WWHS

West Wimmera Health Service

ANNUAL REPORT 2011 2012

Statement of Publication

This report covers the reporting period 1 July 2011 to 30 June 2012 and complies with the ***Health Services Annual Reporting Guidelines for 2011-2012***, under the ***Financial Management Act 1994***; the timelines and processes of its receipt in Parliament and has been approved for print by the Department of Health, Grampians Region.

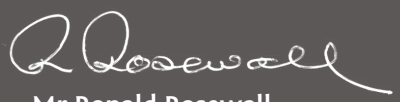
It will be tabled in hard copy with the Parliament of Victoria, will be available at all West Wimmera Health Service sites and by contacting the Service on **03 5391 4222**.

It will be placed on the Internet at **www.wwhs.net.au** and also the internal intranet.

Contents

Responsible Bodies Declaration as at 30 June 2012

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 2012.



Mr Ronald Rosewall
President

Nhill, 31 July 2012

WWHS Annual Report

This Annual Report has been produced in accordance with the Department of Treasury & Finance and Victorian Department of Health Guidelines.

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West Wimmera Health Service operates under a resilient charter, a strong suite of values and with considerable spirit to serve the West Wimmera and the South Mallee by providing equitable health services to significantly raise the health status of all people who reside in this diverse and wide reaching area of rural Victoria.

Our Vision

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

Our Mission

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 South Wimmera, and South Mallee

Our Values

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 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

President and Chief Executive Officer's Report 2011-2012

To The Hon. David Davis MP – Minister for Health

It is with respect and pride Minister that we provide you with the 2011-2012 Annual Report of West Wimmera Health Service.

The Report of Operations and the audited Financial Statements detail the activity of the Service, the manner in which we met the health requirements of our catchment area and beyond, the systems in place which ensure regulatory compliance and the astute financial management strategies which maintain the viability of West Wimmera Health Service as a robust Service providing care of the highest order.

The objectives and actions outlined in the Strategic Plan indicate continuous progression in the development of a strong sub regional health service which offers an extensive choice of quality healthcare.

We have delivered an operating surplus of $212,000, our seventh consecutive year with a positive outcome arising from our focus on the core values highlighted in the Vision, Mission and Values of West Wimmera Health Service.

Minister, we trust this Report clearly highlights to you and your government the important contribution West Wimmera Health Service has made to delivering quality care to such a large area of remote rural Victoria and in working towards "reducing the disparity in health behaviours and health outcomes among rural Victorians".[1]

WWHS

Mr Ronald Rosewall
President

Mr John Smith PSM
Chief Executive Officer

1 Victorian Health Priorities Framework 2012-2022 Rural & Regional Plan

President and Chief Executive Officer

An overview of 2011-2012

West Wimmera Health Service recorded strong growth in activity during 2011-2012, while at the same time posting an operating surplus ($212,000) for the seventh consecutive year.

It was a privilege to welcome The Governor of Victoria the Honourable Alex Chernov AC QC and Mrs Elizabeth Chernov, accompanied by the Mayor of the Hindmarsh Shire, Cr Cliff Unger, to the Nhill Hospital during their visit to the Shire in May.

During their tour of the Hospital the Governor and Mrs Chernov showed great interest in the development of the Nhill Hospital and the extent of the area covered by West Wimmera Health Service.

It was an honour to showcase one of the West Wimmera Health Service's facilities to the Governor and Mrs Chernov.

A Snapshot

Against the trend for rural areas we have been fortunate to attract additional general practitioners, specialist surgeons and allied health professionals which has allowed us to expand the already comprehensive range of surgery available and the number of 'theatre sessions' conducted – certainly a bonus for a remote area.

The nine residential aged care units which offer accommodation for 127 residents in five towns of West Wimmera Health Service's catchment have operated at almost total capacity for the greater part of the year.

All aged care services remain accredited with the Commonwealth Aged Care Standards and Accreditation Agency – tangible evidence of the quality of care residents enjoy.

As a matter of further interest the Board is reviewing the location of the Kaniva Hostel and the possibility of relocating it adjacent to the existing nursing home to streamline and strengthen the co-ordination of aged care for this community.

Allied and community health professionals have been active across all areas, reaching out to all age groups with activities, programs and education to promote awareness of and strategies to combat chronic disease, mental health and lifestyle generated health conditions.

Building for the future

The capital works program, aided by significant Commonwealth Government funding, has enabled us to press ahead with key building projects.

This significant program, approved by the Board, has gained momentum across the Service with projects in the planning stage and others well on their way to completion.

The ultimate result of this program will be greatly improved facilities designed to increase access to a wider range of services more appropriate to the ever changing needs of the communities which depend on West Wimmera Health Service for their health care.

Continued Renewal of Our Assets – The Highlights

- In conjunction with the Hindmarsh Shire which successfully applied for a Commonwealth Government National Rural and Remote Health Infrastructure Program Grant, the Mira Centre at the Nhill complex has undergone a complete transformation to become a modern, well planned and equipped Medical, Allied Health and Education Centre.
- Another major project relates to the redevelopment of the Goroke Community Health Centre which is under construction.
  A successful application by West Wimmera Shire for a grant through the Commonwealth Government GP Super Clinic Primary Care Infrastructure Program will build on a private donation already received.

  This project will deliver a new facility containing purpose designed consulting suites for general practitioners, allied and community health professionals, community health and education and meeting areas.

  Goroke Community Health Centre will move from the 1970s to the 21st century when it is completed in the second half of 2012 - a progressive move ensuring accessible amenities and sustainable health services for Goroke!
- The completely renovated dental clinics at Rainbow and Kaniva Hospitals are now equipped and commissioned and will be 'open for business' in the new financial year. The Goroke Clinic will come 'on line' when the 'new' facility is commissioned for occupancy.
- Securing the services of medical practitioners is a national challenge particularly for rural and remote areas. With this in mind it was decided to create more appealing working and living conditions to attract a medical practitioner to the remote town of Rainbow in the southern Mallee.

  The medical clinic was redeveloped and the residence was completely renovated and furnished. The result – a modern, well equipped medical clinic, a smart fully furnished residence and a new doctor!
- Natimuk general practitioner Dr Jim Thomson applied for a Commonwealth Government Primary Care Infrastructure Grant to establish a

new medical clinic at Natimuk Aged Care facility.

Following the success of the application plans are now well advanced for a new integrated medical, allied health and day centre complex.

- The Grampians Clinical Training (Nursing) Capacity Building Project is a collaborative alliance between the Australian Catholic University, the University of Ballarat, thirteen Health Services, including West Wimmera Health Service, the Victorian Department of Health and the Grampians Rural Health Alliance.

  The collaborative alliance applied for funding from Health Workforce Australia to increase the clinical training capacity for undergraduate student nurses in the Grampians region.

  Of the funding received by the Alliance the portion for West Wimmera Health Service is $165,000 which has enabled the purchase of a property suitable for student work placement accommodation.

  When all contractual obligations are in place we will be in a position to offer students clean, safe accommodation at no charge while they undertake clinical placements with our Service.

  West Wimmera Health Service will increase clinical placement days by at least 553 days thus attracting more students to experience working in a rural healthcare environment.

Our people – Our responsibility

2011-2012 has heralded a significant expansion in the selection of services available throughout West Wimmera Health Service.

Medical imaging services now include Ultrasound with CT scanning to be introduced in the coming months.

The Ultrasound service has added an important layer of much needed diagnostic capability to this service and the uptake has been far greater than anticipated.

Surgical services have expanded, with the addition of sessions for a general surgeon and a second orthopaedic surgeon, plus extra procedures offered by the visiting ophthalmologist.

New equipment for the contemporary operating suite including an Atherton Ster Tangent Tiger steriliser and state-of-the-art endoscopy equipment, have led to an increase in use of theatre time and access to these increasingly sought after services.

Distance – No longer a tyranny

Allied health professionals continue to provide high-level care across our catchment also providing a visiting service for other rural health services within the Wimmera healthcare Sub-Region.

We take seriously the role of informing and educating our community. Health promotion and disease prevention is regarded as a core element of our responsibility for raising the health status within our remote rural communities.

Responding to very real needs in our community has led to valuable and practical advancements in health concerns such as diabetes awareness, cancer prevention, obesity, and improved diet and fitness.

Cooinda Disability Services continues to provide an important service by offering a range of programs and supported employment opportunities.

Strategic challenges, obstacles and success

The reporting period began with the implementation on 1 July 2011 of the Australian and State Governments' National Health and Hospital Network Reform. We consider this reform will have significant impact on our health delivery and its administration as the Commonwealth comes to grips with its respective responsibilities in this time of major healthcare reform and the changes due on 1 January 2013.

From that date the Australian Commission on Safety & Quality in Healthcare will require public health services, including small rural services, to be accredited against the 10 National Standards set by the Commission.

This for West Wimmera Health Service is the first phase of the reform with which we must comply and we anxiously await further debate about what the future will hold.

Importantly, full accreditation has been maintained across the Service in acute, aged care and disability services. Our aim is not simply to conform to all accreditation standards but to exceed them and purposefully take up the challenge the introduction of these mandatory standards will bring!

Wimmera Southern Mallee Health Alliance

The President of West Wimmera Health Service chairs the recently established Wimmera Southern Mallee Health Alliance, a group of health services within the Wimmera Sub Region which will have a demonstrable influence in planning the diversity of the healthcare we are endorsed to provide.

The driver for this Alliance is to ensure the provision of a continuously improving mix across the whole spectrum of healthcare which is high quality, appropriate and accessible for all residents of the Wimmera Mallee sub-regional planning area.

Governance and Accountability

Following a comprehensive Board review of our governance framework and committee structure, a

more streamlined committee and reporting structure was introduced in May 2012 reducing duplication of reporting processes and increasing the focus of the Board on key policy and strategic matters.

In line with Department of Health recommendations for connecting with the community a series of annual Community Consultations will be conducted in each of our six communities. The first of the series was held in May at Rainbow.

The productiveness of this initiative will be reviewed at the conclusion of the series and amendments will be made to the program if participant comments indicate a necessity for change.

It is also planned to conduct an annual 'Open' Board Meeting in addition to the Annual General Meeting, the first one of which will be held at Kaniva Hospital in February 2013.

The Heart of our Service

The exceptional selection of services available from this Service is established on a solid base of skilled health professionals and support staff.

The growing list of general and specialist medical and surgical services emanating from our 'high tech' operating suite is unique for a rural health service and we rely on the expert team of visiting physicians and surgeons, backed by general practitioners, nursing and allied health professionals who make this possible.

As a Service and as a community we are indebted to them for their commitment!

To experience a bout of illness or surgery in the comfort of a contemporary hospital close to home with the care of highly qualified medical and support staff is much superior and more beneficial to recovery than the alternative of travelling long distances for care.

While West Wimmera Health Service does not directly employ general practitioners a strong alliance with Tristar Medical Group is maintained which ensures reliable ongoing recruitment of general practitioners for our Service.

Qualified Skilled Experienced Dedicated

Recruiting appropriately qualified and experienced health professionals and support staff is a national challenge, especially so in rural regions. However by establishing excellent working partnerships and with great determination all communities are privileged to have access to such a wide range of qualified, skilled health professionals.

All associated with our Service are highly respected and commended for their excellence and dedicated loyalty.

Making a difference

A substantial number of people contribute to patient, resident and client wellbeing: Volunteers, Friends and Relatives groups, Auxiliaries and visitors, donors, sponsors and those who leave a bequest. Their commitment makes a notable difference to what we are able to do and the services we can provide, and we thank them sincerely.

Our colleagues

We continue to work closely with our colleagues in the industry and the Commonwealth and Victorian Health Departments. We thank them for their ongoing support, in particular the support of the Victorian Minister for Health, the Hon David Davis, MP, is especially acknowledged as is our local member the Hon Hugh Delahunty, Member for Lowan, Minister for Sport & Recreation and Minister for Veterans' Affairs.

Tribute is paid to the Board of Governance members who voluntarily contribute their time and energy for the good of the community providing leadership and direction to place West Wimmera Health Service in a prime position to move forward to the next stage of its growth.

Continuing the progress

The coming year presents many opportunities for West Wimmera Health Service which is well positioned to expand services and strengthen its links within the Wimmera and further afield.

Central to this is to approve the 2012-2015 Strategic Plan which will place this Service in a position of strength for the turbulent years ahead.

In the short-term we will continue with the major building program, add CT scanning to the list of services, expand dental services and conduct research into the options for delivering cancer treatment.

Organisation-wide accreditation of all services by the Australian Council on Healthcare Standards will occur and all aged care facilities will be surveyed by Aged Care Standards and Accreditation Agency and an independent auditor will conduct a review of Cooinda Disability Services for the Department of Families, Housing and Community Services and Indigenous Affairs.

We are ready for the challenges which await!

Mr Ronald Rosewall
President

Mr John Smith PSM
Chief Executive Officer

The Strategic Plan 2011-2012

The Strategic Plan is the road map providing direction for improved performance and enhanced services. In 2011-2012 the third year of the three-year Strategic Plan was completed.

Objective 1: To attract, develop and retain the service delivery skills required

Strategic Goal 1.1

Continue to provide universal staff education and training needs analysis, planning and delivery.

Achievements 2011–2012

- Staff compliance with mandatory education achieved an average compliance rate of 97 per cent.
- Allied Health provision of educational in-services to nursing and general services staff.
- 13 senior managers enrolled in the Advanced Diploma of Management through the University of Ballarat.
- In June, 30 managers attended training on managing unacceptable employee behaviour.
- Engineering staff at all sites trained to conduct site-specific fire training as part of on-site mandatory education.
- In conjunction with Australian Catholic University funding was accessed through Health Workforce Australia to purchase accommodation for use by undergraduates on work placement.
- Successfully funded the purchase of a property at 79 Victoria Street, Nhill.
- Increased the number of clinical placement days from 145 days in 2009 to 1426 days in 2011.

Future 2012–2013

- Actively participate in the Grampians Region Clinical Placement Network Alliance facilitated by the Department of Health.
- Utilise videoconferencing and teleconferencing more to provide education concurrently across all sites.
- Consider applicability of Communication Packages to facilitate staff training.
- Management staff to obtain further management education.
- Increase clinical placement days by at least 553.

Strategic Goal 1.2

Redesign the workforce to meet needs at all sites and for all care groups, especially with respect to mental health.

Achievements 2011–2012

- Implementation of Chef-in-Charge positions at each site to manage catering/general services staff locally.
- Upgrade the position description for the Manager, Goroke Community Health Centre to include health promotion activities.
- Co-location with Hindmarsh Shire Living at Home Assessment (LAHA) workers in place.
- The national accreditation standards for CACPs, NRCP, CDC packages are to be combined, therefore all will be co-ordinated by the Manager of Home and Community Care (HACC) services.
- Engineering/Maintenance Department restructured to separate capital works.
- New position of Director of Capital Projects created reporting directly to CEO.

Future 2012–2013

- Bring about the development of a ‘community hub’ with a focus on mental health to establish a model for WWHS.
- Redesign the Community Aged Care Services Model of Care to be holistic and enhance the capability of consumers to live in their own home longer.
- Appoint manager of Cooinda Disability Services to oversee clients, programs and staff in the business units.

Objective 1: To attract, develop and retain the service delivery skills required

Strategic Goal 1.3

Enhance the effectiveness of the division of duties between all clinicians.

Achievements 2011–2012

- Timely discussion between CEO and Tristar principal as issues from either side arise.
- Additional Visiting Medical Practitioner in Nhill as a result of a request at these meetings.
- 'Plan Do Study Act' (PDSA) model between GPs and Allied Health staff developed and implemented in Natimuk.
- Discussions with Wimmera Health Care Group to assist them with their provision of medical and surgical services.

Future 2012–2013

- Develop the skill base and extend the scope of practice of clinicians to meet the specific needs of our consumers.
- Investigate the possibilities of increasing referrals to specialist visiting surgeons.
- Introduce electronic referrals to medical practitioners and referral-based projects and services.
- Increase the use of Enhanced Primary Care Plans.

Objective 2: To deliver efficient, safe and effective services

Strategic Goal 2.1

Achieve continuing accreditation of all services.

Achievements 2011–2012

- Full accreditation was maintained across WWHS. This was underpinned by unannounced support visits during the period.
- Successfully complied with Victorian and National Disability Services Standards in the annual compliance audits.
- EQuIP Self-Assessment submitted to Australian Council on Healthcare Standards.
- Continued to benchmark allied health services & evidence-based practice to achieve accreditation.
- Policies combining accreditation standards for HACC, CACPs, NRCP and CDC adopted and implemented.
- Preparation undertaken for Commonwealth Department of Health & Ageing Community Care Standards Accreditation which will survey Community Aged Care Packages (CACPs) and Consumer Directed Care Packages.
- Successful Aged Care Accreditation of the Kaniva Archie Gray Nursing Home in February 2012.
- Full four year accreditation of Medical Diagnostic Imaging Services achieved through the Practice Accreditation Standards.
- Aged Care Accreditation Self-Assessments submitted for remaining 8 residential aged care services in preparation for surveys in August and September 2012.

Future 2012–2013

- Ensure we not only conform with all accreditation standards, but exceed them to become the leader within our peer group.
- Implement the Active Service Delivery model in Allied & Community Health Service delivery.
- Continue to comply with Victorian and National Disability Services Standards in the annual compliance audits.
- Undertake Commonwealth Department of Health & Ageing Community Care Standards Accreditation for CACPs and Consumer Directed Care Packages.
- Present for aged care accreditation across eight sites commencing in August 2012.
- Present for EQuIP organisation-wide survey due in November 2012 including gap analysis of new national standards.

Objective 2: To deliver efficient, safe and effective services

Strategic Goal 2.2

Improve access to and use of community transport between WWHS sites and other health service providers.

Achievements 2011–2012

- WWHS vehicle fleet made available to transfer patients where applicable to outer sites.
- WWHS buses used for community and public as per our policy.

Future 2012–2013

- Lobby strongly for a coordinated sustainable transport service to clearly provide for the needs of all our stakeholders.

Strategic Goal 2.3

Take a more pro-active role in the health care policy development process.

Achievements 2011–2012

- Top 10 Priorities from Wimmera Sub-Region Plan identified and forwarded to Department of Health.
- WWHS Board President elected as Inaugural Chairman of the Wimmera Southern Mallee Health Alliance ensuring our Service has a presence in sub-regional decision making.
- WWHS CEO elected as Vice-President of ACHS providing access to decision making and information at Commonwealth level.

Future 2012–2013

- Establish a unified approach to health policy development engaging senior managers, professional colleges and associations, peak bodies and State and Federal Governments.
- Allied health professionals to become actively involved in association with special interest groups to facilitate a rural and remote perspective during national policy development.

Strategic Goal 2.4

Expand and prioritise early intervention and chronic disease management services.

Achievements 2011–2012

- Review of CDC packages highlighted effective management.
- Further PDSA funding awarded to WWHS for chronic disease management modelling.
- Further Well for Life funding awarded to WWHS to continue working on chronic disease within the community.
- Exploring opportunities for a fully functional rehabilitation unit with allied health at the forefront of provision of care.
- Drug and alcohol counsellors from Grampians Health consulted from the Nhill Hospital and Goroke Community Health Centre.

Future 2012–2013

- Establish effective resource utilisation in a best-practice environment.
- Apply for additional Consumer Directed Care Packages as they are offered by the Commonwealth Department of Health & Ageing.
- Strengthen the chronic disease referral pathway through the PDSA project and implement an electronic referral system.
- Apply for paediatric grants as they become available.
- Implement the 10-week Health Challenge that is a Government-endorsed program.
- Community Mental Health information night planned for late 2012.

Objective 2: To deliver efficient, safe and effective services

Strategic Goal 2.5

Expand dental health services and oral health initiatives.

Achievements 2011–2012

- Kaniva and Rainbow Dental Clinics refurbishment completed and commissioned for use.
- Continued participation in the Grampians Oral Health Network.
- Dentist continued to be employed for full year and indicated interest in remaining in 2012.
- Successful recruitment of a second full time Dentist to commence in July 2012.
- Goroke Dental Clinic development proceeding within the scope of redevelopment works at the Goroke Community Health Centre.

Future 2012–2013

- Recruit salaried or private dental surgeons, a dental technician and expand referrals to the dental therapist.

Strategic Goal 2.6

Redefine health promotion and illness prevention services.

Achievements 2011–2012

- Redesigned health promotion activities in Goroke.
- Continued to work closely with Primary Care Partnership (PCP) to ensure the health promotion strategies implemented for the region suit WWHS.
- Continued to increase mental health and cancer awareness programs through the Rural Primary Health Service program.
- Additional 0.2EFT provided to assist with administrative duties.

Future 2012–2013

- Promote a coordinated regional approach to health promotion and illness prevention services.
- Entrench the Department of Health Active Service Delivery Model philosophy of 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.
- Increase number of staff trained to undertake health checks as arranged with WorkSafe.
- Be actively involved in the Wimmera Primary Care Partnership Strategic Health Promotion Plan which will target 2012 and beyond.

Strategic Goal 2.7

Strengthen acute patient access to step-down care.

Achievements 2011–2012

- Meeting convened to discuss provision of rehabilitation care in Nhill acute. Staff keen for this to progress. Policy and protocols being developed.
- Current Allied Health staff trained in rehabilitation.
- Discussions with WHCG regarding assistance with their medical and surgical load.

Future 2012–2013

- Form relationships with regional providers to instigate efficient step-down care.
- Increase rehabilitation service provision.
- Evaluate new admission process including draft documentation.
- Pursue medical and surgical provision options with WHCG.

Objective 2: To deliver efficient, safe and effective services

Strategic Goal 2.8

Expand the services provided by visiting specialist clinicians.

Achievements 2011–2012

- Introduction of Ultrasound service August 2011.
- Additional general surgeon commenced in 2012.
- Additional orthopaedic surgeon commenced in April 2012.
- Scope of practice for ophthalmologist expanded to include administration of macular degeneration injections.
- Additional orthopaedic procedures introduced.

Future 2012–2013

- Respond to community need by obtaining the services of a consultant urologist, endocrinologist and general physician.
- Ankle surgery to be added to scope of practice for orthopaedic surgeon.
- Continue to investigate options for outsourcing allied health services to other agencies.
- Introduction of CT Scanning service.

Strategic Goal 2.9

Extend the depth of general practitioner service coverage at all sites.

Achievements 2011–2012

- Recruitment of new doctor for Nhill Medical Clinic.
- Full-time medical practitioners recruited and commenced at Kaniva and Jeparit/Rainbow.
- Residence at Rainbow fully renovated to provide quality accommodation.

Future 2012–2013

- Ensure our communities continue to receive general practitioner services 24 hours per day 7 days per week.
- Explore possibilities for an increase in general practitioner numbers.

Strategic Goal 2.10

Improve the efficiency and utilisation of Nhill's operating suite.

Achievements 2011–2012

- New steriliser purchased for CSSD with $105,000 grant from Department of Health.
- Order placed for new Endoscopy Tower which will be installed in July 2012.

Future 2012–2013

- Increase the use of the operating suite encapsulating a Day Procedure Unit.
- Extend scope of practice for ophthalmic and orthopaedic surgeons.
- Commence using Endoscopy Tower.

Objective 2: To deliver efficient, safe and effective services

Strategic Goal 2.11

Expand the use of telemedicine.

Achievements 2011–2012

- Geriatrician using Medilink Videoconferencing to consult with residents at all WWHS sites.
- Physiotherapist utilised telemedicine to consult with paediatric orthopaedic surgeon.
- Diabetes educator utilised telemedicine to consult with endocrinologist regarding insulin pumps.
- WWHS participated in Ambulance Victoria pilot project where telemedicine triage facilities were available in Nhill's A&E for immediate specialist advice.

Future 2012–2013

- Initiate regional and metropolitan clinical partnerships to expand use of telemedicine.

Strategic Goal 2.12

Explore the future direction of Disability Services.

Achievements 2011–2012

- Continued to increase the EFT of Disability Services by a further 1 EFT in November 2011.
- Review of management structure of Disability Services with the appointment of a manager of Disability Services to commence July 2012.
- Operation of 'Duck Shed' reviewed. In conjunction with Luv-A-Duck decision made to cease this enterprise.

Future 2012–2013

- Expand opportunities for supported employees through new business ventures and partnerships.
- Finalise review in relation to the needs and future provision of services across all disability programs.
- Find alternative employment solutions for supported employees who have been working at the Duck Shed.

Strategic Goal 2.13

Review and improve health service delivery in Goroke.

Achievements 2011–2012

- Goroke Fundraising Committee established to raise funds for the project.
- Goroke manager and staff visited Murtoa and Woomelang community health centres to look at their services and programs.
- Health promotion activities increased.
- $1.728 million redevelopment of Goroke Community Health Centre began in January 2012.
- Works proceeded on the redevelopment of the Goroke Community Health Centre with an anticipated completion date of September 2012.

Future 2012–2013

- Foster community involvement through public meetings to inform project progress.
- Enhance health promotion programs available to the community.
- Enhance the relationship with Ambulance Victoria and consider co-location in new building.

Objective 2: To deliver efficient, safe and effective services

Strategic Goal 2.14

Consider the future configuration of hostel services at Kaniva.

Achievements 2011–2012

- Board to seek valuations of the Kaniva Hostel properties.
- Valuations of the Kaniva Hostel properties obtained.
- 95.6 per cent occupancy achieved at Kaniva Hostel in 2011–12.

Future 2012–2013

- Bring about the relocation of 'Arthur Vivien Close' Hostel to land adjacent to the Kaniva Hospital and Nursing Home.

Strategic Goal 2.15

Improve public information about the services delivered by WWHS.

Achievements 2011–2012

- The WWHS 2010–2011 Annual Review and Quality Report launched at the Annual General Meeting.
- Health Information distributed at Field Days & Agricultural Shows.
- Information disseminated to the public utilising the expertise of Marketing & Public Relations Consultant to ensure it is presented in an easy to read and understandable format.
- First 'Community Consultation Forum' held at Rainbow in May 2012.
- 2010–2011 Annual Review & Quality Report received a 'Gold Award' from Australasian Reporting Awards Ltd. for factual, clear reporting.
- Suite of annual Publications awarded in top ten of PWC Transparency reporting awards.

Future 2012–2013

- A community newsletter will be widely distributed and an expanded website will be promoted.
- Marketing and public relations consultant to assist with marketing.
- Community Consultation Forums to be held annually at all sites.
- Continue open transparent annual reporting to our communities and government.

Strategic Goal 2.16

Co-locate the Ambulance Service with WWHS in Nhill.

Achievements 2011–2012

- This possibility is documented in the Service Plan for further investigation.

Future 2012–2013

- Negotiations with the Department of Health and Ambulance Victoria to relocate Nhill Ambulance Services to the Nhill Hospital will continue.
- To progress debate at a Wimmera Sub Region level as to the likely outcome of co-location coming to fruition.

Objective 2: To deliver efficient, safe and effective services

Strategic Goal 2.17

Maintain a safe environment for patients, residents, clients, staff and other stakeholders.

Achievements 2011–2012

- Eight OHS and management representatives successfully completed 5-day OHS course.
- Contracted with a supplier to install a new security system including access control and closed circuit television (CCTV), to commence early 2012–2013.
- Online preventative maintenance program implemented providing engineering staff at each site with online access to all preventive maintenance tasks. Updates and actions are recorded into the program eliminating duplication in hardcopy. Completion of preventative maintenance can be monitored.
- All maintenance requests registered online including authorisation by supervisor providing an audit trail to track progress of the task. Unresolved maintenance requests are highlighted.

Future 2012–2013

- Implement recommendations arising from external security review.
- Implement recommendations arising from Nhill and Kaniva site risk surveys.
- Implement recommendations arising from Risk Framework Quality Review.
- Engineering staff to undertake 'Working at Heights' and 'Confined Spaces' training to minimise risk in these high-risk areas.
- Seek a brand-named maintenance program which includes preventative maintenance for Service-wide application.

Strategic Goal 2.18

Foster environmental sustainability, including reducing WWHS's carbon footprint.

Achievements 2011–2012

- Progressive installation of LED lights, which are more power efficient. They also do not attract insects and therefore decrease risk of fire and false fire alarms.
- Comprehensive service of boiler system at Nhill Hospital led to increased efficiency.

Future 2012–2013

- Explore greater opportunities for recycling and decreasing the use of water, electricity and gas.
- Installation of energy efficient hot water and air conditioning systems at Nhill.

Strategic Goal 2.19

Maximise funding opportunities with Commonwealth and State Government agencies.

Achievements 2011–2012

- $500,000 received through Commonwealth Department of Health & Ageing GP Superclinic grant to upgrade Natimuk Medical Clinic.
- Application for Commonwealth Health & Hospitals Regional Priority Funding to complete Nhill Hospital was unsuccessful.
- Application submitted to Department of Health for $957,400 to complete Goroke CHC through Rural Capital Support Fund was unsuccessful.
- Further PDSA funding and Well for Life program funding received.
- $167,000 received from Health Workforce Australia in conjunction with Catholic University of Australia to purchase accommodation for use by undergraduate students.

Future 2012–2013

- Continue to be aware of and make applications for Commonwealth and State Government special funding opportunities.
- Pursue grant allocations through the Rural Capital Support Fund for:
  - › Goroke project
  - › Natimuk project
  - › Radiology project
  - › Day surgery and oncology project
  - › Community rehabilitation project

Objective 2: To deliver efficient, safe and effective services

Strategic Goal 2.20

Complete Stages 3 & 4 of the Nhill Hospital redevelopment and other capital projects.

Achievements 2011–2012

- Construction of Nhill Medical Centre redevelopment commenced in November 2011.
- Planning Permit application lodged with Hindmarsh Shire Council for redevelopment of Central Procurements (Stores) Unit located at Nhill.
- Rainbow Medical Clinic residence refurbished.
- Air-conditioning system replaced in Nhill Dental Clinic building.
- Facade of Mira Building in process of renovation to bring into line with the adjacent Nhill Hospital.

Future 2012–2013

- Source new Commonwealth and State funding to complete the redevelopment of the Nhill Hospital, including through the Department of Health Rural Capital Support Fund.
- Complete Nhill Medical Clinic.
- Complete Goroke Community Health Centre and GP Super Clinic redevelopment.
- Develop Nhill Central Store Unit.
- Relocate Nhill Essential Services.
- Complete planning and commence redevelopment of Natimuk Medical and Allied Health Centre.
- Install and commission CT Scanning Unit at Nhill Hospital.

Strategic Goal 2.21

Implement new Information Technology systems, upgrades and enhancements.

Achievements 2011–2012

- Successful implementation of the new Dental Health Services Victoria (DHSV) Titanium software system.
- Introduction of a new Quality Register, the Riskman Q product, to enhance the collection and reporting of quality activities.
- Implementation of Riskman Risk Register updating the reporting of risk management processes and providing integration of incident reporting, quality activities and risk.
- Introduction of new radiology IT system providing online MBS claiming.

Future 2012–2013

- Improve information systems to ensure safe care for clients, patients and residents and promote more efficient work practices.
- Proceed to conform to Department of Health requirements on incident reporting, simultaneously ensuring that privacy and confidentiality of information is maintained.
- Departmental requests in relation to data and detail required through the incident reporting program will be carefully vetted prior to submission and a process put in place to ensure this occurs.
- Implement the PayGlobal electronic rostering system.
- Comprehensive wireless networking to be installed at Nhill and Kaniva.

Objective 3: To be a meaningful participant in the region

Strategic Goal 3.1

Implement a more flexible and integrated service model.

Achievements 2011–2012

- WWHS is developing policy and protocols to enable us to offer Rehabilitation programs.

Future 2012–2013

- Implement a formal rehabilitation model of care.
- Implement an active service delivery model that will support integrated care for all.
- WWHS 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.
- 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 a holistic approach to care.

Strategic Goal 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.

Achievements 2011–2012

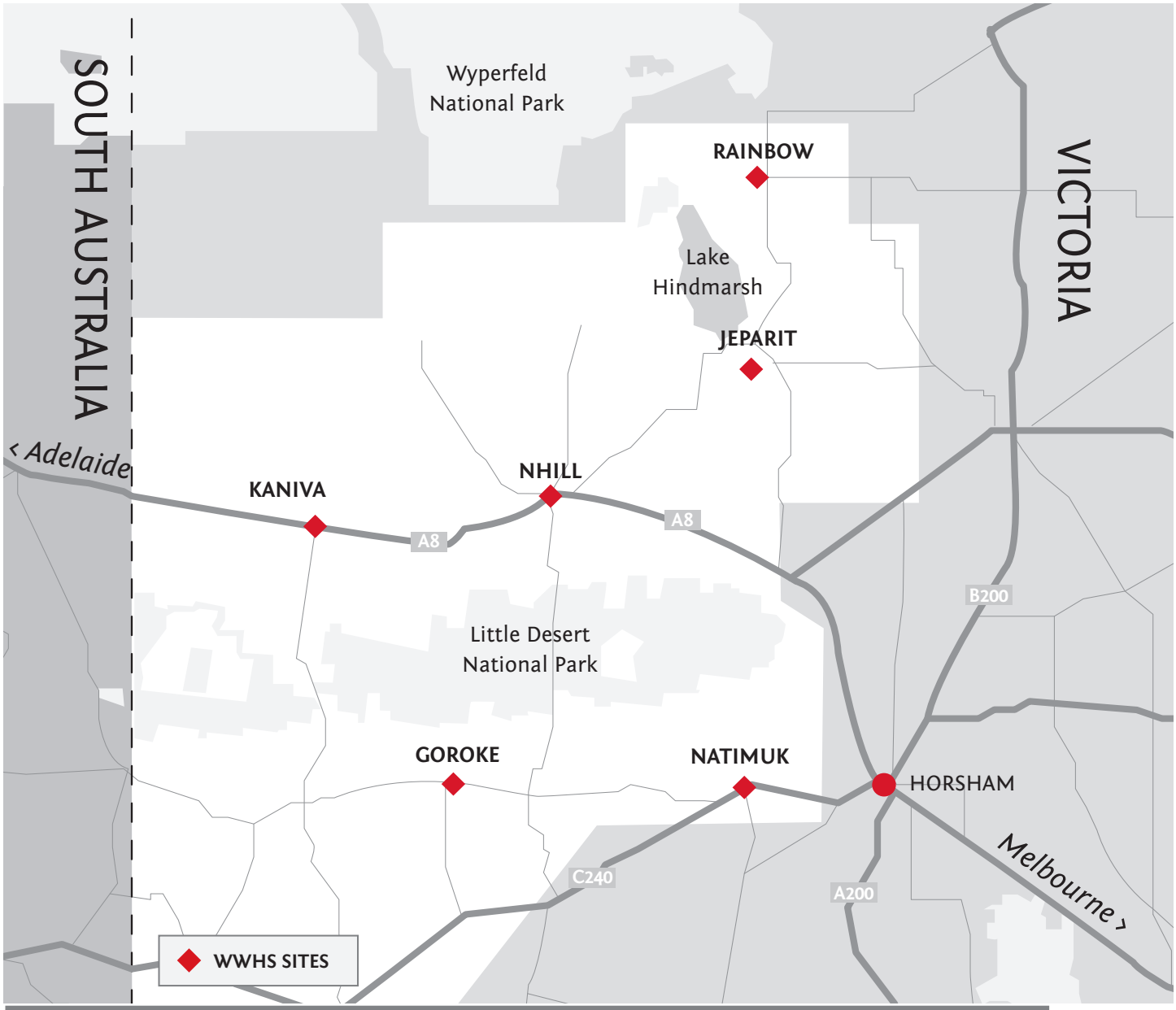
- Wimmera Sub-Regional Review Final Plan prepared by consultants.
- WWHS Service Plan prepared in draft form by consultants.
- WWHS Top 10 priorities provided to the Department of Health.
- Project Officer appointed for the Wimmera Southern Mallee Health Alliance.
- Appointment of WWHS President as Chairman of the Wimmera Southern Mallee Health Alliance.

Future 2012–2013

- Position WWHS to be an influential leader in service planning, development and coordination in the Wimmera Sub Region and through the Wimmera Southern Mallee Health Alliance.

West Wimmera Health Service

- Caring for people across 17,000 square kilometres of Victoria



Our Responsibilities - Caring across the life span

Fast facts | *Our healthcare extends across:*

- 17,000 square kilometres
- seven separate facilities
- six towns
- 16,000 people
- 52 acute hospital beds
- 127 residential aged care places
- comprehensive community care

Services for a very diverse population

Care for the Aged

Aged Care Assessment
Community Aged Care Packages
Community and Home Based Aged Care
Consumer Directed Care Packages
National Respite for Carers Program
Residential Hostels & Nursing Homes

Clinical

Acute Hospital Care
Admission and Discharge Clinic
Audiology
General Dental
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-Urgent Care
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 Support Group
› Nhill, Goroke
Community Health Nursing
Continence Education
Diabetes Education
Dietetics
District Nursing
Drug and Alcohol Program
Emergency Relief Program
Exercise Groups
› Aerobics
› Falls & Balance Group
› Gentle Exercises
› Tai Chi
Exercise Physiology
Farm Safety Education
Fitness Assessments
Fun, Fit and Fabulous
Gorgeous Girls School Program
Guys & Gals School Program
Gym/Weights Program
Hairdressing
Health and Fitness Centre
Health Promotion & Education
Hearing Services
Home and Community Care
Hospital in the Home
Hospital to Home
Kindergarten Screenings
› Podiatry
› Speech Pathology
› Occupational Therapy
› Physiotherapy and
› Dietetics awareness
Massage Therapy
Maternal and Child Health
Meals on Wheels
Men's Sheds
Moovers and Shakers Walking Groups
National Diabetes Service
Nutrition Education
Occupational Therapy
Optometry
Orthodontic Referral
Pap Smear Tests
Physiotherapy
Planned Activity Groups
› (Adult Day Centres)
Podiatry
Puberty Biz
› for Grade 6 Children & Parents
Radiology
Rural Primary Health Service
'Secret Men's Business'
› group for older men
Social Work - Welfare
& Counselling Service
Speech Pathology
Strutting Strollers
WorkHealth Checks

Disability

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

Services offered across the Region

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

Service Support

Education
Engineering and Maintenance
Environmental
Health Information Management
Hospitality
Library and Resource Centre
Volunteers

Training and Alliances

Australian Catholic University
Charles Darwin University
Charles Sturt University
Deakin University
Latrobe University
University of Ballarat
University of Melbourne
University of South Australia
Wimmera Hub Inc
Traineeships
Work Experience
Work Placements

Nursing Homes – Hostels

NHILL
Iona Digby Harris Home

KANIVA
Archie Gray Nursing Home
Kaniva Cottages Hostel

JEPARIT
Jeparit & District Nursing Home

RAINBOW
Rainbow Bush Nursing Home Annexe
Rainbow Bush Nursing Hospital Hostel

NATIMUK
'Allan W Lockwood' Special Care Hostel
Trescowthick House Hostel
Natimuk Bush Nursing Home Annexe

Community Programs:

Hospital to Home (H2H)
The 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)
Provide '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.

Consumer Directed Care Packages (CDCPs)
Consumers have the responsibility for managing their own Package and seek services they want tailored to their own special needs, hence maximising independent living within their home environment.

West Wimmera Health Service
- The Total Picture

West Wimmera Health Service has completed another busy year providing a comprehensive range of health, aged care and disability services across a wide geographic area. This includes providing acute care at four hospitals, dental care, allied health services, health promotion and education, residential aged care in five towns, district nursing for our six communities and a Disability Service.

Highlights for the year include:

- Visit to the Service by his Excellency the Governor of Victoria and Mrs Chernov.
- Posting an operating surplus, for the seventh successive year.
- The rollout of a capital works program, with building projects undertaken in five communities.
- Additional medical expertise, a bonus for a remote area, which has allowed us to expand the range of surgery at Nhill Hospital.
- New hospital equipment, including an Ultrasound and the acquisition of a CT Scanner.
- Residential Aged Care facilities for 127 residents being near or at capacity supplemented by a range of community packages.

Acute Patient Care

West Wimmera Health Service has 52 acute hospital beds, spread across four sites. Our facilities are modern, comfortable and meet Australian Standards of safety.

Hospital patients are admitted for elective surgery or general medical conditions, such as heart problems, kidney failure and diabetes, or as a result of accident or trauma. A 24-hour Urgent Care service is provided at Nhill, Jeparit, Kaniva and Rainbow Hospitals.

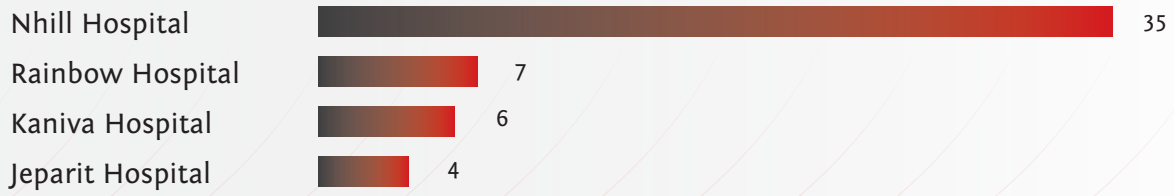
The Operating Suite
- Busy Centre of Surgery

A range of elective surgery is provided at Nhill Hospital by visiting medical specialists which reduces the need for local people to travel substantial distances for surgery, and enables patients to recover within easy access to the comforting support of friends and family.

Surgical specialities - ear, nose and throat, orthopaedic, oral, ophthalmic, gynaecological and general surgery are all easily accessed at the Nhill Hospital with a referral from a General Practitioner.

A Geriatrician visits our Hostels and Nursing Homes, and also visits hospital patients as and when required.

Acute beds



In 2011–2012 the amount of surgery available was increased, with the addition of sessions from a second orthopaedic surgeon and a general surgeon.

Following staff training and the acquisition of essential equipment the visiting ophthalmologist now offers intravitreal injections for the management of Macular Degeneration and a variety of other retinal diseases.

This has resulted in more patients able to have surgery and benefit from the use of our modern and excellently equipped Operating Suite.

In May 2012, the operating theatre was updated with an Olympus Endoscopy Tower housing up-to-date monitors, screens and endoscopes, which will particularly enhance Orthopaedic, Ear, Nose and Throat, and Gynaecological surgery.

Specialist services such as dialysis, palliative care, comprehensive medical imaging and management of a wide range of bed-based and ambulatory care programs are integral to the care available from this Service. See p 17 for details of available services.

Our Pharmacy Service emanates from the Nhill Hospital providing medication and education to all WWHS sites which includes ongoing education for nursing staff, as well as preparing patients for their return home.

Activity Indicators 2011-2012

Weighted Inlier Equivalent Separations (WIES)	Activity Achievement
WIES Public	1098.81
WIES Private	443.65
Total WIES (Public and Private)	1542.46
WIES Renal	17.85
WIES DVA	183.67
WIES TAC	2.25
WIES TOTAL	1728.38

Sub Acute Inpatient

GEM (non DVA)	220
GEM - DVA	88

Aged Care

Aged Care Assessment Service	210
Residential Aged Care	44,300 occupied bed days

Nursing Home Type

NHT (non DVA)	756
NHT - DVA	199

Service performance

WIES activity performance	2011-12 actuals
WIES (public and private) performance to target (%)	101.8%

Cash management/liquidity	2011-12 actuals
Creditors (days)	35
Debtors (patient fees) (days)	35

In other highlights:

- A new Toshiba APLIO MX Ultrasound was introduced, providing a more comprehensive level of imaging. The uptake of the ultrasound service has been greater than anticipated, particularly with maternity care and for abdominal diagnosis which has also added an important layer of diagnostic skill to our Service.
- WWHS has acquired a CT scanner, which will provide additional medical imaging capability. This scanner is expected to be brought into action in the coming year. Our suite of imaging services is strongly supported by experienced Radiographers and Sonographers.
- A new Audiology service provided by a visiting Audiologist has commenced.
- The use of Telemedicine expanded for clinicians. One example is the availability of a Ballarat-based Geriatrician who can consult aged care residents and hospital patients for review and if nursing staff request follow-up support between visits. This is undoubtedly beneficial for residents and patients alike and an invaluable clinical support resource for staff.
- Stronger ties between the discharge coordinator at West Wimmera Health Service and other Regional Hospitals have brought about improved step-down care opportunities. This means patients who live locally can be transferred back to WWHS Hospitals as their condition improves, allowing them to receive the most appropriate level of care to be expected from the healthcare system.

In the coming year we plan to add extra procedures to the Orthopaedic surgery list, as well as establishing a dedicated Day Procedure Unit. Due to high demand within our service area we continue to explore the possibility of providing chemotherapy treatment in conjunction with the Grampians Integrated Cancer Service.

Allied Health

Our team of highly skilled professionals brings a combination of practicality and experience, as well as a willingness to travel extensive distances to provide care in hospitals, residential aged care and community settings within the sub-region.

West Wimmera Health Service prides itself on the breadth and quality of the allied health care it provides while the standard of care provided continues to improve, measured by a decrease in therapy times and a decrease in hospital admissions. More than 20% of people screened by community health nurses required a referral to a GP to assess either high blood pressure or high blood sugar levels. If left untreated these individuals were at risk of an emergency admission to hospital.

The use of evidence-based practice has resulted in a more effective multi-disciplinary approach and a strategy of continuous improvement. Our therapists manage patients and clients according to evidence based practice and standards set by their particular professional associations. This decreases the likelihood of treatment errors and ensures that our patients receive the best quality care available.

The services offered by our allied health team include diabetes education, dietetics, health promotion, massage therapy, occupational therapy, physiotherapy, podiatry, social work and speech pathology.

Twelve physiotherapy and two occupational therapy undergraduate students completed work placements with our team during 2011-2012 providing experience in their field and an introduction to comprehensive rural health services.

Highlights for the year include:

- Improved clinical referrals from general practitioners, particularly for diabetes education and podiatry, following adoption of *Plan, Do, Study, Act* screening and feedback tools and improved liaison with GPs.
- Dietitians organising community awareness programs. More than 100 people were involved in the *Healthy Weight Week* program in January 2012. More than 130 people also participated in the Federal Government's *Swap it, don't stop it* program, and 'Under the Weighbridge', a long-term weight loss group, was established at Goroke.
- The introduction of improved early intervention screening of kindergarten-aged children for learning or developmental difficulties, using a multi-disciplinary team comprising an occupational therapist, podiatrist, physiotherapist and speech therapist.
- Continued provision of WorkHealth checks, in partnership with Latrobe Community Health Services and Ballarat District Nursing Service.
- The introduction of the VitalStim Therapy System, which applies electrical stimulus to muscles and nerves to treat people with facial droop or swallowing difficulties. This innovative technology is used in parallel with traditional exercise therapy.
- An educational community meeting in November 2011 held with the support of the Grampians Integrated Cancer Service was attended by more than 100 people. The meeting outlined the latest research in reducing cancer risks, appropriate treatments, and included a speaker discussing the role of genetics in the disease.
- Provision of free diabetes assessments and blood pressure checks at community events.
- Continued involvement in a major research project in collaboration with Melbourne University, Baker IDI and Bendigo Health investigating the effect of fluids on patients with oropharyngeal dysphagia, or swallowing difficulties. Forty six patients have been recruited into the study, which is ongoing.
- Continuing the Guys and Gals program at Kaniva, Goroke and Natimuk schools with more than 70 students. The program focuses on body image, acceptance of self and incorporates physical activity, healthy eating and mental health concepts to nurture young people and guide them to accept each other as individuals. It aims to decrease bullying and negative self body image.
- The coordination of physical activity for a range of community groups, including walking groups, aerobics, tai chi, a 'boot camp' style intensive physical activity training regime, exercise classes for older adults and open age gym sessions.

We will continue to intensify our efforts in these areas, and a community education meeting on the subject of mental health is also planned.

Oral Health - Essential for Total Health

Our dental practitioners offer education to encourage patients to develop good oral hygiene and healthy diet habits which are essential aspects in achieving and maintaining, physical and emotional well-being.

Disease of the mouth can affect the rest of the body and can contribute to a number of secondary infections and conditions.

Comprehensive dental care has continued at the Nhill Dental Clinic for public and private patients. The clinic is easily accessed, designed to eliminate discomfort and inconvenience for patients and waiting times are comparable with other clinics in the region.

An Oral Surgeon, Two Dentists and a Dental Therapist provide extremely valuable care for all age groups.

With the completion of the Kaniva and Rainbow Dental Clinics, the purchase of new equipment and the possibility of securing the services of a third dentist we plan to expand dental care to these towns in the coming year.

The completion of the redevelopment of the Goroke Community Health Centre will allow the introduction of dental services to Goroke.

Disability Services

Cooinda Disability Services based at Nhill supports people with a physical and/or intellectual disability, ensuring achievable individual outcomes, encouraging personal development and promoting positive interaction within the wider community.

Our programs provide state-funded clients and supported employees with an extensive choice of activities. Individual, support based services enable each person to receive active assistance to address their needs and interests and be given the opportunity to realise their goals.

The Day Services programs include work groups, such as 'The Gardening Crew', life skills and domestic competency programs such as cooking and personal grooming.

Communication skills are improved with innovative techniques being applied which include sessions co-ordinated by our Speech Pathologists.

In November 2011, several clients took part in the Tri State Games, competing very successfully in athletics, swimming, field and indoor events against teams from South Australia, New South Wales and Victoria.

Commonwealth funded business units provide supported employment for clients at Oliver's Café, located in the Nhill CBD, and Oliver's Kiosk at Nhill Hospital, giving supported employees the opportunity to improve their food preparation and customer service skills. Snappy Seconds, our retail outlet for preloved items and collectables also offers experience in customer service.

The Luv-a-Duck breeding shed enterprise in Nhill completed its sixth and final year of collecting duck eggs for Luv-a-Duck. This project provided work for supported employees and their supervisor and proved very beneficial for all participants.

Several departments of West Wimmera Health Service also provided successful opportunities for supported employees to gain skills and training in general services, engineering, maintenance and gardening.

Accreditation of Cooinda's Commonwealth funded business services by International Standards Certifications Pty Ltd in August 2011 was successful with only five opportunities for improvement suggested by the auditors. These matters have been addressed and are now in place.

From 1 July 2012, new standards set by the Department of Human Services will see more focus on individual outcomes and flexibility associated with the service provided for our clients.

Residential Aged Care

Residential Aged Care provided across a diversified and wide geographic area is a significant component of our annual activity.

We have the capacity to care for 77 nursing home (high care) residents and 50 hostel (low care) residents in five towns. Our facilities include specialist care for those who are frail, have dementia or psychogeriatric issues. Our occupancy rates are consistently close to 100 per cent.

People wishing to reside in our Hostels or Nursing Homes must be assessed by an Aged Care Assessment Team. Admission to residential accommodation is determined on a needs basis with the Commonwealth Aged Care Assessment System (ACAS) being the determining factor.

An ideal environment

It is our belief that every resident should have the opportunity to live a comfortable, happy life in facilities that meet their physical, social and emotional needs. Therefore our residents have access to specialist health professionals through our extensive range of allied health services, by participating in organised activities and enjoying visiting services, such as a hairdresser.

Volunteers are an extremely valuable element in the life of our residents.

Providing a safe comfortable environment

All facilities hold three-year accreditation status with the Commonwealth Aged Care Standards and Accreditation Agency, ensuring excellence in the standard of care our residents receive. This accreditation status is up for reassessment and renewal at all sites in the coming financial year.

During 2011-2012 the Agency conducted unannounced visits and inspections at every site. Only one issue of noncompliance was identified as a result of these visits. The issue related to a nursing procedure at one of our Hostels. This situation has been addressed, and a subsequent internal review resulted in the noncompliance being removed.

Floor line beds were introduced at some facilities and large flat screen televisions installed on wall brackets in the Day Centres at all sites, improving viewing and safety for residents.

The service of two consultant pharmacists who undertake quarterly reviews of the medication prescribed for each aged care resident at all Hostels and Nursing Homes has been obtained. They review the type of medication delivery and the amount of medication prescribed for individual residents.

The consultants have regular conversations with treating medical practitioners investigating practical suggestions on alternate methods of medication delivery such as oral tablets, mixtures, sprays, lotions and injectable medications. Their role includes education for staff.

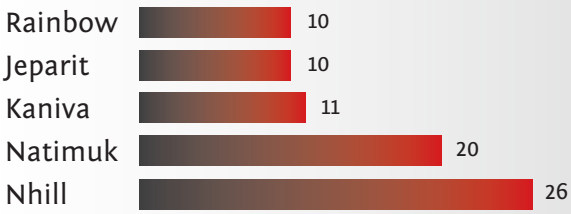
Time for change

At Kaniva the Board is reviewing the future of the Arthur Vivian Close Hostel at its present site. This facility provides independent low care living in separate units which have their own carports and a private garden area and to comply with the Commonwealth Aged Care Standards, the Hostel can only cater for residents who require very low care. However, the site is some distance from the Kaniva Hospital where the existing nursing home is located.

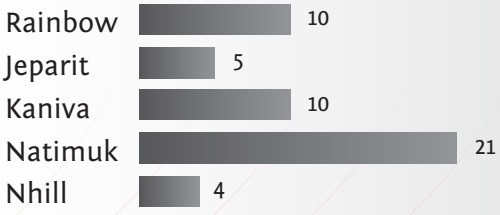
The Board, for governance and economic reasons, is examining the possibility of selling the existing units and constructing the equivalent number of units adjacent to the Nursing Home on land already owned by West Wimmera Health Service. This will bring aged care accommodation 'under the one roof'. This is a very attractive incentive.

A decision about this is likely in the coming year.

High Care places



Low care places



Aged care in the community

It is our belief that with the assistance of individually planned care and flexible services, older people will be able to live independently and safely in their own homes for as long as possible.

To facilitate this, we provide a range of support services largely funded by Australian Government packages of care, such as Community Aged Care Packages. These packages enable us to deliver home support such as meal preparation, shopping and gardening, which all contribute to an individual's capacity to remain living independently.

The National Respite for Carers Program (NRCP) however is slightly different in that it is aimed at the carers. The program provides 'time out' assisting carers to maintain their own interests and to manage the challenging role of carer.

Australian Government Consumer Directed Care Packages encourage care providers to deliver innovative service models providing care recipients and their carers with greater control over the design and delivery of the care and services they receive.

We have partnered with the Hindmarsh Shire to enhance assessment services for members of the community. The Living At Home Assessment (LAHA) program assists community members to live at home as independently as possible with the provision of home care such as cleaning and nursing services such as wound care.

The Hindmarsh Shire is responsible for the provision of home care and WWHS for the provision of nursing services. In order to ensure a holistic approach to care the Hindmarsh Shire LAHA officer is based at WWHS one day per week. The officer attends the WWHS multi-disciplinary meeting to discuss discharge planning of patients into the community and has the opportunity to discuss client services and care within the community with the WWHS LAHA Officers. This is a beneficial arrangement as community members are not subjected to unnecessary assessments or an overlap of services. They receive the right service from the right service provider at the right time.

A comprehensive evaluation of this arrangement will be completed in December 2012.

District Nursing
- also providing care in the home

District Nurses provide valuable support to people in their own homes, particularly in outlying areas. Our nurses travel extensive distances across the catchment area each year, providing essential 'inhome' care.

Care encompasses nursing treatments such as wound care, assistance with daily showering and dressing and also referral to other health professionals for additional services and support.

Our objective is to help people maintain or achieve their maximum health potential, retain their independence and dignity, and to provide relevant information on their health care needs which importantly includes planning, instigating and evaluating the care we provide to guarantee its effectiveness.

The culture of continuous improvement, which is the foundation on which our services have been established, will continue to be the mainstay of the quality of healthcare and the standards achieved by West Wimmera Health Service.

Building for now
– Building for what will happen next!

There has been a major focus on building activity during the year, with a number of major capital projects and renovation works across five of our seven sites. The large capital works projects have been supported through Commonwealth Government programs aimed at ensuring the viability of health services in rural and remote Australia and improving access to health services for rural people.

Project highlights include:

- The redevelopment of the Mira Centre to create a new General Practitioner Clinic and Allied Health Department and consulting rooms. This project has been undertaken in conjunction with the Hindmarsh Shire Council, which successfully obtained a grant through the National Rural and Remote Health Infrastructure Program. This project will be completed in the second half of 2012.
- The construction of the Goroke Super Clinic in conjunction with the West Wimmera Shire Council, which obtained a grant through the GP Super Clinic Primary Care Infrastructure Grant Program. This project will also be completed in the second half of 2012.
- Total renovation and transformation of the doctor's residence at Rainbow into bright, modern and comfortable accommodation, with landscaped gardens in keeping with the Mallee climate. The attractive, functional residence certainly assisted with the successful recruitment of a doctor.
- The renovated Rainbow Medical Clinic now exceeds accreditation standards for medical clinics. The renovation was supported by a generous $50,000 grant from the VV Marshman Charitable Trust.
- Renovation and refurnishing of the 'Overnight Stay' unit at Kaniva Hospital, providing short-term and agency staff with comfortable accommodation.
- Purchase and renovation of a well appointed residence in Nhill to be used as undergraduate and postgraduate clinical student accommodation. The purchase was made possible through funding made available to the Grampians Clinical Training (Nursing) Capacity Building Project from Health Workforce Australia.
- Planning for the construction of the Natimuk Integrated Medical Centre is now underway. This innovative project will be undertaken with Natimuk Medical Clinic practitioner Dr Jim Thomson and is the outcome of a successful application for an Australian Government Primary Care Infrastructure Grant made by Dr Thomson and will include consulting suites for General Practitioners and community and allied health professionals. The Centre will also contain an Adult Day Centre and a kiosk for the pharmacist, and the area being utilised by the present Medical Practice will be refurbished.

With a combined budget exceeding $2.5m, the three major capital projects underway the Service will ensure that the costs of these projects remain tightly managed.

The following capital and equipment grants received this year will underpin the continuing Capital Works Program.

Victorian Department of Health	
Grampians Clinical Placement Network › Student Housing	46,800
Grampians Clinical Placement Network › Simulated Learning Program	112,900
Targeted Equipment Grant › 6 Electrocardiography Machines	25,662

Australian Government Department of Health & Ageing	
Nhill 'Mira' Medical Clinic	426,275
Goroke Community Health Centre Redevelopment	200,000
Natimuk Medical Clinic	110,000
Total	**921,637**

The continuous cycle of progress

While our Engineering and Maintenance staff have been heavily involved in the major building program they have also completed a number of other projects including the replacement of ducted air conditioning systems at Iona Digby Harris Nursing Home, Jeparit Hospital, Jeparit Day Centre, and the Nhill Dental Clinic.

To reduce power consumption a program has commenced to replace fluorescent lighting with more energy efficient Light emitting Diode (LED) lighting across the Service.

A review of security at all sites was conducted to ensure safe conditions for residents and patients, and a safe environment in which staff can work. The first phase of recommendations from the review, the need for tighter control of access to our buildings is now being addressed. This includes installation of a 24-hour Closed Circuit Television (CCTV) system at the Nhill Hospital and implementing a keyless entry system.

Safety and security a priority!

Governance

West Wimmera Health Service is directed by the *Health Services Act 1988* and subsequent amendments under which it was incorporated on 21 August 1995 and the *Financial Management Act 1994* to deliver health welfare and disability services through comprehensive programs of acute and residential aged care, allied health services, health promotion and education and community aged care services.

The governance of West Wimmera Health Service rests with a Board of Governance, (the Board) of ten members who have a significant role in providing astute leadership, planning the future direction of the Service and ensuring a code of strong clinical and financial governance is in place.

The Board sets the policies which guide the Service in its progress towards its Vision, Mission and Values and with judicious monitoring assures that structures and practices are in place to comply with Government and Department of Health guidelines, Acts of Parliament and industry standards.

The Board takes advice from the Chief Executive Officer, Executive staff and independent bodies. It also works closely with the Department of Health Grampians Region in the push for West Wimmera Health Service to continue to provide the broad and continually evolving services required to meet the changing health requirements of the people of the west Wimmera and southern Mallee.

The Board is appointed by the Governor in Council on the advice of the Minister for Health; usually for a three year term and members are able to apply for reappointment on expiration of their term of office.

Board members abide by a code of conduct, declare if they have a conflict of interest with any item on the agenda of Board or Committee meetings and do not receive remuneration or sitting fees.

A significant change

A review of Committee performance in 2011 revealed some shortcomings in the Committee and Subcommittee structure and processes.

To address these findings a new configuration for all committees was approved by the Board in March 2012, the effectiveness of which will be reviewed in 12 months.

The Board of Governance

Board of Governance Members

30 JUNE 2011-2012

Mr R S Rosewall BA SocSci - President
Ms L G Clarke JP - Vice President
Mr D P Buckley
Mr H G Champness BA, Dip Ed, Accredited Lay Preacher
Mr R A Ismay
Mr L C Maybery
Mrs J M Sudholz
Mr R L Stanford
Mr D N Walter
Mrs N E Zanker BA, Dip Ed

Audit Committee
Audit & Quality Committee*

Mr R S Rosewall
Ms L G Clarke
Mr D P Buckley
Mr H G Champness
Mr D N Walter
Mrs N E Zanker
Dr J R Magrath Hon DBus (Ballarat), Chair, resigned 19.04.2012**
Mr J M Hobday LLB - Chair appointed 26.06.2012**

*Change of Committee name and responsibilities
**Independent members

The President is an ex officio member of all Committees.
The Chief Executive Officer is in attendance at meetings of all Committees of the Board.

Declarations of interest 01.07.2011 – 30.06.2012

There were no instances requiring declaration of Pecuniary Interest or Conflict of Interest by a member of any Board or Committee.

WWHS Board of Governance 2011-2012

Name	Office	Percentage Attendance	Original Appointment	Current Term of Appointment	Reappointments
Ronald S Rosewall	President	100%	01.03.1999	01.07.10 – 30.06.13	5
Leonie G Clarke	Vice President	100%	01.03.1997	01.07.11 – 30.06.14	6
David P Buckley		80%	01.07.2011	01.07.11 – 30.06.14	-
Harvey G Champness		100%	03.03.2009	01.07.11 – 30.06.14	2
Ronald A Ismay		80%	01.10.1998	01.07.09 – 30.06.12	4
Lester C Maybery		100%	01.10.1998	01.07.09 – 30.06.12	4
Rodney L Stanford		60%	01.11.2005	01.07.10 – 30.06.13	3
Janice M Sudholz		70%	01.10.1998	01.07.09 – 30.06.12	4
Darren N Walter		100%	01.07.2011	01.07.11 – 30.06.14	-
Naomi E Zanker		90%	01.07.2009	01.07.09 – 30.06.12	1

The Executive Team

John Smith, PSM

MHA, Grad Dip HSM, FAICD, FAIM AFACHSM, AFAHRI, FAHSFMA, Cert III OHS

Chief Executive Officer

John was appointed as the inaugural Chief Executive Officer of West Wimmera Health Service when the Service was first formed in 1995. John was previously Chief Executive Officer of the Nhill Hospital.

With a host of experience in the health industry John is well placed to offer sound advice to support the Board in all matters of governance, to execute the decisions and policies determined by the Board, and to manage the business and human assets of the Service.

His experience and business acuity provide a solid framework of strong leadership and management placing the Service in a prime position for moving forward in the ever changing world of health services.

John is currently Vice President of the Australian Council on Healthcare Standards having served as Treasurer of that organisation from 2007-2011. He is a Director and also Treasurer of the Australian Council on Healthcare Standards International.

He is also a National Councillor for the Australian Healthcare & Hospitals Association and a Board Member of the Victorian Hospitals Industrial Association.

Representation of the Service on Regional Committees:
Grampians Regional Alliance
Wimmera & Southern Mallee Health Alliance

Dr Ian Graham

MBBS, M. Health Planning, FRACMA, Cert. Essential Skills in Medical Education (AMEE)

Executive Director of Medical Services

Dr Graham is responsible for the credentialing, appointment, definition of the scope of practice and performance management of Visiting Medical Practitioners.

The Visiting Medical Practitioners include General Practitioners in Nhill, Jeparit, Rainbow, Kaniva and Natimuk; Visiting Surgeons, Anaesthetists, Gynaecologists, Physicians and Psychiatrists.

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

In addition to his part-time role at West Wimmera Health Service, Dr Graham has been appointed as the Director of Medical Services for Stawell Regional Health, East Wimmera Health Service and Beaufort and Skipton Health Service.

Dr Graham also works as a consultant in health management and education.

Representation of the Service on Regional Committees:
Regional and Rural Directors of Medical Services Group
Attends the Metropolitan Medical Managers meeting
Member of the Department of Health Clinical Engagement Advisory Group

Ritchie Dodds

BCom (Acc), CA, FFin, MBA, MAICD,

Executive Director of Finance & Administration

Ritchie began his career at West Wimmera Health Service in 1999 as Finance Accountant and moved up to the position of Operations Manager in 2004. He was promoted to his current position in 2006 and is responsible for the Financial Management, Information & Technology, Human Resources, Inventory & Supply and Administration functions of the Service and also deputises for the Chief Executive Officer as and when required.

Prior to commencing employment with the Service Ritchie qualified as a Chartered Accountant practising primarily in the insolvency and corporate reconstruction field where he gained vast experience in the management of a wide range of business operations.

Representation of the Service on Regional Committees:
Deputy Chairman, Grampians Regional Health Alliance
Joint Venture Finance Sub-committee

The Executive Team

Janet Fisher

RN, RCNA, Grad Dip Bus Man

Executive Director Clinical Services

Janet was appointed as the Executive Director of Aged Care, West Wimmera Health Service in 2004 and in 2009 to the position of Executive Director of Clinical Services. Her responsibilities cover all clinical areas; the management of Medical, Surgical, Primary Care, Central Sterilising, Radiology, Pharmacy and Maternal & Child Health Services.

Also Janet's portfolio includes the responsibility for Residential Aged Care, Commonwealth Aged Care Accreditation, Allied and Community Health and Goroke Community Health Centre.

Janet is a Registered Nurse and holds a Graduate Diploma in Business Management from the University of Ballarat, and has completed the five day Occupational Health and Safety Course.

Representation of the Service on Regional Committees:
State Wide Aged Care Committee
VHA Aged Care Working Group
Small Rural DONs
Wimmera Southern Mallee DON Group

Kaye Borgelt

Assoc Dip Med Records Admin, Grad Cert Mgt Org Change

Executive Director of Corporate & Quality Services

Kaye oversees the Corporate & Quality Division which is responsible for a number of departments within the organisation – Engineering and Maintenance, Catering and Environmental Services, Health Information Services, Education, Security, Occupational Health and Safety, Risk Management, Quality and Accreditation.

Kaye has been an Executive Director since September 2004, prior to this she was Director of Health Information Services at West Wimmera Health Service. She also has experience as a Health Information Manager in rural Victoria and South Australia.

She has an Associate Diploma in Medical Record Administration and a Graduate Certificate in the Management of Organisational Change and has completed the 5 day Occupational Health and Safety Course.

Kaye is presently undertaking a Masters of Health Sciences (Health Information Management) at La Trobe University Melbourne.

Representation of the Service on Regional Committees:
Grampians Regional Health Information Managers

Melanie Albrecht

LLB, BIS, Grad Cert HSM, AFCHSE

Operations Manager

Melanie has responsibility for the executive management of Disability & Dental services, Contractual arrangements, Compliments and Complaints.

Melanie was appointed to the position of Operations Manager in 2006 to assist the Chief Executive Officer with operational matters and special projects. Her previous employment was with DMR Associates Pty. Ltd.

Representation of the Service on Regional Committees:
Member of the Grampians Region Oral Health Network

Katrina Pilgrim

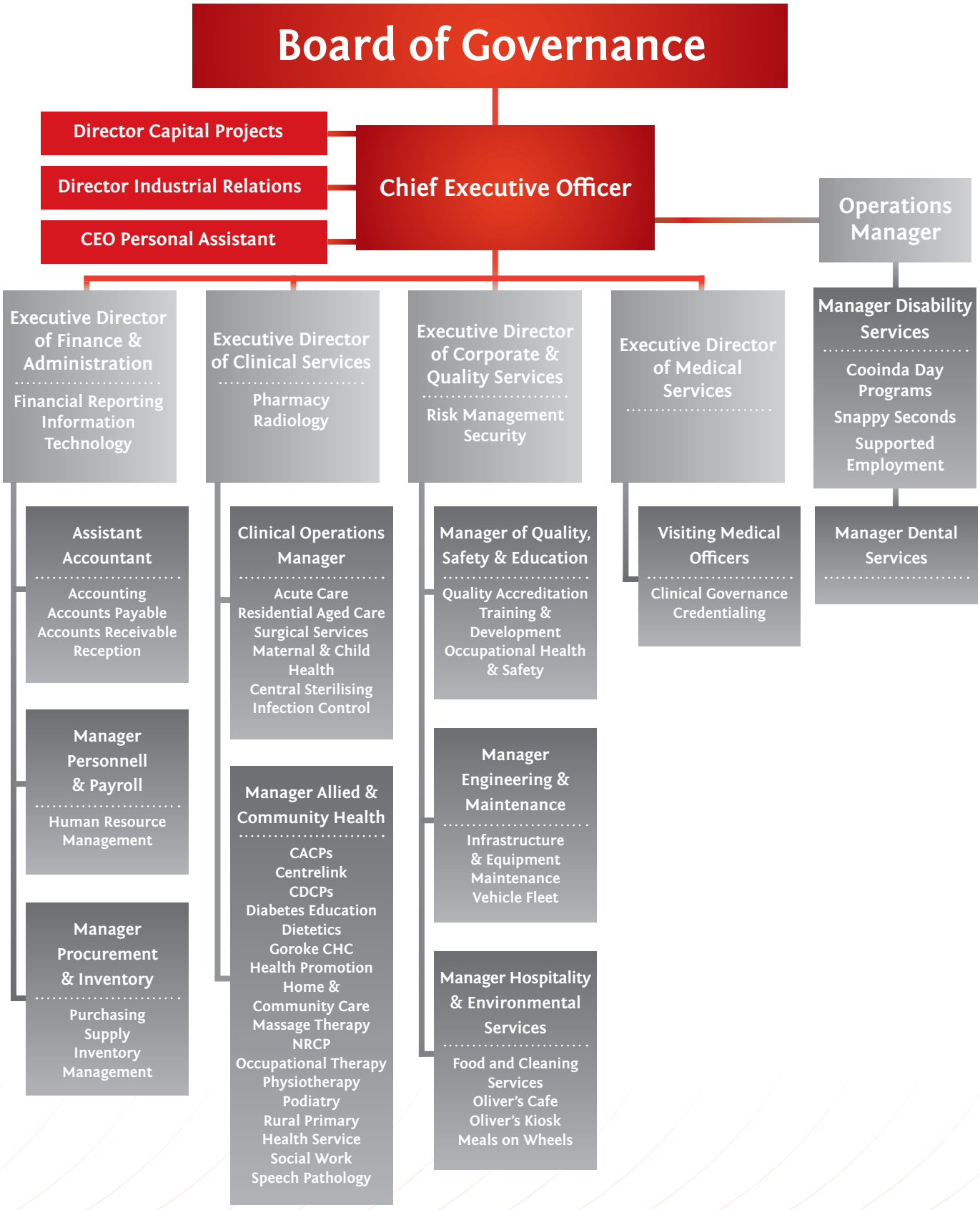
Cert IV Bus Management (Frontline)

Executive Assistant to CEO

Katrina is a high level secretarial and administrative Assistant and attends to the Chief Executive Officer's managerial matters and has experience in excess of 25 years in this field.
Her responsibilities include Minute Secretary to the Board of Governance, Committees and Sub-Committees of the Board, assists with the co-ordination of major functions and other annual Departmental requirements and is an integral part of the Executive Team.
Katrina is currently studying an Advanced Diploma of Management through the University of Ballarat.

Communication Chart

Efficient and effective management is aided by the clear lines of communication set down by the Board of Governance.



Human Resources
- a vital asset

Our philosophy to encourage a continuous learning culture is unwavering.

Universal staff education embracing a range of mandatory elements such as fire and emergency training, medication management, infection control, confidentiality and privacy is conducted at all sites. We aim for 100 per cent compliance, 97 per cent was achieved this year.

The aspiration for staff to become proficient in occupational health and safety and management, to undertake further education and embark on TAFE and university study is high on the agenda to make sure qualifications, skill and experience underpin the strength of our workforce.

In 2011-2012, staff costs were again the largest part of our budget. 538 people were employed under 14 respective industrial agreements with a total salary and wage bill of $22,405,492.

The constructive relationships we have established with the Victorian Hospitals Industrial Association (VHIA) and Unions representing staff members meant again no time was lost due to industrial disputation.

This is a particularly gratifying outcome given the lengthy negotiations between VHIA and the Australian Nursing Federation in relation to the 2012-2016 Enterprise Agreement.

Our Employment Assistance Program proved useful in assisting several employees with a variety of personal issues throughout the year with the utmost privacy and confidentiality.

The *People Matter Survey* which is conducted by the State Services Authority covers a broad range of employment-related issues and provides valuable information to assist WWHS in its ongoing goal to be an employer of choice.

The following table shows a three year comparative summary of results.

People Matter Survey results

Values	2012	2011	2010
Providing the best standards of service and advice (Responsiveness)	96%	98%	95%
Earning and sustaining public trust (Integrity)	87%	89%	83%
Acting objectively (Impartiality)	87%	90%	87%
Accepting responsibility for decisions and actions (Accountability)	80%	85%	79%
Treating others fairly and objectively (Respect)	84%	84%	78%
Actively implementing, promoting and supporting the values (Leadership)	77%	79%	74%
Respecting and upholding human rights of the public (Human rights)	97%	98%	94%

Principles			
Choosing people for the right reasons (Merit)	86%	86%	80%
Respecting and balancing people's needs (Fair and reasonable treatment)	87%	86%	80%
Providing a fair go for all (Equal employment opportunity)	95%	99%	96%
Respecting and upholding human rights of employees (Human rights)	93%	95%	90%
Resolving issues fairly (Reasonable avenues of redress)	82%	83%	75%

Workplace wellbeing and commitment			
Workplace wellbeing	90%	91%	86%
Employee commitment	93%	95%	92%

Human Resources - a vital asset

With 538 staff members employed throughout the year and a total wage bill of $22.4M, the smooth functioning of the Personnel Department is a vital element in our capacity to operate in an effective and efficient manner without compromising the quality and range of health services we offer.

Elements such as the terms and conditions contained in 14 different industrial agreements; mandatory education compliance; professional credentialing; education; performance management; leave management; and WorkCover claims for injured employees were all successfully administered throughout the year without any material disruptions.

Staff turnover – or the frequency with which staff leave WWHS – was 13.7 per cent for the year compared with 13.1 per cent in 2010–2011, a figure of very little significance given the number of employees. Sick leave fell during the year to 4.6 per cent, from 4.8 per cent the previous year.

The following table shows the composition of our workforce compared with last year:

Workforce composition

Labour Category	JUNE Current Month			JUNE YTD FTE	
	2012	2011		2012	2011
Nursing	191.5	172.9		181.4	174.2
Administration and Clerical	33.2	33.8		33.5	33.9
Hotel and Allied Services	79.0	75.5		77.6	74.0
Medical Officers	0.2	0.3		0.2	0.2
Ancillary Staff (Allied Health)	34.8	34.0		34.2	31.7

While nine workplace injuries occurred in 2012, the same as the previous year, no staff member was seriously hurt during the year as the result of their employment with the Service. This measure remains of the utmost importance given the negative personal and financial impacts that such injuries can have for employees and the Service.

We have worked closely with WorkSafe Victoria to resolve issues following their visit to the Service in April 2012. We have an excellent working relationship with WorkSafe Victoria and seek advice from them as deemed necessary.

WWHS is bound by the rules and regulations contained in 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 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!

The quality syndrome
- working for prosperity

Achieving excellence in providing quality care is not solely the responsibility of direct care personnel. Every person in every corner of West Wimmera Health Service bears that obligation. Quality is a whole of Service spirit. In every action, in every task and in every challenge the quality of the outcome overrides all other considerations.

Controlling the environment to eliminate infection

In 2011–2012, our annual hospital external cleaning audit recorded a positive result of 97 per cent, well above the Department of Health benchmark of 85 per cent. External cleaning audits at our residential aged care facilities produced a result of 94.5 per cent, the first year such an audit has been conducted.

Our five kitchens complied with all aspects of the *Food Safety Act*, including regular monitoring and evaluation of food service preparation and delivery.

Regular 'Environmental Audits' were instigated where staff from all departments conducted audits of work areas to identify maintenance and cleaning issues which can be proactively managed including painting interior walls which may be marked, ensuring that curtains and drapes are kept clean and hung correctly, carpets are cleaned regularly and ensuring chairs and other furniture are kept in good condition - a positive measure to keep our facilities in an excellent, safe and hygienic condition throughout.

Improving Risk Management

The new Risk Register to be active from July 2012 will establish an integrated framework incorporating risk, incidents, feedback and quality improvements raising the level of the management of risk within the Service.

Communication and Publications

Accurate and open reporting is deemed an essential element of communication with our stakeholders. It is also a standard expected of us by our communities, Government and the Department of Health.

Evidence that West Wimmera Health Service takes this matter seriously and has consistently pursued excellence:

- The **Gold Award** for the 2010-2011 Annual Review & Quality Report to the Community received from the Australasian Reporting Awards Limited, the tenth Report in twelve years to be awarded Gold – recognition indeed of the high level and quality of our public disclosure.
- In another arena the suite of annual publications produced by West Wimmera Health Service was placed among the **top 10** finalists in our category of the annual **PricewaterhouseCoopers Transparency Awards** which recognise the quality and transparency of reporting in the not-for-profit sector.
- In November 2011 the Service also received the **Small Rural Health Service Award** for its 2009-2010 Quality of Care Report from the Victorian Department of Health - positive recognition that it was deemed the best Quality of Care Report in its category.

"Congratulations once again on being named a Top 10 Finalist in the greater than $30m revenue category in the 2011 PwC Transparency Awards".

(PricewaterhouseCoopers)

Technology
- pushing the frontiers of progress

Continuing to research and embrace the application of new technologies in all aspects of our Service will be at the forefront of the stellar progress of West Wimmera Health Service into the next decade.

Reducing the distance separating West Wimmera Health Service from regional centres and major cities and importantly the distance separating each of our facilities is a business imperative.

Substantial progress has been gained in this direction through the advancement of the Strategic Communication and Information Technology Plan. The benefits gained from the use of a robust technology system to link the sites within the Service and also the Service with the wider world is gaining momentum.

It is acknowledged that if we are to keep abreast of technological advancement and state of the art systems we must broaden our knowledge and resources. We maintain the computer and network server fleet by renewing one quarter of hardware every four years which provides a satisfactory compromise between hardware performance and cost imperatives.

There were no material information technology-related disruptions in the reporting period.

The growth in popularity of the use of Videoconferencing for meetings within the Service and for external meetings has increased the saving in travel time and resulted in greater productivity time for participants to attend to other tasks.

Board Members, Executives and senior staff now use iPads for meetings which has saved a significant amount of paper, substantial administrative time and cost, and improved document security – a timely and effective improvement.

Highlights for 2011-2012:

- Successful implementation of the new Dental Health Services Victoria (DHSV) Titanium software system.
- Introduction of a new Quality Register, to enhance the collection and reporting of quality activities.
- Implementation of Riskman Risk Register updating the reporting of risk management processes and providing integration of incident reporting, quality activities and risk.
- Introduction of new Radiology IT system which provides us with the facility to make online Medicare Benefit Schedule claims for patients. A much easier and efficient process.

Moving forward in 2012-2013

The basis for efficient and effective use of information and communication technology will always be constant appraisal of what IT systems are in place and what opportunities are emerging that would significantly benefit this Service.

Therefore we will research cutting edge information systems to improve:

› patient and resident care and safety
› the manner in which data is reported
› the implementation of electronic rostering.

A vibrant progressive business must always be ‘one step ahead’ – the history of the ethos existing throughout West Wimmera Health Service!

Compliance and Legislative Obligations

There is a fundamental obligation for this Service to comply with all legislative requirements and guidelines set down by the Government and the Victorian Department of Health.

To ensure open and honest reporting of the affairs of West Wimmera Health Service and management of risk it is required that we publish attestations that all data published accurately reflects the performance of this Service and has processes in place to manage risks to the Service.

Attestation for Compliance with the Australian/New Zealand Risk Management Standard

I, Ronald Stanley 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 executive 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 within the last 12 months.

Mr Ronald Rosewall
President

Nhill, 31 July 2012

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
Chief Executive Officer

Nhill, 31 July 2012

Managing Risk at West Wimmera Health Service

The **Risk Register** has been restructured as a result of an extensive review. Eight categories of risk have been established which are considered in light of the:

- Residual Risk: the level of risk currently exposed to.
- Inherent Risk: the level of risk if the identified Risk remained unmanaged.
- Acceptable Risk: the level of risk which is deemed acceptable.

Each Executive Director is accountable for specific categories of risk. The Register now has the capability to send reminders about the risks, controls, treatments and actions for which they are responsible.

Regulatory Compliance

An important function of the Board is to ensure that the Service complies with all relevant legislative requirements, including Commonwealth and State legislation, Guidelines and Australian Standards.

The Board Assurance Compliance electronic System (BACeS) provides the mechanism by which we record compliance with legislative requirements providing 'real-time' access to Commonwealth and State Legislation and to Australian Standards and Regulations.

Compliance matters are reported to the Board through the Audit and Quality Committee detailing how the legislative compliance is maintained. West Wimmera Health Service was fully compliant in all areas.

Disclosure of ex-gratia payments

There were no ex-gratia payments made during the 2011-2012 financial year.

Major changes or factors affecting performance

There were no major changes or factors which had a material impact on performance during the 2011-2012 financial year.

Significant changes in financial position during the year

There were no significant changes in financial position during the year.

Statement on National Competition Policy

Not applicable to West Wimmera Health Service this year.

Victorian Industry Participation Policy Disclosures

Not applicable for West Wimmera Health Service for 2011-2012.

Freedom of Information (FOI)

All public entities in Victoria must submit an annual report to the Department of Justice outlining FOI activity.

The Chief Executive Officer is the designated FOI Officer.

An application fee of $24.40 is payable to access information through the FOI process.

All FOI applications in 2011/12 related to access to medical records, with 50% being personal requests for copies of the medical record. The other 50% were applications made by solicitors acting on behalf of clients.

Applications for information received from Victoria Police or the Coroner's Court are not considered to be FOI applications.

Number of Personal Requests Received:	4
Number of Non-Personal Requests Received:	4
Total Requests:	8
Access Granted in Full:	8
Application fees collected:	$195.20
Charges collected:	$114.30

No complaints were lodged with the Ombudsman in 2011-2012 by FOI applicants regarding our Organisation's administration of FOI matters.

Details of individual consultancies

Consultant	Purpose of consultancy	Start date	End date	Total approved project fee (excluding GST) $'000s	Expenditure 2011-12 (excluding GST) $'000s	Future expenditure (excluding GST) $'000s
Victorian Hospitals Industrial Association	Industrial Relations	1 July 2011	30 June 2012	18	18	0
Strategic Assurance Services	Strategic Planning	1 July 2012	30 June 2012	19	19	0
Peter Edward McMillan	Safety & Security	1 July 2011	30 June 2012	15	15	0
Health Metrics Pty Ltd	Residential Aged Care Funding	1 July 2011	30 June 2012	50	50	0
Clark Phillips Pty Ltd	Grant funding applications	1 July 2011	30 June 2012	17	17	0

In 2011-12, West Wimmera Health Service engaged four consultancies where the total fees payable to the consultants were less than $10 000, with a total expenditure of $4,565 (excl. GST).

Occupational Health and Safety Statement

West Wimmera Health Service is committed to a safe service.

We demonstrate this by:

Embedding OHS throughout all levels and all actions of our Service.

We do this by:

The leadership team is dedicated to the safety of our patients, staff, contractors and visitors. The best people are selected as Health and Safety Representatives who with management make up the OH&S Subcommittee.

All safety systems and processes operate in accordance with the:

- *Occupational Health and Safety Act 2004*
- *Occupational Health and Safety Regulations 2007*
- *Dangerous Goods (Storage and Handling) Regulations 2000*
- Compliance codes
- *Australian/New Zealand Standard, AS/NZS 4801:2001 Occupational Health and Safety Management Systems*

The Chief Executive Officer has completed a Certificate III in Occupational Health and Safety from the Australian Institute of Public Safety, and the Manager of Quality Safety and Education has completed a Graduate Certificate in Occupational Health and Safety Management providing practical and administrative expertise in OHS.

Ensuring that returning to work is a positive experience, a Return to Work Coordinator undertakes programs with staff who have been on extended sick leave, suffered an injury or have experienced other personal adversity.

A suite of performance indicators, are monitored and reported to the Board of Governance:

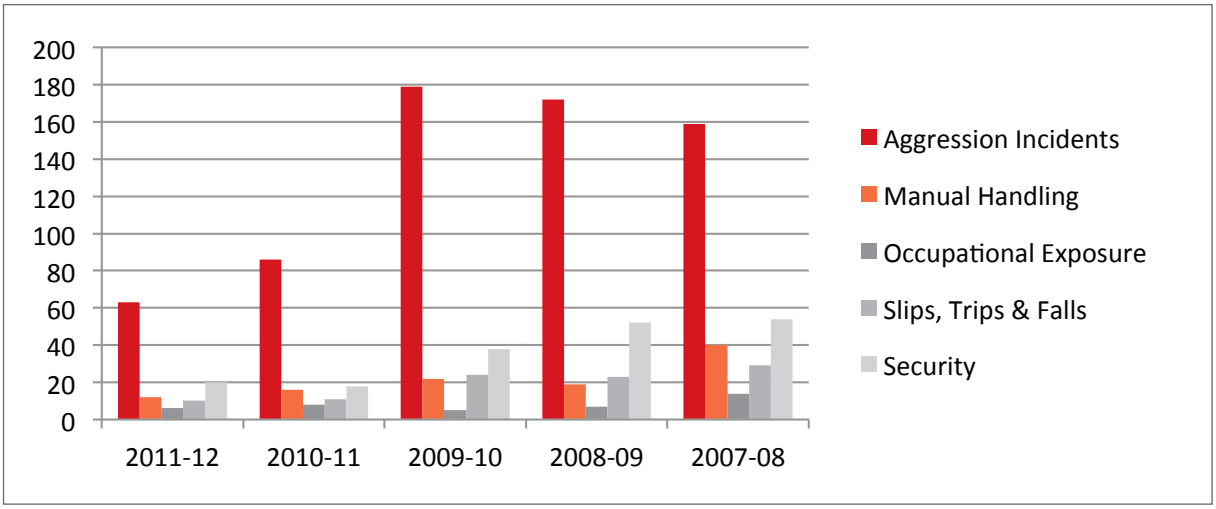
Indicators:

- Assault and aggression against staff
- Manual handling injuries
- Occupational exposure to hazardous materials or unmitigated risks
- Slips, trips and falls, and
- Security

Proof of improvement

In 2011/12 there were no incidents required to be reported to WorkSafe Victoria.

How we perform: Annual Occupational Health and Safety – Comparative Data



The graph above illustrates a continued decrease in OH&S incidents over the last five years with some decreasing significantly as a result of strategically focused training, increased promotion of OHS and equipment designed to reduce manual handling issues.

Pre-emptive safety management and actions will remain a critical focus of our organisation, keeping employees, contractors and the community we care for, safe.

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.

An Essential Safety Measures Report is completed annually confirming the safety of buildings.

A comprehensive preventative maintenance program ensures regular checks of essential equipment, including fire sprinklers, hot water systems, air conditioning, emergency generator and patient lifters so they remain in excellent working condition.

Whistleblower Protection – A Statement

In accordance with the *Whistleblower's Protection Act 2001* this Service has procedures in place to facilitate making a disclosure of improper conduct, to provide the utmost protection for persons who make such a disclosure and to provide for investigation of disclosures.

The Whistleblower Policy which outlines the process of making a disclosure is available on the Service intranet which is freely accessible for all staff.

The Operations Manager is the protected disclosure officer for West Wimmera Health Service.

Environmental Ethos

West Wimmera strives to manage its operations in a manner which protects human health and the environment by continually seeking new and innovative ways to meet environmental goals through conservation, reduction, re-use and recycling.

The Views of Our Consumers

Compliments are a signal that our actions are meeting their target. Complaints on the other hand are an indicator that we need to investigate where improvements may be required.

There is a system in place which ensures compliments are communicated to staff and complaints are managed in a timely fashion in consultation with all persons involved and the outcome communicated promptly.

Growth and improvement in our Service is a direct result of constructive comments from all forms of feedback, written or verbal and provide a valuable opportunity to understand the patient and client experience.

We received 114 compliments, testament to the exceptionally commendable work ethic our staff exhibit.

"I can't say enough about how good the staff have been. Thanks so much."

"My aunt and then my Mum have both been welcomed into the Natimuk family, everyone is helpful & cheerful."

"I was very impressed with the quality, choice and taste of food whilst in hospital."

Valuable Information – an Opening for Improvement

We received 25 complaints during the year, a significant reduction from the previous year. Generally there have been significant reductions in the concerns raised.

Complaints	2011-12	2010-11	2009-10	2008-09	2007-08	2006-07
Clinical Care	10	13	25	16	18	15
Maintenance	1	7	10	21	11	36
Food	12	6	11	23	9	3
Other	2	5	21	2	7	6
	25	31	67	62	45	60

The gap between compliments and complaints continues to widen, proof of our vigilance in ensuring the very best of care and services for our community.

Responsible Officers for our Service
- 1 July 2011 to 30 June 2012

Australian Government

The Hon Nicola Roxon MP, Minister for Health and Ageing (to 14 December 2011)

The Hon Tanya Plibersek MP, Minister for Health (from 14 December 2011)

The Hon Mark Butler MP, Minister for Mental Health and Ageing, Minister for Social Inclusion, Minister Assisting the Prime Minister on Mental Health Reform

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

Senator the Hon Jan McLucas, Parliamentary Secretary for Disabilities and Carers

The Hon Warren Snowdon MP, Minister for Veterans' Affairs, Minister for Defence Science and Personnel, Minister for Indigenous Health

The Hon John Forrest MP, Member for Mallee, Shadow Parliamentary Secretary for Trade

Victorian Government

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

The Hon Mary Wooldridge MP, Minister for Mental Health, Minister for Women's Affairs, Minister for Community Services

The Hon Robert Clark MP, Minister for Finance, Attorney-General

The Hon Hugh Delahunty MP, Minister for Sport & Recreation, Minister for Veterans' Affairs, Member for Lowan

The Hon Ryan Smith MP, Minister for Environment and Climate Change, Minister for Youth Affairs

The Hon Wendy Lovell MLC, Minister for Children and Early Childhood Development, Minister for Housing

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

Ms Fran Thorn, Secretary (to 19 January 2012)

Mr Lance Wallace PSM, Acting Secretary (from 20 January 2012), Executive Director Finance and Corporate Services

Professor Chris Brook PSM, Executive Director Wellbeing, Integrated Care and Ageing

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

Ms Gill Callister, Secretary

Mr Mike Debinski, acting Executive Director, Disability Services

Mr Arthur Rogers, acting Director of Housing, Executive Director of Housing and Community Building

Ms Cristina Asquini, Executive Director, Children, Youth and Families

Ms Leanne Miller, Regional Director, Grampians Region

Financial Performance Overview

The unique environment in which West Wimmera Health Service operates presents special financial challenges.

With a diverse and extensive service profile delivered across a large and remote geographical area, the Service's cost and revenue bases must be carefully managed to ensure satisfactory financial outcomes are achieved on a continuing and sustainable basis.

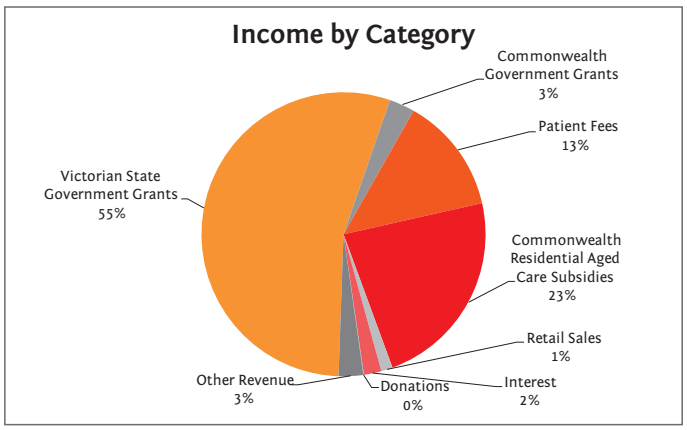
The 2011-2012 financial year marks the seventh consecutive year that a surplus Net Result before Capital and Specific Items (income less expenses before capital items) has been reported.

Operating Statement **Financial Year Ending 30 June**

	2012 $'000s	2011 $'000s	2010 $'000s	2009 $'000s	2008 $'000s
Revenue	32,496	29,453	28,558	26,733	25,961
Employee Related Expenditure	(22,210)	(21,212)	(20,228)	(18,339)	(18,119)
Non-Salary Labour Costs	(1,458)	(1,104)	(1,042)	(1,201)	(1,161)
Supplies & Consumables	(2,263)	(2,218)	(2,208)	(2,224)	(1,882)
Other Expenses	(6,353)	(4,722)	(4,527)	(4,370)	(4,349)
Net Result before Capital & Specific Items	**212**	**197**	**553**	**599**	**450**
Net Capital Items & Specific Items (includes depreciation)	(2,211)	(2,847)	(2,412)	(174)	1,023
Net Result for the Year	(1,999)	(2,650)	(1,859)	425	1,473

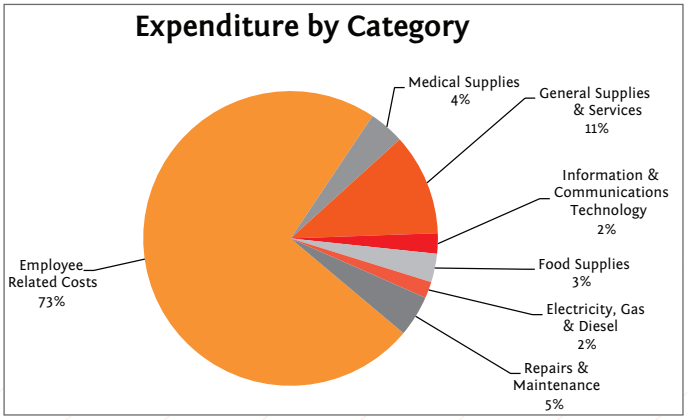
Operating Income

The following chart shows the major sources of total operating income by percentage with the Victorian State Government (predominantly the Department of Health) being the largest funder with contributing some 55% (2010-2011: 59%) of total operating income.



Operating Expenditure

At $23.7m Employee Related Costs make up the Service's largest category of Operating Expenditure at 73% (2010-2011: 76%).



Balance Sheet

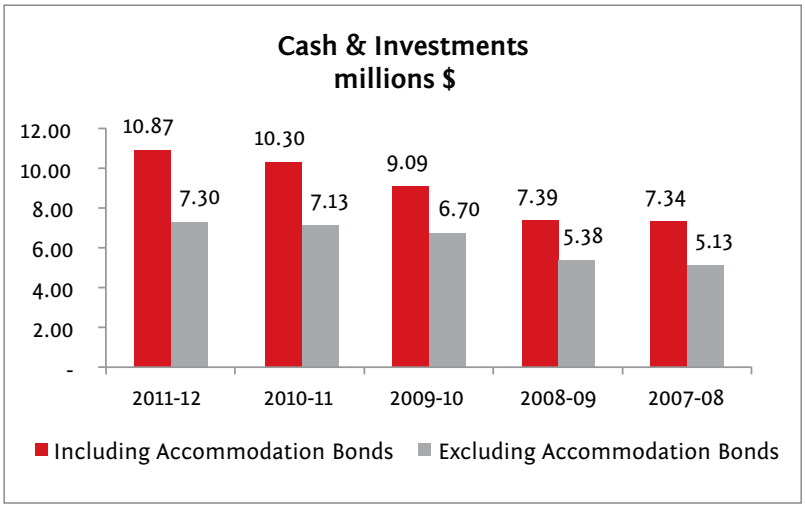
The following table shows the Service's Balance Sheet in the context of the past five years.

	2012 $'000s	2011 $'000s	2010 $'000s	2009 $'000s	2008 $'000s
Current Assets	11,636	11,108	9,941	8,228	8,255
Non-Current Assets	45,842	46,885	49,944	52,596	42,894
Current Liabilities	(11,392)	(10,002)	(9,287)	(8,580)	(9,317)
Non-Current Liabilities	(897)	(802)	(639)	(522)	(433)
Net Assets (Equity)	**45,189**	**47,189**	**49,959**	**51,722**	**41,399**

Cash and Investments

A key component of the Service's Balance Sheet is Cash and Investments which totalled $10.87m at 30 June 2012 ($10.3m at 30 June 2011).

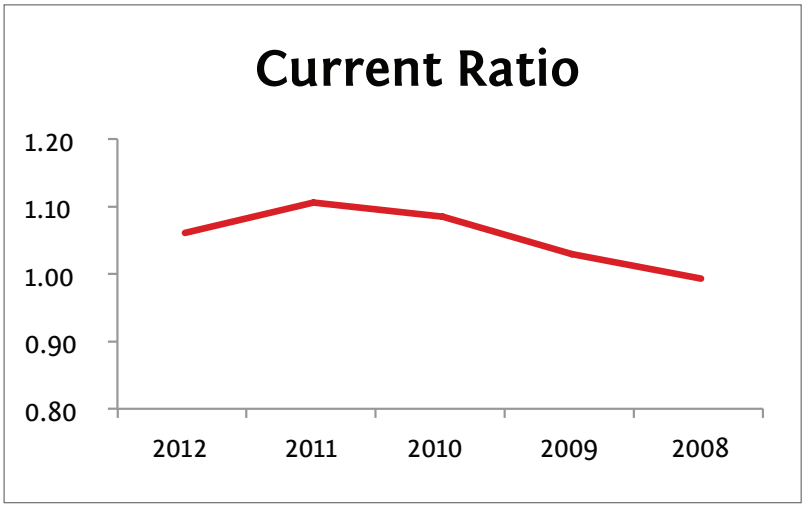
These figures include accommodation bond monies held on behalf of residential aged care residents which, when removed from these totals result in $7.3m of Service Cash and Investments at 30 June 2012 ($7.13m at 30 June 2011).



Financial Ratios

Current Ratio: 1.02
At 30 June 2012 Current Ratio (Current Assets divided by Current Liabilities) was 1.02 (2010-2011: 1.11). This means that for every dollar of current liabilities payable by the Service it holds $1.02 in current assets. A Current Ratio of this magnitude indicates that the Service remains able to meet its current liabilities as and when they fall due.

Quick Asset Ratio: 1.04
The Quick Asset Ratio is similar to the Current Ratio but provides a better indication of the Service's short term solvency by only including those current assets and current liabilities of a short term nature. This result means that the Service has $1.04 in liquid assets for every one dollar of short term liabilities (2010-2011: 1.08).

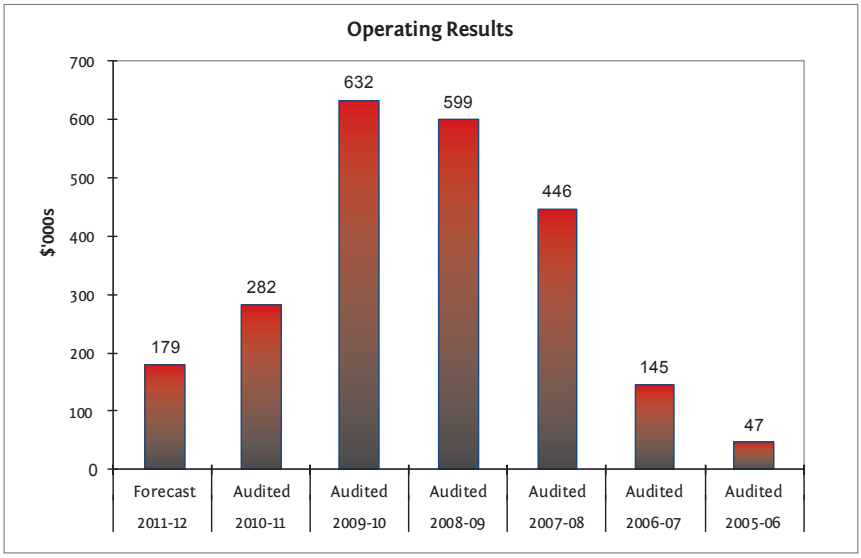


Debt to Equity (Gearing) Ratio: 0.27
This ratio is used to indicate the degree to which the Service relies on externally sourced funding and the result of 0.27 shows that only a very small amount of such funding is required (2010:2011: 0.23).

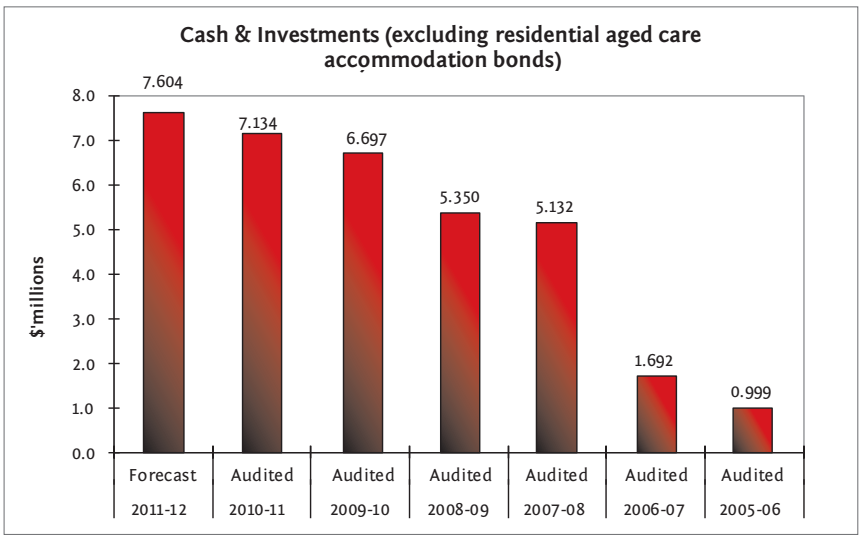
Debtors Days: 35
On average it took the Service 35 days to recoup money owed to it for patient, client and resident fees over the year.

Creditors Days: 35
This measure shows that it also took the Service on average 35 days to pay its creditors.

WWHS's operating results for the past seven years.



WWHS continues to hold sufficient cash reserves.



Conclusion

The sound financial results recorded for the 2011-2012 financial year are testament to the dedicated and sustained efforts by the Service to properly fund the wide range of health services it provides while maintaining the high levels of quality and safety for which it has become renowned.

This concludes the Report of Operations for West Wimmera Health Service Annual Report 2011-2012

Following are the Financial Statements for West Wimmera Health Service Annual Report 2011-2012

VAGO

Victorian Auditor-General's Office

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Melbourne VIC 3000
Telephone 61 3 8601 7000
Facsimile 61 3 8601 7010
Email comments@audit.vic.gov.au
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INDEPENDENT AUDITOR'S REPORT

To the Board Members of West Wimmera Health Service

The Financial Report

The accompanying financial report for the year ended 30 June 2012 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, 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 and fair presentation 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.

Independent Auditor's Report (continued)

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.

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 2012 and of its financial performance and its cash flows for the year then ended in accordance with applicable Australian Accounting Standards, 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 2012 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
3 September 2012

for 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 2012 and the financial position of West Wimmera Health Service at 30 June 2012.

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 31 August 2012	Nhill 31 August 2012	Nhill 31 August 2012

West Wimmera Health Service
Comprehensive Operating Statement
For the Year Ended 30 June 2012

	Note	2012 $'000	2011 $'000
Revenue from Operating Activities	2	31,823	28,805
Revenue from Non-Operating Activities	2	673	648
Employee Expenses	3	(22,210)	(21,212)
Non Salary Labour Costs	3	(1,458)	(1,104)
Supplies & Consumables	3	(2,263)	(2,218)
Other Expenses	3	(6,353)	(4,722)
Net Result Before Capital & Specific Items		**212**	**197**
Capital Purpose Income	2	1,520	824
Depreciation and Amortisation	4	(3,716)	(3,669)
Finance Costs	5	(15)	(2)
COMPREHENSIVE RESULT FOR THE YEAR		**(1,999)**	**(2,650)**

This Statement should be read in conjunction with the accompanying notes.

West Wimmera Health Service
Balance Sheet
As at 30 June 2012

	Note	2012 $'000	2011 $'000
Current Assets			
Cash and Cash Equivalents	6	10,866	10,298
Receivables	7	631	626
Inventories	8	110	161
Other Assets	9	29	23
Total Current Assets		**11,636**	**11,108**
Non-Current Assets			
Receivables	7	418	231
Property, Plant & Equipment	10	45,424	46,654
Total Non-Current Assets		**45,842**	**46,885**
TOTAL ASSETS		**57,478**	**57,993**
Current Liabilities			
Payables	11	1,174	949
Employee Benefits & Related On-Costs Provisions	12	6,047	5,199
Other Liabilities	13	4,170	3,854
Total Current Liabilities		**11,391**	**10,002**
Non-Current Liabilities			
Employee Benefits & Related On-Costs Provisions	12	897	802
Total Non-Current Liabilities		**897**	**802**
TOTAL LIABILITIES		**12,288**	**10,804**
NET ASSETS		**45,190**	**47,189**
EQUITY			
Property, Plant & Equipment Revaluation Surplus	14a	10,050	10,050
Restricted Specific Purpose Surplus	14a	427	770
Contributed Capital	14b	25,924	25,924
Accumulated Surpluses/(Deficits)	14c	8,789	10,445
TOTAL EQUITY	14	**45,190**	**47,189**
Commitments	17		
Contingent Assets and Contingent Liabilities	18		

This Statement should be read in conjunction with the accompanying notes.

West Wimmera Health Service
Statement of Changes in Equity
For the Year Ended 30 June 2012

	Note	Property, Plant & Equipment Revaluation Surplus $'000	Restricted Specific Purpose Surplus $'000	Contrib'd Capital $'000	Accum'ted Surpluses/ (Deficits) $'000	Total $'000
Balance at 1 July 2010		**10,050**	**754**	**25,924**	**13,111**	**49,839**
Net result for the year		-	-	-	(2,650)	(2,650)
Transfer to / (from) accumulated surplus	14a,b,c	-	16	-	(16)	-
Balance at 30 June 2011		**10,050**	**770**	**25,924**	**10,445**	**47,189**
Net result for the year		-	-	-	(1,999)	(1,999)
Transfer to / (from) accumulated surplus	14a,b,c	-	(343)	-	343	-
Balance at 30 June 2012		**10,050**	**427**	**25,924**	**8,789**	**45,190**

This Statement should be read in conjunction with the accompanying notes

West Wimmera Health Service
Cash Flow Statement
For the Year Ended 30 June 2012

	Note	2012 $'000	2011 $'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Operating Grants from Government		18,425	17,750
Patient and Resident Fees Received		11,684	9,767
Donations and Bequests Received		23	49
GST Received from/(paid to) ATO		(59)	43
Interest Received		650	571
Other Receipts		1,399	923
Employee Expenses Paid		(19,844)	(19,647)
Non Salary Labour Costs		(1,458)	(1,104)
Payments for Supplies & Consumables		(9,036)	(8,139)
Finance Costs		(15)	(2)
Cash Generated from Operations		**1,769**	**211**
Capital Grants from Government		922	380
Capital Donations and Bequests Received		121	114
Other Capital Receipts		467	345
NET CASH INFLOW FROM OPERATING ACTIVITIES	15	**3,279**	**1,050**
CASH FLOWS FROM INVESTING ACTIVITIES			
Payments for Non-Financial Assets		(3,062)	(1,067)
Proceeds from sale of Non-Financial Assets		585	375
NET CASH INFLOW/(OUTFLOW) FROM INVESTING ACTIVITIES		**(2,477)**	**(692)**
CASH FLOWS FROM FINANCING ACTIVITIES			
Proceeds from Borrowings		192	252
Repayment of Borrowings		(192)	(252)
NET CASH INFLOW/(OUTFLOW) FROM FINANCING ACTIVITIES		**-**	**-**
NET INCREASE IN CASH AND CASH EQUIVALENTS HELD		**802**	**358**
CASH AND CASH EQUIVALENTS AT BEGINNING OF YEAR		**6,450**	**6,092**
CASH AND CASH EQUIVALENTS AT END OF YEAR	6	**7,252**	**6,450**

This Statement should be read in conjunction with the accompanying notes

Notes to the financial statements
30 June 2012

Table of Contents

Note 1: Summary of significant accounting policies

(a) Statement of compliance

These financial statements are general purpose financial statements which have been prepared in accordance with the *Financial Management Act 1994* and applicable Australian Accounting Standards (AASs) issued by the Australian Accounting Standards Board (AASB).

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.

The Service is a not-for profit entity and therefore applies the additional Aus paragraphs applicable to "not-for-profit" Health Services under the AASs.

The annual financial statements were authorised for issue by the Board of West Wimmera Health Service on 31 August 2012.

(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 2012, and the comparative information presented in these financial statements for the year ended 30 June 2011.

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

These financial statements are presented in Australian dollars, the functional and presentation 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 professional judgements

derived from historical experience and various other factors that are believed to be reasonable under the circumstances. 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.

Its 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) 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 includes 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 shares 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 2b to the financial statements. The Residential Aged Care Service's operations are substantially funded from Commonwealth bed-day subsidies.

Comprehensive operating statement

The Comprehensive operating statement includes the subtotal entitled 'Net Result Before Capital & Specific Items' to enhance the understanding of the financial performance of the Service. This subtotal reports the result excluding items such as capital grants and depreciation. 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, which 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, as described in Note 1 (f).

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*.

(e) Income recognition

Income is recognised in accordance with AASB 118 *Revenue* and is recognised 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 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 fees are recognised as revenue at the time invoices are raised.

Revenue from commercial activities

Revenue from commercial activities is recognised 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 surplus, such as the specific restricted purpose surplus.

Interest Revenue

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

(f) 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 superannuation 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 superannuation 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 during the reporting period. 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 the defined benefit and defined contribution plans. The defined benefit plan(s) 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:

Fund	Contributions Paid or Payable for the year	
	2012	2011
	$'000	$'000
Defined benefit plans:		
Health Super Superannuation Fund	39	39
Other	9	6
Defined contribution plans:		
Health Super Superannuation Fund	1,529	1,490
Other	147	127
Totals	1,724	1,662

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.

	2012	2011
Buildings		
- Structure Shell Building Fabric	22 to 33 years	22 to 33 years
- Site Engineering Services	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 Fitting	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 relate to interest on residential aged care accommodation bonds payable.

(g) Financial instruments

Financial instruments arise out of contractual agreements that give rise to a financial asset of one entity and a financial liability or equity instrument of another entity. Due to the nature of

the Service's activities, certain financial assets and financial liabilities arise under statute rather than a contract. Such financial assets and financial liabilities do not meet the definition of financial instruments in AASB 132 Financial Instruments: Presentation. For example, statutory receivables arising from taxes, fines and penalties do not meet the definition of financial instruments as they do not arise under contract.

Where relevant, for note disclosure purposes, a distinction is made between those financial assets and financial liabilities that meet the definition of financial instruments in accordance with AASB 132 and those that do not.

The following refers to financial instruments unless otherwise stated.

Categories of non-derivative financial instruments

Loans and receivables

Loans and receivables are financial instrument assets with fixed and determinable payments that are not quoted on an active market. These assets are initially recognised at fair value plus any directly attributable transaction costs.

The Loans and receivables category includes cash and deposits (refer to Note 1(h)), term deposits with maturity greater than three months, trade receivables, loans and other receivables, but not statutory receivables.

(h) 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 three months or less, which are held for the purpose of meeting short term cash commitments rather than for investment purposes, which are readily convertible to known amounts of cash and are subject to insignificant risk of changes in value.

Receivables

Receivables consist of:

- Contractual receivables, which includes mainly debtors in relation to goods and services, loans to third parties, accrued investment income, and finance lease receivables; and
- Statutory receivables, which includes predominantly amounts owing from the Victorian Government and GST input tax credits recoverable.

Receivables that are contractual are classified as financial instruments and categorised as loans and receivables. Statutory receivables are recognised and measured similarly to contractual receivables (except for impairment), but are not classified as financial instruments because they do not arise from a contract. Receivables are recognised at nominal amounts due.

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 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.

All Service investments are classified as Cash and Cash Equivalents.

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 are subject to annual review for impairment.

Impairment of Financial Assets

At the end of each reporting period West Wimmera Health Service assesses whether there is objective evidence that a financial asset or group of financial asset is impaired. All financial instrument assets are subject to annual review for impairment.

Receivables are assessed for bad and doubtful debts on a regular basis. Bad debts considered as written off and allowances for doubtful receivables are expensed.

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.

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*.

(i) 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 and 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.

Crown Land is measured at fair value with regard to the property's highest and best use after due consideration is made for any legal or constructive restrictions imposed on the asset, public announcements or commitments made in relation to the intended use of the asset. Theoretical opportunities that may be available in relation to the asset(s) are not taken into account until it is virtually certain that any restrictions will no longer apply.

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 surplus is not transferred to accumulated funds on derecognition of the relevant asset.

In accordance with FRD 103D, West Wimmera Health 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.

(j) Liabilities

Payables

Payables consist of contractual payables which themselves consist predominantly of accounts payable representing 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 those goods and services. The normal credit terms for accounts payable are usually Nett 30 days.

Contractual payables are recognised at nominal value. Statutory payables are recognised and measured similarly to contractual payables, but are not classified as financial instruments and

not included in the category of financial liabilities at amortised cost, because they do not arise from a contract.

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 liability 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 employee's 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 also recognised in the provision for employee benefits as current liabilities, but are 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 and 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 the 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.

(k) 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.

(l) 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 Revaluation Surplus

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

Specific Restricted Purpose Surplus

A specific restricted purpose surplus 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.

(m) Commitments

Commitments for future expenditure include operating and capital commitments arising from contracts. These commitments are disclosed by way of a note (refer to note 17) at their nominal value and are inclusive of the goods and services tax ("GST") payable. These future expenditures cease to be disclosed as commitments once the related liabilities are recognised on the balance sheet.

(n) 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.

(o) Goods and Services Tax ("GST")

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 inclusive 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.

(p) Rounding

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

Minor discrepancies in tables between totals and sum of components are due to rounding.

(q) AASs issued that are not yet effective

Certain new Australian accounting standards and interpretations have been published that are not mandatory for the 30 June 2012 reporting period.

As at 30 June 2012, the following standards and interpretations had been issued by the AASB but were not yet effective. They become effective for the first financial statements for reporting periods commencing after the stated operative dates as detailed in the table below. West Wimmera Health Service has not and does not intend to adopt these standards early.

Standard/Interpretation	***Summary***	***Applicable for annual reporting periods beginning on***	***Impact on the Service's financial statements***
AASB 9 *Financial instruments*	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 *Financial Instruments: Recognition and Measurement* (AASB 139 *Financial Instruments: Recognition and Measurement*).	1 Jan 2013	Detail of impact is still being assessed.
AASB 11 *Joint Arrangements*	This Standard requires entities that have an interest in arrangements that are controlled jointly to assess whether the arrangement is a joint operation or joint venture. AASB 11 shall be applied for an arrangement that is a joint operation. It also replaces parts of requirements in AASB 131 *Interests in Joint Ventures*.	1 Jan 2013	Not-for-profit entities are not permitted to apply this Standard prior to the mandatory application date. The AASB is assessing the applicability of principles in AASB 11 in a not-for-profit context. As such, impact will be assessed after the AASB's deliberation.
AASB 13 *Fair Value Measurement*	This Standard outlines the requirements for measuring the fair value of assets and liabilities and replaces the existing fair value definition and guidance in other AASs. AASB 13 includes a 'fair value hierarchy' which ranks the valuation technique inputs into three levels using unadjusted quoted prices in active markets for identical assets or liabilities; other observable inputs; and unobservable inputs.	1 Jan 2013	Disclosure for fair value measurements using unobservable inputs are relatively onerous compared to disclosure for fair value measurements using observable inputs. Consequently, the Standard may increase the disclosures for public sector entities that have assets measured using depreciated replacement cost.
AASB 1053 *Application of Tiers of Australian Accounting Standards*	This Standard establishes a differential financial reporting framework consisting of two tiers of reporting requirements for preparing general purpose financial statements.	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 in the Victorian public sector.

Standard/Interpretation	***Summary***	***Applicable for annual reporting periods beginning on***	***Impact on the Service's financial statements***
AASB 2009-11 *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 and 12]*	This Standard gives effect to consequential changes arising from the issuance of AASB 9.	1 Jan 2013	No significant impact is expected from these consequential amendments on entity reporting.
AASB 2010-2 *Amendments to Australian Accounting Standards arising from Reduced Disclosure Requirements*	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.	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 in the Victorian public sector.
AASB 2010-7 *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 & 1038 and Interpretations 2, 5, 10, 12, 19 & 127]*	These consequential amendments are in relation to the introduction of AASB 9.	1 Jan 2013	No significant impact is expected from these consequential amendments on entity reporting.
AASB 2011-4 *Amendments to Australian Accounting Standards to Remove Individual Key Management Personnel Disclosure Requirements [AASB 124]*	This Standard amends AASB 124 *Related Party Disclosures* by removing the disclosure requirements in AASB 124 in relation to individual key management personnel (KMP).	1 July 2013	No significant impact is expected from these consequential amendments on entity reporting.
AASB 2011-8 *Amendments to Australian Accounting Standards arising from AASB 13 [AASB 1, 2, 3, 4, 5, 7, 9, 2009-11, 2010-7, 101, 102, 108, 110, 116, 117, 118, 119, 120, 121, 128, 131, 132, 133, 134, 136, 138, 139, 140, 141, 1004, 1023 & 1038 and Interpretations 2, 4, 12, 13, 14, 17, 19, 131 & 132]*	This amending Standard makes consequentical changes to a range of Standards and Interpretations arising from the issuance of AASB 13. In particular, this Standard replaces the existing definition and guidance of fair value measurements in other Australian Accounting Standards and Interpretations.	1 Jan 2013	Disclosures for fair value measurements using unobservable inputs is potentially onerous, and may increase disclosures for assets measured using depreciated replacement cost.
AASB 2011-10 *Amendments to Australian Accounting Standards arising from AASB 119 (September 2011) [AASB 1, AASB 8, AASB 101, AASB 124, AASB 134, AASB 1049 & AASB 2011-8*	This Standard makes consequential changes to a range of other Australian Accounting Standards and Interpretaion arising from the issuance of AASB 119 *Employee Benefits*.	1 Jan 2013	No significant impact is expected from these consequential amendments on entity reporting.

Standard/Interpretation	*Summary*	*Applicable for annual reporting periods beginning on*	*Impact on the Service's financial statements*
and Interpretation 14]			
AASB 2011-11 *Amendments to AASB 119 (September 2011) arising from Reduced Disclosure Requirements*	This Standard makes amendments to AASB 119 *Employee Benefits* (September 2011), to incorporate reduced disclosure requirements into the Standard for entities applying Tier 2 requirements in preparing general purpose financial statements.	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 in the Victorian public sector.
2012-1 *Amendments to Australian Accounting Standards - Fair Value Measurement - Reduced Disclosure Requirements* *[AASB 3, AASB 7, AASB 13, AASB 140 & AASB 141]*	This amending Standard prescribes the reduced disclosure requirements in a number of Australian Accounting Standards as a consequence of the issuance of AASB 13 *Fair Value Measurement*.	1 July 2013	As the Victorian whole of government and the general government (GG) sector are subject to Tier 1 reporting requirements (refer to AASB 1053 *Application of Tiers of Australian Accounting Standards*), the reduced disclosure requirements included in AASB 2012-1 will not affect the financial reporting for Victorian whole of government and GG sector.

(r) Category groups

The 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 form 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, diabetes education, dietetics, speech pathology, 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 hospital's 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.

Note 2: Revenue

	HSA 2012 $'000	HSA 2011 $'000	H&CI 2012 $'000	H&CI 2011 $'000	Total 2012 $'000	Total 2011 $'000
Revenue from Operating Activities						
Government Grants						
- Department of Health	16,852	15,924	-	-	16,852	15,924
- Department of Human Services	258	274	-	-	258	274
- Dental Health Services Victoria	283	312	-	-	283	312
- State Government - Other						
- Department of Education	172	163	-	-	172	163
- Commonwealth Government						
- Residential Aged Care Subsidy	7,449	6,149	-	-	7,449	6,149
- Other	944	851	-		944	851
Total Government Grants	**25,958**	**23,673**	**-**	**-**	**25,958**	**23,673**
Indirect Contributions by Department of Health						
- Insurance	42	437	-	-	42	437
- Long Service Leave	187	146	-	-	187	146
Total Indirect Contributions by Department of Health	**229**	**583**	**-**	**-**	**229**	**583**
Patient and Resident Fees						
- Patient and Resident Fees (refer note 2b)	2,292	1,937	-	-	2,292	1,937
- Residential Aged Care (refer note 2b)	1,943	1,869	-	-	1,943	1,869
Total Patient & Resident Fees	**4,235**	**3,806**	**-**	**-**	**4,235**	**3,806**
Business units						
- Dental Services	-	-	153	77	153	77
- Meals on Wheels	-	-	112	111	112	111
- Diagnostic Imaging	-	-	230	132	230	132
Total Business Units	-	-	495	320	495	320
Donations & Bequests	-	-	23	49	23	49
Other Revenue from Operating Activities	560	310	-	-	560	310
Other Revenue from Operating Activities - GRHA	323	64	-	-	323	64
Total Revenue from Operating Activities	**31,305**	**28,436**	**518**	**369**	**31,823**	**28,805**
Revenue from Non-Operating Activities						
Interest	-	-	647	566	647	566
Interest - GRHA	-	-	3	5	3	5
Property Income	-	-	23	77	23	77
Total Revenue from Non-Operating Activities	**-**	**-**	**673**	**648**	**673**	**648**
Capital Purpose Income						
State Government Capital Grants						
- Targeted Capital Works and Equipment	26	169	-	-	26	169
- Equipment and Infrastructure Maintenance	160	211	-	-	160	211
Commonwealth Government Capital Grants	736	-	-	-	736	-
Residential Accommodation Payments (refer note 2b)	-	-	467	397	467	397
Net Gain/(Loss) on Disposal of Non-Financial Assets (refer note 2c)	-	-	10	(67)	10	(67)
Donations & Bequests	-	-	121	114	121	114
Total Capital Purpose Income	**922**	**380**	**598**	**444**	**1,520**	**824**
Total Revenue (refer to note 2a)	**32,227**	**28,816**	**1,789**	**1,461**	**34,016**	**30,277**

Indirect contributions by Department of Health: 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.

Note 2a: Analysis of revenue by source

(based on the consolidated view of note 2)

	Admitted Patients 2012 $'000	Outpatients 2012 $'000	Ambulatory 2012 $'000	RAC incl. Mental 2012 $'000	Aged Care 2012 $'000	Primary Health 2012 $'000	Other 2012 $'000	Total 2012 $'000
Revenue from Services Supported by Health Services Agreement								
Government Grants	11,754	-	1,455	9,685	-	2,806	258	25,958
Indirect contributions by Department of Health	88	-	14	78	-	7	42	229
Patient & Resident Fees (refer note 2b)	1,425	20	225	1,943	19	227	376	4,235
Other Revenue from Operating Activities	-	-	-	-	-	-	883	883
Capital Purpose Income (refer note 2)	-	-	-	-	-	-	922	922
Total Revenue from Services Supported by Health Services Agreement	**13,267**	**20**	**1,694**	**11,706**	**19**	**3,040**	**2,481**	**32,227**
Revenue from Services Supported by Hospital and Community Initiatives								
Donations & Bequests (non capital)	-	-	-	-	-	-	23	23
Dental Services	-	-	-	-	-	-	153	153
Meals on Wheels	-	-	-	-	-	-	112	112
Diagnostic Imaging	-	-	-	-	-	-	230	230
Interest	-	-	-	-	-	-	650	650
Property Income	-	-	-	-	-	-	23	23
Capital Purpose Income (refer note 2)	-	-	-	-	-	-	598	598
Total Revenue from Services Supported by Hospital and Community Initiatives	**-**	**-**	**-**	**-**	**-**	**-**	**1,789**	**1,789**
Total Revenue	**13,267**	**20**	**1,694**	**11,706**	**19**	**3,040**	**4,270**	**34,016**

Indirect contributions by Department of Health:

The Department of Health makes payments for insurance 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.

Note 2a: Analysis of revenue by source
(based on the consolidated view of note 2)

	Admitted Patients 2011 $'000	Outpatients 2011 $'000	Ambulatory 2011 $'000	RAC incl. Mental 2011 $'000	Aged Care 2011 $'000	Primary Health 2011 $'000	Other 2011 $'000	Total 2011 $'000
Revenue from Services Supported by Health Services Agreement								
Government Grants	10,506	-	1,485	8,799	-	2,609	274	23,673
Indirect contributions by Department of Health	502	-	7	53	-	14	7	583
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
Total Revenue from Services Supported by Health Services Agreement	**12,026**	**18**	**1,713**	**10,746**	**15**	**2,854**	**1,444**	**28,816**
Revenue from Services Supported by Hospital and Community Initiatives								
Donations & Bequests (non capital)	-	-	-	-	-	-	49	49
Dental Services	-	-	-	-	-	-	77	77
Meals on Wheels	-	-	-	-	-	-	111	111
Diagnostic Imaging	-	-	-	-	-	-	132	132
Interest	-	-	-	-	-	-	571	571
Property Income	-	-	-	-	-	-	77	77
Capital Purpose Income (refer note 2)	-	-	-	-	-	-	444	444
Total Revenue from Services Supported by Hospital and Community Initiatives	**-**	**-**	**-**	**-**	**-**	**-**	**1,461**	**1,461**
Total Revenue	**12,026**	**18**	**1,713**	**10,746**	**15**	**2,854**	**2,905**	**30,277**

Indirect contributions by Department of Health:
The Department of Health makes payments for insurance 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.

Note 2b: Private and Resident Fees

	2012 $'000	2011 $'000
Patient and Resident Fees		
Acute		
– Inpatients	1,425	1,018
– Outpatients	20	18
– Other	847	901
Residential Aged Care		
– Generic	1,846	1,778
– Mental Health	97	91
Total Patient and Resident Fees	**4,235**	**3,806**
Capital Purpose Income:		
Residential Accommodation Payments	467	397
Total Capital Purpose Income	**467**	**397**

Note 2c: Net Gain/(Loss) on Disposal of Non-Financial Assets

	2012 $'000	2011 $'000
Proceeds from Disposals of Non-Current Assets		
Plant and Equipment	51	-
Motor Vehicles	398	326
Land and Buildings	136	-
Total Proceeds from Disposal of Non-Current Assets	**585**	**326**
Less: Written Down Value of Non-Current Assets Sold		
Motor Vehicles	444	393
Land and Buildings	131	-
Total Written Down Value of Non-Current Assets Sold	**575**	**393**
Net gain/(loss) on Disposal of Non-Financial Assets	**10**	**(67)**

Note 3: Expenses

	HSA 2012 $'000	HSA 2011 $'000	H&CI 2012 $'000	H&CI 2011 $'000	Total 2012 $'000	Total 2011 $'000
Employee Expenses						
Salaries & Wages	19,260	18,250	285	345	19,545	18,595
Salaries & Wages - GRHA	54	55	-	-	54	55
WorkCover Premium	196	188	3	4	199	192
WorkCover Premium - GRHA	1	1	-	-	1	1
Departure Packages	-	32	-	-	-	32
Long Service Leave	679	652	7	16	686	668
Long Service Leave - GRHA	1	2	-	-	1	2
Superannuation	1,691	1,625	28	37	1,719	1,662
Superannuation - GRHA	5	5	-	-	5	5
Total Employee Expenses	**21,887**	**20,810**	**323**	**402**	**22,210**	**21,212**
Non Salary Labour Costs						
Fees for Visiting Medical Officers	793	727	178	221	971	948
Agency Costs - Nursing	487	156	-	-	487	156
Total Non Salary Labour Costs	**1,280**	**883**	**178**	**221**	**1,458**	**1,104**
Supplies & Consumables						
Drug Supplies	152	138	-	-	152	138
Medical, Surgical Supplies and Prosthesis	1,008	1,031	94	103	1,102	1,134
Food Supplies	858	790	151	156	1,009	946
Total Supplies & Consumables	**2,018**	**1,959**	**245**	**259**	**2,263**	**2,218**
Other Expenses						
Domestic Services & Supplies	584	501	-	-	584	501
Fuel, Light, Power and Water	625	509	9	26	634	535
Insurance costs funded by the Department of Health	156	424	14	13	170	437
Motor Vehicle Expenses	267	240	2	2	269	242
Motor Vehicle Expenses - GRHA	-	2	-	-	-	2
Repairs & Maintenance	1,305	508	19	9	1,324	517
Maintenance Contracts	73	170	9	16	82	186
Patient Transport	303	169	-	-	303	169
Bad & Doubtful Debts	5	4	-	-	5	4
Lease Expenses	23	24	-	-	23	24
Other Administrative Expenses	2,401	1,902	286	115	2,687	2,017
Other Administrative Expenses - GRHA	237	57	-	-	237	57
Audit Fees						
- VAGO - Audit of Financial Statements	24	23	-	-	24	23
- Other	11	8	-	-	11	8
Total Other Expenses	**6,014**	**4,541**	**339**	**181**	**6,353**	**4,722**
Depreciation (refer note 4)	3,716	3,669	-	-	3,716	3,669
Finance Costs (refer note 5)	15	2	-	-	15	2
Total	**3,731**	**3,671**	**-**	**-**	**3,731**	**3,671**
Total Expenses	**34,930**	**31,864**	**1,085**	**1,063**	**36,015**	**32,927**

Note 3a: Analysis of expenses by source

(based on the consolidated view of Note 3)

	Admitted Patients 2012 $'000	Outpatients 2012 $'000	Ambulatory 2012 $'000	RAC incl. Mental Health 2012 $'000	Aged Care 2012 $'000	Primary Health 2012 $'000	Other 2012 $'000	Total 2012 $'000
Services Supported by Health Services Agreement								
Employee Expenses	6,807	20	1,757	9,775	689	1,871	968	21,887
Non Salary Labour Costs	1,173	-	-	107	-	-	-	1,280
Supplies & Consumables	1,105	18	85	515	22	98	175	2,018
Other Expenses from Continuing Operations	1,686	15	350	1,675	195	495	1,598	6,014
Total Expenses from Services Supported by Health Services Agreement	**10,771**	**53**	**2,192**	**12,072**	**906**	**2,464**	**2,741**	**31,199**
Services Supported by Hospital and Community Initiatives								
Employee Expenses	-	-	-	-	-	-	323	323
Non Salary Labour Costs	-	-	-	-	-	-	178	178
Supplies & Consumables	-	-	-	-	-	-	245	245
Other Expenses from Continuing Operations	-	-	-	-	-	-	339	339
Total Expense from Services Supported by Hospital and Community Initiatives	**-**	**-**	**-**	**-**	**-**	**-**	**1,085**	**1,085**
Depreciation(refer note 4)	1,325	5	275	1,479	110	331	191	3,716
Finance Costs (refer note 5)	-	-	-	-	-	-	15	15
Total Expenses	**12,096**	**58**	**2,467**	**13,551**	**1,016**	**2,795**	**4,032**	**36,015**

Note 3a: Analysis of expenses by source (continued)
(based on the consolidated view of Note 3)

Prior Year	Admitted Patients 2011 $'000	Outpatients 2011 $'000	Ambulatory 2011 $'000	RAC incl. Mental Health 2011 $'000	Aged Care 2011 $'000	Primary Health 2011 $'000	Other 2011 $'000	Total 2011 $'000
Services Supported by Health Services Agreement								
Employee Expenses	6,629	17	1,649	9,037	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	514	4,541
Total Expenses from Services Supported by Health Services Agreement	**9,970**	**44**	**2,078**	**11,173**	**832**	**2,502**	**1,594**	**28,193**
Services Supported by Hospital and Community Initiatives								
Employee Expenses	-	-	-	-	-	-	402	402
Non Salary Labour Costs	-	-	-	-	-	-	221	221
Supplies & Consumables	-	-	-	-	-	-	259	259
Other Expenses from Continuing Operations	-	-	-	-	-	-	181	181
Total Expense from Services Supported by Hospital and Community Initiatives	**-**	**-**	**-**	**-**	**-**	**-**	**1,063**	**1,063**
Depreciation (refer note 4)	1,309	5	272	1,461	109	327	186	3,669
Finance Costs (refer note 5)							2	2
Total Expenses	**11,279**	**49**	**2,350**	**12,634**	**941**	**2,829**	**2,845**	**32,927**

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

	2012 $'000	2011 $'000
Commercial Activities		
Diagnostic Imaging	315	238
Dental Service	619	629
Meals on Wheels	151	196
TOTAL	**1,085**	**1,063**

Note 4: Depreciation

	2012 $'000	2011 $'000
Depreciation		
Buildings - at fair value	3,109	3,111
Buildings - at cost	5	-
Plant & Equipment	127	127
Medical Equipment	222	223
Computers & Communication	13	16
Furniture & Fittings	60	56
Motor Vehicles	180	136
Total Depreciation	**3,716**	**3,669**

Note 5: Finance Costs

	2012 $'000	2011 $'000
Interest on Accommodation Bonds Payable	15	2
Total Finance Costs	**15**	**2**

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.

	2012 $'000	2011 $'000
Cash on Hand	4	4
Cash at Bank	609	207
Cash - GRHA Joint Venture	49	79
Deposits at Call	10,204	10,008
Total Cash and Cash Equivalents	**10,866**	**10,298**
Represented by:		
Cash for Health Service Operations (as per Cash Flow Statement)	7,252	6,450
Cash - GRHA Joint Venture	49	79
Cash for Monies Held in Trust		
- Deposits at Call	3,565	3,769
Total Cash and Cash Equivalents	**10,866**	**10,298**

Note 7: Receivables

	2012 $'000	2011 $'000
CURRENT		
Contractual		
Trade Debtors	136	171
Sundry Debtors - GRHA	54	77
Patient Fees	260	219
Bond Monies Held by Third Parties	3	1
Accrued Revenue	76	115
Less Allowance for Doubtful Debts		
Trade Debtors	(5)	(5)
	524	**578**
Statutory		
GST Receivable	107	48
TOTAL CURRENT RECEIVABLES	**631**	**626**
NON CURRENT		
Statutory		
Long Service Leave - Department of Health	418	231
TOTAL NON-CURRENT RECEIVABLES	**418**	**231**
TOTAL RECEIVABLES	**1,049**	**857**

(a) Movement in the Allowance for doubtful debts

	2012 $'000	2011 $'000
Balance at beginning of year	5	5
Amounts written off during the year	(5)	(4)
Increase/(decrease) in allowance recognised in net result	5	4
Balance at end of year	**5**	**5**

(b) Ageing analysis of receivables
Please refer to note 16(b) for the ageing analysis of contractual receivables

(c) Nature and extent of risk arising from receivables
Please refer to note 16(b) for the nature and extent of credit risk arising from contractual receivables

Note 8: Inventories

	2012 $'000	2011 $'000
Pharmaceuticals - at cost	29	46
Catering Supplies - at cost	11	11
Housekeeping Supplies - at cost	8	8
Medical and Surgical Lines - at cost	56	61
Engineering Stores - at cost	-	23
Administration Stores - at cost	6	12
TOTAL INVENTORIES	**110**	**161**

Note 9: Other Assets

CURRENT	2012 $'000	2011 $'000
Prepayments	28	15
Prepayments - GRHA	1	8
TOTAL OTHER ASSETS	**29**	**23**

Note 10: Property, Plant & Equipment

	2012 $'000	2011 $'000
Land		
Land at Fair Value	698	703
Total Land	**698**	**703**
Buildings		
Buildings Under Construction at cost	1,262	-
Buildings at Cost	176	-
Less Acc'd Depreciation	5	-
Buildings at Fair Value	49,185	49,330
Less Acc'd Depreciation	9,310	6,221
Total Buildings	**41,308**	**43,109**
Plant and Equipment		
Plant and Equipment at Fair Value	2,174	1,977
Plant and Equipment at Fair Value - GRHA	113	80
Less Acc'd Depreciation	1,322	1,209
Less Acc'd Depreciation - GRHA	63	47
Total Plant and Equipment	**902**	**801**
Medical Equipment		
Medical Equipment at Fair Value	4,156	3,707
Less Acc'd Depreciation	2,882	2,845
Total Medical Equipment	**1,274**	**862**
Computers & Communication		
Computers & Communication at Fair Value	1,006	956
Less Acc'd Depreciation	861	864
	145	**92**
Furniture & Fittings		
Furniture & Fittings at Fair Value	1,722	1,644
Less Acc'd Depreciation	1,354	1,292
	368	**352**
Motor Vehicles		
Motor Vehicles at Fair Value	1,273	1,250
Motor Vehicles at Fair Value - GRHA	4	4
Less Acc'd Depreciation	547	518
Less Acc'd Depreciation - GRHA	1	1
	729	**735**
TOTAL PROPERTY, PLANT & EQUIPMENT	**45,424**	**46,654**

Note 10: Property, Plant & Equipment (continued)

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 is set out below.

	Land	Buildings	Plant & Equipment	Medical Equipment	Comps. & Comms	Assets Under Construction	Furn. & Fittings	Motor Vehicles	Total
	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000
Balance at 1 July 2010	**703**	**46,220**	**647**	**915**	**27**	**-**	**378**	**752**	**49,642**
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)
Balance at 1 July 2011	**703**	**43,109**	**801**	**862**	**92**	**-**	**352**	**735**	**46,654**
Additions	-	176	197	634	66	1,262	76	619	3,030
Additions - GRHA	-	-	32	-	-	-	-	-	32
Disposals	(5)	(126)	(1)	-	-	-	-	(445)	(577)
Depreciation and Amortisation (note 4)	-	(3,113)	(127)	(222)	(13)	-	(60)	(180)	(3,715)
Balance at 30 June 2012	**698**	**40,046**	**902**	**1,274**	**145**	**1,262**	**368**	**729**	**45,424**

Land and buildings carried at valuation

An independent valuation of the Health 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

	2012 $'000	2011 $'000
CURRENT		
Contractual		
Trade Creditors	900	763
Trade Creditors - GRHA	14	58
Accrued Expenses	249	126
Other	11	2
TOTAL PAYABLES	**1,174**	**949**

(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: Employee Benefits & Related On-Costs Provisions

	2012 $'000	2011 $'000
Current Provisions		
Employee Benefits		
- Unconditional and expected to be settled within 12 months	3,390	2,852
- Unconditional and expected to be settled after 12 months	2,657	2,347
Total Current Provisions	**6,047**	**5,199**
Non-Current Provisions		
Employee Benefits	897	802
Total Non-Current Provisions	**897**	**802**
Total Provisions	**6,944**	**6,001**
(a) Employee Benefits and Related On-Costs		
Current Employee Benefits and related on-costs		
Unconditional LSL Entitlement	2,657	2,347
Annual Leave Entitlements	2,439	2,314
Accrued Wages and Salaries	728	357
Accrued Days Off	223	181
Non-Current Employee Benefits and related on-costs		
Conditional Long Service Leave Entitlements (present value)	897	802
Total Employee Benefits	**6,944**	**6,001**

	2012 $'000	2011 $'000
(b) Movements in provisions		
Movement in Long Service Leave:		
Balance at start of year	**3,149**	**2,789**
Provision made during the year		
- Expense recognising Employee Service	687	667
Settlement made during the year	(283)	(307)
Balance at end of year	**3,553**	**3,149**

Note 13: Other Liabilities

	2012 $'000	2011 $'000
CURRENT		
Income in Advance		
- Regional Primary Health Service Program	-	85
Monies Held in Trust*		
- Patient Monies Held in Trust*	1	1
- Accommodation Bonds (Refundable Entrance Fees)*	4,169	3,768
Total Current	**4,170**	**3,854**
*** Total Monies Held in Trust**		
Represented by the following assets:		
Cash Assets (refer to Note 6)	4,170	3,769
TOTAL	**4,170**	**3,769**

Note 14: Equity

	2012 $'000	2011 $'000
(a) Surpluses		
Property, Plant & Equipment Revaluation Surplus		
Balance at the beginning of the reporting period	10,050	10,050
Balance at the end of the reporting period*	**10,050**	**10,050**
* Represented by:		
- Land	237	237
- Buildings	9,813	9,813
	10,050	**10,050**
Restricted Specific Purpose Surplus		
Balance at the beginning of the reporting period	770	754
Transfer Accumulated Surpluses	(343)	16
Balance at the end of the reporting period	**427**	**770**
Total Surpluses	**10,477**	**10,820**
(b) Contributed Capital		
Balance at the beginning of the reporting period	25,924	25,924
Balance at the end of the reporting period	**25,924**	**25,924**
(c) Accumulated Surpluses/(Deficits)		
Balance at the beginning of the reporting period	10,302	12,902
Balance at the beginning of the reporting period - GRHA	143	209
Net Result for the Year	(1,998)	(2,584)
Net Result for the Year - GRHA	(1)	(66)
Transfer from Restricted Purpose Reserve	343	(16)
Balance at the end of the reporting period	**8,789**	**10,445**
Total Equity at end of financial year	**45,190**	**47,189**

Note 15: Reconciliation of Net Result for the Year to Net Cash Inflow/(Outflow) from Operating Activities

	2012 $'000	2011 $'000
Net Result for the Year	(1,999)	(2,650)
Depreciation & Amortisation	3,716	3,669
Net (Gain)/Loss from Disposal of Non Financial Physical Assets	(10)	67
Change in Operating Assets & Liabilities		
(Increase)/Decrease in Receivables	(5)	140
(Increase)/Decrease in Prepayments	(6)	7
Increase/(Decrease) in Payables	225	(155)
Increase/(Decrease) in Provisions	991	399
Increase/(Decrease) in Other Liabilities	316	(506)
Change in Inventories	51	79
NET CASH INFLOW/(OUTFLOW) FROM OPERATING ACTIVITIES	**3,279**	**1,050**

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 policy parameters.

Categorisation of financial instruments

	Carrying Amount 2012 $'000	Carrying Amount 2011 $'000
Financial Assets		
Cash and cash equivalents	10,866	10,298
Loans and Receivables	445	462
Total Financial Assets	**11,311**	**10,760**
Financial Liabilities		
Payables	1,174	949
Accommodation Bonds	4,169	3,768
Other	1	86
Total Financial Liabilities	**5,344**	**4,803**

Note 16: Financial Instruments (continued)

(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 of a minimum Triple-B rating 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.

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

2012	Financial institutions (AA credit rating) $'000	Other (min BBB credit rating) $'000	Total $'000
Financial Assets			
Cash and Cash Equivalents	10,866	-	10,866
Receivables			
- Trade Debtors	-	190	190
- Other Receivables	-	255	255
Total Financial Assets	**10,866**	**445**	**11,311**
2011			
Financial Assets			
Cash and Cash Equivalents	10,298	-	10,298
Receivables			
- Trade Debtors	-	248	248
- Other Receivables	-	214	214
Total Financial Assets	**10,298**	**462**	**10,760**

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 Assets as at 30 June

2012	Consol'd Carrying Amount $'000	Not Past Due and Not Impaired $'000	Past Due But Not Impaired Less than 1 Month $'000	1-3 Months $'000
Financial Assets				
Cash and Cash Equivalents	10,866	10,866	-	-
Receivables				
- Trade Debtors	190	94	12	84
- Other Receivables	255	233	19	3
Total Financial Assets	**11,311**	**11,193**	**31**	**87**
2011				
Financial Assets				
Cash and Cash Equivalents	10,298	10,298	-	-
Receivables				
- Trade Debtors	248	213	7	28
- Other Receivables	214	134	41	39
Total Financial Assets	**10,760**	**10,645**	**48**	**67**

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 Health 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 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.

Note 16: Financial Instruments (continued)

(Liquidity risk continued)

Maturity analysis of Financial Liabilities as at 30 June

2012	Carrying Amount $'000	Contractual Cash Flows $'000	Maturity Dates 1-3 Months $'000	3 months - 1 Year $'000
Financial Liabilities				
Payables	1,174	1,174	1,174	-
Other Financial Liabilities				
- Accommodation Bonds	4,169	4,169	-	4,169
- Other	1	1	-	1
Total Financial Liabilities	**5,344**	**5,344**	**1,174**	**4,170**
2011				
Financial Liabilities				
Payables	949	949	949	-
Other Financial Liabilities				
- Accommodation Bonds	3,768	3,768	-	3,768
- Other	86	86	-	86
Total Financial Liabilities	**4,803**	**4,803**	**949**	**3,854**

(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 Service mainly undertakes 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

2012	Weighted Average Effective Interest Rate (%)	Carrying Amount $'000	Interest Rate Exposure: Fixed Interest Rate $'000	Interest Rate Exposure: Variable Interest Rate $'000	Interest Rate Exposure: Non-Interest Bearing $'000
Financial Assets					
Cash and Cash Equivalents	5.58	10,866	9,872	994	-
Receivables					
- Trade Debtors		190	-	-	190
- Other Receivables		255	-	-	255
		11,311	**9,872**	**994**	**445**
Financial Liabilities					
Payables		1,174	-	-	1,174
Other Financial Liabilities					
- Accommodation Bonds		4,169	-	-	4,169
- Other		1	-	-	1
		5,344	**-**	**-**	**5,344**
2011					
Financial Assets					
Cash and Cash Equivalents	5.17	10,298	9,907	391	-
Receivables					
- Trade Debtors		248	-	-	248
- Other Receivables		214	-	-	214
		10,760	**9,907**	**391**	**462**
Financial Liabilities					
Payables		949	-	-	949
Other Financial Liabilities					
- Accommodation Bonds		3,768	-	-	3,768
- Other		86	-	-	86
		4,803	**-**	**-**	**4,803**

Sensitivity disclosure analysis

Taking into account past performance, future expectations, economic forecasts, and management's knowledge and experience of the financial markets, the 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 5%;
- 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.

Note 16: Financial Instruments (continued)

(Market risk continued)

	Carrying Amount	Interest Rate Risk -1%		Interest Rate Risk +1%	
2012	**$'000**	**Profit $'000**	**Equity $'000**	**Profit $'000**	**Equity $'000**
Financial Assets					
Cash and Cash Equivalents	10,866	(109)	(109)	109	109
Receivables					
- Trade Debtors	190	-	-	-	-
- Other Receivables	255	-	-	-	-
Financial Liabilities					
Payables	1,174	-	-	-	-
Other Financial Liabilities					
- Accommodation Bonds	4,169	-	-	-	-
- Other	1	-	-	-	-
		(109)	**(109)**	**109**	**109**
2011					
Financial Assets					
Cash and Cash Equivalents	10,298	(103)	(103)	103	103
Receivables					
- Trade Debtors	248	-	-	-	-
- Other Receivables	214	-	-	-	-
Financial Liabilities					
Payables	949	-	-	-	-
Other Financial Liabilities					
- Accommodation Bonds	3,768	-	-	-	-
- Other	86	-	-	-	-
		(103)	**(103)**	**103**	**103**

(e) Fair value

The Service considers that the carrying amount of financial instrument assets and liabilities recorded in the financial statements to be a fair approximation of their fair values because of the short-term nature of the financial instruments and the expectation that they will be paid in full.

Comparison between carrying amount and fair value

	Consol'd Carrying Amount	Fair value	Consol'd Carrying Amount	Fair value
	2012 $'000	**2012 $'000**	**2011 $'000**	**2011 $'000**
Financial Assets				
Cash and Cash Equivalents	10,866	10,866	10,298	10,298
Receivables				
- Trade Debtors	190	190	248	248
- Other Receivables	255	255	214	214
Total Financial Assets	**11,311**	**11,311**	**10,760**	**10,760**
Financial Liabilities				
Payables	1,174	1,174	949	949
Other Financial Liabilities				
- Accommodation Bonds	4,169	4,169	3,768	3,768
- Other	1	1	86	86
Total Financial Liabilities	**5,344**	**5,344**	**4,803**	**4,803**

Note 17: Commitments

	2012 $'000	2011 $'000
Capital expenditure commitments		
Payable:		
Land and Buildings	816	-
Total capital expenditure commitments	**816**	**-**
Land and Buildings		
Not later than one year	816	-
TOTAL	**816**	**-**
Lease commitments		
Commitments in relation to leases contracted for at the reporting date:		
Operating Leases		
Viatek Photocopier Agreement	292	272
Motor Vehicles - Rural Health Service Program	74	70
Total lease commitments	**366**	**342**
Operating Leases		
Payable as follows:		
Cancellable		
Not later than one year	79	84
Later than 1 year and not later than 5 years	287	258
Sub Total	**366**	**342**
TOTAL LEASE COMMITMENTS	**366**	**342**
Total Commitments (inclusive of GST)	**366**	**342**
less GST recoverable from the Australian Tax Office	(33)	(31)
Total Commitments (exclusive of GST)	**333**	**311**

Note 18: Contingent Assets and Contingent Liabilities

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

	2012 $'000	2011 $'000
Contingent Liabilities		
Quantifiable		
Caveat over property - Kaniva Cottages	200	200
Total Quantifiable Contingent Liabilities	**200**	**200**

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.

Note 19: Operating Segments

	Acute Care		RACs		Business Units	
	2012 $'000	2011 $'000	2012 $'000	2011 $'000	2012 $'000	2011 $'000
REVENUE						
External Segment Revenue	13,470	11,992	12,069	10,745	714	636
Total Revenue	**13,470**	**11,992**	**12,069**	**10,745**	**714**	**636**
EXPENSES						
External Segment Expenses	(11,904)	(10,887)	(14,524)	(13,283)	(1,014)	(927)
Total Expenses	**(11,904)**	**(10,887)**	**(14,524)**	**(13,283)**	**(1,014)**	**(927)**
Net Result from ordinary activities	**1,566**	**1,105**	**(2,455)**	**(2,538)**	**(300)**	**(291)**
Interest Expense	-	-	-	-	-	-
Interest Income	-	-	-	-	-	-
Net Result for Year	**1,566**	**1,105**	**(2,455)**	**(2,538)**	**(300)**	**(291)**
OTHER INFORMATION						
Segment Assets	21,997	22,194	23,031	23,237	336	339
Total Assets	**21,997**	**22,194**	**23,031**	**23,237**	**336**	**339**
Segment Liabilities	(2,427)	(2,134)	(7,431)	(6,533)	(69)	(61)
Total Liabilities	**(2,427)**	**(2,134)**	**(7,431)**	**(6,533)**	**(69)**	**(61)**
Acquisition of Property, Plant and Equipment and Intangible Assets	686	433	48	121	-	5
Depreciation Expense	(1,422)	(1,404)	(1,489)	(1,470)	(21)	(21)

	Internally Managed Units		Primary Health		Other Programs		Totals	
	2012 $'000	2011 $'000	2012 $'000	2011 $'000	2012 $'000	2011 $'000	2012 $'000	2011 $'000
REVENUE								
External Segment Revenue	769	685	4,219	3,756	2,125	1,892	33,366	29,706
Total Revenue	**769**	**685**	**4,219**	**3,756**	**2,125**	**1,892**	**33,366**	**29,706**
EXPENSES								
External Segment Expenses	(999)	(914)	(5,543)	(5,070)	(2,016)	(1,844)	(36,000)	(32,925)
Total Expenses	**(999)**	**(914)**	**(5,543)**	**(5,070)**	**(2,016)**	**(1,844)**	**(36,000)**	**(32,925)**
Net Result from ordinary activities	**(230)**	**(229)**	**(1,324)**	**(1,314)**	**109**	**48**	**(2,634)**	**(3,219)**
							-	-
Interest Expense	-	-	-	-	(15)	(2)	(15)	(2)
Interest Income	-	-	-	-	650	571	650	571
Net Result for Year	**(230)**	**(229)**	**(1,324)**	**(1,314)**	**744**	**617**	**(1,999)**	**(2,650)**
							-	-
OTHER INFORMATION							-	-
Segment Assets	2,275	2,295	7,792	7,862	2,047	2,065	57,478	57,992
Total Assets	**2,275**	**2,295**	**7,792**	**7,862**	**2,047**	**2,065**	**57,478**	**57,992**
							-	-
Segment Liabilities	(136)	(120)	(1,641)	(1,443)	(582)	(512)	(12,288)	(10,803)
Total Liabilities	**(136)**	**(120)**	**(1,641)**	**(1,443)**	**(582)**	**(512)**	**(12,288)**	**(10,803)**
							-	-
Acquisition of Property, Plant and Equipment and Intangible Assets	299	2	12	23	725	497	1,770	1,081
Depreciation Expense	(147)	(145)	(503)	(497)	(134)	(132)	(3,716)	(3,669)

The major products/services from which the above segments derive revenue are:

Business Segments	**Services**
Acute Care	Acute Inpatient Care
Residential Aged Care Services (RACs)	Residential Aged Care
Aged Care - Other	Community Aged Care Packages, Dementia Respite
Business Units	Dental, Radiography and Meals on Wheels
Internall Managed Units	Disability Services
Primary Health	Allied & Community Health
Other Programs	Other

Geographical Segment

The Service operates predominantly in the West Wimmera region. More than 90% of revenue, net surplus from ordinary activities and segment assets relate to operations in this area.

Note 20: Jointly Controlled Operations and Assets

Name of Entity	Principal Activity	Ownership Interest 2012 %	Ownership Interest 2011 %
Grampians Regional Health Alliance	Information Systems	7.6	7.1

The Service's interest in the above jointly controlled operations and assets is detailed below. The amounts are included in each relevant category of the financial statements.

	2012 $'000	2011 $'000
Current Assets		
Cash and Cash Equivalents	49	79
Receivables	53	77
Other Current Assets	1	8
Total Current Assets	**103**	**164**
Non Current Assets		
Property, Plant and Equipment	53	37
Total Non Current Assets	**53**	**37**
Total Assets	**156**	**201**
Current Liabilities		
Payables	13	58
Total Liabilities	**13**	**58**
Equity		
Accumulated Surpluses / (Deficits)	143	143
	143	**143**
Revenues		
Revenue from Operating Activities	337	64
Revenue from Non-Operating Activities	3	5
Total Revenue	**340**	69
Expenses		
Employee Expenses	62	63
Information Technology and Administrative Expenses	264	59
Depreciation	14	13
Total Expenses	**340**	**135**
Net result	**-**	**(66)**

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.

	Period
Responsible Ministers:	
The Honourable David Davis, MP, Minister for Health and Ageing	1/7/2011 - 30/6/2012
The Honourable Mary Wooldridge, MLA, Minister for Mental Health	1/7/2011 - 30/6/2012
Governing Board Members	
R Rosewall	1/7/2011 - 30/6/2012
R Ismay	1/7/2011 - 30/6/2012
L Clarke	1/7/2011 - 30/6/2012
L Maybery	1/7/2011 - 30/6/2012
J Sudholz	1/7/2011 - 30/6/2012
R Stanford	1/7/2011 - 30/6/2012
H Champness	1/7/2011 - 30/6/2012
N Zanker	1/7/2011 - 30/6/2012
D Walter	1/7/2011 - 30/6/2012
D Buckley	1/7/2011 - 30/6/2012
Accountable Officers	
J Smith - Chief Executive Officer	1/7/2011 - 30/6/2012

Remuneration of Responsible Persons

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

Income Band	2012 No.	2011 No.
$0 - $9,999	10	9
$210,000 - $219,999	-	1
$220,000 - $229,999	1	-
Total Numbers	**11**	**10**
Total remuneration received or due and receivable by Responsible Persons from the reporting entity amounted to:	**$225,218**	**$219,725**

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

	$'000	$'000
Other Transactions of Responsible Persons and their Related Parties.		
T Ismay & Co. of which Mr R Ismay is a director has provided hardware supplies and services to the Service on normal terms and conditions.	7	1
Mrs L M Graham is the daughter of the Chief Executive Officer and was employed to provide administrative services to the Service on normal award terms and conditions.	46	46
Mrs A J Alexander is the daughter of the Chief Executive Officer and was employed to provide catering services to the Service on normal award terms and conditions.	24	-

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.

	Total Remuneration		Base Remuneration	
	2012 No.	2011 No.	2012 No.	2011 No.
$120,000 - $129,999	-	-	-	1
$130,000 - $139,999	-	2	2	1
$140,000 – $149,999	2	1	1	1
$150,000 – $159,999	1	-	-	-
Total	3	3	3	3
Total Remuneration	**$ 454,196**	**$ 420,234**	**$ 425,224**	**$ 402,234**

Note 22: Events Occurring after the Balance Sheet

There were no significant events after the reporting date (30 June 2012).

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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Additional Information available from West Wimmera Health Service

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 to the Chief Executive Officer (subject to freedom of information requirements, if applicable):

- a statement that declarations of pecuniary interests have been duly completed by all relevant officers;
- details of shares held by a senior officer as nominee or held beneficially in a statutory authority or subsidiary;
- details of publications produced by the entity about itself, and how these can be obtained;
- details of changes in prices, fees, charges, rates and levies charged by the entity;
- details of any major external reviews carried out on the entity;
- details of major research and development activities undertaken by the entity;
- details of overseas visits undertaken including a summary of the objectives and outcomes of each visit;
- details of major promotional, public relations and marketing activities undertaken by the entity to develop community awareness of the entity and its services;
- details of assessments and measures undertaken to improve the occupational health and safety of employees;
- a general statement on industrial relations within the entity and details of time lost through industrial accidents and disputes;
- a list of major committees sponsored by the entity, the purposes of each committee and the extent to which the purposes have been achieved; and
- details of all consultancies and contractors including:
  - › consultants/contractors engaged;
  - › services provided; and
  - › expenditure committed to for each engagement.

GLOSSARY

ACAS
Aged Care Assessment System

Ambulatory Care
Patients/Clients not admitted to hospital/bed based care

ACHS
Australian Council on Healthcare Standards

ANF
Australian Nursing Federation

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

Best Practice
Measuring results against the best performance of other groups

CACPs
Community Aged Care Packages provide services in the home and community

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

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

CCTV
Closed circuit television

CDC
Consumer Directed Care Package – the consumer tailors and manages their own package to maximise independent living at home

CEO
Chief Executive Officer

CSSD
Central Sterilising Service Department

CT Scanner
Computed Tomography Scanner

DH
The Department of Health Victoria

EQuIP Accreditation
Evaluation Quality Improvement Program

FOI
Freedom of Information

GCHC
Goroke Community Health Centre

GP
General Practitioner

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

LAHA
Living at Home Assessment

M&CH
Maternal and Child Health

NRCP
National Respite for Carers

OHS
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

PDSA
Plan, Do, Study, Act

Riskman
Software system providing solution for managing incidents, risks and compliance

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

Telemedicine
Use of telecommunication and information technology to provide clinical healthcare at a distance

The Board
The Board of Governance WWHS

The Department
The Department of Health Victoria

The Service
West Wimmera Health Service

VHA
Victorian Healthcare Association

VHIA
Victorian Hospitals Industrial Association

WHCG
Wimmera Health Care Group

WIES
Weighted Inter Equivalent Separations

WWHS
West Wimmera Health Service

Contact Details

web www.wwhs.net.au

email corporate@wwhs.net.au

Site		Phone	Fax
NHILL	49 Nelson Street, Nhill Victoria 3418	(03) 5391 4222	(03) 5391 4228
COOINDA	Queen Street, Nhill Victoria 3418	(03) 5391 1095	(03) 5391 1229
GOROKE	Natimuk Road, Goroke Victoria 3412	(03) 5363 2200	(03) 5363 2216
JEPARIT	2 Charles Street, Jeparit Victoria 3423	(03) 5396 5500	(03) 5397 2392
KANIVA	7 Farmers Street, Kaniva Victoria 3419	(03) 5392 7000	(03) 5392 2203
NATIMUK	6 Schurmann Street, Natimuk Victoria 3409	(03) 5363 4400	(03) 5363 4492
RAINBOW	2 Swinbourne Avenue, Rainbow Victoria 3424	(03) 5396 3300	(03) 5395 1411