 112, 115, 127, 132 &amp; 1042]</i>	This amendment contains editorial corrections to a range of Australian Accounting Standards and Interpretations, which includes amendments to reflect changes made to the text of IFRSs by the IASB.	Beginning 1 Jan 2011	No significant impact on the financial statements.
AASB 2010-6 <i>Amendments to Australian Accounting Standards – Disclosures on Transfers of Financial Assets [AASB 1 &amp; AASB 7]</i>	This amendment adds and changes disclosure requirements about the transfer of financial assets. This includes the nature and risk of the financial assets.	Beginning 1 July 2011	This may impact the Service as it creates additional disclosure for transfers of financial assets. Detail of impact is still being assessed.
AASB 2010-7 <i>Amendments to Australian Accounting Standards arising from AASB 9 (December 2010) [AASB 1, 3, 4, 5, 7, 101, 102, 108, 112, 118, 120, 121, 127, 128, 131, 132, 136, 137, 139, 1023 &amp; 1038 and Interpretations 2, 5, 10, 12, 19 &amp; 127]</i>	These amendments are in relation to the introduction of AASB 9.	Beginning 1 Jan 2013	This amendment may have an impact on the Service as AASB 9 is a new standard and it changes the requirements of numerous standards. Detail of impact is still being assessed.
AASB 2010-8 <i>Amendments to Australian Accounting Standards – Deferred Tax: Recovery of Underlying Assets [AASB 112]</i>	This amendment provides a practical approach for measuring deferred tax assets and deferred tax liabilities when measuring investment property by using the fair value model in AASB 140 Investment Property.	Beginning 1 Jan 2012	This amendment provides additional clarification through practical guidance.
AASB 2010-9 <i>Amendments to Australian Accounting Standards – Severe Hyperinflation and Removal of Fixed Dates for First-time Adopters [AASB 1]</i>	This amendment provides guidance for entities emerging from severe hyperinflation who are going to resume presenting Australian Accounting Standards financial statements or entities that are going to present Australian Accounting Standards financial statements for the first time. It provides relief for first-time adopters from having to reconstruct transactions that occurred	Beginning 1 July 2011	Amendment unlikely to impact on public sector entities.

Standard/Interpretation	Summary	Applicable for annual reporting periods beginning on	Impact on financial statements
	before their date of transition to Australian Accounting Standards.		
AASB 2011-1 Amendments to Australian Accounting Standards arising from the Trans-Tasman Convergence Project [AASB 1, AASB 5, AASB 101, AASB 107, AASB 108, AASB 121, AASB 128, AASB 132 & AASB 134 and Interpretations 2, 112 & 113]	This amendment affects multiple Australian Accounting Standards and AASB Interpretations for the objective of increased alignment with IFRSs and achieving harmonisation between both Australian and New Zealand Standards. It achieves this by removing guidance and definitions from some Australian Accounting Standards, without changing their requirements.	Beginning 1 July 2011	This amendment will have no significant impact on public sector bodies.
AASB 2011-2 Amendments to Australian Accounting Standards arising from the Trans-Tasman Convergence Project – Reduced Disclosure Requirements [AASB 101 & AASB 1054]	The objective of this amendment is to include some additional disclosure from the Trans-Tasman Convergence Project and to reduce disclosure requirements for entities preparing general purpose financial statements under Australian Accounting Standards – Reduced Disclosure Requirements.	Beginning 1 July 2013	The Victorian Government is currently considering the impacts of Reduced Disclosure Requirements (RDRs) and has not decided if RDRs will be implemented to Victorian Public Sector.
AASB 2011-3 Amendments to Australian Accounting Standards – Orderly Adoption of Changes to the ABS GFS Manual and Related Amendments [AASB 1049]	This amends AASB 1049 to clarify the definition of the ABS GFS Manual, and to facilitate the adoption of changes to the ABS GFS Manual and related disclosures.	Beginning 1 July 2012	This amendment provides clarification to users on the version of the GFS Manual to be used and what to disclose if the latest GFS Manual is not used. No impact on performance measurements will occur.

## (t) Accounting Errors

### Regional Health Service Grant Income

In June 2010 the Service invoiced the Commonwealth Government an amount of \$69k but did not receive the grant until after 30 June 2010. Accordingly, the grant was incorrectly included in income in the 2009-2010 financial year. Instead, it should have been recorded as income in the

2010-2011 financial year and there should have been no amount for it recorded in the Service's debtors at 30 June 2010. The effect of the correction of this error is shown as follows:

	<b>2010</b>
	<b>\$'000</b>
<u>Comprehensive Operating Statement</u>	
Revenue from Operating Activities	(69)
Net Result Before Capital & Specific Items	(69)
 <u>Balance Sheet</u>	
Trade Debtors	(69)
Total Equity	(69)

### **Restricted Specific Purpose Reserve**

Prior to the 2009-2010 financial year the Service received a \$300,000 donation which was made on the condition that it be used only for the redevelopment of the Goro Health Centre. Such amount plus any interest subsequently accrued thereon should have been recorded as part of the Service's Restricted Specific Purpose Reserve and not part of its Accumulated Surpluses.

The effect of the correction of this error is shown as follows:

	<b>2010</b>
	<b>\$'000</b>
<u>Balance Sheet</u>	
Restricted Specific Purpose Reserve	327
Accumulated Surpluses /(Deficits)	(327)

### **(u) Category Groups**

West Wimmera Health Service has used the following category groups for reporting purposes for the current and previous financial years.

**Admitted Patient Services (Admitted Patients)** comprises all recurrent health revenue/expenditure on admitted patient services, where services are delivered in public hospitals, or free standing day hospital facilities, or alcohol and drug treatment units or hospitals specialising in dental services, hearing and ophthalmic aids.

**Outpatient Services (Outpatients)** comprises all recurrent health revenue/expenditure on public hospital type outpatient services, where services are delivered in public hospital outpatient clinics, or free standing day hospital facilities, or rehabilitation facilities, or alcohol and drug treatment units, or outpatient clinics specialising in ophthalmic aids or palliative care.

**Aged Care** comprises revenue/expenditure from Home and Community Care (HACC) programs, Allied Health, Aged Care Assessment and support services.

**Primary Health** comprises revenue/expenditure for Community Health Services including health promotion and counselling, physiotherapy, speech therapy, podiatry and occupational therapy.

**Off Campus, Ambulatory Services (Ambulatory)** comprises all recurrent health revenue/expenditure on public hospital type services including palliative care facilities and rehabilitation facilities, as well as services provided under the following agreements: Services that are provided or received by hospitals (or area health services) but are delivered/received outside a hospital campus, services which have moved from a hospital to a community setting since June 1998, services which fall within the agreed scope of inclusions under the new system, which have been delivered within hospitals i.e. in rural/remote areas.

**Residential Aged Care including Mental Health (RAC incl. Mental Health)** referred to in the past as psychogeriatric residential services, comprises those Commonwealth-licensed residential aged care services in receipt of supplementary funding from DH under the mental health program. It excludes all other residential services funded under the mental health program, such as mental health funded community care units (CCUs) and secure extended care units (SECs).

**Other Services excluded from Australian Health Care Agreement (AHCA) (Other)** comprises revenue/expenditure for services not separately classified above, including: Public Health Services including Laboratory testing, Blood Borne Viruses / Sexually Transmitted Infections clinical services, Kooris liaison officers, immunisation and screening services, Drugs services including drug withdrawal, counselling and the needle and syringe program, Dental Health services including general and specialist dental care, school dental services and clinical education, Disability services including aids and equipment and flexible support packages to people with a disability, Community Care programs including sexual assault support, early parenting services, parenting assessment and skills development, and various support services. Health and Community Initiatives also falls in this category group.

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**Note 2: Revenue**

	HSA	HSA	Non HSA	Non HSA	Total	Total
	2011	2010	2011	2010	2011	2010
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
<b>Revenue from Operating Activities</b>						
Government Grants						
- Department of Health	15,924	15,373	-	-	15,924	15,373
- Department of Human Services	274	221	-	-	274	221
- Dental Health Services Victoria	312	263	-	-	312	263
- State Government - Other						
- Department of Education	163	170	-	-	163	170
- Commonwealth Government						
- Residential Aged Care Subsidy	6,149	5,807	-	-	6,149	5,807
- Other	851	898	-	-	851	898
<b>Total Government Grants</b>	<b>23,673</b>	<b>22,732</b>	<b>-</b>	<b>-</b>	<b>23,673</b>	<b>22,732</b>
Indirect Contributions by Department of Health						
- Insurance	437	333	-	-	437	333
- Long Service Leave	146	85	-	-	146	85
<b>Total Indirect Contributions by Department of Health</b>	<b>583</b>	<b>418</b>	<b>-</b>	<b>-</b>	<b>583</b>	<b>418</b>
Patient and Resident Fees						
- Patient and Resident Fees (refer note 2b)	1,937	2,419	-	-	1,937	2,419
- Residential Aged Care (refer note 2b)	1,869	1,721	-	-	1,869	1,721
<b>Total Patient &amp; Resident Fees</b>	<b>3,806</b>	<b>4,140</b>	<b>-</b>	<b>-</b>	<b>3,806</b>	<b>4,140</b>
Business Units & Specific Purpose Funds						
- Dental Services	-	-	77	54	77	54
- Meals on Wheels	-	-	111	112	111	112
- Diagnostic Imaging	-	-	132	136	132	136
<b>Total Business Units &amp; Specific Purpose Funds</b>	<b>-</b>	<b>-</b>	<b>320</b>	<b>302</b>	<b>320</b>	<b>302</b>
Donations & Bequests	-	-	49	36	49	36
Other Revenue from Operating Activities	310	241	-	-	310	241
Other Revenue - GRHA	64	237	-	-	64	237
<b>Sub-Total Revenue from Operating Activities</b>	<b>28,436</b>	<b>27,768</b>	<b>369</b>	<b>338</b>	<b>28,805</b>	<b>28,106</b>
<b>Revenue from Non-Operating Activities</b>						
Interest	-	-	566	363	566	363
Interest - GRHA	-	-	5	4	5	4
Property Income	-	-	77	85	77	85
<b>Sub-Total Revenue from Non-Operating Activities</b>	<b>-</b>	<b>-</b>	<b>648</b>	<b>452</b>	<b>648</b>	<b>452</b>
<b>Revenue from Capital Purpose Income</b>						
State Government Capital Grants						
- Targeted Capital Works and Equipment	169	-	-	-	169	-
- Equipment and Infrastructure Maintenance	211	305	-	-	211	305
Residential Accommodation Payments (refer note 2b)	-	-	397	394	397	394
Net Gain/(Loss) on Disposal of Non-Financial Assets (note 2c)	-	-	(67)	(45)	(67)	(45)
Donations & Bequests	-	-	114	528	114	528
<b>Sub-Total Revenue from Capital Purpose Income</b>	<b>380</b>	<b>305</b>	<b>444</b>	<b>877</b>	<b>824</b>	<b>1,182</b>
<b>Total Revenue (refer to note 2a)</b>	<b>28,816</b>	<b>28,073</b>	<b>1,461</b>	<b>1,667</b>	<b>30,277</b>	<b>29,740</b>

Indirect contributions by Department of Health: The Department of Health makes certain payments on behalf of the Service. These amounts have been brought to account in determining the operating result for the year by recording them as revenue and expenses.

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**Note 2a: Analysis of Revenue by Source**

	Admitted Patients 2011 \$'000	Out-Patients 2011 \$'000	Amb'tory 2011 \$'000	RAC incl. Mental Health 2011 \$'000	Aged Care 2011 \$'000	Primary Health 2011 \$'000	Other 2011 \$'000	Total 2011 \$'000
<b>Revenue from Services Supported by Health Services Agreement</b>								
Government Grants	10,506	-	1,485	8,799	-	2,609	274	23,673
Indirect contributions by Department of Health								
- Insurance	437	-	-	-	-	-	-	437
- Long Service Leave	65	-	7	53	-	14	7	146
Patient & Resident Fees (refer note 2b)	1,018	18	221	1,869	15	231	434	3,806
Other Revenue from Operating Activities	-	-	-	25	-	-	349	374
Capital Purpose Income (refer note 2)	-	-	-	-	-	-	380	380
<b>Sub-Total Revenue from Services Supported by Health Services Agreement</b>	<b>12,026</b>	<b>18</b>	<b>1,713</b>	<b>10,746</b>	<b>15</b>	<b>2,854</b>	<b>1,444</b>	<b>28,816</b>
<b>Revenue from Services Supported by Hospital and Community Initiatives</b>								
Dental Services	-	-	-	-	-	-	77	77
Meals on Wheels	-	-	-	-	-	-	111	111
Diagnostic Imaging	-	-	-	-	-	-	132	132
Capital Purpose Income (refer note 2)	-	-	-	-	-	-	330	330
Donations & Bequests	-	-	-	-	-	-	163	163
Interest	-	-	-	-	-	-	571	571
Property Income	-	-	-	-	-	-	77	77
<b>Sub-Total Revenue from Services Supported by Hospital and Community Initiatives</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>1,461</b>	<b>1,461</b>
<b>Total Revenue</b>	<b>12,026</b>	<b>18</b>	<b>1,713</b>	<b>10,746</b>	<b>15</b>	<b>2,854</b>	<b>2,905</b>	<b>30,277</b>

Indirect contributions by Department of Health: The Department of Health makes certain payments on behalf of the Service. These amounts have been brought to account in determining the operating result for the year by recording them as revenue and expenses.

	Admitted Patients 2010 \$'000	Out-Patients 2010 \$'000	Amb'tory 2010 \$'000	RAC incl. Mental Health 2010 \$'000	Aged Care 2010 \$'000	Primary Health 2010 \$'000	Other 2010 \$'000	Total 2010 \$'000
<b>Revenue from Services Supported by Health Services Agreement</b>								
Government Grants	10,339	-	1,289	8,310	-	2,432	362	22,732
Indirect contributions by Department of Health								
- Insurance	333	-	-	-	-	-	-	333
- Long Service Leave	37	-	4	31	-	8	4	85
Patient & Resident Fees (refer note 2b)	1,531	32	226	1,721	4	206	420	4,140
Other Revenue from Operating Activities	3	-	2	50	-	93	330	478
Capital Purpose Income (refer note 2)	-	-	-	-	-	-	305	305
<b>Sub-Total Revenue from Services Supported by Health Services Agreement</b>	<b>12,243</b>	<b>32</b>	<b>1,521</b>	<b>10,112</b>	<b>4</b>	<b>2,739</b>	<b>1,421</b>	<b>28,073</b>
<b>Revenue from Services Supported by Hospital and Community Initiatives</b>								
Dental Services	-	-	-	-	-	-	54	54
Meals on Wheels	-	-	-	-	-	-	112	112
Diagnostic Imaging	-	-	-	-	-	-	136	136
Capital Purpose Income (refer note 2)	-	-	-	-	-	-	349	349
Donations & Bequests	-	-	-	-	-	-	564	564
Interest	-	-	-	-	-	-	367	367
Property Income	-	-	-	-	-	-	85	85
<b>Sub-Total Revenue from Services Supported by Hospital and Community Initiatives</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>1,667</b>	<b>1,667</b>
<b>Total Revenue</b>	<b>12,243</b>	<b>32</b>	<b>1,521</b>	<b>10,112</b>	<b>4</b>	<b>2,739</b>	<b>3,088</b>	<b>29,740</b>

Indirect contributions by Department of Health: The Department of Health makes certain payments on behalf of the Service. These amounts have been brought to account in determining the operating result for the year by recording them as revenue and expenses.

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**Note 2b: Patient and Resident Fees****Patient and Resident Fees Raised****Recurrent:**

## Acute

- Inpatients
- Outpatients
- Other

**Sub-Total Acute Patient Fees Raised**

## Residential Aged Care

- Generic
- Mental Health

**Sub-Total Residential Aged Care Resident Fees Raised****Total Recurrent****Capital Purpose:**

## Residential Aged Care Accommodation Payments

**Total Capital**

	2011 \$'000	2010 \$'000
<b>Patient and Resident Fees Raised</b>		
<b>Recurrent:</b>		
Acute		
- Inpatients	1,018	1,531
- Outpatients	18	32
- Other	901	856
<b>Sub-Total Acute Patient Fees Raised</b>	<b>1,937</b>	<b>2,419</b>
Residential Aged Care		
- Generic	1,778	1,638
- Mental Health	91	83
<b>Sub-Total Residential Aged Care Resident Fees Raised</b>	<b>1,869</b>	<b>1,721</b>
<b>Total Recurrent</b>	<b>3,806</b>	<b>4,140</b>
<b>Capital Purpose:</b>		
Residential Aged Care Accommodation Payments	397	394
<b>Total Capital</b>	<b>397</b>	<b>394</b>

**Note 2c: Net Gain/(Loss) on Disposal of Non-Financial Assets****Proceeds from Disposals of Non-Current Assets**

## Motor Vehicles

**Total Proceeds from Disposal of Non-Current Assets****Less: Written Down Value of Non-Current Assets Sold**

## Motor Vehicles

**Total Written Down Value of Non-Current Assets Sold****Net gains/(losses) on Disposal of Non-Current Assets**

	2011 \$'000	2010 \$'000
<b>Proceeds from Disposals of Non-Current Assets</b>		
Motor Vehicles	326	287
<b>Total Proceeds from Disposal of Non-Current Assets</b>	<b>326</b>	<b>287</b>
<b>Less: Written Down Value of Non-Current Assets Sold</b>		
Motor Vehicles	393	332
<b>Total Written Down Value of Non-Current Assets Sold</b>	<b>393</b>	<b>332</b>
<b>Net gains/(losses) on Disposal of Non-Current Assets</b>	<b>(67)</b>	<b>(45)</b>

**Note 3: Expenses****Employee Expenses**

- Salaries & Wages
- Salaries & Wages - GRHA
- WorkCover Premium
- WorkCover Premium - GRHA
- Departure Packages
- Long Service Leave
- Long Service Leave - GRHA
- Superannuation
- Superannuation - GRHA

**Total Employee Expenses****Non Salary Labour Costs**

- Fees for Visiting Medical Officers
- Agency Costs - Nursing

**Total Non Salary Labour Costs****Supplies & Consumables**

- Drug Supplies
- Medical, Surgical Supplies and Prosthesis
- Food Supplies

**Total Supplies & Consumables****Other Expenses from Continuing Operations**

- Domestic Services & Supplies
- Fuel, Light, Power and Water
- Insurance costs funded by the Department of Health
- Motor Vehicle Expenses
- Motor Vehicle Expenses - GRHA
- Repairs & Maintenance
- Maintenance Contracts
- Patient Transport
- Bad & Doubtful Debts
- Lease Expenses
- Other Administrative Expenses
- Other Administrative Expenses - GRHA
- Audit Fees
  - VAGO - Audit of Financial Statements
  - Other

**Total Other Expenses from Continuing Operations**

## Depreciation &amp; Amortisation

## Finance Costs

**Total****Total Expenses**

	HSA 2011 \$'000	HSA 2010 \$'000	Non HSA 2011 \$'000	Non HSA 2010 \$'000	Total 2011 \$'000	Total 2010 \$'000
<b>Employee Expenses</b>						
Salaries & Wages	18,250	17,406	345	342	18,595	17,748
Salaries & Wages - GRHA	55	59	-	-	55	59
WorkCover Premium	188	152	4	3	192	155
WorkCover Premium - GRHA	1	1	-	-	1	1
Departure Packages	32	30	-	-	32	30
Long Service Leave	652	602	16	13	668	615
Long Service Leave - GRHA	2	1	-	-	2	1
Superannuation	1,625	1,580	37	34	1,662	1,614
Superannuation - GRHA	5	5	-	-	5	5
<b>Total Employee Expenses</b>	<b>20,810</b>	<b>19,836</b>	<b>402</b>	<b>392</b>	<b>21,212</b>	<b>20,228</b>
<b>Non Salary Labour Costs</b>						
Fees for Visiting Medical Officers	727	685	221	250	948	935
Agency Costs - Nursing	156	107	-	-	156	107
<b>Total Non Salary Labour Costs</b>	<b>883</b>	<b>792</b>	<b>221</b>	<b>250</b>	<b>1,104</b>	<b>1,042</b>
<b>Supplies &amp; Consumables</b>						
Drug Supplies	138	139	-	-	138	139
Medical, Surgical Supplies and Prosthesis	1,031	1,072	103	100	1,134	1,172
Food Supplies	790	742	156	155	946	897
<b>Total Supplies &amp; Consumables</b>	<b>1,959</b>	<b>1,953</b>	<b>259</b>	<b>255</b>	<b>2,218</b>	<b>2,208</b>
<b>Other Expenses from Continuing Operations</b>						
Domestic Services & Supplies	501	576	-	8	501	584
Fuel, Light, Power and Water	509	539	26	23	535	562
Insurance costs funded by the Department of Health	424	346	13	14	437	360
Motor Vehicle Expenses	240	234	2	4	242	238
Motor Vehicle Expenses - GRHA	2	2	-	-	2	2
Repairs & Maintenance	508	354	9	20	517	374
Maintenance Contracts	170	137	16	14	186	151
Patient Transport	169	100	-	-	169	100
Bad & Doubtful Debts	4	7	-	-	4	7
Lease Expenses	24	20	-	-	24	20
Other Administrative Expenses	1,902	1,815	115	69	2,017	1,884
Other Administrative Expenses - GRHA	57	173	-	-	57	173
Audit Fees <ul style="list-style-type: none"> <li>- VAGO - Audit of Financial Statements</li> <li>- Other</li> </ul>	23	23	-	-	23	23
	8	49	-	-	8	49
<b>Total Other Expenses from Continuing Operations</b>	<b>4,541</b>	<b>4,375</b>	<b>181</b>	<b>152</b>	<b>4,722</b>	<b>4,527</b>
Depreciation & Amortisation	3,669	3,593	-	-	3,669	3,593
Finance Costs	2	1	-	-	2	1
<b>Total</b>	<b>3,671</b>	<b>3,594</b>	<b>-</b>	<b>-</b>	<b>3,671</b>	<b>3,594</b>
<b>Total Expenses</b>	<b>31,864</b>	<b>30,550</b>	<b>1,063</b>	<b>1,049</b>	<b>32,927</b>	<b>31,599</b>

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**Note 3a: Analysis of Expenses by Source**

	Admitted Patients 2011 \$'000	Out-Patients 2011 \$'000	Amb'tory 2011 \$'000	RAC incl. Mental Health 2011 \$'000	Aged Care 2011 \$'000	Primary Health 2011 \$'000	Other 2011 \$'000	Total 2011 \$'000
<b>Services Supported by Health Services Agreement</b>								
Employee Expenses	6,629	17	1,649	9,036	624	1,935	919	20,810
Non Salary Labour Costs	813	-	9	61	-	-	-	883
Supplies & Consumables	1,095	15	81	497	19	91	161	1,959
Other Expenses from Continuing Operations	1,433	12	339	1,578	189	476	516	4,543
<b>Sub-Total Expenses from Services Supported by Health Services Agreement</b>	<b>9,970</b>	<b>43</b>	<b>2,079</b>	<b>11,172</b>	<b>832</b>	<b>2,503</b>	<b>1,596</b>	<b>28,195</b>
<b>Services Supported by Hospital and Community Initiatives</b>								
Employee Expenses	-	-	-	-	-	-	402	402
Non Salary Labour Costs	-	-	-	-	-	-	221	221
Supplies & Consumables	-	-	-	-	-	-	259	259
Other Expenses from Continuing Operations	-	-	-	-	-	-	181	181
<b>Sub-Total Expense from Services Supported by Hospital and Community Initiatives</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>1,063</b>	<b>1,063</b>
Depreciation & Amortisation (refer note 4)	1,309	5	272	1,461	109	327	186	3,669
<b>Total Expenses</b>	<b>11,279</b>	<b>48</b>	<b>2,351</b>	<b>12,633</b>	<b>941</b>	<b>2,830</b>	<b>2,845</b>	<b>32,927</b>

Prior Year	Admitted Patients 2010 \$'000	Out-Patients 2010 \$'000	Amb'tory 2010 \$'000	RAC incl. Mental Health 2010 \$'000	Aged Care 2010 \$'000	Primary Health 2010 \$'000	Other 2010 \$'000	Total 2010 \$'000
<b>Services Supported by Health Services Agreement</b>								
Employee Expenses	6,310	16	1,570	8,601	594	1,842	903	19,836
Non Salary Labour Costs	725	-	9	58	-	-	-	792
Supplies & Consumables	1,131	14	77	473	18	87	153	1,953
Other Expenses from Continuing Operations	1,362	11	323	1,502	180	453	545	4,376
<b>Sub-Total Expenses from Services Supported by Health Services Agreement</b>	<b>9,528</b>	<b>41</b>	<b>1,979</b>	<b>10,634</b>	<b>792</b>	<b>2,382</b>	<b>1,601</b>	<b>26,957</b>
<b>Services Supported by Hospital and Community Initiatives</b>								
Employee Expenses	-	-	-	-	-	-	392	392
Non Salary Labour Costs	-	-	-	-	-	-	250	250
Supplies & Consumables	-	-	-	-	-	-	255	255
Other Expenses from Continuing Operations	-	-	-	-	-	-	152	152
<b>Sub-Total Expense from Services Supported by Hospital and Community Initiatives</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>1,049</b>	<b>1,049</b>
Depreciation & Amortisation (refer note 4)	1,281	5	266	1,430	107	320	184	3,593
<b>Total Expenses</b>	<b>10,809</b>	<b>46</b>	<b>2,245</b>	<b>12,064</b>	<b>899</b>	<b>2,702</b>	<b>2,834</b>	<b>31,599</b>

**Note 3b: Analysis of Expenses by Internal and Restricted Specific Purpose Funds for Services Supported by Hospital and Community Initiatives**

	2011 \$'000	2010 \$'000
Diagnostic Imaging	238	244
Dental	629	618
Meals on Wheels	196	187
<b>TOTAL</b>	<b>1,063</b>	<b>1,049</b>

**Note 4: Depreciation and Amortisation**

	2011 \$'000	2010 \$'000
<b>Depreciation</b>		
Buildings	3,111	3,110
Plant & Equipment	127	65
Medical Equipment	223	222
Computers & Communication	16	19
Furniture & Fittings	56	52
Motor Vehicles	136	125
<b>Total Depreciation</b>	<b>3,669</b>	<b>3,593</b>

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**Note 5: Finance Costs**

	2011 \$'000	2010 \$'000
Interest on Accommodation Bonds Payable	2	1
<b>TOTAL</b>	<b>2</b>	<b>1</b>

**Note 6: Cash and Cash Equivalents**

For the purposes of the cash flow statement, cash assets includes cash on hand and in banks and short-term deposits which are readily convertible to cash on hand, and are subject to an insignificant risk of change in value, net of outstanding bank overdrafts.

	2011 \$'000	2010 \$'000
Cash on Hand	4	4
Cash at Bank	207	527
Cash - GRHA Joint Venture	79	124
Deposits at Call	10,008	8,560
<b>TOTAL</b>	<b>10,298</b>	<b>9,215</b>
<b>Represented by:</b>		
Cash for Health Service Operations (as per Cash Flow Statement)	6,450	6,092
Cash - GRHA Joint Venture	79	124
Cash for Monies Held in Trust	3,769	2,999
<b>TOTAL</b>	<b>10,298</b>	<b>9,215</b>

**Note 7: Receivables**

	2011 \$'000	2010 \$'000
<b>CURRENT</b>		
<b>Contractual</b>		
Trade Debtors	171	94
Sundry Debtors - GRHA	77	131
Patient Fees	219	420
Less Allowance for Doubtful Debts Patient Fees	(5)	(5)
	<b>462</b>	<b>640</b>
<b>Statutory</b>		
GST Receivable	48	10
	<b>48</b>	<b>10</b>
<b>TOTAL CURRENT RECEIVABLES</b>	<b>510</b>	<b>650</b>
<b>NON CURRENT</b>		
<b>Statutory</b>		
Long Service Leave - Department of Health	231	85
<b>TOTAL NON-CURRENT RECEIVABLES</b>	<b>231</b>	<b>85</b>
<b>TOTAL RECEIVABLES</b>	<b>741</b>	<b>735</b>

**(a) Movement in the Allowance for doubtful contractual receivables**

	2011 \$'000	2010 \$'000
Balance at beginning of year	5	5
Amounts written off during the year	(4)	(7)
Amounts provided for during the year	4	7
<b>Balance at end of year</b>	<b>5</b>	<b>5</b>

**(b) Ageing analysis of receivables**

Please refer to note 18(b) for the ageing analysis of contractual receivables

**(c) Nature and extent of risk arising from receivables**

Please refer to note 18(b) for the nature and extent of credit risk arising from contractual receivables

**Note 8: Inventories**

	2011 \$'000	2010 \$'000
Pharmaceuticals - at cost	46	61
Catering Supplies - at cost	11	24
Housekeeping Supplies - at cost	8	12
Medical and Surgical Lines - at cost	61	95
Engineering Stores - at cost	23	24
Administration Stores - at cost	12	24
<b>TOTAL INVENTORIES</b>	<b>161</b>	<b>240</b>

**Note 9: Other Assets**

	2011 \$'000	2010 \$'000
Prepayments	15	22
Prepayments - GRHA	8	-
Accrued Revenue	115	-
<b>TOTAL</b>	<b>138</b>	<b>22</b>

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**Note 10: Property, Plant & Equipment**

	2011 \$'000	2010 \$'000
<b>Land</b>		
Land at Fair Value	703	703
<b>Total Land</b>	<b>703</b>	<b>703</b>
<b>Buildings</b>		
Buildings at Fair Value	49,330	49,330
Less Acc'd Depreciation	6,221	3,110
<b>Total Buildings</b>	<b>43,109</b>	<b>46,220</b>
<b>Plant and Equipment</b>		
Plant and Equipment at Fair Value	1,977	1,699
Plant and Equipment at Fair Value - GRHA	80	77
Less Acc'd Depreciation	1,209	1,093
Less Acc'd Depreciation - GRHA	47	36
<b>Total Plant and Equipment</b>	<b>801</b>	<b>647</b>
<b>Medical Equipment</b>		
Medical Equipment at Fair Value	3,707	3,537
Less Acc'd Depreciation	2,845	2,622
<b>Total Medical Equipment</b>	<b>862</b>	<b>915</b>
<b>Computers &amp; Communication</b>		
Computers & Communication at Fair Value	956	875
Less Acc'd Depreciation	864	848
<b>Total Computers &amp; Communication</b>	<b>92</b>	<b>27</b>
<b>Furniture &amp; Fittings</b>		
Furniture & Fittings at Fair Value	1,644	1,618
Less Acc'd Depreciation	1,292	1,240
<b>Total Furniture &amp; Fittings</b>	<b>352</b>	<b>378</b>
<b>Motor Vehicles</b>		
Motor Vehicles at Fair Value	1,250	1,221
Motor Vehicles at Fair Value - GRHA	4	2
Less Acc'd Depreciation	518	471
Less Acc'd Depreciation - GRHA	1	-
<b>Total Motor Vehicles</b>	<b>735</b>	<b>752</b>
<b>TOTAL</b>	<b>46,654</b>	<b>49,642</b>

Reconciliations of the carrying amounts of each class of asset for the consolidated entity at the beginning and end of the previous and current financial year are set out below.

	Land \$'000	Buildings \$'000	Plant & Equipment \$'000	Medical Equipment \$'000	Comps. & Comms. \$'000	Furn. & Fittings \$'000	Motor Vehicles \$'000	Total \$'000
<b>Balance at 1 July 2009</b>	<b>703</b>	<b>49,330</b>	<b>256</b>	<b>959</b>	<b>46</b>	<b>387</b>	<b>720</b>	<b>52,401</b>
Additions	-	-	451	178	-	43	488	1,160
Additions - GRHA	-	-	5	-	-	-	1	6
Disposals	-	-	-	-	-	-	(332)	(332)
Depreciation and Amortisation (note 4)	-	(3,110)	(65)	(222)	(19)	(52)	(125)	(3,593)
<b>Balance at 1 July 2010</b>	<b>703</b>	<b>46,220</b>	<b>647</b>	<b>915</b>	<b>27</b>	<b>378</b>	<b>752</b>	<b>49,642</b>
Additions	-	-	278	170	81	30	509	1,068
Additions - GRHA	-	-	10	-	-	-	2	12
Disposals	-	-	-	-	-	-	(392)	(392)
Disposals - GRHA	-	-	(7)	-	-	-	-	(7)
Depreciation and Amortisation (note 4)	-	(3,111)	(127)	(223)	(16)	(56)	(136)	(3,669)
<b>Balance at 30 June 2011</b>	<b>703</b>	<b>43,109</b>	<b>801</b>	<b>862</b>	<b>92</b>	<b>352</b>	<b>735</b>	<b>46,654</b>

**Land and buildings carried at valuation**

An independent valuation of the Service's land and buildings was performed by *the Valuer-General Victoria* to determine the fair value of the land and buildings. The valuation, which conforms to Australian Valuation Standards, was determined by reference to the amounts for which assets could be exchanged between knowledgeable willing parties in an arm's length transaction. The valuation was based on independent assessments. The effective date of the valuation is 30 June 2009.

**Note 11: Payables**

	2011 \$'000	2010 \$'000
<b>CURRENT</b>		
<b>Contractual</b>		
Trade Creditors	763	737
Trade Creditors - GRHA	58	89
Accrued Expenses	126	391
Other	1	-
<b>TOTAL PAYABLES</b>	<b>948</b>	<b>1,217</b>

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**Note 11: Payables (continued)****(a) Maturity analysis of payables**

Please refer to Note 16c for the ageing analysis of contractual payables

**(b) Nature and extent of risk arising from payables**

Please refer to note 16c for the nature and extent of risks arising from contractual payables

**Note 12: Provisions**

	2011 \$'000	2010 \$'000
<b>Current Provisions</b>		
Employee Benefits		
- Unconditional and expected to be settled within 12 months	2,852	2,813
- Unconditional and expected to be settled after 12 months	2,347	2,150
<b>Total Current Provisions</b>	<b>5,199</b>	<b>4,963</b>
<b>Non-Current Provisions</b>		
Employee Benefits	802	639
<b>Total Non-Current Provisions</b>	<b>802</b>	<b>639</b>
<b>Total Provisions</b>	<b>6,001</b>	<b>5,602</b>
<b>(a) Employee Benefits and Related On-Costs</b>		
<b>Current Employee Benefits and related on-costs</b>		
Unconditional LSL Entitlement	2,347	2,150
Annual Leave Entitlements	2,314	2,188
Accrued Wages and Salaries	357	498
Accrued Days Off	181	127
<b>Non-Current Employee Benefits and related on-costs</b>		
Conditional Long Service Leave Entitlements (present value)	802	639
<b>Total Employee Benefits</b>	<b>6,001</b>	<b>5,602</b>
<b>(b) Movements in provisions</b>		
<b>Movement in Long Service Leave:</b>		
<b>Balance at start of year</b>	<b>2,789</b>	<b>2,461</b>
Provision made during the year		
Expense recognising Employee Service	667	615
Settlement made during the year	(307)	(287)
<b>Balance at end of year</b>	<b>3,149</b>	<b>2,789</b>

**Note 13: Other Liabilities**

	2011 \$'000	2010 \$'000
<b>CURRENT</b>		
Income in Advance		
- DVA WIES Recall	-	190
- Other	85	7
Monies Held in Trust*		
- Patient Monies Held in Trust*	1	1
- Accommodation Bonds (Refundable Entrance Fees)*	3,768	2,876
- Licences to Occupy*	-	122
<b>Total Current</b>	<b>3,854</b>	<b>3,196</b>
<b>* Total Monies Held in Trust</b>		
<b>Represented by the following assets:</b>		
Cash Assets (refer to Note 6)	3,769	2,999
<b>TOTAL</b>	<b>3,769</b>	<b>2,999</b>

**Note 14: Reserves**

	2011 \$'000	2010 \$'000
<b>(a) Reserves</b>		
<b>Property, Plant &amp; Equipment Revaluation Surplus</b>		
Balance at the beginning of the reporting period	10,050	10,050
<b>Balance at the end of the reporting period*</b>	<b>10,050</b>	<b>10,050</b>
* Represented by:		
- Land	237	237
- Buildings	9,813	9,813
	<b>10,050</b>	<b>10,050</b>
<b>Restricted Specific Purpose Reserve</b>		
Balance at the beginning of the reporting period	754	727
Transfer from Accumulated Surpluses	16	27
Balance at the end of the reporting period	<b>770</b>	<b>754</b>
<b>Total Reserves</b>	<b>10,820</b>	<b>10,804</b>

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**Note 14: Reserves (continued)**

**(b) Contributed Capital**

Balance at the beginning of the reporting period  
Balance at the end of the reporting period

2011	2010
\$'000	\$'000
25,924	25,924
<b>25,924</b>	<b>25,924</b>

**(c) Accumulated Surpluses/(Deficits)**

Balance at the beginning of the reporting period  
Balance at the beginning of the reporting period - GRHA  
Net Result for the Year  
Transfer to Restricted Purpose Reserve  
Effects of corrections of errors  
Balance at the end of the reporting period

12,902	14,745
209	226
(2,650)	(1,859)
(16)	(27)
-	26
<b>10,445</b>	<b>13,111</b>

**(d) Total Equity at end of financial year**

<b>47,189</b>	<b>49,839</b>
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**Note 15: Reconciliation of Net Result for the Year to Net Cash Inflow/(Outflow) from Operating Activities**

**Net Result for the Year**

Depreciation & Amortisation  
Change in Inventories  
Net (Gain)/Loss from Sale of Plant and Equipment  
Change in Operating Assets & Liabilities  
(Increase)/Decrease in Receivables  
(Increase)/Decrease in Prepayments  
Increase/(Decrease) in Payables  
Increase/(Decrease) in Employee Benefits  
Increase/(Decrease) in Other Liabilities

2011	2010
\$'000	\$'000
(2,650)	(1,859)
3,669	3,593
79	25
67	46
140	(19)
7	10
(155)	(281)
399	560
(506)	100

**NET CASH INFLOW/(OUTFLOW) FROM OPERATING ACTIVITIES**

<b>1,050</b>	<b>2,175</b>
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**Note 16: Financial Instruments**

**(a) Financial Risk Management Objectives and Policies**

The Service's principal financial instruments comprise of:

- Cash Assets
- Term Deposits
- Receivables (excluding statutory receivables)
- Payables (excluding statutory payables)
- Residential Aged Care Accommodation Bonds

Details of the significant accounting policies and methods adopted, including the criteria for recognition, the basis of measurement and the basis on which income and expenses are recognised, with respect to each class of financial asset, financial liability and equity instrument are disclosed in note 1 to the financial statements.

The main purpose in holding financial instruments is to prudentially manage the Service's financial risks within government and it's own policy parameters.

**Categorisation of financial instruments**

	Carrying Amount 2011 \$'000	Carrying Amount 2010 \$'000
<b>Financial Assets</b>		
Cash and cash equivalents	10,298	9,215
Receivables	462	640
<b>Total Financial Assets</b>	<b>10,760</b>	<b>9,855</b>
<b>Financial Liabilities</b>		
Payables	948	1,217
Accommodation Bonds	3,768	2,876
Other	86	320
<b>Total Financial Liabilities</b>	<b>4,802</b>	<b>4,413</b>

**(b) Credit Risk**

Credit risk arises from the contractual financial assets of the Service, which comprise cash and deposits and non-statutory receivables. The Service's exposure to credit risk arises from the potential default of a counter party on their contractual obligations resulting in financial loss to the Service. Credit risk is measured at fair value and is monitored on a regular basis.

Credit risk associated with the Service's contractual financial assets is minimal because the main debtor is the Victorian Government. For debtors other than the Government, it is the Service's policy to only deal with entities with high credit ratings and to obtain sufficient collateral or credit enhancements, where appropriate.

In addition, the Service does not engage in hedging for its contractual financial assets and mainly obtains contractual financial assets that are on fixed interest, except for cash assets, which are mainly cash at bank. As with the policy for debtors, the Service's policy is to only deal with banks with high credit ratings.

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**Note 16: Financial Instruments (continued)**

Provision of impairment for contractual financial assets is recognised when there is objective evidence that the Service will not be able to collect a receivable. Objective evidence includes financial difficulties of the debtor, default payments, debts which are more than 60 days overdue, and changes in debtor credit ratings.

Except as otherwise detailed in the following table, the carrying amount of contractual financial assets recorded in the financial statements, net of any allowances for losses, represents the Service's maximum exposure to credit risk without taking account of the value of any collateral obtained.

**Credit quality of contractual financial assets that are neither past due nor impaired**

	Financial institutions (AA credit rating)	Other	Total
2011	\$'000	\$'000	\$'000
<b>Financial Assets</b>			
Cash and Cash Equivalents	10,298	-	10,298
Receivables			
- Trade Debtors	-	248	248
- Other Receivables	-	214	214
<b>Total Financial Assets</b>	<b>10,298</b>	<b>462</b>	<b>10,760</b>
<b>2010</b>			
<b>Financial Assets</b>			
Cash and Cash Equivalents	9,215	-	9,215
Receivables			
- Trade Debtors	-	225	225
- Other Receivables	-	415	415
<b>Total Financial Assets</b>	<b>9,215</b>	<b>640</b>	<b>9,855</b>

The Service's exposure to credit risk and effective weighted average interest rate by ageing periods is set out in the following table. For interest rates applicable to each class of asset refer to individual notes to the financial statements.

**Ageing analysis of Financial Asset as at 30 June**

	Carrying Amount	Not Past Due and Not Impaired	Past Due But Not Impaired	
			Less than 1 Month	1-3 Months
2011	\$'000	\$'000	\$'000	\$'000
<b>Financial Assets</b>				
Cash and Cash Equivalents	10,298	10,298	-	-
Receivables				
- Trade Debtors	248	213	7	28
- Other Receivables	214	134	41	39
<b>Total Financial Assets</b>	<b>10,760</b>	<b>10,645</b>	<b>48</b>	<b>67</b>
<b>2010</b>				
<b>Financial Assets</b>				
Cash and Cash Equivalents	9,215	9,215	-	-
Receivables				
- Trade Debtors	225	176	34	15
- Other Receivables	415	149	64	202
<b>Total Financial Assets</b>	<b>9,855</b>	<b>9,540</b>	<b>98</b>	<b>217</b>

There are no material financial assets which are individually determined to be impaired. Currently the Service does not hold any collateral as security nor credit enhancements relating to any of its financial assets.

There are no financial assets that have had their terms renegotiated so as to prevent them from being past due or impaired, and they are stated at the carrying amounts as indicated. The ageing analysis table above discloses the ageing only of contractual financial assets that are past due but not impaired.

**(c) Liquidity Risk**

Liquidity risk is the risk that the Service would be unable to meet its financial obligations as and when they fall due.

The Service's maximum exposure to liquidity risk is the carrying amounts of financial liabilities as disclosed in the face of the balance sheet. The Service manages its liquidity risk by regularly assessing cash requirements to pay liabilities in the ensuing twelve month period to ensure that sufficient liquid assets are available to meet expected liability payments. In relation to its holdings of residential aged care accommodation bonds and its capacity to fully repay such bonds as and when they become due and payable, the Service follows its Liquidity Management Strategy. The Liquidity Management Strategy takes into account the total amount of bonds outstanding, the total amount of bonds refunded in the previous year and the average bond amount to determine the minimum amount of liquidity that must be held at all times.

The following table discloses the contractual maturity analysis for the Service's financial liabilities. For interest rates applicable to each class of liability refer to individual notes to the financial statements.

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**Note 16: Financial Instruments (continued)**

**Maturity analysis of Financial Liabilities as at 30 June**

	Carrying Amount \$'000	Contract'l Flows \$'000	Maturity Dates	
			1-3 Months \$'000	3 months 1 Year \$'000
<b>2011</b>				
<b>Financial Liabilities</b>				
Payables	948	948	948	-
Other Financial Liabilities				
- Accommodation Bonds	3,768	3,768	-	3,768
- Other	86	86	-	86
<b>Total Financial Liabilities</b>	<b>4,802</b>	<b>4,802</b>	<b>948</b>	<b>3,854</b>
<b>2010</b>				
<b>Financial Liabilities</b>				
Payables	1,217	1,217	1,217	-
Other Financial Liabilities				
- Accommodation Bonds	2,876	2,876	-	2,876
- Licences to Occupy	122	122	-	122
- Other	198	198	-	198
<b>Total Financial Liabilities</b>	<b>4,413</b>	<b>4,413</b>	<b>1,217</b>	<b>3,196</b>

**(d) Market Risk**

The Service's exposures to market risk are primarily through interest rate risk with only insignificant exposure to foreign currency and other price risks. Objectives, policies and processes used to manage each of these risks are disclosed in the paragraph below.

**Currency Risk**

The Service is exposed to insignificant foreign currency risk through its payables relating to purchases of supplies and consumables from overseas. This is because of a limited amount of purchases denominated in foreign currencies and a short timeframe between commitment and settlement.

**Interest Rate Risk**

Exposure to interest rate risk might arise primarily through the Service's interest bearing liabilities. Minimisation of risk is achieved by mainly undertaking fixed rate or non-interest bearing financial instruments. For financial liabilities, the health service mainly undertake financial liabilities with relatively even maturity profiles.

**Other Price Risk**

The Service is not materially exposed to other price risk.

**Interest Rate Exposure of Financial Assets and Liabilities as at 30 June**

	Weighted Average Effective Interest Rate (%)	Carrying Amount \$'000	Interest Rate Exposure	
			Fixed Interest Rate \$'000	Non- Interest Bearing \$'000
<b>2011</b>				
<b>Financial Assets</b>				
Cash and Cash Equivalents	5.17	10,298	10,298	-
Receivables				
- Trade Debtors		248	-	248
- Other Receivables		214	-	214
		<b>10,760</b>	<b>10,298</b>	<b>462</b>
<b>Financial Liabilities</b>				
Payables		948	-	948
Other Financial Liabilities				
- Accommodation Bonds		3,768	-	3,768
- Other		86	-	86
		<b>4,802</b>	<b>-</b>	<b>4,802</b>
<b>2010</b>				
<b>Financial Assets</b>				
Cash and Cash Equivalents	5.25	9,215	9,215	-
Receivables				
- Trade Debtors		225	-	225
- Other Receivables		415	-	415
		<b>9,855</b>	<b>9,215</b>	<b>640</b>
<b>Financial Liabilities</b>				
Payables		1,217	-	1,217
Other Financial Liabilities				
- Accommodation Bonds		2,876	-	2,876
- Licences to Occupy		122	-	122
- Other		198	-	198
		<b>4,413</b>	<b>-</b>	<b>4,413</b>

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**Note 16: Financial Instruments (continued)****Sensitivity Disclosure Analysis**

Taking into account past performance, future expectations, economic forecasts, and management's knowledge and experience of the financial markets, West Wimmera Health Service believes the following movements are 'reasonably possible' over the next 12 months (Base rates are sourced from the Reserve Bank of Australia).

- A shift of +1% and -1% in market interest rates (AUD) from year-end rates of 6%;

- A parallel shift of +1% and -1% in inflation rate from year-end rates of 2%

The following table discloses the impact on net operating result and equity for each category of financial instrument held by the Service at year end as presented to key management personnel, if changes in the relevant risk occur.

	Carrying Amount	Interest Rate Risk			
		-1% Profit \$'000	Equity \$'000	+1% Profit \$'000	Equity \$'000
<b>2011</b>					
<b>Financial Assets</b>					
Cash and Cash Equivalents	10,298	(103)	(103)	103	103
Receivables					
- Trade Debtors	248	-	-	-	-
- Other Receivables	214	-	-	-	-
<b>Financial Liabilities</b>					
Payables	948	-	-	-	-
Other Financial Liabilities					
- Accommodation Bonds	3,768	-	-	-	-
- Other	86	-	-	-	-
		<b>(103)</b>	<b>(103)</b>	<b>103</b>	<b>103</b>
<b>2010</b>					
<b>Financial Assets</b>					
Cash and Cash Equivalents	9,215	(92)	(92)	92	92
Receivables					
- Trade Debtors	225	-	-	-	-
- Other Receivables	415	-	-	-	-
<b>Financial Liabilities</b>					
Payables	1,217	-	-	-	-
Other Financial Liabilities					
- Accommodation Bonds	2,876	-	-	-	-
- Licences to Occupy	122	-	-	-	-
- Other	198	-	-	-	-
		<b>(92)</b>	<b>(92)</b>	<b>92</b>	<b>92</b>

**(e) Fair Value**

The fair values and net fair values of financial instrument assets and liabilities are determined as follows:

**Comparison between carrying amount and fair value**

	Carrying Amount	Fair value	Carrying Amount	Fair value
	2011 \$'000	2011 \$'000	2010 \$'000	2010 \$'000
<b>Financial Assets</b>				
Cash and Cash Equivalents	10,298	10,298	9,215	9,215
Receivables				
- Trade Debtors	248	248	225	225
- Other Receivables	214	214	415	415
<b>Total Financial Assets</b>	<b>10,760</b>	<b>10,760</b>	<b>9,855</b>	<b>9,855</b>
<b>Financial Liabilities</b>				
Payables	948	948	1,217	1,217
Other Financial Liabilities				
- Accommodation Bonds	3,768	3,768	2,876	2,876
- Licences to Occupy	-	-	122	122
- Other	86	86	198	198
<b>Total Financial Liabilities</b>	<b>4,802</b>	<b>4,802</b>	<b>4,413</b>	<b>4,413</b>

Notes To and Forming Part of the Financial Statements  
West Wimmera Health Service Annual Report 2010/2011

**Note 17: Commitments for Expenditure**

	<b>2011</b>	<b>2010</b>
	<b>\$'000</b>	<b>\$'000</b>
<b>Lease commitments</b>		
Commitments in relation to leases contracted for at the reporting date:		
Operating Leases		
Xerox Photocopier Agreement	272	166
Motor Vehicles - Lowan Regional Health	70	21
<b>Total lease commitments</b>	<b>342</b>	<b>187</b>
<b>Operating Leases</b>		
Payable as follows:		
Not later than one year	84	60
Later than 1 year and not later than 5 years	258	126
<b>TOTAL</b>	<b>342</b>	<b>186</b>
<b>Total Commitments for Expenditure (inclusive of GST)</b>	<b>342</b>	<b>187</b>
less GST recoverable from the Australian Tax Office	(31)	(17)
<b>Total Commitments for Expenditure (exclusive of GST)</b>	<b>311</b>	<b>170</b>

**Note 18: Contingent Liabilities and Contingent Assets**

Details of estimates of maximum amounts of Contingent Liabilities are as follows:

	<b>2011</b>	<b>2010</b>
	<b>\$'000</b>	<b>\$'000</b>
<b>Contingent Liabilities</b>		
<b>Quantifiable</b>		
Caveat over property - Kaniva Cottages	200	200
<b>Total Quantifiable Contingent Liabilities</b>	<b>200</b>	<b>200</b>

The West Wimmera Shire Council holds a caveat of \$200,000 over the title of the Kaniva Cottages. Should the Cottages be sold for any other purpose than to provide Aged Care accommodation at any future time, or be wound up, the Council retains the right to recoup \$200,000 from the Service.

The Service has no contingent assets.



Notes To and Forming Part of the Financial Statements  
West Wimmera Health Service Annual Report 2010/2011

## Note 20: Jointly Controlled Operations and Assets

Name of Entity	Principal Activity	Ownership Interest	
		2011 %	2010 %
Grampians Regional Health Alliance	Information Systems	7.1	7.1

West Wimmera Health Service's interest in assets employed in the above jointly controlled operations is detailed below. The amounts are included in the financial statements in each relevant asset, liability, revenue, expense and equity category.

	2011 \$'000	2010 \$'000
<b>Current Assets</b>		
Cash and Cash Equivalents	79	124
Receivables	77	131
Other Current Assets	8	-
<b>Total Current Assets</b>	<b>164</b>	<b>255</b>
<b>Non Current Assets</b>		
Property, Plant and Equipment	37	43
<b>Total Non Current Assets</b>	<b>37</b>	<b>43</b>
<b>Total Assets</b>	<b>201</b>	<b>298</b>
<b>Current Liabilities</b>		
Payables	58	89
<b>Total Liabilities</b>	<b>58</b>	<b>89</b>
<b>Equity</b>		
Accumulated Surpluses / (Deficits)	143	209
<b>Total Equity</b>	<b>143</b>	<b>209</b>

The Service's interest in revenues and expenses resulting from jointly controlled operations and assets is detailed below:

	2011 \$'000	2010 \$'000
<b>Revenues</b>		
Revenue from Operating Activities	64	237
Revenue from Non-Operating Activities	5	4
<b>Total Revenue</b>	<b>69</b>	<b>241</b>
<b>Expenses</b>		
Employee Expenses	63	66
Information Technology and Administrative Expenses	59	176
Depreciation	13	15
<b>Total Expenses</b>	<b>135</b>	<b>257</b>
<b>Net result</b>	<b>(66)</b>	<b>(16)</b>

Notes To and Forming Part of the Financial Statements  
West Wimmera Health Service Annual Report 2010/2011

### Note 21a: Responsible Persons Disclosures

In accordance with the Ministerial Directions issued by the Minister for Finance under the *Financial Management Act 1994*, the following disclosures are made regarding responsible persons for the reporting period.

#### Responsible Ministers:

The Honourable Daniel Andrews, MLA, Minister for Health  
The Honourable David Davis, MP, Minister for Health and Ageing  
The Honourable Mary Woodridge, MLA, Minister for Mental Health

#### Governing Boards

R Rosewall  
R Ismay  
L Clarke  
L Maybery  
J Sudholz  
R Stanford  
D White  
H Champness  
N Zanker

#### Accountable Officer

J Smith - Chief Executive Officer

Period
1/07/2010 - 01/12/2010
02/12/2010 - 30/6/2011
02/12/2010 - 30/6/2011
1/07/2010 - 30/06/2011
1/07/2010 - 30/06/2011
1/07/2010 - 30/06/2011
1/07/2010 - 30/06/2011
1/07/2010 - 30/06/2011
1/07/2010 - 30/06/2011
1/07/2010 - 30/06/2011
1/07/2010 - 30/06/2011
1/07/2010 - 30/06/2011
1/07/2010 - 30/06/2011
1/07/2010 - 30/06/2011
1/07/2010 - 30/06/2011

#### Remuneration of Responsible Persons

The number of Responsible Persons are shown in their relevant income bands;

#### Income Band

\$0 - \$9,999  
\$210,000 - \$219,999

#### Total Numbers

**Total remuneration received or due and receivable by Responsible Persons from the reporting entity amounted to:**

2011 No.	2010 No.
9	10
1	1
<b>10</b>	<b>11</b>
<b>\$219,725</b>	<b>\$210,294</b>

Amounts relating to Responsible Ministers are reported in the financial statements of the Department of Premier and Cabinet

#### Other Transactions of Responsible Persons and their Related Parties.

T Ismay & Company of which Mr R Ismay is a director has provided hardware supplies and services to the service on normal commercial terms and conditions.

Mrs L M Graham is the daughter of the Chief Executive Officer and provided secretarial services to the Service on normal award terms and conditions.

\$'000	\$'000
1	1
46	45

### Note 21b: Executive Officer Disclosures

#### Executive Officers' Remuneration

The numbers of executive officers, other than Ministers and Accountable Officers, and their total remuneration during the reporting period are shown in the first two columns in the table below in their relevant income bands. The base remuneration of executive officers is shown in the third and fourth columns. Base remuneration is exclusive of bonus payments, long-service leave payments, redundancy payments and retirement benefits

\$110,000 - \$119,999  
\$120,000 - \$129,999  
\$130,000 - \$139,999  
\$140,000 - \$149,999

#### Total

#### Total Remuneration

Total Remuneration		Base Remuneration	
2011 No.	2010 No.	2011 No.	2010 No.
-	-	-	1
-	-	1	1
2	2	1	1
1	1	1	-
<b>3</b>	<b>3</b>	<b>3</b>	<b>3</b>
<b>\$ 420,234</b>	<b>\$ 410,865</b>	<b>\$ 402,234</b>	<b>\$ 380,865</b>

Notes To and Forming Part of the Financial Statements  
West Wimmera Health Service Annual Report 2010/2011

**Note 22: Events Occurring after the Balance Sheet Date**

There were no significant events after the reporting date (30 June 2011).

# COMPLIANCE DISCLOSURE INDEX

*The annual report of West Wimmera Health Service is prepared in accordance with all relevant Victorian legislation. This index has been prepared to facilitate identification of the Department's compliance with statutory disclosure requirements.*

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# GLOSSARY OF TERMS

**AMBULATORY CARE**

Patients/Clients not admitted to hospital/bed based care

**ACFI**

Aged Care Funding Instrument

**ACHS**

Australian Council on Healthcare Standards

**AUSTRALIAN STANDARDS**

National Standards developed by the Standards Association of Australia/New Zealand

**BEST PRACTICE**

Measuring results against the best performance of other groups

**CACS&AA**

Commonwealth Aged Care Standards and Accreditation Agency

**CACPS**

Community Aged Care Packages provide services in the home & community

**CARERS**

Carers of patients/clients who are not part of the Service Care Team

**CATCHMENT**

Geographical area for which West Wimmera Health Service is responsible to provide services

**CEO**

Chief Executive Officer

**DHS**

The Department of Human Services, Victoria

**DH**

The Department of Health, Victoria

**EQUIP ACCREDITATION**

Evaluation Quality Improvement Program

**FOI**

Freedom of Information

**FTE**

Full Time Equivalent – used in relation to the number of staff employed

**HACC**

Home and Community Care Funding for services and programs which are provided in the home or the community

**INPATIENT**

A person who is admitted to an acute bed

**M&CH**

Maternal & Child Health

**OH&S**

Occupational Health & Safety

**OUTCOME**

The result of a service provided

**OUTPATIENT**

A patient/client who is not admitted to a bed

**PATIENT/CLIENT/CONSUMER**

A person for whom this Service accepts the responsibility of care

**STEP DOWN CARE**

Care for patients who have undergone surgery or treatment at another health service and are then admitted to WWHS for a period of convalescence or rehabilitation.

**THE BOARD**

The Board of Governance WWHS

**THE DEPARTMENT**

The Department of Health, Victoria

**THE SERVICE**

West Wimmera Health Service

**VALUES**

The principles and beliefs that guide West Wimmera Health Service

**WWHS**

West Wimmera Health Service

## WWHS ANNUAL REPORT

This Annual Report has been designed and produced following Victorian Department of Health specifications and guidelines.

Two colours only have been used throughout the document. However, the second colour, together with clear typographic hierarchies, has been used to define important statements which, we believe, helps to clearly communicate the Service's key results and scale and nature of operations in the reporting period.

The paper stock used in this publication is ENVI 50/50 Recycled uncoated. It is a government certified, carbon neutral paper, 50% (minimum) recycled waste, FSC certified and Australian made.

Financial statements are facsimile reproductions of those supplied by VAGO. They have been bound into the document proper as the method is more cost effective than individually stapling the financial section into each document. Technically, if the numbers of pages comprising the financial statements were stapled to the inside back cover the perfect binding would fracture if the documents were stacked.

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## CONTACT DETAILS

### **Nhill**

43-51 Nelson Street  
Nhill Victoria 3418  
**T** (03) 5391 4222  
**F** (03) 5391 4228

### **Cooinda**

Queen Street  
Nhill Victoria 3418  
**T** (03) 5391 1095  
**F** (03) 5391 1229

### **Goroke**

Natimuk Road  
Goroke Victoria 3412  
**T** (03) 5363 2200  
**F** (03) 5386 1268

### **Jeparit**

2 Charles Street  
Jeparit Victoria 3423  
**T** (03) 5396 5500  
**F** (03) 5397 2392

### **Kaniva**

7 Farmers Street  
Kaniva Victoria 3419  
**T** (03) 5392 7000  
**F** (03) 5392 2203

### **Natimuk**

6 Schurmann Street  
Natimuk Victoria 3409  
**T** (03) 5363 4400  
**F** (03) 5387 1303

### **Rainbow**

2 Swinbourne Avenue  
Rainbow Victoria 3424  
**T** (03) 5396 3300  
**F** (03) 5395 1411

### **Email**

[corporate@wwhs.net.au](mailto:corporate@wwhs.net.au)