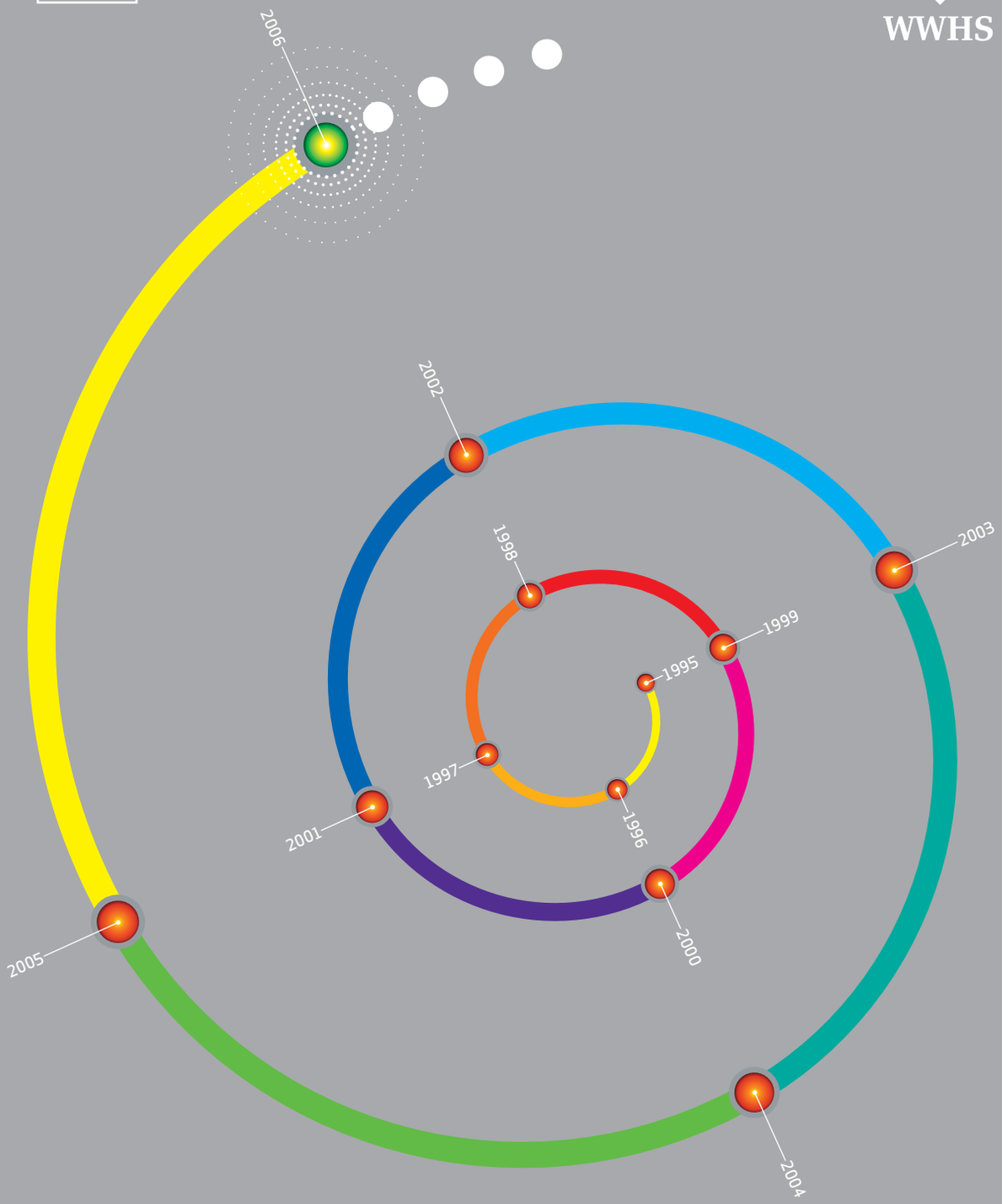
2006

WWHS



2006 The acute accommodation of the new Nhill Hospital will open. **2005** 10th Anniversary of the foundation of West Wimmera Health Service. The new Rainbow Hospital opened. **2004** The new Natimuk Residential Aged Care Centre opened. Redevelopment of the acute section of the Nhill Hospital commenced. **2003** Approval announced in the State Budget for the redevelopment of the Nhill Hospital. Cooinda completely renovated. **2002** Grant to upgrade Cooinda. **2001** The new Jeparit Hospital opened with Hostel Units available for the first time. **2000** Government approval and funding announced for redevelopment of Natimuk and Rainbow Hospitals. **1999** Cooinda Association Incorporated joined West Wimmera Health Service. The first Disability Service to merge with a Public Hospital completing the 'family' bringing together for the first time a diversity of services available to this vast area of rural Victoria. The new Kaniva Hospital opened. **1998** Goroke Community Health Centre and Natimuk Bush Nursing Hospital joined the Service. **1997** Iona Digby Harris Home, Nhill, opened with Nursing Home places and care for Dementia and Psychogeriatric residents. **1996** Rainbow Bush Nursing Hospital merged with West Wimmera Health Service. **1995** The Nhill, Kaniva and Jeparit Hospitals merged to become West Wimmera Health Service.

WEST WIMMERA HEALTH SERVICE

ANNUAL REPORT 2006

OUR VALUES

- Strong leadership and management
- A safe environment
- A culture of continuing improvement
- Effective management of the environment
- Responsive partnerships with our consumers.

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 Southern Mallee.

THE FRONT COVER

In 1995 West Wimmera Health Service started out on a journey to make a wide range of modern, professional health services accessible to the people of West Wimmera. This was both a cherished dream and a firm resolve.

Throughout the first decade the service has continued to evolve as a provider of increasingly sophisticated healthcare and to transform its ageing buildings into outstanding new or redeveloped facilities.

Now, with the imminent opening of the 'New' Nhill Hospital that original dream has become a proud reality.

LEGAL DISCLAIMER

This Report is prepared to comply with the directions of Government, the Minister for Finance and the guidelines of the Australasian Reporting Awards. It is prepared to inform clearly and accurately our goals, achievements and the challenges we have faced during the reporting period 01 July 2005 to 30 June 2006. Our aim is to tell our consumers what services we provide, their location and how to access our care. It is also intended to clearly and openly inform government, our partners and communities about our performance in areas critical to the Service.

The report will be distributed to the Victorian Parliament, the Department of Human Services and to our communities at the Annual General Meeting of the Service, to be held on 8 December 2006, at 8pm at the Nhill Community Centre. Copies will be readily available at each site. It will also be available on the Service Website and the internal Intranet.

WWHS

West Wimmera Health Service
ANNUAL REPORT 2006

CONTENTS

Our volunteer extraordinaire Helen Slattery received a Pride of Australia Award during the year. A well deserved recognition of her unbelievable community work, of which we are an appreciative beneficiary. Helen is pictured treating residents of Iona to freshly cooked shortbread for morning tea.

HIGHLIGHTS

- Development of the 'New' Nhill Acute Hospital finally nearing completion. [p.10]
- Fundraising support overwhelming - $800,000 pledged to date. [p.10]
- Geoff Handbury AM, our Patron for the Capital Fundraising Appeal. [p.10]
- Lowan Rural Health Network allied and community health funding renewed for three years. [p.31]
- A General Practitioner commenced at Rainbow and Jeparit Medical Clinics. [p.11]
- Visiting Obstetrician Gynaecologist appointed. [p.11]
- Visiting Psychiatrist appointed. [p.11]
- New contractual arrangements for Medical Imaging brings advanced technology to radiology. [p.14]
- Long awaited successful settlement of the dispute relating to the Jeparit Hospital building contract. [p.12]
- External Cleaning Audit scores 10% above benchmark. [p.21, QOC]
- Environmental grant will introduce Computer Radiology at Nhill, ending the use of the toxic chemical Glutaraldehyde. [p.12]
- Kaniva Day Centre roof replaced. [p.34]

Performance in Brief for the Year Ended 30 June 2006			
Acute	**2005-06**	**2004-05**	**Variance**
Patients Treated	1,799	1,587	212
Occupancy	91.7%	86.4%	5.3%
Cost Per Acute Inpatient	$4,587	$5,326	-$739
Residential Aged	**2005-06**	**2004-05**	**Variance**
Nursing Home Occupancy Percentage	98.8%	97.2%	1.65%
Hostel Occupancy Percentage	86.4%	89.2%	-3.14%
Cost Per Aged Care Bed Day	$235	$216	$19
Allied & Community Services	**2005-06**	**2004-05**	**Variance**
Occasions of Service	63536	64940	-1404
Hours of Service	37196	43671	-6475
Employees	**2005-06**	**2004-05**	**Variance**
Total Employees in Service	488	490	-2
Finance	**2005-06**	**2004-05**	**Variance**
Total Net Surplus	$2,494,000	*$3,638,000	- $1,144,000

*In 2004-05 the Service inlcuded its net result for the year a $1.393m devaluation of land and buildings. Upon adoption of a revised reporting format and in accordance with applicable accounting standards such devaluation was removed from the Operating Statement and applied directly to the Balance Sheet in the year's comparative figures. This adjustment had no impact on the Service's financial viability nor the level and scope of health services it is able to provide.

CHALLENGES

- Recruitment of health professionals remains difficult.
- Maintenance of Midwifery services is an ongoing issue.
- Reduced funding for supported employment programs to be phased in from July 2006 threatens Cooinda's future.
- Recruitment and retention of Medical Practitioners particularly GP Proceduralist.
- Planning the construction of the next stage of the Nhill Hospital Redevelopment will require precise timing and the success of the Capital Fundraising Appeal.

evolving

West Wimmera Health Service was founded to provide multi-faceted health care to six separate communities spread over an extensive area in North West Victoria. Our vision at inception was to build, quite literally, the facitities, healthcare expertise and management acumen that would evolve into a continually improving service delivering the highest standards of healthcare and health promotion into this rural landscape.

Through successive years aspects of that guiding vision have been realised and built upon. However, it is true to say that the heart and organisational hub of our Service, the Nhill Hospital, lagged behind the exciting developments that had taken place at other sites of the service. There were many contributory reasons in terms of available funding why this occured but increasingly the development of the Nhill site became more and more central to the ability of the service to continue to provide the high standards of care expected from a modern health service.

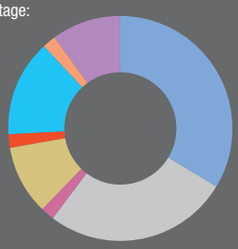
2006 will, in our region, be remembered as the year when the enduring vision of our service and the fervent hopes of our community moved towards reality with the construction of the 'New' Nhill Hospital.

OUR PERFORMANCE – 2006

Income by Program to 30 June 2006

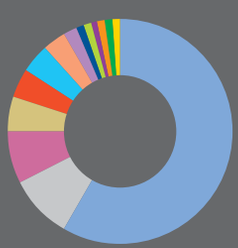
	2005-06 $,000
Acute Care	9,750
Residential Aged Care (RAC)	7,612
Aged Care Other	493
Primary Health	2,928
Business Units	462
Capital Grants	3,900
Donations & Bequests	524
Other	2,725
TOTAL	28,394

As a Percentage:



- Acute – 34%
- Business Units – 2%
- RAC - Aged Care – 27%
- Capital Grants – 14%
- Aged Care Other – 2%
- Donations & Bequests – 2%
- Primary Health – 10%
- Other – 10%

Patients Transferred From and Within West Wimmera Health Service 2005-2006



Hospital

- Wimmera Health Care Group – 56
- West Wimmera Health Service – Kaniva – 9
- West Wimmera Health Service – Nhill – 7
- Ballarat Health Services – 5
- West Wimmera Health Service – Jeparit – 4
- St. John of God Ballarat – 4
- St. Vincent's Private Hospital – 3
- Ballarat Health Services - Queen Elizabeth Centre – 2
- Cabrini Hospital – 1
- Wimmera Health Care Group – Dimboola – 1
- Western District Health Services – 1
- Melbourne Private Hospital – 1
- Mercy Hospital – 1
- West Wimmera Health Service – Rainbow – 1

Total Patients – 96

A total of 96 patients were transferred. 58% of these patients were transferred to Wimmera Health Care Group for further care. 21% of patients were transferred to beds at other sites within West Wimmera Health Service.

Acute Services – 3 Year Comparison

	2005-06	2004-05	2003-04
Patients Treated	1799	1587	1667
Occupied Bed Days (Total)	13720	12294	13216
Acute Bed Days	9542	9394	10293
Nursing Home Type *Bed Days	2483	1073	1297
GEM Bed Days	1628	1827	1626
Percentage Occupancy	91.7%	86.42%	78.5%
Average Length of Stay (Days)	5.76	6.36	6.59
Births	22	12	24
Operations	638	424	569
Total WIES	1684.94	1507.32	1684.49
DVA WIES	209.41	216.51	236.40

Reflects the re-opening of Operating Theatre after closure for 5 months.

Allied and Community Services

Occasions of Service

Department	05/06	04/05	03/04
Diabetes Educator	642	832	766
Dietetics	1588	1281	1,028
Massage Therapy	1296	1465	1447
Exercise Physiology	1435	1339	922
Occupational Therapy	2778	3387	3449
Podiatry	2108	3550	3074
Physiotherapy (including Physiotherapy Assistant)	4094	2566	4050
Speech Pathology	1640	1150	1588
Social Work	2235	1519	1975
Dental	2299	2602	1383
Primary Care Casualty	13189	16322	13684
Radiology	2639	1921	2150
Transport	5760	6224	7016
Meals on Wheels	15332	13491	14607
Meals to Day Centre	6031	6805	6708
Meals to Senior Citizens	470	486	592
TOTAL	63536	64940	64439

Diabetes Educator – reduction in number of referrals - position subsequently reduced from 1.15 EFT to 0.95 EFT

Podiatry – one Podiatrist position was vacant from September 2005 until May 2006.

Physiotherapy – Physiotherapist employed for full 12 months.

Speech Pathology – Full time Speech Pathologist. Health service had been without a Speech Pathologist for 16 weeks in prior year.

Social Work – 2 Social/Welfare Worker positions filled for full 12 months (WWHS and Lowan RHN).

Primary Care Casualty – Lower numbers refelct effect of moving to temporary premises during construction of Nhill.

Radiology – Employed second radiographer during the year.

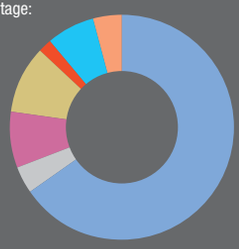
Hours of Service	05/06	04/05	03/04
HACC District Nursing	7471	9086	9638
HACC Day Centre	29,725	34,585	32,778

The disparity between 04/05 and 05/06 is due largely to the conversion of data from occasions of service and the previous unwieldy method of data collection which will be refined with the introduction of the BDNH software, See p. 30.

Expenditure by Category to 30 June 2006

	2005-06 $,000
Employee Entitlements	17,164
Fee for Service	919
Corporate	2,045
Other	2,482
Fuel, Light and Power	493
Supplies	1,722
Depreciation	1,075
TOTAL	25,900

As a Percentage:

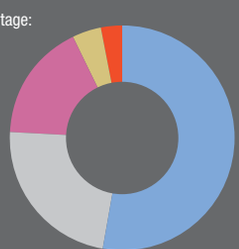


- Employee Entitlements – 66%
- Fuel, Light & Power – 2%
- Fee for Service – 4%
- Supplies – 7%
- Corporate – 8%
- Depreciation – 4%
- Other – 10%

Type of Care – Delivered by Program

Type of Care	Bed Days
Nursing Home	29,581
Hostel	12,925
Acute	9,542
Nursing Home Type	2,483
GEM	1,628
TOTAL	56,159

As a Percentage:



- Nursing Home – 53%
- Hostel – 23%
- Acute – 17%
- Nursing Home Type – 4%
- GEM – 3%

Aged Care – 3 Year Comparison

	2005-06	2004-05	2003-04
Nursing Home Bed Days	29581	29086	28625
Hostel Bed Days	12925	13354	13621
Nursing Home Discharges	54	34	48
Hostel Discharges	24	15	20
Nursing Home % Occupancy	98.8%	97.2%	95.4%
Hostel % Occupancy	86.4%	89.2%	90.8%

The reduction in Hostel occupancy reflects the low rate at Kaniva Hostel which, because of its design is unable to accept residents with complex needs.

THE PRESIDENT'S REVIEW

2005-06 was a year of significant organisational change and considerable achievement within West Wimmera Health Service. Reviews into organisation and management processes, financial administration and clinical governance gave rise to re-allocation of responsibilities. A new committee structure for reporting to the Board of Governance aimed to produce greater effectiveness and efficiencies in human and physical resource management.

As Peter Drucker, well known author and management consultant said, "The only thing we know for certain about the future is that it is going to be different."

In 1995 who would have believed that each of our Hospitals, Nursing Homes, Hostels and Cooinda would have transformed into state-of-the-art facilities; a dream that is now almost complete!

Almost everything has changed except our strong and resilient desire to provide the very best health care available to the people in our widespread communities.

All elements of our health service are fully accredited reinforcing the confidence of the communities we serve in the quality and compassion of our care and the safety of the environment in which that care is delivered.

Finances

West Wimmera Health Service has again achieved an operational surplus in the past financial year. I acknowledge the support from the Minister for Health and her department in enabling us to deliver this result.

Corporate Governance

The ever sharper focus that has been placed on corporate governance over recent years and the compelling and necessary requirements of compliance, effecting regulations. and implementing recommendations is an onerous task and responsibility for all Directors.

However, Boards of Governance, are not simply constituted to monitor standards and compliance. Strategic corporate planning is an equally important role for an effective Board. To this end the Board of Governance of West Wimmera Health Service has reviewed its practices and set a Board agenda that is committed to the development of clear strategies to meet the perceived needs of our Service and its continuing improvement.

Staff

At the time of printing this Annual Report the Acute section of the 'New' Nhill Hospital will be ready for occupancy. The process of building inevitably resulted in many inconveniences for both patients and staff.

I commend the staff for the manner in which they overcame such inconveniences and maintained the standards of compassion and care that are a hallmark of their professionalism.

The building program will not end with the occupation of the Acute section as stages 3 and 4 must follow.

Congratulations to John Smith and all staff for their significant achievements.

Major Capital Appeal

At this time, the offical Capital Appeal has not been launched. However, a small group of people have already been successful in raising a significant amount towards the target of $2 million. The appeal is planned to be launched at the time of the opening of the 'New' Nhill Hospital.

Board of Governance

I acknowledge my fellow board members who have worked diligently, within the stringent guidelines and rules imposed by government and regulators to achieve the outcomes you as a community require.

Ruth Walter resigned from the Board and Dr Malcolm Anderson did not renominate. We thank them for their significant input. We welcomed Rodney Stanford and Father Denis Sotiriadis and look forward to their contribution to the deliberations of the Board.

Dr. John R. Magrath *President*

2006

A YEAR OF GREAT ACHIEVEMENT THAT HAS LAID THE FOUNDATION FOR OUR SECOND DECADE OF PROVIDING EXCELLENT MODERN HEALTHCARE FOR OUR COMMUNITIES

Community

Volunteers, Auxiliaries, Resident and Relatives Committees and Community Advisory Groups are central to the workings of West Wimmera Health Service. We depend heavily on these groups for their advice and constructive comments. Their insight into the consumers point of view is integral to the programs we develop within the broad spectrum of care in our Service.

Our community has also been an energetic raiser of funds over many years and a very important contributor to the completion of successive redevelopment projects throughout the Service.

Their efforts and constancy are greatly appreciated.

I encourage our communities to continue their involvement and support of the Service and look forward to their positive commitment and comments on the care we provide and any practical advice that would help to advance this cause.

Volunteers

A warm thank you to our large band of volunteers who willingly offer their skills and compassion to help and support the staff in taking our Service to a higher level for patients, residents and clients.

The Future

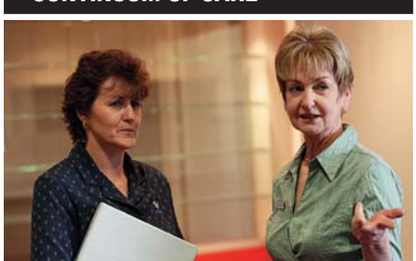
"Today's world cannot be remodelled with yesterday's memories. There are no u-turns on the road to the future."
Michael O'Neil, Journalist.

Our vision for the future requires us to recognise emerging challenges and develop strategies to meet them. While the lessons we have learnt in our first decade of operation are valuable and certainly not forgotten, our focus is firmly on our next decade and the potential to improve our Service in partnership with our community.

Dr. John R. Magrath

President
West Wimmera Health Service

WHAT WE HAVE ACHIEVED AND WHAT WE ARE PLANNING

	Our Goals	Strategies to Achieve Goals
 **CONTINUUM OF CARE**	To deliver Acute, Aged Care, Community & Disability Services which meet all standards of quality and safety and respond to demonstrated needs.	• Ensure survival of Disability Services through an extensive business planning process • Re-introduction of the multi-disciplinary Continuum of Care Committee which addresses Quality & Safety of Care across all sites • Develop our enhanced model of midwifery care
 **SAFE PRACTICE & ENVIRONMENT**	To provide a safe and healthy workplace	• Compliance with the OH&S Act 2004 • Increase staff training and awareness in No-Lift and manual handling • Improve staff readiness against fires and emergencies
 **HUMAN RESOURCES**	West Wimmera Health Service values staff as their most important resource in providing quality services	• Develop a Human Resource project to refine Human Resource Management • Recruitment of trained staff to enable the Service to expand • Appoint an Industrial Relations expert to assist management and improve communication with staff
 **INFORMATION MANAGEMENT**	To provide innovative technology which enhances the management and operations of West Wimmera Health Service	• Improve access for all staff to information technology • Develop an ICT Strategic Plan • Introduce Computer Radiology • Introduce CT Modailty at Nhill • Introduction of technologies to facilitate accurate and meaningful collection of data
 **LEADERSHIP AND MANAGEMENT**	Provide Leadership that ensures corporate and financial goals are achieved	• Develop Corporate Plan for 2006-09 • Achieve an operating surplus • Introduce La Trobe Policy and Protocols and BACeS

Setting strategic goals in the Service's key areas of activity and rigorous monitoring and assessment of the initiatives associated with those goals, is central to our ability to effect continuous improvement.

Achievements	Status	Future Plans
• Establish a direction for moving Disability Services forward by an extensive planning process	➔	• Implement strategies in Disability Services following the planning process
• Continuum of Care Committee meets monthly rotating around all sites of the Service	✓	• Continue to take a multi-disciplinary approach to ensure quality outcomes
• Trial of a new model of midwifery care	✓	• To recruit midwives and a GP proceduralist for maternity services
• 100% of sites have OH&S Representatives and 20 staff have completed the 5-day OH&S course	➔	• Increase staff attending the OH&S course
• Decrease in strain and sprain manual handling incidents from 36 in 2004-05 to 29 in 2005-06	➔	• Further improve staff training complaince in manual handling and No-Lift
• All residential sites have had comprehensive fire and evacuation drill training	➔	• Simulate night fire evacuations and Conduct an evacuation drill at Cooinda Disability Services
• Human Resource project with La Trobe Univeristy commenced	✓	• Develop strategies from Human Resource project
• Clinical Support Nurse, No-Lift Coordinator, Quality Co-ordinator, Physiotherapist, Podiatrist and additional Radiographer appointed	➔	• Accelarate staff recruitment and retention process
• Industrial Relations expert appointed and communication improved	✓	• Build on improvements in Industrial Relationships
• Computers distributed to all areas including Clinical and General Services	✓	• Upgrade computer stock by pursuing funding options
• ICT Strategic Plan in process of development	➔	• Finalise the ICT Strategic Plan
• Funding for Computer Radiology received	✓	• Monitor ICT advancements in Radiology
• Business Plan for CT prepared	➔	• Pursue installation of CT Modality
• BDNH (Ballarat District Nursing Hospital) data collection software introduced	✓	• Further training in use of software
• Corporate Plan for 2006-09 to be approved by Board	✓	• Formal evaluation of the current organisational structure
		• Review current committee structures and effectiveness
		• Conduct Board of Governance performance evaluations
• Achieved an operating surplus of 47K	✓	• Continue stringent monitoring of financial status
• 90% of policies and procedures implementation complete	➔	• Evaluate effectiveness of BACeS

Status Key: ✓ Completed ➔ Ongoing

CHIEF EXECUTIVE OFFICER'S REPORT

West Wimmera Health Service was founded on the vision to provide sustainable health services to six separate rural communities spread across the breadth of the Wimmera region. Integral to the planning imperatives was the need to renew ageing, inefficient buildings and infrastructure.

Throughout the year the sight of our new hospital, the nerve centre of our operation, rising from the ground, served to remind us that we live in a time of change. Viewed across the span of more than a decade the progressive changes in health care provision have been momentous indeed.

With such change comes both excitement and onerous responsibility to ensure continually improving care for our community, fairness and opportunity for our staff and good, sustainable guardianship of the environment.

The imminent opening of the Acute Section of the 'New' Nhill Hospital will complete stages 1 and 2 of the last of the major redevelopment projects currently scheduled.

The past year of intensive building activity at the Nhill site has meant that many services and the working conditions of staff have been placed under strain. I can report, with some pride, that the response and ingenuity of staff in adapting to these constraints has been exceptional. It exemplifies the deeply rooted sense of compassion and care that continues to resonate within this Service throughout the many many changes that have taken place.

This Report is an opportunity to share with you, the community we serve and our many stakeholders and benefactors, the major events and issues of the year 2005-06.

Sound Financial Management

I am pleased to report that West Wimmera Health Service has achieved a net operating surplus of $47,000 for the financial year of 2005-06.

This surplus was achieved from continuing operations and before capital and specific items. This is an encouraging result given the continuation of the financially challenging environment in which the Service operates.

In particular, the unplanned extended occupation by the Nhill Hospital of the 'Mira' building has had a negative impact on the capacity of the Acute Care division at Nhill to generate the normal level of income, given our temporarily reduced capacity to accommodate private patients.

Growth continued over the year achieving an increase in the net asset base of $2.994million. This result is primarily due to the effect of capital monies received from the State Government to fund the cost of the Nhill Hospital Redevelopment.

While eagerly anticipated, the imminent commissioning and occupation of the 'New' Nhill Hospital is likely to place additional strain on the Service's finances during the coming financial year as inevitable relocation and set-up costs will be incurred in the short term.

A Change in our Funding Model

On 1st July 2005 the WIES funding model which related to the number and types of treatment provided to our patients changes by agreement with the Department of Human Services to the 'Small Rural Health Services Funding Model.' This model is designed specifically to cater for small rural health services and will provide flexible funding opportunies allowing us to tailor our services to recognised community needs.

The Review Completed

The Review of our Service which began in April 2003, was completed in March 2006. The Review Committee announced that all recommendations had been fulfilled and the Department of Human Services and the Office of the Health Services Comissioner expressed great satisfaction with the progress and achievements towards continuing improvement. A summary of recommendations and their implementation are to be found in the Overview section of this report [p.12].

Department of Human Services

We continue to work closely with the Department of Human Services in particular the personnel of the Grampians Region.

West Wimmera Health Service was delighted to participate in the Department's recent advertising campaign which featured improved aged care services resulting from collaboration between the Department and West Wimmera Health Service.

The exceptional facilities provided to the rural and remote community of Rainbow are testament to the strength of the relationship between West Wimmera Health Service and the Department of Human Services.

We have continued to receive financial benchmarking data from the Department comparing our health service and other health services in our region. This enables us to analyse our income and expenses highlighting avenues for more efficient financial management.

The Department continues to work with us on the Close Watch financial reporting process designed to collect key financial data, using detailed budget information to

2006

THE VISION THAT FIRED OUR FOUNDATION IS NOW ALMOST A REALITY WITH THE IMMINENT OPENING OF THE MAGNIFICENT 'NEW' NHILL HOSPITAL.

John N. Smith *Chief Executive Officer*

enable a more thorough analysis of financial performance. This has been an extremely worthwhile exercise.

The Department also offered valuable advice on the implementation of the new Common Chart of Accounts, a more efficient method of recording the Service's financial activities.

Leadership and Management

A review of our Committee structure lead to the introduction of a Leadership and Management Committee.

Based on Accreditation standards this committee involves Senior and Departmental Management who focus on managerial issues as outlined in the Australian Council on Healthcare Standards EQuIP Accreditation Guidelines.

The Committee will ensure that:

- Strategic direction is followed throughout the organisation,
- compliance with legislative requirements occurs,
- risk management is addressed in a proactive manner and
- consumer participation is strategically managed.

Although the Committee is still in its formative stage the benefits of discussing these issues in a forum with representation from all divisions and campuses can already been seen. This committee will play an integral role in advising the Board of Governance in relation to the implementation of corporate goals at all levels of the organisation.

Information Technology and Communication

Information Technology continues to advance this organisation in accomplishing its daily tasks and improving efficiencies throughout the service.

Policies and Protocols

Preparing for the introduction of the Latrobe Regional Hospital BACeS and Policies and Protocols systems has involved extensive time and resources.

It was essential to examine all policies and protocols on the system to ensure the appropriateness of their implementation to meet the requirements of West Wimmera Health Service.

It is anticipated that all policies and protocols will be presented to the Board for adoption enabling implementation to occur in September.

Dental Services Continue

The Nhill Dental Clinic continues to provide quality dental services on a Private Practitioner basis to our community with Dr. Duy Ho and Dr. Paul Nakhla offering quality dental care for Public and Private patients.

Patients are continually complimenting the excellent service these caring and friendly Dentists provide especially for children.

We sincerely appreciate both Duy and Paul's commitment in continuing such a reliable and excellent Dental service to this rural area.

CONTINUING PROFESSIONAL EDUCATION AND A VIABLE GENERAL PRACTITIONER SERVICE IS A VITAL PART OF OUR SERVICE.

Education Co-ordinators Ann Merrett and Trish Heinrich, Clinical Support Nurse, training Graduate Nurse Joyce Byrne in the use of the new semi automatic defibrillator and resuscitation mannikin.

Still Building... Nhill Redevelopment

The 'New' Nhill Hospital is still the focus of the Service redevelopment plan and at the end of the financial year the majority of building works have been completed.

It is anticipated that the Certificate of Occupancy will be granted by the end of August and the Hospital will be officially opened soon afterwards.

The Service itself has a significant amount of construction and refurbishment to complete Stage 3 of the development. These works include the Kitchen, Staff Dining area, Medical Records, Pharmacy and Administration accomodation.

This has been a very major project that will ultimately provide facilities of the highest order for those who seek our care, and the staff who are engaged to provide that care.

Occupational Health & Safety

The Occupational Health and Safety Act 2004 (the New Act), applied to our Service from 1 July 2005. It expanded existing obligations under the old Act (1985) and introduced a more prescriptive legislative regime for employers, occupiers, designers and suppliers of workplaces, plant and equipment. The neccessary preparation to implement the Act is discussed in detail in the Legislation section of this report [p.42].

Raising Funds

In recent years West Wimmera Health Service has received $22.8 million from the Government towards capital redevelopments across our sites. The Service itself has contributed $12.8 million towards these projects from its reserve funds. It is fair to say that our once healthy savings have been depleted.

In light of the importance of the 'New' Nhill Hospital project to the sustainability of the entire Service, the Board of Governance pledged to the Government that our contribution to this development would be guaranteed.

It is anticipated that the Capital Fundraising Appeal will be officially launched at the 'Opening' of the Hospital. In the interim behind the scenes fundraising has begun particularly focusing on corporate and philanthropic organisations.

At the end of the financial year $800,000 had been pledged for payment over a five-year period.

Extremely generous donors at this time include:

- Geoffery Handbury $250,000
- Helen Macpherson Smith Trust $200,000
- Luv-A-Duck $100,000
- Tattersall's George Adams Foundation $50,000
- Collier Charitable Fund $45,000
- Jack Brockhoff Foundation $28,800

We are overwhelmed at the magnitude of the generosity of these donations.

In particular, we applaud the ongoing support of Tattersall's and Geoffery and the late Helen Handbury who have also granted substantial funds previously in support of West Wimmera Health Service and the Nhill Hospital. Our community will continue to reap the benefits of their ongoing support for generations to come.

Executive Staff

We farewelled David Peters, Executive Director of Finance & Administration, in February 2006. David was a valued member of the Executive Team for six years and presided over great change in the financial management of our Service.

Ritchie Dodds, Operations Manager, an employee of the Service for six years was appointed to the Executive Director position. A Chartered Accountant with considerable expertise in Information Technology Ritchie brings a new range of skills to this role.

Melanie Albrecht was appointed to the position of Operations Manager. Melanie has recently completed her studies in law and her skills are a welcome addition to the Executive Team.

I take this opportunity to commend and applaud the Executive Team for the manner in which they have dealt with the diverse nature of their tasks and embarked on strategies to achieve a cohesive workforce through which we can be sure that our standard of care will continue to improve and the diversity of our services will expand accordingly.

On a Personal Note...

In December 2005 I was privileged to be appointed to the Board of the Australian Council on Healthcare Standards having been a member of their National Council for some years.

As the peak Australian healthcare accreditation organisation this appointment, a memorable career moment, will provide valuable insight for West Wimmera Health Service into the Accreditation process and its expectations.

Dr Graham McNeice discussing the personal satisfaction of life as a rural General Practitioner with a medical student on placement from Melbourne University.

Medical Practitioners – a Lifeline to Our Health Service

Attracting and retaining qualified medical expertise has been a priority issue in 2005-06. Our Service is committed to delivering quality healthcare to the residents of our communities and assuring the presence of Medical Practitioners is an integral part of this process.

Our excellent team of Visiting Specialist Medical and Surgical Practitioners have continued their vital partnership with this Service offering a wide range of procedures normally available only in larger centres. A superb service for our communities.

The appointment of Dr. Ian Jones an Obstetrician/Gynaecologist from Adelaide adds an additional level of expertise to our specialist team. It is anticipated Ian will begin consulting in August 2006.

The recruitment of Dr. Robert Proctor, Psychiatrist, with the assistance of the Medical Specialist Outreach Assistance Program (MSOAP) was also confirmed and Dr. Proctor commenced visiting Nhill on a fortnightly basis in April.

We welcome these doctors whose skills will continue to expand the essential specialist services available to our communities.

It was however, with great sadness that we farewelled Dr. Jan Slabbert and his family in June to take up general practice in Hamilton, Victoria. We wish him well.

On a brighter note, we have had success in recruiting two new General Practitioners:

- In conjunction with Tri-Star Medical we welcomed Dr. Nouman Qadir in October 2005 to the Rainbow and Jeparit communities. Dr. Qadir is a General Practitioner originally from Pakistan, who worked in England before he came to Australia. Dr. Qadir is passionate about delivering medical services in a rural environment such as ours.
- In partnership with Nhill Medical Clinic we recruited Dr. Rizwan Lotia a General Practitioner, also from Pakistan.

Regretfully Dr. Vladan Jankovic will be leaving Kaniva Medical Clinic in December 2006. Recruitment to fill this position has already commenced.

We will work closely with Rural Workforce Agency Victoria, WestVic Division of General Practice, Tri-Star Medical and Nhill Medical Clinic to ensure that all avenues are explored in the recruitment of procedural General Practitioners and other Medical Practitioners.

We are exceptionally fortunate to retain a highly committed and skilled medical team to support our mission 'to establish a health service without peer..'.

Against the growing trend of rural communities facing diminishing medical services West Wimmera Health Service has been able to retain General Practitioners in five communities with a visiting service to Goroke four days a week.

Our General Practitioners are the mainstay of daily care and we are indeed appreciative of their reliable, professional care. Their support and skill also contributes to our specialist practitioners' capacity to undertake procedures such as hip replacements and cataract surgery.

The Medical and Surgical specialists who visit regularly from Adelaide and Hamilton are a vital element in our commitment to provide comprehensive health care to our communities.

The growing popularity of Day Stay procedures and the opportunity to access surgical procedures close to home, are a contributing factor to the quality and diversity of the Acute Care we are able to offer. The commitment of these visiting practitioners and their undoubted expertise are greatly appreciated by the Service and the community.

The Executive Director of Medical Services, Dr Ian Graham must be commended for the manner in which he has led the Visiting Medical Practitioners and for the progress achieved with the Medical Staff Association.

I thank you all most sincerely.

Staff – Caring and Compassionate

Our staff are the most compassionate and caring people one could hope to lead. As another momentous year has concluded I feel honoured to be a part of this organisation and sincerely thank everyone who has supported West Wimmera Health Service and believed in our vision.

The health industry continues to be a challenging professional environment and I am constantly reassured by the outstanding accomplishments of those around me and their ability to meet those manifold challenges.

Board of Governance

It has been another constructive year working with the Board of Governance to consolidate the position of West Wimmera Health Service in the health industry.

I acknowledge their guidance and in particular the support and strong and considered strategic leadership of John Magrath in his sixth, and arguably most challenging year, as President of the Service.

I express sincere thanks to Board Members for their decisive and professional leadership.

I am appreciative of the continuing support of all key government agencies, and in particular the Department of Human Services, the Commonwealth Departments of Health and Ageing, Department of Community Services and the Victorian Office of the Auditor General.

Conclusion

In 2007 the Service will continue to grow and we will carefully develop our Strategic Plan to take account of the changing make up of our diverse constituents.

I will continue to encourage the existence of a workplace where people can excel, participate and pursue excellence.

As an organisation we will continue to set goals which will place this Service at the leading edge of this vital industry.

In our plans and actions for the future we must always be committed to achieving constructive improvement in core services and financial outcomes, thus ensuring that we remain a recognised healthcare provider of genuine excellence.

John N. Smith PSM

Chief Executive Officer
West Wimmera Health Service

THE YEAR IN OVERVIEW

2005-06 has been a year of very visible changes in the shape of the emerging 'New' Hospital at Nhill and a number of significant events, like the completion of the Department of Human Services independent Review into the Service, that will have a lasting effect on the way the Service is organised and its potential to build continually improving healthcare solutions for our communities.

The Small Rural Health Service Funding Model

The Small Rural Health Service Funding Model is extremely beneficial in its flexible approach to service provision enabling organisations such as West Wimmera Health Service to study community needs and tailor services accordingly.

As the demographics of our communities change it is important for the health services we provide to reflect community needs. As our budget will no longer depend on the number and type of patients we treat alternative service provision will be investigated.

Health promotion is an area that will be identified in the coming financial year as a potential area where additional resources may be allocated if required.

During 2007 the Board of Governance will undertake research through a 'Service Profile' Exercise to determine what health services will be provided in the future to satisfy the health needs of our communities.

Successful Grants

We acknowledge the Department of Human Services for the financial assistance received to purchase:

- Patient Lifting Equipment - $66,000
- Radiology Equipment & Defibrillators - $120,000
- Home and Community Care (HACC) Well for Life Funding - $16,500
- Lifestyle funding for Residential facilities - $10,000
- Computer Radiology and Macerator $130,000
- Kaniva Hospital Day Centre Roof - $55,000

We thank the Department sincerely for this ongoing financial support.

Significant Work Results in the Completion of the Review

In April 2003 West Wimmera Health Service was reviewed by independent consultants at the request of the Service, the Office of Health Services Commissioner and the Department of Human Services.

The 36 recommendations from the review were monitored by an independent Review Committee. In March 2006 the Committee announced that all issues pertaining to the recommendations were complete.

The responsibility of ensuring recommendations continue to be observed will be through Accreditation processes.

Some improvements resulting from Review recommendations:

1. The new organisational structure has reduced the number of people reporting to the Chief Executive Officer from nine to six – a more responsive and strategic managerial approach.
2. The Risk Management system revolving around the Risk Register was highly commended.
3. The Education Policy now addresses areas of competence required of all staff, fire training is an example. WWHS has been a leader in requiring definitive levels of participation in continuing education in response to stringent employer responsibilities required by the new OH&S Act 2004.

The process and outcomes of the External Review have been extremely valuable and we will focus on ensuring these rewards continue.

Haemodialysis

Responding to an identified need WWHS has been working with North West Dialysis Service, Melbourne Health to provide a service at the Nhill Hospital.

This will allow people suffering from kidney failure to receive renal dialysis, treatment to clear the blood of impurities, locally. Extensive research has been completed in preparation for its introduction.

Improvements in Key Performance Indicators

In November 2005 a presentation to the Board of Governance summarising the Service's actual performance against the 2004-05 Corporate Plan highlighted that we had performed very well in meeting or exceeding a majority of the targets for the Key Performance Indicators in the Corporate Plan.

It was noted also that there was a growing need to establish systems to better measure improvements in areas such as waste management, water conservation and alternative energy sources. Improvements have already occurred as indicated by the 'tank farm' and recycling projects detailed in the Quality of Care Report.

The quality of the water supply will be addressed to ensure the standard of pure water required is available. The Dialysis Service should commence in October 2006.

A new service available for our community.

Jeparit Redevelopment

The standard of the construction of the 'New' Jeparit Hospital has been the subject of lengthy mediation between WWHS, the Department of Human Services and the builder Behmer & Wright.

This matter has now been finalised and the Department of Human Services Capital Management Branch has provided initial funds to rectify vital defects.

Rectification works have commenced and we again thank the Department Capital Management Branch for their tremendous support during trying and challenging debates.

Information and Communication Technology

Continuing progress in Information and Communication Technology continues to advance the way the organisation works from day-to-day.

The introduction of an electronic correspondence register, contract register and the refinement of the electronic maintenance requisition system have extended the incorporation of computer technology into our daily activities.

The Grampians Regional Health Alliance Network (GRHANet) continues to introduce innovative cost saving measures to improve Information and Communication technologies across health services in the Grampians Region.

The latest addition, a Voice Over Internet Protocol telephone system, has resulted in a considerable reduction in telephone costs. There are no call costs for telephone calls between our Service and any phone in the GRHANet domain, essentially all hospitals in the Grampians Region and between West Wimmera Health Service sites.

The Information & Communication Technology Committee advises on the introduction and use of technology in the Service and is developing an ICT Strategic Plan. Each year the efficiencies that can be achieved through the use of technology become more apparent.

The introduction of new software packages continues to improve efficiencies as evidenced by the following:

- Ballarat & District Nursing & Health Care Data Collection
- Aged Care Quality Association Incident Reporting and Benchmarking
- AIMS Data records Aged Care Residents Information for the Commonwealth
- Mayne (Dorevtich) Pathology
- Board Assurance Compliance electronic System - BACeS

Rainbow Redevelopment

Issues relating to sprinkler certification and tactile signage delayed the granting of the Certificate of Occupancy for the Rainbow Hospital and Nursing Home.

These issues have been rectified and a full Certificate of Occupancy has now been issued with the people of Rainbow enjoying outstanding accommodation and services.

2006

INFORMATION TECHNOLOGY ENHANCES THE WAY WE OVERCOME THE 'TYRANNY OF DISTANCE' BETWEEN OUR VARIOUS SITES.

DON Sandra Hinch and Division 1 Nurse Denise Schulz updating Aged Care Accreditation documents.

Occupational Health & Safety

The New Act, applied to our Service from 1 July 2005.

The Act places a much greater responsibility on Boards of Governance, employers, employees and managers in their management of facilities and in the refurbishment, design and construction of workplaces.

It was patently clear that a meticulous approach to our preparation for the application of this Act was crucial given the number of sites in our Service and the physical nature of the occupations of our employees and contractors. We are fortunate that the majority of our buildings have been recently built or redeveloped, however even in the newer sites there were some adjustments and alterations required to ensure compliance with the Act.

How Did We Prepare?

- 8 Designated Work Groups formed
- Health & Safety Representatives elected
- OH&S Courses completed by key staff
- An OH&S Plan developed and approved by the Board
- Education Sessions for all staff were held
- Risk Assessments & Hazard Identification have become a way of life, see p.42.

There are significant advantages in the digital technology we are working to introduce. The use of Glutaraldehyde, which is a hazardous chemical, will be eliminated as will the large volume of water previously required to process the X-ray images.

The 'New' Nhill Hospital includes a room designated for a Computerised Tomography (CT) Scanner. The Department of Human Services has requested that we prepare a Business Case to verify the sustainability of a CT service at Nhill and an independent contractor has been appointed to undertake the research and present a solid case with recommendations to the Board for discussion and submission to the Department.

Industrial Relations Expertise

We have employed Mr. Les Butler, a skilled Industrial Relations expert, with considerable experience in the profession.

As Unions continue to become more prominent in the health industry and consultation with them occurs on a regular basis. We are delighted that Les has been able to take up the position to assist us in streamlining our Industrial Relations communication and procedures. A closer relationship with the Unions has already been achieved.

Bree Lowe returned with daughter Arli to catch up with Midwife Jackie Engelbrecht. Bree praised her experience with the Shared Care Model of Midwifery Care.

Board Assurance Compliance electronic System (BACeS)

Reporting to the Board of Governance utilising the Board Assurance Compliance electronic System (BACeS) has begun. Over a 12 month period 50 reports will be tabled at Board Meetings to evidence compliance with comprehensive legislative requirements identifying to the Board any areas of concern which must be addressed.

Radiology

Benson Medical Imaging, the provider of radiology reports for the Service has the technology to enable electronic transmission of X-ray images for interpretation and reporting from our Medical Imaging Department to Benson's Clinic in Bendigo.

The new service has proved to be very efficient and reports are returned to Medical Practitioners within 24 hours and in some instances as promptly as 2 hours.

Midwifery

We operate a Low Risk Midwifery Service and our priority is to recruit a General Practitioner Proceduralist to enable midwifery services to be maintained. We are still recruiting midwives from overseas to reinforce the sustainability of this valuable service.

A trial of an extended Multi-disciplinary midwifery program was funded by the Department of Human Services and as a result of the positive outcomes of the trial implementation of the model will occur as soon as a GP Proceduralist is appointed.

In the meantime we work in close collaboration with Wimmera Health Care Group where babies are delivered and then may return to the Nhill Hospital for further care before baby is taken home.

Royal Flying Doctor Service

Royal Flying Doctor Outreach Program for Rural and Isolated Women.

The six weekly visits of Dr Fiona Maughan to the Goroke Community Health Service and Dr Diana Jeffries to the Nhill Medical Clinic have been warmly welcomed. Women travel quite a distance to the clinics and there is always a waiting list. The doctors each consult with 12 to 14 women at each visit, referring patients on to specialist services if that is needed.

"It is just so lovely to be able to see a female doctor she makes me feel so comfortable". (Very satisfied patient).

Dentist Dr Paul Nakhla and Dental Nurse Andrea Deckert attending to a patient who had travelled from Goroke to Nhill for treatment.

Increased Dental Services

West Wimmera Health Service was successful in receiving funding of $143,438.30 from the Commonwealth Department of Health & Ageing to establish a Dental Clinic at Rainbow under the Rural Private Access Program.

Work has commenced on this project and in the coming year we will move to reinstate a Dental service for Rainbow and its surrounding communities.

Submissions for similar funding for Dental Services at Kaniva and Goroke have been submitted and we are awaiting a response.

Paxton Partners Financial Review

In August 2004 Paxton Partners, financial consultants, conducted a review of West Wimmera Health Service to identify financial risks and assist in the preparation of a financial strategy for the Service to achieve a breakeven operating result by 30 June 2006.

It is extremely gratifying to confirm that we have achieved this outcome.

We conducted a major review of our progress towards the recommendations of the Review in June 2006, two years into the designated three year implementation phase.

With the exception of one recommendation which cannot be implemented until the occupation of the 'New' Nhill Hospital, all recommendations have been addressed, many to a higher standard than set by Paxton Partners.

Striving for Accreditation

West Wimmera Health Service participates in a variety of accreditation processes to ensure our services are of the highest standards. It is heartening to report that we hold full accreditation status with all accreditation programs.

The community can have confidence when accessing services from West Wimmera Health Service that they have been externally assessed and meet the highest standards of quality and safety.

Community Aged Care Packages

The Service was fortunate to receive another five Community Aged Care Packages (CACP's) from the Commonwealth Department of Health & Ageing increasing our total to 15 Packages.

An application for ten more packages has been submitted to the Commonwealth and we await the result of our application [p.25].

Raising Funds

The Board adopted a policy that funds be raised through a major Capital Fundraising Appeal thus ensuring our communities will have state-of-the-art facilities and funds available for ongoing maintenance and equipment purchases.

The nature of our diverse health service requires reliable and up to date equipment, safe workplaces and services, which meet the changing needs of communities.

We have established a Capital Equipment Replacement Plan to ensure that replacement is planned, efficient and timely.

Consequently we have embarked on a major Appeal to raise $2 million to complete the total redevelopment of the 'New' Nhill Hospital and importantly to have the dollars available to purchase the equipment needed to continue our current scale of service.

Awarded Again

We again entered the Australasian Annual Reporting Awards and attained a Silver Award. Confirmation that our Annual and Quality of Care Report continues to be recognised for its open and consistent reporting.

A satisfactory outcome!

Left to right: *DON's Julie McLean, Rainbow and Janelle Hodgson, Kaniva share a light moment with acting Unit Manager Nhill Acute, Caitlyn Kerr*

Nurturing a Different Approach

As reported in the last annual report the Service entered into a three-year agreement to work in conjunction with La Trobe University in a project focussing on human resource management.

The team from La Trobe University began visiting the Service in March 2005 to form the Action Research Project group and to begin research into key areas such as people management, policies, attitudes and behaviours that impact on the performance of the health service.

The La Trobe team has visited regularly conducting staff workshops across the sites, canvassing views on the Service and asking for staff feedback on what improvements could be made in the area of human resource management.

This process continues and we look forward to learning through this 'different' approach to Human Resource Management.

THE COMMUNITY

There are many people who contribute to our pursuit of a vision to deliver compassionate, accessible and accountable services. This invaluable support takes many forms, from monetary donations to wide ranging voluntary services, all of which enhance and advance our programs and our ability to provide high-level health care.

2006

AUXILIARIES AND FRIENDS AND RELATIVES GROUPS HAVE BEEN A PILLAR OF SUPPORT TO OUR SERVICE FOR MANY, MANY YEARS.

Auxiliaries and volunteers come in many different guises in every community. In Nhill and the other communities served by West Wimmera Health Service they range from Ladies Auxiliaries and Friends and Relatives Groups which assist in raising funds and assisting in other ways with the work of the branch of the organisation which they have come together to support. The work of these groups often results in the provision of goods and services, which would not otherwise be provided to our health services.

Of a similar ilk are the volunteer groups, which have as their aim the visiting of patients in a hospital or other care facility.

Auxiliaries and Friends and Relatives Groups have supported our Hospitals, Nursing Homes and Hostels for many, many years.

For 77 years the Nhill Hospital Auxiliary has raised funds and carried out voluntary work for the benefit of the Nhill Hospital, Rainbow Hospital Ladies Auxiliary began in 1946, Kaniva in 1924 and the Jeparit Auxiliary was formed in the 1950's. Over the years the loyalty and commitment of these groups has resulted in hours of volunteering, raising funds and contributing to the welfare of patients and staff.

Contributed by

Helen Slattery
President
Nhill Ladies Auxiliary
Friends of Iona

Nhill Neighbourhood House

The common interests, especially in the area of health promotion, between West Wimmera Health Service (WWHS) and Nhill Neighbourhood House Learning Centre Inc. have underpinned a close and productive working relationship.

For seven years WWHS has rented the current Neighbourhood House premises to us at a 'peppercorn' rent. Not only is the security of tenure over a suitable venue one of the requirements of Neighbourhood House status, it is also one usually very difficult to achieve with the limited funding provided to Neighbourhood Houses. The generous lease agreement has ensured our sustainability for the foreseeable future.

Nhill Neighbourhood House has in turn provided a venue for West Wimmera Health Service meetings, promotional and educational activities wherever possible. The design of the House with meeting and class rooms as well as kitchen facilities makes it an ideal venue and it has been well utilised by the Service during the year.

The relationship extends beyond the simple sharing of resources. Nhill Neighbourhood House has been able to provide computer training to WWHS staff and worked together with the dietitians and social workers to offer "Cheap and Healthy Cooking" classes. The House is the venue for the "Women's Lounge," an initiative of WWHS Welfare Workers. The "Lounge" and the "Mums and Tums" prenatal classes are advertised in our term brochure promoting the activities and classes available at the House.

I believe that the close liaison between our two organisations has lead to improved communication, a sharing of knowledge and cooperation in the creation of opportunities. Our mutual resources, skills and experience complement each other for the benefit of the local residents.

Nhill Neighbourhood House looks forward to continuing and growing the positive relationship with West Wimmera Health Service.

Contributed by

Anne Champness
Centre Manager
Nhill Neighbourhood House
Learning Centre Inc.

Volunteers

We are very grateful for the number of volunteers who give their time so willingly in so many ways for the benefit of our patients, residents and clients. Whether visiting patients, reading to residents, chatting or doing some shopping their willingness to share their time, energy and skills and their compassion for those in our care is to be commended.

We work in partnership with Wimmera Community Volunteers who co-ordinate the orientation of new volunteers. If you wish to become a volunteer at any of our services please call Wimmera Volunteers and they will assist you, (03) 5382 5607.

Joan Widdison enjoying her weekly visit to hairdresser Jean Combe at Natimuk Residential Aged Care Centre.

Volunteer carer Jack Cooney discussing respite plans with Kaye Robinson, Co-ordinator of the National Respite for Carers Program which assists carers with information, respite and support.

Continuing the Tradition

Many people support our Service financially. Stringent management of financial gifts received over many years has helped us to establish services and facilities designed to provide the care our communities deserve.

Your Will

Making your Will gives you the opportunity to decide who the beneficiaries of your Estate will be.

Remembering West Wimmera Health Service in your Will can help us make a difference.

West Wimmera Health Service has been the appreciative beneficiary of several bequests from people in our community. These gifts have made an enormous difference to our Service. One bequest was the impetus for us to be able to build the 'New' Kaniva Hospital another assisted to buy equipment for the Operating Suite in the 'New' Nhill Hospital.

We encourage you to consider this Service when you are preparing your Will. Your Lawyer can make appropriate arrangements or you can contact the Chief Executive Officer for further information. You can be assured that all enquiries will be dealt with in the utmost confidence.

Donations & Bequests 2005-06

Donor	$
Luv-A-Duck	100,000
Anonymous	84,392
Tattersall's George Adams Foundation	50,000
Collier Foundation	45,000
Australian Legion of Returned Servicemen	30,000
The Jack Brockhoff Trust	28,800
The King Estate	19,600
G & M Keam	17,787
R C Eastick	10,000
J H Dufty	10,000
B E Dufty	10,000
The Danks Trust	10,000
Rainbow Ladies Auxiliary	7,000
D & L Mulhallen	5,000
G & J Bennett	5,000
The William Angliss Trust	5,000
T V Macaulay	5,000
P & J Koop	5,000
M Campbell	5,000
J Magrath	5,000
H Barber	5,000
G Barber	5,000
C Magrath	5,000
T & K Borgelt	4,800
Donnell Farms	3,000
Cooinda Ladies Auxilliary	2,050
EV Kolsons Pty Ltd	2,000
A & F Taylor	2,000
M & H Schilling	2,000
R & M Reichelt	2,000
P Stacey	2,000
R Stanford	2,000
L Creek	2,000
Nhill Staff Fundraising	1,300
Cooinda Fundraising	1,258
Goroke Community	1,064
D Reichelt	1,000
Mrs N Zanker	1,000
Rural Energy	1,000
K & N Binns	1,000
D Argall	1,000
Country Womens' Association	1,000
A & G Moll	1,000
R Clark	1,000
I & B Cramer	1,000
R & M Gersch	1,000
K & K Dodds	1,000
S & R Walter	1,000
WWHS Relatives & Friends	1,000
B & Y Nuske	1,000
B & S Dorrington	1,000
Ahrens Engineering	1,000
W & N Alexander	735
R Heinrich	500
N & J Klemm	500
B Kuhne	500
G Walter	500
St Peters Lutheran Church	500
T & J Sudholz	500
G & K Kerber	400
Jim's Butchery	250
D & P Ralph	250
Nhill Newsagency	250
B & N Mellings	200
Nhill Sporting Club	200
N & C Barwise	200
Jeparit Hospital Ladies Auxilliary	200
O Barber	200
Donations Under $200	2,116
Donations & Bequests Total	524,051
Cost of Raising Funds	138,000
Total	**386,051**

CORPORATE GOVERNANCE

The Board of Governance is accountable to Government, consumers and stakeholders for providing services within agreed funding parameters and within accepted standards of quality and safety. It is committed to ensuring policies and procedures reflect good governance.

West Wimmera Health Service is a Schedule 1 Public Hospital incorporated under the Health Services Act 1988 (The Act) and amendments.

The Board's charter is to ensure quality Acute, Aged, Disability, Community & Allied Health Services for the Western & Southern Wimmera and the Southern Mallee.

The Service is governed by a Board of 11 members appointed by the Governor in Council on the recommendation of the Minister for Health, The Hon. Bronwyn Pike MP. Members are generally appointed for a three year term and may renominate when their term of office expires. This year vacancies on the Board were widely advertised in April, as directed, with appointments expected to be announced in October.

Board members are not remunerated but expenses incurred whilst undertaking Board of Governance business may be reimbursed.

In accordance with government guidelines and sound corporate governance principles, the skills, experience and interests of Board members are wide ranging and pertinent to the business of a health service.

The Board is accountable to Government, its communities, consumers and stakeholders for providing services within agreed funding parameters and within accepted standards of quality and safety.

Members are committed to ensuring policies and procedures reflect good governance, that its practices comply with the Act and that sound systems are in place for monitoring the management of risk.

The Board is answerable to government for the performance of the Service and is responsible for setting the strategic short and long term direction of the Service and for monitoring its financial and core business performance.

There were no occasions that required a Board member to declare a Pecuniary or Conflict of Interest this year.

While the Board delegates management authority to the Chief Executive Officer at all times it remains responsible for the ultimate performance of the Service.

The Board receives adequate timely and accurate information for planning, decision making and for reaching decisions critical to the performance of the organisation.

Members have attended governance education forums keeping them abreast of best practice in corporate governance and equipped to shape West Wimmera Health Service for the future.

The complexities associated with ensuring the Service is compliant with legislation and regulations are increasing in magnitude with the propensity to occupy a great deal of time and energy, however compliance alone will not make a great Board or achieve sound corporate governance.

To offset the possibility of developing a tunnel focus on compliance the Board is establishing a code of practice to encapsulate the total picture of governance.

The Board instigated a systematic review of Committees and the flow of Committee recommendations to the Board, Division Business Plans, the Service Corporate Plan and of vital importance the systems in place to maintain the Risk Register for monitoring clinical, business and resource risks.

The Key Performance Indicators arising from the reviews will be the basis for future assessment of the effectiveness of the Board and ultimately the future of West Wimmera Health Service.

Community Advisory Committees

Cooinda

Ron Rosewall (Chairperson), Keith Goode, Win Hamlyn, Bill Howarth, Fred Webb

Goroke Community Health Centre

Des White (Chairperson), Roger Gabbe, Sharon Richardson, Andrew Robertson, Phillip Walker

Jeparit Hospital

Ron Rosewall (Chairperson), Kaye Baron, Fiona Depretto, Leila Obst, Chris Rosewall, Maxine Schumann, Shirley Shaw

Kaniva Hospital

Jeanette Feder (Chairperson), Margaret Deckert, John Feder, Vladan Jankovic, Stuart Kyle, Ian Maddern

Natimuk Aged Care Centre

Lester Maybery (Chairperson), Bronwen Brown, Peter Canning, Peter Combe, Graeme Hateley, Janet Heard, Keith Lockwood, Janice Sudholz

Nhill Hospital

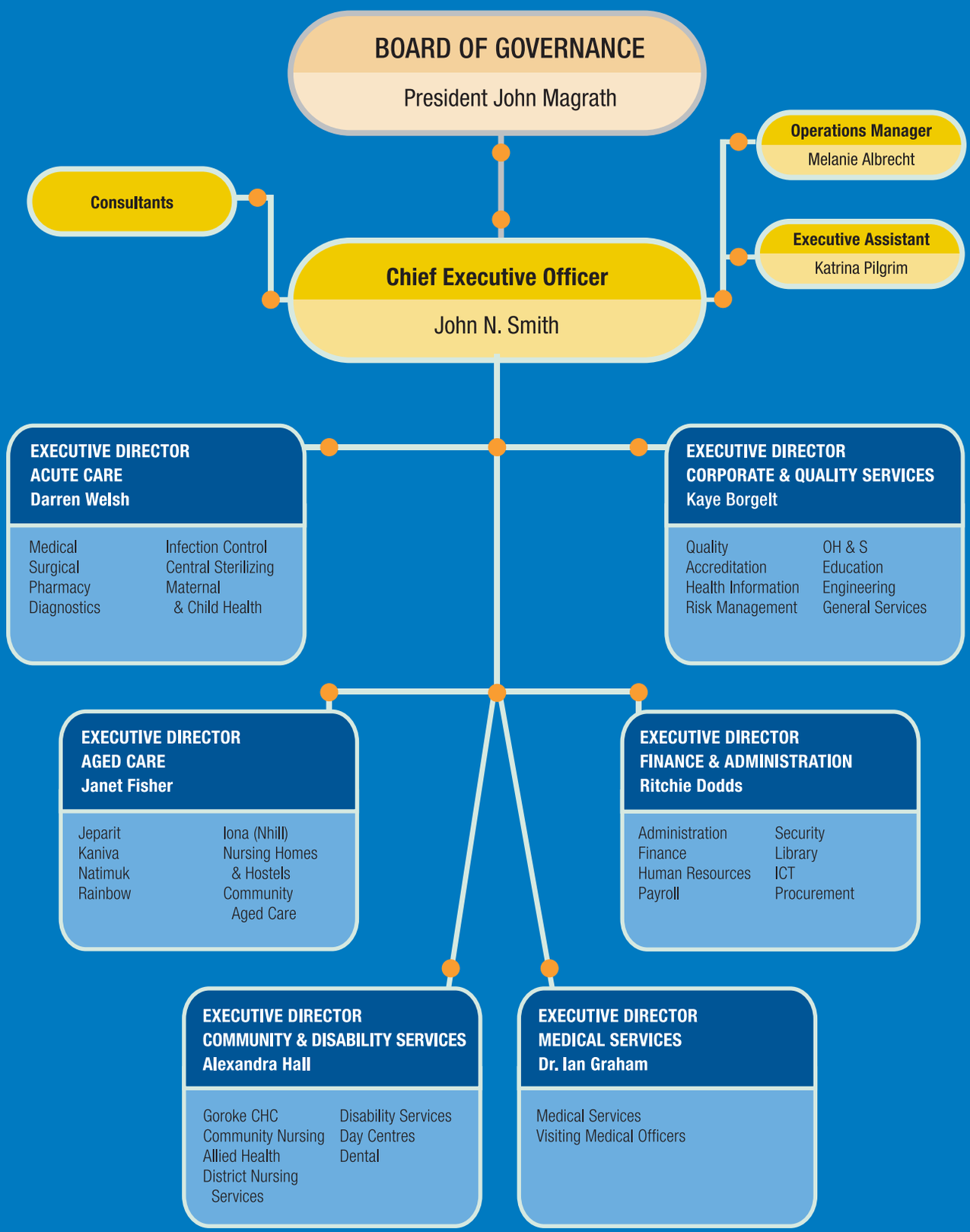
John Magrath (Chairperson), Malcolm Anderson, Dianne Hobday John Hobday, Maurice Stewart

Rainbow Hospital

Leonie Clarke (Chairperson), Fayisse Clarke, Alison Ey, Valma Gregory, Ron Ismay, Pam Newton

ORGANISATIONAL STRUCTURE

WWHS



Dr John R. Magrath

Jeanette A. Feder

Lester C. Maybery

Desmond J. White

Janice M. Sudholz

Ronald A. Ismay

Father Denis A. Sotiriadis

Ronald S. Rosewall

Leonie G. Clark

Rodney L. Stanford

BOARD OF GOVERNANCE

Board of Governance Members 2005– 2006

Dr. J. Magrath, President

R. A. Ismay, Vice President from 04.05.2006

Dr. M. A. Anderson resigned 31.10.2005

L. G. Clarke

J. A. Feder, Vice President to 04.05.06

L. C. Maybery

R. S. Rosewall

Fr. D. A. Sotiriadis, appointed 01.11.2005

R. L. Stanford, appointed 01.11.2005

M. A. Stewart

J. M. Sudholz

R. Walter, resigned 31.10.2005

D. J. White

Board Committees

- Audit
- Executive
- Improving Performance
- Medical Appointments Advisory & Review
- Nhill Project Control

Dr. John R. Magrath

Hon DBus (Ballarat)

President

Term of Appointment

1.11.2004 -31.10.2007

Appointed President of the Board in November 2000 and has been reappointed to the position annually.

John has extensive experience as a company director and on health sector Boards. He was a member of the Council of the University of Ballarat and served as its Deputy Chancellor. He is currently Deputy Chair of the Little Desert Flora & Fauna Foundation. John is particularly interested in financial management, strategic planning and leadership.

WWHS Committees

Chair Executive
Audit
Chair Medical Appointments Advisory and Review
Chair Nhill Project Control Group
Chair Nhill Advisory
Ex Officio member of all other Committees

Board Meeting attendance

100%

Ronald A. Ismay

Vice President from 04.05.2006

Business Proprietor

Term of Appointment

01.11.2003-31.10.2006

Ron brings the skills of financial experience and business management to the Board and is persistent in his pursuit of equitable services for rural regions.

WWHS Committees

Improving Performance
Rainbow Hospital Advisory
Nhill Hospital Project Control

Board Meeting Attendance

77.7%

Maurice A. Stewart was not available for photography.

Leonie G. Clarke

Schools Service Officer

Term of Appointment

01.11.2005 -31.10.2008

Leonie joined the Board from the Rainbow Bush Nursing Hospital in 1997 and brought with her community experience and an interest in establishing appropriate health services for rural areas.

WWHS Committees

Executive
Chair Rainbow Hospital Advisory

Board Meeting Attendance

100%

Jeanette A. Feder

Vice President to 04.05.2006

Integration Aide and Primary producer

Term of Appointment

01.11.2003- 31.10.2006

Jeanette has served on many community organisations and has broad experience in health service governance. Her focus is centred on sustainable health services and community building for rural people.

WWHS Committees

Executive
Audit
Chair Kaniva Hospital Advisory

Board Meeting attendance

77.7%

Lester C. Maybery

Primary Producer

Term of Appointment

01.11.2003 -31.10.2006

Experience and knowledge of rural communities, small business management and human resources gives Lester a solid basis for serving on the Board. The sustainability of rural health services and their communities are his particular interests.

WWHS Committees

Chair Improving Performance
Chair Natimuk Hospital Advisory

Board Meeting Attendance

100%

Ronald S. Rosewall BA Soc Sci

Retired

Term of Appointment

1.11.2003 -31.10.2006

Ron is a Board Member of CIDA Victoria (Council of Intellectual Disability Agencies) and has experience and knowledge of disability services at a State and community level.

WWHS Committees

Chair Cooinda Advisory
Chair Jeparit Advisory

Board Meeting Attendance

100%

Father Denis A. Sotiriadis

B Th., Grad. Dip. Theology

Rector St George's Anglican Church Nhill

Term of Appointment

01.11.2005 – 31.10.2008

Denis came to Nhill from Colac where he was the Assistant Priest. His experience with and compassion for people and his talent in strategic planning have complemented the range of skills offered by the West Wimmera Health Service Board in planning the future of the Service

WWHS Committees

Medical Appointment Advisory and Review

Board Meeting Attendance

83.3%

Rodney L. Stanford

Family Support Worker

Term of Appointment

01.11.2005 – 31.10.2008

Rodney has experience in the governance of community care organisations and the diversity of small rural communities. His knowledge of delivering services in a large regional centre gives Rodney a wide perspective of strategic issues.

WWHS Committees

Audit

Board Meeting Attendance

83.3%

Maurice A. Stewart LLB

Lawyer

Term of Appointment

01.11.2005-31.10.2008

Maurice is a partner in an established legal practice, he has long term experience in health and aged care administration and his legal background adds another dimension to the Board.

WWHS Committees

Medical Appointment Advisory and Review
Nhill Hospital Advisory
Nhill Hospital Project Control

Board Meeting Attendance

25%

Janice M. Sudholz

Primary Producer

Term of Appointment

01.11.2003-31.10.2006

Janice joined the Board when Natimuk Bush Nursing Centre merged with West Wimmera Health Service. She was a member of the Wimmera Mallee Water Board and has a wide interest in community activities.

WWHS Committees

Executive
Natimuk Advisory

Board Meeting Attendance

100%

Desmond J. White

Dip Agr Sci, Post Grad Dip Ag, Adv Cert Works Man, Dip Eng Tech, Adv Dip Eng Tech

Civil Engineer

Term of Appointment

01.11.2004-31.10.2007

Des joined the Board in 2001 his proficiency in Local Government, financial management and administration have added another perspective to the Board.

WWHS Committees

Executive
Chair Audit
Chair Goroke Advisory

Board Meeting Attendance

88.85%

EXECUTIVE MANAGEMENT TEAM

Improving the health and well-being of the people we serve is the ethos guiding the management of West Wimmera Health Service. The executive team promotes the values, quality outcomes, accessibility, safe practises, compassion and accountability throughout our Service. The team works to foster constructive relationships between the service, its clients and other stakeholders which contribute towards our drive to improve and to build an accruing reputation for excellence.

John Smith PSM

Chief Executive Officer

MHA, Grad Dip HSM, FAICD, AFACHSE, CMAHRI, CHE, AFAIM, FHFM

John was appointed to the position of Chief Executive Officer in 1995, prior to that he was the Chief Executive Officer of the Nhill Hospital. He has held office on National and State peak bodies in the health industry and is currently a National Director of the Australian Council on Healthcare Standards.

His comprehensive experience in management and the complex nature of the health industry give John a solid background to confront the issues facing a health service on the cusp of exponential growth.

The key goal of the position is to pilot West Wimmera Health Service through the process of strategic planning to meet the ever increasing demand for health and welfare services of an ageing rural population, balance a finite budget, improve environmental management and efficiently manage human and physical resources.

He is expected to provide powerful leadership in all aspects of the organisation and manage in accordance with the delegations and directions of the Board of Governance.

Dr Ian Graham

Executive Director Medical Services

Dr Graham is responsible for coordinating the appointment, credentialing and granting of clinical privileges for medical staff; convening meetings of the Medical Staff Association; and providing medical input into the planning, management and clinical governance of West Wimmera Health Service.

First appointed as Consultant Medical Director of West Wimmera Health Service in 1997 as part of his duties as the then Executive Director of Medical Services at Ballarat Health Services, Dr Graham has continued in this role since becoming a consultant in health management and being appointed as the Medical Director of the Postgraduate Medical Council of Victoria. He holds an MB BS and Master Health Planning and is a Fellow of the Royal Australasian College of Medical Administrators (FRACMA).

Melanie Albrecht

Operations Manager

Appointed in April 2006 as Operations Manager after completing a Bachelor of Laws and a Bachelor of International Studies at Flinders University, South Australia.

Prior to her appointment Melanie was employed by DMR Associates Pty Ltd, health industry consultants.

Her role focuses on assisting the Chief Executive Officer with operational issues of the organisation with responsiblity for Risk Management, Contract Management and Legislative Compliance. The position also requires substantial involvement with organisational communication, specific projects and External Stakeholders.

Katrina (Kate) Pilgrim

Executive Assistant

Kate was appointed in September 2004 having an extensive background in secretarial and administrative positions including combining the roles of Personal Assistant to the Chief Executive Officer and Manager of Administration at West Wimmera Health Service.

Her responsibilities include internally promoting excellent communications with all sections of the Service, and externally with the community through the Office of the Chief Executive Officer, acting as Secretary to the Board of Governance and co-ordinating the Executive Team.

Kate has recently graduated from the University of Ballarat with Certificate IV in Business (Frontline Management).

Kaye Borgelt

Executive Director Corporate & Quality Services

Kaye Borgelt was appointed to the position of Executive Director of Corporate & Quality Services in September 2004. She holds an Associate Diploma in Medical Record Administration and Graduate Certificate in Management of Organisational Change, and is an HIMAA Accredited Clinical Coder.

Prior to her appointment she was the Director of Health Information for West Wimmera Health Service and had previous experience as a Medical Record Administrator in rural South Australian and Victorian hospitals.

The position involves co-ordination of non-clinical departments within the Service including Catering, General Services, Engineering, Education and Health Information Services, in addition to managing and facilitating quality and accreditation processes, risk management and occupational health and safety throughout the organisation.

Ritchie Dodds

Executive Director Finance & Administration

Appointed to this position in April 2006, Ritchie is responsible for management of the Finance, Administration, Human Resources, Information Communication and Technologyand Procurement.

Prior to his appointment Ritchie was Operations Manager where he gained valuable experience in the wide variety of internal and external services and partnerships and their impact on the Service. Ritchie has a Bachelor of Commerce, is a Chartered Accountant and a Fellow of the Finance Services Institute of Australia. He is currently completing the final module of a Master of Business Administration.

Executive Team from left to right:
John Smith PSM, Dr Ian Graham, Alexandra Hall, Melanie Albrecht, Katrina Pilgrim, Darren Welsh, Kaye Borgelt, Ritchie Dodds and Janet Fisher.

Janet Fisher

Executive Director Aged Care

Jan was the Acting Director of Aged Care prior to her appointment in September 2004. She is a Registered Nurse, Member, Royal College of Nursing Australia and holds a Graduate Diploma in Business Management. She is responsible for the performance of residential aged care units in particular against the standards set by the Commonwealth Aged Care Standards and Accreditation Agency, Community Aged Care initiatives and for the professional competence of nurses in conjunction with the Executive Director Acute Care. Jan brings extensive knowledge of aged care nursing and planning to her role.

Alexandra Hall

Executive Director
Community & Disability Services

Alex Hall was appointed in November 2004 her previous position was Director of Allied and Community Health at West Wimmera Health Service. Alex has a Bachelor of Applied Science in Speech Pathology and has worked for 19 years in the field of Allied Health. Prior experience was gained at Bethesda and the Austin Hospital, Royal Talbot Rehabilitation Centre in Melbourne specialising in a team approach to managing acquired brain injury. Alex also worked as a locum in Rural New South Wales and the United Kingdom. She was a Case Manager for Commonwealth Rehabilitation Services before commencing as a Speech Pathologist at the Service in 1999.

Alex is responsible for managing predominately community-based services including Allied Health, Goroke Community Health Service, District Nursing, Adult Day Centres, Dental Services and Disability Services.

Darren Welsh

Executive Director Acute Care

Darren was appointed to the position in September 2004. He came from Western District Health Service where he held the position of Deputy Director of Nursing. Prior experience in management was also gained at Goulburn Valley Health as Associate Director of Nursing and at Bendigo Health Care Group as Clinical Business Manager. He has a Bachelor of Nursing Degree, and a Graduate Diploma of Business and is an Associate Fellow of the Council of Health Services Executives. His responsibilities include the Management of Medical, Surgical, Primary Care Casualty, Acute In-patient, Pharmacy and Medical Imaging services, Operating Theatre and the Central Sterilising Service operations located at Nhill are also managed as part of the portfolio.

The Executive Director: Acute Care is responsible for the professional practice of nurses in liaison with the Executive Director Aged Care and the recruitment of professional clinical staff; nursing staff, pharmacists and medical imaging technologists.

AGED CARE

Aged care is, and always has been, a priority area in our portfolio of services. The quality, spaciousness and comfort of our Nursing Homes and Hostel units is excellent by any measure and supported by highly professional, compassionate and caring staff.

Goals

- To deliver aged care services which are compassionate, uphold dignity and meet all accreditation standards.
- To review all resident care documentation.

Strategies

- Collaborate to establish high standards of care with Directors of Nursing and managers.
- Purchase software to implement electronic medication charts.

Achievements

- All aged care residences maintained full accreditation status.
- Negotiating to obtain electronic medication software.

Future

- A central focus for 2006-2007 will be to continue to place height adjustable beds in our Hostels.
- Our Activity Documentation Pack will be implemented at each site.
- To achieve 2008 mandatory Commonwealth Department of Health & Ageing accommodation standards.

Residential Aged Care

Nursing Homes

- The Nursing Homes in West Wimmera Health Service provide an essential service to the elderly members of our communities who require constant care.

Nursing Home Locations

- Rainbow – 10 beds for the frail aged.
- Jeparit – 10 beds for the frail aged.
- Kaniva – 11 beds for the frail aged.
- "Iona" Nhill – 12 beds for the frail aged, 8 Dementia specific beds and 6 Psycho-geriatric beds.
- Natimuk – 20 beds for the frail aged.

Staffing our Nursing Homes

Qualified staff in all Nursing Homes assure the complex physical, social and emotional needs of residents are met.

Residents and staff are supported by outstanding access to the allied health team who attend each site weekly and are contactable for consultation daily, improving the health, welfare and lifestyle of residents. The team consists of Physiotherapists, Speech Therapists, Dietitians, Occupational Therapists, Podiatrists, Social Workers, Massage Therapists, Dental Surgeons and an Exercise Physiologist.

Major Improvements in Our Nursing Homes in the Past Year Include:

- Electronic beds in all units has enabled compliance with the "no-lift" policy and maximized independence for residents,
- all aged care documentation has been reviewed and stored electronically to ensure they are current,
- joined Aged Care Quality Association for audit and benchmarking purposes with like size organisations in South Australia,
- purchased new lifting equipment providing comfort, safety and dignity for residents,
- resuscitation airbags and masks are now placed at each site for emergency use,
- $10,000.00, received from DHS to enhance resident lifestyle and activity options,
- reviewed the audit schedule of care and outcome statements which are now in every day user friendly English,
- trial of various air mattresses to minimize the pressure residents experience if confined to bed.

Auditing Results Over the Past Year for High and Low Care – Rewarding

We audit many areas of care to make sure it is at a standard that is acceptable and safe for residents and staff. The results have been very rewarding.

Leisure, Interest and Activity Program Audit

Diverse activity programs are individually designed for residents to maintain health, well being and lifestyle.

All residents and their families, were surveyed to ascertain their satisfaction with the type and variety of activities offered to them with a satisfaction rate of 80% achieved.

Hostels

Our hostels support residents who can no longer live at home.

All of the hostels in our service are self contained. They are located at:

- Rainbow 10 units,
- Jeparit 5 units,
- Kaniva 10 units,
- Natimuk – Trescowthick 10 units
  – Lockwood 11 units [dementia specific].

Hostels – Our Staff

Hostels in West Wimmera Health Service are staffed by Personal Care Workers [PCW], who have attained a Certificate III in Age Care and Certificate III in Home & Community Care - Nationally Accredited Training Courses. Competency checks for staff are conducted annually in:

- Medication management, observation of temperature, pulse and blood pressure and care for residents requiring oxygen.

Hostel staff are supported by Registered Nurses Division 1, who conduct all resident assessments and evaluations.

Major Improvements Over the Past Year in Our Hostels Include:

- Relocation of special beds from Nursing Homes for some Hostel residents has reduced risk to staff,
- our Activity Documentation Pack was trialled at Kaniva Hostel and will now be adopted across all sites, identifying the relationship between consumers and staff in meeting lifestyle needs,
- an Activities Coordinator was appointed to Kaniva resulting in a more structured and effective program.

COMPASSION, DIGNITY AND RESPECT ARE ABOUT HUMAN INTERACTION AND AT THE HEART OF OUR RELATIONSHIP WITH OUR AGED CARE RESIDENTS.

Registered Nurse Division 1 Tennille Gully with Jean Kramer discussing changes to her Care Plan.

Community Aged Care

Community Aged Care Packages

Since Community Aged Care Packages became available in 2004, the program has expanded from 10 to 15 packages with others anticipated to grow this program to between 20 and 25. There is a constant demand for people to be cared for in their homes avoiding premature admission to permanent residential care.

A variety of choices is offered to clients ranging from home care, hygiene, transport and meal provision to coordinated care, in consultation with the client, doctor and case manager. The client receives a Care Plan devised to cater for their individual needs.

National Respite for Carers Program

This excellent initiative provides people who are full time carers of the elderly, dementia sufferers or disabled with the opportunity to have a break from caring to pursue other interests. A service which is greatly appreciated by clients and carers.

Aged Care Accreditation

West Wimmera Health Service has 9 aged care facilities. Each facility must complete an Accreditation Kit detailing the processes the organisation has in place and the results achieved at an organisational and site level against set accreditation criteria.

Aged Care Accreditation is a legislated requirement under the Aged Care Act 1997 and an aged care facility which is not accredited does not receive Commonwealth funding.

Aged Care Accreditation is Mandatory!

There are 4 standards and 44 outcomes relating to aged care accreditation.

- Archie Gray Nursing Home at Kaniva achieved 3 year accreditation status when assessed in February 2006. Our remaining Hostels and Nursing Homes will be reassessed between July and August.

If facilities perform well they are granted 3 year accreditation status, lesser periods are granted to those who need to make improvements.

All sites this year received organised support visits with 100% compliance resulting.

It is reassuring to residents, family and staff to receive external verification of our care demonstrated by the excellent results achieved.

Conclusion

To all those associated with West Wimmera Health Service Aged Care division we can unequivocally state that we will pursue our strategic goals for the future and move forward with strength and enthusiasm.

A great ideal!

ACUTE CARE

2005-06 has been a year of innovation in the Acute sector of West Wimmera Health Service with the introduction of new staff, the creation of new employment positions, implementation of new technologies and advancing new ways of caring for the people of our community.

Goals

- To recruit, and retain skilled clinical staff.
- To implement a competency based education program.
- Update life saving equipment.
- Update Midwifery Care Plans.

Strategies

- Utilise direct referral and print and electronic media for staff recruitment.
- Introduce a competency based clinical nurse education syllabus.
- Seek equipment grants from DHS.
- Trial new model of midwifery care.

Achievements

- 90% of clinical nursing staff have completed Medication Management and Education and Assesment.
- 93% have also completed Basic Life Support education.
- Grant received and defibrillators purchased. Each Acute Care facility now has appropriate life saving equipment.
- Trial of midwifery care model commenced November 2005.

Future

- Staff recruitment initiatives will be vigorously stepped up.
- Extend competency based education and assessment program.
- Continue equipment replacement plan.
- Review midwifery care trials and implement recommendations.
- Satisfy staffing needs to ensure availability of maternity care.
- Introduction of Oncology Service.

New Positions

Recurrent funding was received from the Department of Human Services covering the appointment of a "Clinical Support Nurse" (CSN). This appointment was taken up in January 2006, and provides crucial supervision and mentoring to Registered Nurse graduates, students and those returning to the profession of nursing after a period of absence.

The Department also provided funds to employ a "No-lift Coordinator" to develop policies, protocols and provide education to clinical staff regarding no-lift procedures, which is aimed at reducing staff injuries associated with patient handling and movement techniques.

New Methods of Care

Midwifery Model of Care

Together with the Nhill Medical Clinic practitioners we have expended much energy in developing a Shared Care Clinic where mothers enjoy antenatal co-ordinated care provided by a General Practitioner and Midwives.

In November 2005, midwives began a trial of a new model of care which built on the successes the Shared Care Clinic. With the positive outcomes being that the expectant mother will be familiar with the majority of the midwifery team prior to the birth of her baby. Arriving at the Hospital on "THE" day she will be comforted by a familiar face and a trusting relationship. This has not always been the case in the past.

Cardiac Care

A sudden shooting pain in the chest sends a feeling of terror through you.

When that happens early detection of heart muscle damage is important to instigate immediate treatment.

In a 'first' we introduced special blood testing kits (LifeSign MI) in 2005 at the Nhill Hospital. These test kits allow Medical and Nursing staff to test enzymes or proteins that are released into the bloodstream in response to a reduced blood supply to the heart and to detect injury to the heart muscle.

As a result clinical care of heart attack patients is guided in a timely manner supported by advanced medication regimes. We will roll this service out to all sites with acute patient facilities during 2006-07.

The Operating Suite

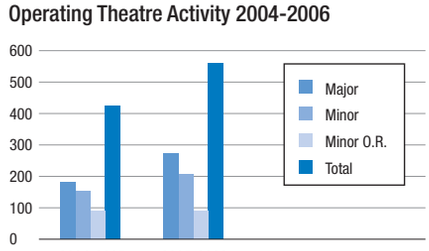
The Operating Suite at the Nhill Hospital is a vital element in the provision of Acute Care and is the only suite available in our Service to offer operating facilities. Private and Public patients who are referred to visiting surgeons by General Practitioners are able to access this service.

Visiting surgeons undertake procedures from the most basic to those of a more complex nature such as Orthopaedic and Ophthalmic surgery.

Equipment required for the Operating Suite in the 'New' Nhill Hospital has been purchased including:

- Monitors for the recovery room which provide "high-tech" monitoring for pulse rate, blood pressure, oxygen and heart rhythm also allowing the Anaesthetist to continue monitoring patients post-operatively while in recovery,
- An operating table which enables staff to position a patient more accurately according to the directions of the surgeon. The table is user friendly from a manual handling perspective and therefore reduces the risk of injury to staff,
- Recovery room trolleys, which are height adjustable providing more flexibility in use,
- Theatre lights for the Operating Suite,
- Telescopic pendants housing medical gases, electrical and computer outlets,
- Gastroscopes and colonoscopes for use by visiting surgeons.

Operating Theatre Activity 2004-2006



The increase in use of the theatre is a reflection of opening the Interim Theatre after a closure of 5 months for its construction.

2006

THE OPERATING SUITE AT NHILL AND THE EXPERTISE OF VISITING SPECIALISTS ARE A VITAL ATTRIBUTE OF THE ACUTE CARE DIVISION.

Mr Peter Tung, Surgeon, assisted by Division 1 Nurse Michelle Borain and Dr Maged Boules during a Carpel Tunnel 'release' procedure.

Medical Imaging – Radiography

Providing acute medical and surgical services requires instantaneous diagnostic services to ensure appropriate care is provided.

Benson Medical Imaging provide Ultrasound services on a weekly basis and also daily reporting of X-rays and ultrasounds by a radiologist.

Ultrasound scans are transmitted electronically to the Radiologist via a secure Private Network established by Bensons with the results e-mailed to the referring GP immediately.

New radiology equipment is to be installed together with a Computerised Radiography System. The X-ray film we use today will be replaced by a Digital Image that will be transmitted by the Private Network to the Radiologist for reporting.

A more efficient service will result.

The Service has been fortunate to recruit a Radiographer from South Africa who brings expertise in Computerised Tomography (CT) and Trauma Radiography [see glossary], to complement existing staff.

Pharmacist recruitment - at the heart of quality care to our patients

Recruitment of health professionals to rural areas is always a challenging exercise; this is exacerbated when professionals are in short supply. We have interviewed several pharmacists, but unfortunately an appointment has not been made. This remains an area of great need as it is a vital ingredient in primary care provision to patients across our Service.

Cataract surgery being performed by Dr Mark Chehade at the Nhill Hospital.

Planning for Haemodialysis

Planning is underway to introduce a Haemodialysis Unit at Nhill, approval being granted for this unit to be provided under the auspice of North West Dialysis Service of Royal Melbourne Hospital. This exciting development will ensure that, once again, people from West Wimmera can access this important care regime locally.

Pathology Results On-line

Gradually the Service has taken the opportunity of providing access to blood pathology test results on-line for Medical and Nursing clinicians with acute patient information available via a secure electronic network with Mayne Health (Dorevitch).

The benefit to clinicians is that of readily accessible patient information to assist in the process of diagnosis and determining the future direction of care.

Defibrillator Purchase and Training

To meet the very latest in resuscitation guidelines (determined by the Australian Resuscitation Council) and best practice, new Defibrillators (Heart Starters) have been obtained for each Acute service.

A defibrillator provides a measured dose of electricity to the heart. The new technololgy employs an efficient, much reduced electricity charge to restart the heart.

Given the high incidence of chronic Cardiovascular Disease in our region this is a very positive move to guarantee our Acute Care to patients.

Appointment of an Obstetrician and Gynaecologist

A Specialist Obstetrician & Gynaecologist will visit the Nhill Hospital, at least monthly, for outpatient consulting and to undertake surgical procedures has occurred.

Dr Ian Jones has been credentialed and granted Visiting Rights.

Gone will be the pressure for patients to travel long distances to receive this very important care.

Another exciting move forward!

Continuing Education Underpinning Quality Care

Nursing, is a constantly changing profession and with ever changing treatment regimes, the constant advance in drug therapy standards it is vital to scrutinise staff skill levels and competency.

At West Wimmera Health Service we are alert to the education needs of our staff and a comprehensive internal education program is available. [See Education Section of Quality of Care Report for more detail].

Evidence of their commitment to personal professional development has seen members of our nursing staff undertaking further tertiary education.

We take pride in their efforts and congratulate them.

Awards

Bachelor of Nursing

It is with great pride we acknowledge and congratulate two of our nursing staff, Raelene Alexander, who received the West Wimmera Shire Encouragement Award for a second year student and Allison Sullivan who received the Royal College of Nursing Australia High Achiever Award for her final year of the Bachelor of Nursing Degree.

The awards were presented at their Graduation from Ballarat University (Horsham Campus) on Friday 12th May 2006.

Conclusion

It is clear that in the future Acute Care will embark on a new era of clinical practice.

Community demand has led the way to the planned provision of dialysis services and gynaecological surgery within West Wimmera Health Service. This will be based at the 'New' Nhill Hospital.

The provision of clinical services to people in their own community is a prime motivating factor in planning our strategies and future activities.

Recruitment remains a challenge to providing Acute Care and all possible avenues will be explored including improved collaboration with regional and sub-regional health services to remedy this concern.

EXECUTIVE DIRECTOR MEDICAL SERVICES

Medical & Clinical Visiting Consultants as at 30 June 2006

EXECUTIVE DIRECTOR MEDICAL SERVICES
Dr. I. Graham MB BS MHP FRACMA

GENERAL SURGEONS
Mr. S.R. Clifforth MB BS FRACS
Mr. D. Bird MB BS FRACS
Mr. P.H. Tung MB BS FRACS

ORTHOPAEDIC SURGEON
Dr. R. Clarnette MB BS FRCS FRACS

CONSULTANT GERIATRICIAN
Dr. J. Hurley MB BS MRCS MRCC FACRM

GERIATRICIAN
Dr A. Vander Kniff MB BS DGM
(resigned 21st June 2006)

CONSULTANT OBSTETRICIAN AND GYNAECOLOGIST
Dr. I. Jones MB BS FRANZCOG
Dr. D Morris MB BS MD FRCOG FRACOG
Dr. R Pepperell MB BS MD FRACP FRANZCA

CONSULTANT OPHTHALMIC PHYSICIAN AND SURGEON
Dr. M.A. Chehade MB BS FRACO

EAR, NOSE AND THROAT PRACTITIONERS
Dr. Anne Cass MB BS FRACS
Dr. L. Ryan MB BS FRACS FRCS DLO

CONSULTING PSYCHIATRIST
Dr. Robert Proctor MB BS, DPM, BSc

CONSULTANT PHYSICIAN
Dr. E Janus MD PHD FRACP FRCPA

SPECIALIST ANAESTHETIST
Dr. R Ray MB BS FANZCA FAARACS

VISITING ORAL AND MAXILLOFACIAL SURGEON
Dr. A. Ayasamy BDS FDSRCPS FICD

CONSULTANT RADIOLOGY SERVICES
Benson Radiology Group

GENERAL PRACTITIONERS
Dr. M.J. Anderson MB BS DA
Dr. M. Boules MB CHB
Dr. Robert Grenfell MB BS MPH FASPHM
Dr. V.S. Jankovic MD PGD GENERAL SURGERY
Dr. J.C. Jenkinson MB BS
Dr. R. Lotia B Sc, MB BS
Dr. G. McNeice MB BCH BAO
Dr. E. Rowlands MB BS
Dr. M.N. Qadir MB BS

CONSULTANT PHARMACIST
Mrs A. Teed PH.C M.P.S. FSHP MACPP

SESSIONAL PHARMACIST
Mrs L. Carland PH.C M.P.S.

STAFF PHARMACIST
Mr. J. Batrouney PH.C M.P.S.

Dr. Ian S. Graham
Executive Director Medical Services

Changes in the Medical Workforce

West Wimmera Health Service is not alone in facing what appears to be a constant process of searching for General Practitioners to move to rural areas. It is a situation experienced nationally and internationally.

However, the attractive working environment of new facilities combined with the expertise of the supporting health professional team and the relaxed lifestyle have assisted this Service in recruiting general and specialist practitioners to the Service.

Specialist services will be enhanced by the appointment of Dr Ian Jones Obstetrician and Gynaecologist and we have welcomed Dr Nouman Qadir to general practice for Jeparit and Rainbow and as a Visiting Medical Officer for WWHS.

Dr Jan Slabbert and his family, who came from South Africa to join the Nhill Medical Clinic in 2001 and was a highly regarded Visiting Medical Officer to the Service, has moved to a General Practice position in Hamilton Victoria.

Dr Vladan Jankovic will leave the Kaniva Medical Practice in December 2006 with negotiations underway for a replacement for this practice. We are also placing great energy into recruiting a general practitioner proceduralist to undertake procedures such as Caesarian Sections.

The WestVic Division of General Practice has been proactive in the recruitment of new General Practitioners to the region. The Service has met with the Division, Rural Workforce Agency Victoria (RWAV) and local General Practitioners to develop new recruitment strategies which have been of great assistance to us in seeking medical practitioners.

Medical Staff Association

The WWHS Medical Staff Association has gained momentum this year and is proving to be a valuable forum where medical officers can discuss clinical issues, quality improvement, peer review and professional development activities.

The Association meets every six weeks and at each meeting members are required to report on their ongoing professional development activities and to confirm that they are doing sufficient work in special areas of practice to maintain their skills. The General Practitioners at WWHS have attended updates and workshops on General Practice, Emergency Medicine, Anaesthetics and Obstetrics this year.

Appointment Process

When medical practitioners are appointed or reappointed to the Service, they undergo a process of credentialing and granting of clinical privileges. It is anticipated that the processes for credentialing and granting of clinical privileges at WWHS will be integrated with a Grampians region-wide system resulting in a more co-ordinated and consistent approach to the process. (See credentials, in Quality of Care Report).

New Technologies and Treatment

Doctors working with the Nhill Medical Clinic are using Personal Digital Assistants (PDAs) to support their clinical practice. The Service has funded the installation of Therapeutic Guidelines on these handheld computers so that the General Practitioners have ready access to up to date prescribing guidelines wherever they are working.

A new Emergency Record Form has been developed for use throughout the Grampians Region. The Service has been involved in the trial of this form and will contribute to its ongoing review and improvement over the next 12 months.

A new drug for the treatment of certain forms of myocardial infarction (heart attack), Tenectaplase, is now available for use at the Nhill Hospital and will be introduced to other sites in the coming months. It is a thrombolytic (blood clot dissolving) agent which improves the blood flow to heart muscle where blood clots have obstructed flow through the coronary arteries during a heart attack.

On behalf of the local community, West Wimmera Health Service thanks its General Practitioners and visiting specialist medical practitioners for their continuing support and high quality clinical services.

Dr. Ian S. Graham
Executive Director Medical Services

COMMUNITY AND DISABILITY SERVICES

The new organisational structure for West Wimmera Health Service, introduced in September 2004, integrated Community and Disability programs into a single division directed by the Executive Director of Community and Disability Services.

The outcome is an improved communication chain streamlining reporting and accountability.

An extensive range of community based services has been developed increasing our capacity to manage and adapt to beneficial policy changes.

Goals

- Continue to recruit trained staff.
- Maximise the quality of and access to our services.
- Provide sustainable services which meet identified community health, welfare and disability needs.

Strategies

- Recruit and retain qualified allied health professionals.
- Ensure that financial status does not preclude access to services.
- Commit 20% of the community health budget to progress and promote health and well being.

Achievements

- Retained 95% of employees with all disciplines staffed.
- Fee policy in place to ensure financial status is not a barrier to access our services.
- Budget commitment achieved.

Future

- A new software program will improve statistical data collection.
- Persist in establishing ways to provide a sustainable Supported Employment Service.
- Collaborate with other agencies to promote 'wellness' and address prevention of chronic disease.

LET US TELL YOU ABOUT OUR COMMUNITY AND DISABILITY SERVICES

Improving Data Collection

Changes in reporting Allied and Community Health, District Nursing and Day Centre statistics to Government brought about the acquisition of the Ballarat District Nursing and Healthcare (BDNH) data collection software. It will enhance our ability to accurately and efficiently record statistical data and to monitor the patterns of the use of services, which is of great value in planning for the future.

This is a significant quality improvement.

Recruitment and Retention

We have retained 95% of employees with all disciplines adequately staffed – a substantial achievement!

The Podiatry and Dietetics Departments, however, were reduced to one practitioner for several months, resulting in increased waiting lists.

We are proud of our staff. Their commitment and hard work is outstanding.

Students – Our Future Workforce

We have hosted a number of work experience students this year. Links have been established with a combined La Trobe University and Ballarat Health Services project, which is encouraging increased student placements in rural health services. The aim is to ultimately improve recruitment to rural areas.

Our Speech Pathologist presented a paper at the National Speech Pathology Conference in Perth, addressing links between universities, schools and community health.

Goroke Community Health Service regularly hosts 5th Year Melbourne University Medical students to experience healthcare services in isolated rural areas.

A very innovative initiative.

Safety in the Community

Our Community Home Visit Safety and Security Policy will increase staff safety by:

- ensuring identification of risks,
- increasing awareness of staff on assignment,
- ensuring staff 'report in' when returning from community visits.

Benefits of Collaboration :

We have collaborated with Wimmera Uniting Care by providing transport for children from school to the After School Care Program two nights each week. The spirit of collaboration is alive and well.

Participation in External Accreditation Processes

Our performance is regularly monitored by accreditation and standards agencies ACHS EQuIP, HACC National Standards, Department of Veterans' Affairs (DVA) and Disability Certification.

We currently hold Accreditation Compliance status with each of these organisations.

Allied Health – A Wide Range of Community Services

Protect those ears

The Speech Pathology department provides hearing screening assessments and this year a process for Wimmera Hearing Society to screen each town in our catchment area over a two-year period was established.

Early intervention

Speech, language and hearing screenings at kindergartens for 126 preschoolers identified 74 (60%) as requiring follow up to ensure they gain maximum benefit from their remaining year at 'Kinder' before their first year at school.

We developed a "New Mum's Pack" containing information about early childhood development, child safety and Allied Health services, available for early intervention and support. These packs have been keenly sought and are readily available from the Service.

2006

AN EXTENSIVE RANGE OF COMMUNITY BASED SERVICES HAS BEEN DEVELOPED ESTABLISHING OUR CAPACITY TO MANAGE AND ADAPT TO BENEFICIAL POLICY CHANGES.

Podiatrist Bianca Jones treating Joyce Witmitz in her unit at the Archie Gray Nursing Home Kaniva.

Keeping People on Their Feet

Podiatry is an enormously important service, with clients who meet "high risk" criteria such as diabetes or via GP referral, being treated as a priority.

Our Podiatry staff was strengthened when an additional practitioner commenced in April, and we are delighted to report that a full range of podiatry services is now available to meet our local and regional care requirements.

Mobile, Active, Independent

Having been without a Physiotherapist since April 2004 we were very pleased to recruit a physiotherapist in July 2005.

We also employ a Physiotherapy Assistant, an Exercise Physiologist and a Massage Therapist enabling us to provide a wide complement of physical therapy programs.

Occupational Therapy staff work with those experiencing difficulty with everyday activities due to disability or illness. They conduct home visits for clients recovering from surgery and make recommendations about the aides required to support their rehabilitation.

Comprehensive Social and Welfare Programs

Comprehensive counselling and welfare services are provided addressing enquiries for health information and referral services.

Our Centrelink Agency is highly valued as is distribution of emergency food supplies through the Commonwealth Emergency Relief Programs and Vic Relief.

In the past year improved partnerships and networks have evolved. Nhill welfare workers have benefited from attendances at a local 'Network Meeting' established by our Social Work department. Evaluation revealed significant improvement in exchange of information, client referral and service delivery has occurred.

Nutrition and Health

When providing dietary counselling and advice, the Dietitian and client jointly develop a Nutrition Care Plan. Follow-up appointments occur with the Dietitian to monitor progress and support the client in adjusting to dietary and lifestyle changes.

Pap Smears

Pap Smear clinics are conducted at Goroke, Kaniva, Jeparit and Rainbow by a credentialed nurse pap smear provider with 200 pap smears being completed over a 10 month period. Women are reassured by the latest screening techniques which are in practice.

Lowan Program

The Lowan Rural Health Network Program has been granted further funding for the period January 2006 to June 2008. This joint initiative in place since January 2003, auspiced by West Wimmera Health Service and Edenhope and District Memorial Hospital, enables the continuation and the extension of Social Work, Community Health Nursing and Exercise Physiology programs across our catchment and into the southern areas of Edenhope, Harrow and Apsley. This is of great benefit for these communities.

"Back to School"

WWHS distributed $10,150 in vouchers to financially disadvantaged students in 6 schools in the area, redeemable at specified retail stores. Funding was provided through the Foundation for Rural and Regional Renewal for the "Back to School" program to assist with the cost of school uniforms and school supplies.

Health Promotion

A Regional Approach

West Wimmera Health Service has been working closely with other agencies in the region, through the Wimmera Primary Care Partnership, to develop plans for Health Promotion strategies and activities for the next 3 years. This partnership will bring together a diversity of skills and resources for health promotion and enable joint advocacy and action.

We have reported comprehensively on the area of Physical Activity in the Quality of Care Report.

Other Examples of Health Promotion Activities Include:

Goroke Youth In Action

This youth focus group is a member of the Wimmera Regional Youth Affairs Network and communicate directly with the Minister for Youth Affairs.

The Group obtained a $2000.00 grant for a National Youth Week event aimed at breaking down social isolation and increasing connectedness with their peers.

22 young people and 4 adults attended a camp, which included a 22 km bike ride, abseiling & rock-climbing at Mount Arapiles.

The reward from this initiative was a successful adventure occasion with students eager to organise another event later in the year!

International Women's Day

International Women's Day Celebrations in Nhill during March 2006 highlighted the relationships that WWHS has formed with local government, small business, welfare agencies, women's art and culture groups to expand and consolidate partnerships for health. A highlight of the year.

Jeparit Healthy Lifestyle Group

This group focusses on establishing and maintaining healthy eating patterns in order to improve health. Formal evaluation of the program will occur in January 2007.

Nutrition Sessions for Students

Jeparit students participated in this program of 4 interactive education sessions with each student having a "contract" to identify a healthy eating practice they could adopt. An increase in fruit snacks has been obvious.

Foothold on Safety

This program held at Jeparit, Rainbow and Kaniva is designed to provide education and strategies to help prevent falls in the community. An evaluation of the number of falls experienced by participants since the education is currently being undertaken with 30% of participants indicating a change in behaviour.

District Nursing

District Nurses provide nursing care in the home which is designed to prevent the need for admission to hospital or enable a person to be discharged from hospital earlier. By managing the patients, and clients nursing and medical needs, and by referring to other health professionals their ability to perform everyday activities is often achieved.

The accessibility and responsiveness of the district nursing program was commended in the results of a survey conducted addressing services during January to March 2006. [See Patient Service Questionnaire in Quality of Care Report].

We will continue to provide Department of Veterans' Affairs clients with community nursing services following a successful submission to DVA to provide such services from May 2006 until June 2008.

Keeping a Healthy Smile

Dental services are provided for private and public patients made possible by Dental Health Services Victoria Community Dental Health Care Program who we thank for this support. A visiting oral surgeon visits monthly which is also a valued service.

Significant planning has been given to re-design and refurbish the Nhill Hospital dental clinic with funding being pursued with Dental Health Services Victoria for these works. We are awaiting the outcome of our submission.

2006

Photographs- Left to Right: *Andre Relouw, Manager Horsham Centrelink – Customer Service Centre and Alexandra Hall, Director Community & Disability Services discussing arrangements for West Wimmera Health Service Centrelink Agency.*

PCW Michelle McGennisken discussing plans for her care with Sylvia Chenoweth.

Keryn Smith and Ray Dahlenburg feeding the lambs fostered by Cooinda as part of the Life Skills Animal Program.

Cooinda

Life Skills

Cooinda offers life skills support and training to clients through innovative programs for people with disabilities, to stimulate interest in new skills and activities.

Animal Programs

The Lamb, Poultry and Horse Programs instil a sense of responsibility and time management for our clients as well as learning animal husbandry.

These life skill programs are designed to provide clients with a sense of achievement, self esteem and self worth as they integrate into the community.

Supported Employment

Business Services Consultancy

Our supported employment programs - Cooinda Recycling Enterprises, Snappy Seconds and Oliver's Café - are funded by the Commonwealth Department of Family and Community Services (FaCS).

Of significant concern is the impact the new "case-based" funding model and policy direction will have on these programs. The new direction requires Disability Services throughout Australia to become viable businesses and means that we will effectively receive less funding for our supported employment programs.

A consultancy firm, "Success Works" was engaged in November 2005 to review each of Cooinda's programs, and offer recommendations to improve business viability.

We are progressively adopting the recommendations of this review to enhance existing businesses and develop new ones.

Cooinda Recycling Enterprises

Located in Nhill on the main Cooinda site, the Recycling Program is the only recycling service in Nhill.

Legislation requiring kerbside recycling to be mechanised will result in the recycling contract with the Shire of Hindmarsh ceasing before the end of the calendar year.

This will result in a loss of income of $20,000 per year which, in addition to a significant reduction of funding from Family and Community Services will have a serious impact on Recycling and our disability services generally.

However, new business opportunities have been identified, which will now be pursued.

Funding from the Commonwealth Department of Family and Community Services is available to Disability Services throughout Australia to encourage and develop viable business opportunities. We will certainly investigate all such avenues to ensure the future operation of Cooinda.

Snappy Seconds

Snappy Seconds, our second hand clothing, goods and furniture business, offers interesting employment in a supportive environment for older supported employees.

In response to the "Success Works" report, we are seeking to expand this business to Dimboola which would open up new supported employment opportunities.

Oliver's Café

Oliver's Café offers nutritious meals and snacks and delivers lunches to schools and businesses in Nhill. This catering service is increasing its business which is encouraging and importantly, supported employees are exposed to the hospitality industry.

Our Challenges

Given the proposed drastic reduction in funding we are investigating options to ensure the catering business remains viable.

These include:

- Operating the 'New' Nhill Hospital kiosk
- Expanding our catering business
- Developing "meals to go" packages

Enthusiastic staff at Oliver's Diner are working hard to improve the viability of the café .

Conclusion

We are proud of what has been achieved in our Community and Disability Division and believe we are well placed to continue to manage the many challenges as we move on.

It is our desire to hear how our communities regard the services we offer. To this end our goal is to seek community comment which we trust will assist us with future planning as we strive to meet the ever changing needs of our communities.

CORPORATE AND QUALITY DIVISION

The Corporate and Quality Division incorporates the non-clinical areas of Engineering and Maintenance, Education, Medical Records, Catering and General Services, Quality, Risk Management, Accreditation and Occupational Health & Safety. 109 people are employed by the division with an average of 80 Full Time Equivalent staff.

Goals

- Focus on providing a safe environment & improved management including systems, processes, policies and behaviour that impact on our performance.

Strategies

- Access an OH&S training program for staff.
- Encourage staff to undertake further education.
- Investigate a Review of Catering & General Services.

Achievements

- Education undertaken by key staff in OH&S to increase awareness of their responsibilities under the new OH&S Act.
- 38 staff completed Certificate III in Hospitality, Health and Support Services.
- Review of Catering & General Services has commenced.

Future

- Commence the next stage of the redevelopment of Nhill Hospital.
- Implement recommendations from the review of Catering and General Services Department.
- Refine Key Performance Indicators for the Division.

Engineering

Often the unsung heroes of our organisation, the Engineering staff are responsible for ensuring that our buildings and equipment are safe and our patients', residents' and clients' safety remains without question.

There is a member of the Engineering staff at each site who is responsible for its day-to-day upkeep.

A number of qualified tradespeople including carpenters and a plumber are employed within the Engineering department, resulting in most tasks being addressed in-house. This is a considerable cost saving to our organisation.

Electronic Maintenance Requisition System

Management and staff can monitor outstanding maintenance requests, including their status relating to completion, through the Centralised Electronic Requisition system.

A risk rating is attached to requisitions, which enables staff to measure the response times for issues considered to be high, very high or extreme risks.

Evaluation of performance over a one month period revealed that all requisitions were completed within the expected response time [see table below].

Introduction of Electrical Tagging

Health services use a range of electrical equipment to assist in the provision of quality care. We need to be sure the equipment is safe to use.

In 2005 the Service purchased an electrical tagging appliance which verifies voltage and general safety of individual pieces of equipment. Our staff are qualified to test electrical equipment using this apparatus.

Considerable cost saving has resulted, as this work is no longer outsourced. Compliance with our Electrical Safety Policy is met in that all electrical equipment is checked and tagged prior to use.

Nhill Redevelopment

Engineering staff have been involved in the final stages of the Nhill Hospital redevelopment being responsible for landscaping and other associated works.

A water preservation initiative undertaken as part of the redevelopment is detailed in the segment of our Quality of Care Report – Waste Management.

Kaniva Day Centre Roof

Funding was received from the Department of Human Services to replace a damaged section of the roof at the Kaniva Hospital.

The roof is now waterproof providing the Day Centre clients and staff with a safe, dry environment in which to enjoy activities.

Response to Maintenance Requisistions

Rating	Expected Response Time	No. Requisitions	Average Actual Response Time	Comments
Extreme	Less than 1 Hr	0	–	–
Very High	Less than 4 Hrs	0	–	–
High	Less than 24 Hrs	5	5 Hours	All requisitions completed same day
Medium	Less than 3 days	86	1.1 days	81 requisitions completed same day

2006

WE ARE FOCUSED ON INSTILLING INCREASED QUALITY INTO EVERY ACTIVITY AND EVERY PROCESS THAT IS CARRIED OUT WITHIN OUR ORGANISATION.

Quality Co-ordinator Andrew Modra and local HSU representative Caroline Fischer discussing the result of a risk assessment.

Quality and Accreditation

Quality Coordinator

In July 2005 a full-time Quality Coordinator, was employed to strengthen the Service's quality and accreditation activities, which was an essential innovation arising from the DHS internal review.

Australian Council on Healthcare Standards

Evaluation Quality Improvement Program

External evaluation is an important measure of our quality of care.

To this end the Service submits voluntarily to the Australian Council of Healthcare Standards EQuIP accreditation program.

EQuIP aims to objectively measure a range of aspects involved in providing care including Safe Practice and Environment, Continuum of Care, Human Resources Management, Information Management and Leadership and Management.

As part of the four year EQuIP cycle we submitted our regular self-assessment in January 2006.

The assessment included a list of outcomes we have achieved since the last organisation-wide survey and also an indication of what we hope to achieve before the Periodic Review assessment takes place in November 2006.

A positive response has been received from ACHS to the self-assessment and we are now addressing the recommendations derived from this process.

During the Periodic Review in November 2006, mandatory criteria from all standards will be measured for compliance, in addition to recommendations arising from the previous organisation-wide survey.

The EQuIP cycle is a four-year cycle. There are two on-site surveys within the cycle, one every two years, with self-assessment documents submitted during the intermittent years. It is pleasing to record all sites hold EQuIP Accreditation status.

Risk Management

The Analysis of Incidents and Accidents adds to our risk management efficiency.

Staff are required to log all incidents, accidents and near misses that occur on the RiskMan electronic incident reporting system. The data is analysed to establish trends occurring and identify areas for improvement.

The electronic incident reporting system was introduced in 2005 to improve the timeliness and effectiveness of incident reporting.

Substantial staff training has taken place across all sites with staff now trained in the use of the system.

Benefits derived include an improvement in the timeliness of incidents being reported through the chain of command with an audit trail detailing who has access to view the incident with individual staff able to monitor action taken as a result of the incident they have logged.

There has been a substantial improvement in analysis of incidents and accidents, with departmental managers provided with regular information that assists them to identify problems and initiate preventative action.

OH&S Representative for Jeparit Linda O'Heaney and DON Megan Webster undertaking a risk assessment audit.

Catering and General Services

Quality of care can be measured in a variety of ways and two aspects that impact dramatically on a patient's perception of their stay in Hospital or residential aged care relates to the standard and quality of meals and cleanliness of facilities.

Temporary acute accommodation at Nhill Hospital has made the challenge of keeping ward areas 'clean' more difficult and it is a testament to the dedication of staff that they have continued to not only meet but exceed external cleaning standards.

Further information on cleaning audits can be found in the Infection Control and Cleaning section of the Quality of Care Report.

This year has been a period of considerable change with alterations to rosters and the implementation of different work regimes aimed at providing the best service in the most efficient manner. Throughout the process there has been continued communication with staff and unions which will continue.

We look forward to the opening of the 'New' Nhill Hospital and the challenges of ensuring that this fabulous facility remains in pristine condition.

Life Long Learning

To prepare for the challenges of the future 38 Catering and General Services staff throughout the organisation have undertaken Certificate III training in Health and Support Services and Hospitality.

This has provided staff with an opportunity to gain a qualification and provided our organisation with a workforce that is better trained to provide quality care.

We Need to Eat!

Throughout the Service more than 550 meals are prepared and delivered each day to patients, residents and staff.

Meals on Wheels are also prepared at Nhill, Kaniva, Jeparit, Rainbow and Natimuk for delivery into the community.

As part of the redevelopments at Kaniva, Jeparit, Rainbow and Natimuk Hospitals modern kitchen facilities were included which has meant that West Wimmera Health Service continues to provide 'fresh' cooked meals.

Patients who have received treatment elsewhere commonly remark on our freshly prepared meals and how they are vastly superior to the 'cook/chill' method that is used in many larger health services.

Results from External patient surveys in March 2006 show that the satisfaction with meals was 93%, slightly up on the previous survey where the satisfaction level was 87%.

The kitchen at Nhill Hospital will be upgraded as part of the next stage of the redevelopment process.

The charter of our catering service demands that patients who are prescribed a special diet as part of their care receive the correct meal. Catering staff work closely with Dietitians, Speech Pathologists and Nursing staff to ensure that this occurs.

To improve communication between catering staff and the health professionals directly involved in the care of the patient, regular meetings between the groups now take place.

As a result of the meetings improvements include consistent notification of patient admissions and discharges to the catering department ensuring meals are provided when and where they are required.

Health Information Services

The medical record provides health professionals with information about a patient's or resident's present and past medical history. The information assists doctors, allied health and nursing staff to make accurate decisions regarding the treatment to be provided.

The Health Information Service is responsible for the management of paper based and electronic medical records.

The department regularly measures a range of indicators to ensure optimum efficiency in the quality of data written in the medical record and general data collection and submission to internal and external bodies.

In 2005/06 100% of medical records required for outpatient allied health and visiting surgeon clinics were available when and where they were required. This is important in the provision of quality care as it allows the health professional to have at hand relevant past medical history, and full information about the care the patient is receiving from other professionals.

Conclusion

Departments within the Corporate and Quality Division are integral to the success of West Wimmera Health Service.

2005/06 has been an exciting and challenging period, characterised by a greater understanding between departments and a growing cohesiveness as we have overcome challenges as a group.

We look forward to 2007 with anticipation as we endeavour to continue to provide a quality service to our internal and external customers.

2006

THE QUALITY OF HEALTH INFORMATION IS A KEY FACTOR IN THE ACCURACY OF DECISIONS REGARDING PATIENT

Health Information Manager, Meredith Taylor during her regular visit to Kaniva.

FINANCE AND ADMINISTRATION REPORT

West Wimmera Health Service is a complex organisation that requires a high level of integration in its systems and processes of administration. Technological advances and the development of updated or new software packages improve performance and we are committed to remaining at the forefront of these advances.

Goal

- To provide accurate, timely information to the Board and Senior Managers as a basis for strategic and operational decisions.

Strategies

- Increase use of Powerbudget financial reporting software.
- To increase financial management awareness at Divisional Management level.
- Adjust financial information systems and processes in response to user suggestions.

Achievements

- Powerbudget rolled out and in use.
- An operating surplus of $47k achieved.

Future

- To again achieve an operating surplus.
- To escalate the use of technology.
- To promote a cooperative and high performance workplace.

Finance and Administration

Each year the base level of financial compliance, reporting and audit requirements imposed upon the Service continues to grow. The demand for financial and statistical information, often from the same source but required in a different presentation, from both external and internal stakeholders has reached unprecedented levels due primarily to the mounting levels of accountability required.

The efficient and effective use of the recently implemented financial reporting software package "Powerbudget" has been of particular benefit in satisfying our many reporting needs.

Technology

The general efficacy of our workforce has also been bolstered with the commissioning of a new Service-wide telephone system in August 2005.

Utilising Voice Over Internet Protocol ("VOIP") technology this system encompasses teleconferencing, videoconferencing, voice messaging and call forwarding at a vastly lower cost than that previously used.

Human Resources

Visits to the Service from representatives of the LaTrobe University Human Resource Management Action Research Group continued throughout the year with initiatives such as focus groups and workshopping increasing the Service's overall understanding and appreciation of how effective human resource management can boost performance and ultimately improve the quality of care provided.

Further work on our financial systems and processes was conducted to ensure a smooth transition to the Department of Human Services mandated new accounting chart of accounts. The new chart is to be used by all Victorian public health services for easier and more meaningful comparison of the financial performance and position of different health services. The technical assistance and leadership provided by Dulkeith Computer Solutions was instrumental in ensuring a relatively smooth changeover at 30 June 2006.

Australian International Financial Reporting Standards

In July 2004 the Australian Accounting Standards Board (AASB) approved and issued 40 new accounting standards collectively known as the Australian equivalents to International Financial Reporting Standards (AIFRS). These new standards largely mirror the International Financial Reporting Standards (IFRS). The Service's accounts for the year ended 30 June 2006 have been prepared in accordance with the new standards. Where comparative figures appear in the accounts for the previous financial year these amounts have been restated to conform with the new standards.

While their application did not affect the Service's 'bottom line' the new standards have mainly meant changes to the way in which we classify liabilities for employee entitlements and monies in trust, a detailed breakdown of which is contained in the notes to the financial statements.

Financial Review

In August 2004 Paxton Partners were commissiond to review our financial position and expected financial performance.

Substantially all the recommendations from the review have now been implemented which has undoubtedly assisted the Service in achieving an operating surplus for the current financial year.

The year ahead contains several challenges including: bedding down our financial recording and reporting systems to allow timely and accurate financial reporting; ensuring that at least a balanced operating result is again achieved; further streamlining financial and statistical data collection and reporting processes will allow staff to spend more time adding value to the Service and less time on data collation and reporting.

Procurement

The Service's purchasing and supply department plays a critical role in ensuring necessary medical and administrative supplies arrive at the right place, in the right condition and at the right time. Over the past year our storesmen have continued to work out of a temporary office during the Nhill Hospital redevelopment without allowing such disruption to negatively impact their ability to meet the Service's supply requirements.

The Service continues to utilise a variety of well-priced contracts as administered by Health Purchasing Victoria in order to maximise buying power, while not compromising quality.

Executive Director of Finance and Administration, Ritchie Dodds explaining a new process to Cassy Moar, Assistant Accountant.

Employment – Merit and Equity

The large and very diverse workforce required to operate a health service such as ours means that frequent employment opportunities arise throughout the organisation. In the interests of fairness and general principles of justice, it is critical that our processes and methods of attraction, recruitment and retention are transparent, equal and based only on merit.

To this end the Service must comply with the various obligations and guidelines contained in a variety of state and federal legislation and codes, including the following:

- 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
- Code of Conduct for the Victorian public sector

As such we must:

- Ensure open competition in recruitment, selection, transfer and promotion
- Base employment decisions on merit
- Treat employees fairly and reasonably
- Provide employees with a reasonble avenue of redress against unfair or unreasonable treatment.
- Not discriminate on the basis of age, impairment or disability, industrial activity, lawful sexual activity, marital status, physical features, political belief, pregnancy, race, colour, national or ethnic origin, religion, sex, personal association, or immigration.

Unlawful discrimination can be direct or indirect and may be exemplified by:

- Less favourable treatment
- Making assumptions about a person
- Setting unreasonable conditions or requirements
- Asking irrelevant questions at an interview.

WWHS is aware that it must develop and maintain policies and procedures which ensure compliance in this area at all times. As such, the Service's current implementation of a specialised Board of

AN INDEPENDENT REVIEW OF THE SERVICE'S FINANCIAL PERFORMANCE HAS BEEN CONCLUDED WITH ALL RECOMMENDATIONS NOW IMPLEMENTED.

Governance compliance assurance software package together with a computerised and interactive policy and procedure manual will greatly enhance its capacity to do so. While these programs are yet to be fully commissioned their development over the year has already contributed significantly to management's awareness of our obligations in this important and pervasive area of our operations.

Pay Officer Gordon Schultz and Industrial Relations Consultant Les Butler discussing a query with Kayleen Kingwill.

Industrial Relations in 2006

In 1996 the Victorian Government referred most of its industrial relations powers to the Commonwealth Government. While Victoria no longer has a state-based Industrial Relations (IR) system, except for some specialist legislation, the Victorian Government has a commitment to fostering fair, co-operative and innovative workplaces.

To achieve this, specific legislation was passed to improve fairness and security for employees and programs have been developed to promote cooperative, high-performance workplaces.

A major plank in the State Government's policy is its support for Enterprise Bargaining and its subsequent support for Certified Agreements.

A certified agreement or enterprise bargaining agreement (EBA) is made between an employer and a union and/or group of employees at a workplace.

Employment conditions of WHHS employees are regulated by a Certified Agreement and are not subject to the changes in the Federal Governments 'Work Choices' Legislation.

One of the most significant issues in the employment of staff in Regional and Rural Victoria is balancing work and family life. Our organisation is aware of the difficulties faced by our employees and we are committed to assisting them to achieve a fair balance between work and family life and our clients to receive an outstanding quality of service.

To further enhance the opportunities presented by Government Industrial Relations policies WWHS has undertaken a program of consultative change management, involving the Chief Executive Officer and Executive Directors at all stages in the process. In addition to this pro-active involvement WWHS has become a participant in the Latrobe University initiative relating to Human Resource Audits and comprehensive policy development programs that will see us as a leader in the area of Employee Relations. A significant move to enhance the services provided to our clients and local communities.

WWHS has a workforce serviced by challenging and well-organised industrial bodies. We have accepted this challenge as being an ongoing activity and have engaged a specialist Human Resource and Industrial Relations practitioner to assist in meeting the challenges of the future.

Workcover 2005-06

There have been no serious injuries, diseases or workplace deaths in West Wimmera Health Service during this reporting year.

Cambridge Integrated Services Pty Ltd act as the claims agents for West Wimmera Health Service and maintain regular contact to ensure claims are managed with the aim of rehabilitating employees through meaningful return to work programs.

The Occupational Health and Safety Act 2004 came into effect on July 2005 with resultant changes to practices and procedures for the reporting of claims and the consultation process for identifying hazards, assessment of the risk of each hazard and the controls in place to eliminate them.

Our Service has appointed representatives from across all sites to assist in this process who regularly meet to discuss the issues and to action recommendations.

Again we continued to provide regular training programs to educate staff in the no-lift procedures and lifting policies of the Service. Despite this effort, the very nature of the industry tells us that circumstances are going to occur when shoulder, arm, back and neck strains are liable to happen. Our experience over the last year confirms these as the most predominant type of injury, but our careful management, rehabilitation and return to work programs ensured our employees returned to full employment well within expected time frames.

West Wimmera Health Service Workforce		
Employees	**2006**	**2005**
Full-time	112	115
Part-time	265	263
Casual	111	112
TOTAL	**488**	**490**

Employees by Category	**2006**	**2005**
Nursing	274	281
Administration	42	46
Medical and Allied Health Professionals	35	35
General Services	72	68
Maintenance	26	22
Disability	39	38
TOTAL	**488**	**490**

Employees by Gender	**2006**	**2005**
Male FTE	43	44
Employees male	68	63
Female FTE	255	253
Employees female	420	427

Congratulations to Our Loyal Staff

The loyalty and long service of employees is a strength for our service, providing continuity and a sense of history for a young Service. Congratulations to staff who have reached a landmark in their career. We thank you for your continued commitment to quality care.

10 Years of Service

Glenda Aristides, Mark Carragher, Erol Chilton, Loretta Fisher, Helen Greig, Cynthia Harberger, Karen Hunt, Bernadina Marriott, Judith Ridgwell.

15 Years of Service

Bev Hage, Marie Heinrich, Karen Kennedy, Jayne McPhee, Lisa Newcombe, Heather Pinyon, Denise Rowe, Dawn Saul, Kerryn Shrive.

20 Years of Service

Karen Barton, Janine Clark, Belinda Hatigan, Tracey Merrett, Joylene Rich, Tania Ryan.

30 Years of Service

Pauline Colbert, Elaine Aitken, Valmai Jones.

35 Years of Service

Lawrence Grayling.

STAFF LIST AT JUNE 30 2006

Executive

Chief Executive Officer
John Smith

Operations Manager
Melanie Albrecht

Executive Assistant
Katrina Pilgrim

Industrial Relations
Les Butler

Finance and Administration

Executive Director Finance and Administration
Ritchie Dodds

Pay Personnel
Gordon Schultz
Shirley Ashfield

Purchasing
Daniel Conway
Luke Oldaker

Assistant Accountant
Lisa Braybrook
Cassy Moar

Fundraising
Kate Kennedy

Administration Assistant
Ruth Adamson
Kerryn Dyer
Jane Ford
Leonie Graham
Kayleen Kingwill
Sally Kruger
Elizabeth Lacey
Richard Lane
Andrea McCartney
Krystal Muenster
Carole Nitschke
Lee-Anne Pumpa
Denise Ralph
Jackie Stevenson •
Joy Walter

Nursing

Executive Director Acute Care
Darren Welsh

Executive Director Aged Care
Janet Fisher

Directors of Nursing
Sandra Hinch
Janelle Hodgson
Julie McLean
Megan Webster

Unit Manager
Dianne McDonald
Liz Nicholson
Christine Dufty
Anne Munn

Private Secretary
Janie Silinger

Admission and Discharge Coordinator
Nita Alexander

Clinical Support Nurse
Trish Heinrich •

No-lift Coordinator
Sonya Peters •

Nurse Division 1
Elaine Aitken
Marie Arnold
Menna Bamford
Susanne Beattie
Tonia Beggs
Cindy Bone
Michelle Borain
Tony Breavington
Pauline Breen
Joy Byrne
Janice Clugston
Sharyn Cook
Deborah Craig
Christine Deckert
Patricia Deleeuw
Michelle Dickinson
Dawn Dingwall
Jennifer Dufty
Mary Dufty
Vicki Etherton
Carmel Feder
Chantelle Fisher
Helen Forster
Katrina Fraser
Naomi Grigg
Tennille Gully
Judith Harrington
Lesley Hawker
Janet Heenan
Trish Heinrich •
Marie Heinrich
Karen Hunter
Margaret Jarvis
Valmai Jones
Deborah Kakoschke
Judith Keller
Catherine Kent
Caitlin Kerr
Linda Knight
Dianne Knoll
Anna Krommenhoek
Ingvar Lidman
Sally Lockwood
Kerri Lynch
Douglas Matheson
Maree McClure
Catherine McKenzie
Tracey Merrett
Lisa Miller
Cass Mitchell
Sandra Muller
Sam Munn
Lisa Newcombe
Sharelle Newcombe
Carol Paech
Beryl Parish
Sonya Peters •
Pauline Petschel
Bobbie Pitt
Rosemary Pritchett
Natalie Robinson
Denise Rowe
Pauline Rowe
Helen Ryan
Judy Schier
Nicole Schneider
Denise Schulz
Nicole Schumann
Kerryn Shrive
Megan Smith
Flo Smith
Lisa Smith
Elaine Stewart
Denise Stimson
Allison Sullivan
Vicki Thomas
Judith Thomson
Christine Thomson
Penny Thurlow
Angela Walker
Julie Watson
Chantelle Weir
Fiona Weir
Desiree Williams
Julie Worsley

Nurse Division 2
Beverley Ackland
Raelene Alexander
Judy Allen
Helen Amos
Zoe Ballentine
Helena Bandel
May Barber
Michelle Barber
Karen Barton
Heather Batson
Anne Christian
Janine Clark
Pauline Colbert
Alison Connell
Rebekah Coutts
Kerry Coyne
Marianne Cramer
Carolyn Croke
Janine Dahlenburg
Sandra Decker
Kristen Deckert
Heather Drendel
Sherrie Dumesny
Geraldine Ellis
Sheryl Ellis
Stacey Ellis
Kaye Emmett
Jackie Engelbrecht
Erin Fisher
Loretta Fisher
Kristy French
Lorretta Fuller
Hayley Gale
Dianne Green
Helen Greig
Jennifer Greig
Beverly Hage
Sandy Hawkins
Merrin Hennessy
Kathleen Hutson
Brenda J Jackson
Brenda M Jackson
Diane Jackson
Tracey Jarred
Ailsa Kinnersly
Sue Klemm
Gladys Kyle
Neree Launer
Barbara Leffler
Katrina Lloyd
Jess Lovel
Cheryl Lowe
Lynne Lynch
Lyn Maddern
Dianne Maddern
Julie Marra
Robyn Matheson
Lyn McLean
Maree Merrett
Laureen Miles
Trudi Moar
Samatha Moloney
Gwenda Morris
Kim Murray
Jacqueline Nash
Brenda O'Leary
Jayne Oliver
Noelene Ough
Nerida Patterson
Heather Pinyon
Pamela Price
Toni Reid
Jenni Rentsch
Judith Ridgwell
Wendy Robson
Tania Ryan
Dawn Saul
Deborah Schilling
Debra Schumann
Lorraine Semmler
Joyce Sipthorpe
Shirley Sproule
Yvonne Stephan
Gaye Taylor
Glenis Tink
Sue Walker
Krystal Wallis
Rosalie Wallis
Valerie Webb
Ann-Maree Wells
Cheryl Williams
Anne Wills

Division 2 Nurse Trainee
Hannah Wedding

Personal Care Workers
Rosie Anson
Dawn Austin
Seona Bailey
Shirley Baker
Kellie Beattie
Margaret M Blythman
Helen Burns
Colley Cameron
Maxwell Carter
Toni Casey
Pamela Coates
Cameron Colley
Fiona Coutts
Shirley Crick
Leith Dean
Annie Diaz
Kellie Dickerson
Michelle Eldridge
Carol Gebert
Teresa Gould
Jill Hahn
Alice Haley
Yvonne Hall
Anne Hamilton
Joanne Hanson
Rhianna Harris
Belinda Hartigan
Sally Hawker
Tina Hayden
Jill Hendy
Debra Hill
Terri-Ann Hogart
Beverley Howarth
Cheryl Johnson
Sonia Jones
Marilyn Keller
Fiona Krelle
Kristine Laverty
Darren Lyall
Trish Lyall
Bree Maddern
Gaile Mayne
Dale McCartney
Helen McClure
Pamela McDonald
Merlyn McFarlane
Michelle McGennisken
Sheryl McKenzie
Amanda McKenzie
Jane McPhee
Leanne O'Connor
Samantha O'Connor
Rhonda Preston
Glenda Ramage
Billy Robinson
Val Roll
Debra Sanders
Lorna Sleep
Wendy Sleep
Judith Smith
Jackie Stevenson •
Debra Stonehouse
Ann Thomas
Karen Lee Tilley
Margaret Trenery
Donna Watson
Chris Weir
Wendy Wills
Lisa Wotherspoon
Christine Zubrinich

Pharmacy
Jeffrey Batrouney

Radiographer
Keith Goode
Sharon Marais

Radiography Administration
Marie Goode

CSSD Assistant
Julie Bloomfield
Patricia Mackenzie
Joan Meek

Community And Disability Services

Executive Director Community And Disability Services
Alexandra Hall

Diabetes Educator
Lesley Robinson

Dietitian
Genevieve Francis

Massage Therapist
Helen Munro
Nicol Wilson

Occupational Therapist
Shirley Honeyman
Claire Riches
Karen Shurdington

Physiotherapist
Eyal Bernard

Physiotherapists Assistant
Lawrence Grayling

Podiatrist
Bianca Jones
Norman Jones

Speech Pathologist
CaraJane Millar

Welfare Worker
Pauline McCracken

Allied Health Assistant
Karen Alexander
Leah Davies
Kelvin Deckert
Christa Farinha
Jane Ford
Jessica Jackson
Phillip Jackson
Janis John
Mary King
Bernardina Marriott
Joylene Rhode
Ellen Scott
Karen Webb

Maternal & Child Health Nurse
Amanda Stephan

Community Health Nurse
Wendy Altmann

Dental

Receptionist
Margaret Revell

Dental Nurse
Andrea Deckert
Marlene Millar
Sharyn Morrison
Jodie Hellmuth

Goroke Community Health Service

Unit Manager
Anne Munn

Receptionist
Joy Walter

Nurse Division 1
Christina Hayden
Fiona Cameron
Helen Forster
Katrina Fraser
Naomi Grigg
Cass Mitchell
Helen Mulraney Roll
Julie Worsley

Nurse Division 2
Wendy Essex
Mary Gabbe
Kaye Robinson
Sue Walker

Director Disability Services
Jan Hutton-Croser

Administration
Sandra Pollock

Administration Assistant
Keryn Smith

Handyperson
Warren Mahoney

Instructor
Sherin King
Kevin Merton
Chris Hedt
Narelle Ough
Geoff Pola

Supervisor
Shirley Avery
Melissa Croser
Leanne Hedt
Casey Norton
Maureen Pike
Loata Pitt
Christie Pitt

Commonwealth Employees
Ian Alexander
Gary Allison
Glenda Bush
Roger Batchelor
Ronald Brooks
Gillian Burgess
Pamela Burgess
Margaret Clifford
Tyrone Friebel
Allan Greenaway
Brian Jones
Kim Kendrick
Karen Macey
Michelle Mann
Jennifer Mann
Samatha McErvale
Anne O'Neil
Graeme Ruse
Keryn Smith
Elaine Stonehouse
Hilma Summerhayes
Leanne Wallis
Maureen Wright

Lowan Rural Health Network

Community Health Nurse
Sonya Peters •

Exercise Physiologist
Tracey Williams

Social Worker
Debbie Armstrong

Corporate And Quality Services

Executive Director: Corporate And Quality Services
Kaye Borgelt

Quality Coordinator
Andrew Modra

Education Coordinator
Ann Merrett

Director Engineering
Kelvin Asplin

Engineering Staff
Rhys Albrecht
Cliff Alexander
Ian Barry
Matt Bone
Mark Carracher
Peter Chilton
Malcolm Coutts
Anthony Croke
Craig Henley
Darren Gebert
George Giles
Kent Goldsworthy
Mathew McCartney
Maxwell McLean
Rachelle McLean
John Martion
Reginald Parsons
Robert Schneider
Dean Smith
Darren Taylor

Administration Officer
Leanne Smith

Catering And General Services Supervisor
Joanne McCartney

Chef
Glenda Aristides
Valda Austin
Rebecca Bastin
Susanne Dedio
Yvonne Jones
Julie Leddin
Fay Martion
Richard Sartori
Shirley Schorback
Carmen Trenery
Elaine Webster
Elizabeth Witmitz
David Wybar

General Services Assistant
Jillian Albrecht
Taryn Carter
Pat Chequer
Erol Chilton
Pamela Clark
Robyn Clark
Julie Colbert
Kellie Conboy
Helene Cook
Jenny Cook
Judy Coutts
Rowena Cross
Maria Cuciniello
Deborah Cunningham
Christine Dawson
Aimee Disher
Lynette Dunford
Julie Dunford
Timothy Dunmill
Yvonne Ferguson
Caroline Fischer
Anne-Mvarie Fischer
Margaret Frew
Nikki Friebel
Sharon Garwood
Mary Graetz
Beverley Grant
Cynthia Harberger
Leasley Hiscock
Elaine Humphrey
Jodi Hutson
Ken Hynes
Denise Jensz
Deborah Johnston
Veronica Keller
Karen Kennedy
Margaret Krelle
Debbie McIlree
Laurel McMaster
Shelley Merrett
Pam Newton
Tamara Nossack
Kylie Oakley
Linda O'Heaney
Liz Pfeiffer
Bev Phillips
Joylene Rich
Teresa Ross
Melissa Ryan
Wendy Schulze
Janet Shurdington
Susan Sluggett
Lisa Spark
Sue Taylor
Kristy Tink
Stacey Wallis-Rabone
Katrina Welch
Mary Zadow

Handyperson
Charles Cook

Health Information

Health Information Manager
Meredith Taylor

Administration
Debbie Chaston
Victoria Craig
Libby Lacey
Julie Woolcock

• Employees working in more than one discipline

LEGISLATION

Legislative Requirements

In addition to corporate governance and Department of Human Services requirements there are numerous other legislative obligations to which West Wimmera Health Service must adhere in order to provide a safe environment for patients, visitors and staff.

Occupational Health and Safety Act 2004

The "new" Victorian Occupational Health and Safety Act 2004, was introduced for health services on 1 July 2005. The new Act, places greater responsibility on employers compared with the 1985 Act, to be "as far as reasonably practical" responsible for the health and safety of their employees. This responsibility also extends to sub contactors and other providers of services to the organisation. The Act also significantly increased the penalties for breaches of the Act and set minimum standards for the structure and meeting timelines of Health and Safety Committees.

We ensured compliance with the Act by:

1. Reviewing membership of the Safety and Security Committee so there are at least 50% employee representatives.
2. Introduced a contractor and new employee induction check list to ensure new staff and contractors are suitably qualified and familiar with our safety procedures.
3. West Wimmera Health Service received seven improvement notices on our procedures and adherence to Worksafe Victoria's standards and regulations during the year. All of these were signed off as complete by Worksafe within the required time frame.
4. Developed an Occupational Health and Safety Plan to ensure the service moves towards full compliance with the new Act.

Whistleblower Protection Act 2001

Improper conduct by the service, its employees or the Board of Governance will not be tolerated.

West Wimmera Health Service policies are consistent and compliant with the Whistleblower Protection Act 2001.

Procedures are in place to ensure any disclosure is dealt with in a safe, private and confidential manner.

A detailed policy is in place and the Service encourages a culture that provides an environment where people are protected from retaliation and any investigation is clear, fair with an appropriate outcome.

To this end a Whisteblower Officer has been appointed.

West Wimmera Health Service did not receive any disclosures or notifications of disclosures relevant to this Act in 2005-06.

Freedom of Information

The Freedom of Information Act 1982 provides applicants with the capacity to request information. Certain exemptions apply, which relate to the safety of patients and third parties.

West Wimmera Health Service reviews all requests to ascertain whether the release of such information would prejudice the medical status of the applicant or would be likely to lead to endangerment of other lives or property.

In 2005-06 100% of applications have resulted in the release of information where this was available. There were 9 applications in the year all of which were processed in the required time frame.

There were 17 additional applications for information that were outside the Freedom of Information legislation guidelines with which West Wimmera Health Service assisted.

These matters are dealt with by our FOI Officer.

Health Records Act 2001 and Information Privacy Act 2000

These Acts define how information, both health related and personal information can be used and aims to ensure that the privacy of such information is maintained.

All patients, residents and clients receive a copy of our Privacy Policy and Privacy information brochure the first time they present for a course of treatment. Consent is sought prior to the release of any patient related information to a third party.

Personal information that is not health related, including staff personnel information is protected by the Information Privacy Act 2000. Consent is gained from individuals before any such data is used for a secondary purpose.

The Chief Executive Officer is the designated Privacy Officer and deals with enquiries and complaints relating to the Health Record Act and Information Privacy Act.

In 2005-05 there were no written complaints with respect to breach of patient privacy.

Building Safety

All building, maintenance and repairs are undertaken in accordance with the Building Code of Australia, Australian Standards and also meet with Local Government stipulations.

In August 2005 Cooinda, Natimuk and Rainbow underwent Fire Safety Audits and Building engineering inspections to monitor fire safety equipment and building code compliance. All buildings passed these inspections with recommendations for further improvements for the safety of these building being received. These reports were used to develop action plans for each site to ensure fire safety compliance.

In January 2006 West Wimmera Health Service completed the conditions that had been placed on its conditional certificate of occupancy for Rainbow Nursing Home granted in November 2004.

In April 2006, The Director of Engineering, inspected the 'New' Nhill Hospital to prepare a list of remedial actions to be completed by Kane Constructions prior to the Certificate of Practical Completion being granted, which is still pending.

Consultancies to 30 June 2006

Consultancies to WWHS in excess of $100,000	
Qty	Total
NIL	NIL
Consultancies to WWHS under $100,000	
Qty	Total
10	$353,773

Compliments and Complaints

Constructive comments about our services or our treatment of patients, clients and residents are very useful pointers for us in future planning and in implementing improvements to our Service.

Compliments tell us when we are succeeding and complaints tell us where we need to improve and often how that can be achieved.

We receive many compliments and thank you notes about our care, our staff and our facilities.

We also receive comments or complaints about issues which have occurred which we need to investigate. At all times we aim to deal with these comments in a professional and timely manner achieving an outcome which is satisfactory to those concerned.

WWHS Publications.

Complaint Management

At 30 June 2005, six complaints were outstanding compared to eight at 30th of June 2006. However, unlike June 2006 where we received four complaints in June, of which three were received in the last fortnight, in 2005 we only received one complaint in that time frame. Thus the apparent poor performance this financial year has been skewed by the receipt of complaints in the last two weeks, which could not be completed prior to 30 June but which were ultimately completed within the accepted time frame. The Complaints Officer is responsible for these issues.

Pecuniary Interests

There were no instances where a declaration of pecuniary interest was necessary in any forum for West Wimmera Health Service during this financial year.

Publications

As a means of improving communication between the Service, its consumers and also within the Service, a range of publications is produced for patient information, continuing care programs, reports, newsletters, the Annual and Quality of Care Report.

West Wimmera Health Service website, which is currently being upgraded, is a point to access information about our Service and publications, www.wwhs.net.au

Victorian Industry Participation Policy Act 2003

Contracts for 2005-06 requiring disclosure
NIL

National Competition Policy

West Wimmera Health Service tender applications observe the Competitive Neutrality Policies for publicly funded organisations.

Fees

Fees for services provided by West Wimmera Health Service are set by the State and Commonwealth Governments. Fee Schedules are readily available from the Service and are clearly displayed at appropriate locations within our facilities.

Responsible Officers for our Service

Commonwealth

- The Hon Tony Abbot MP
  Minister for Health and Ageing
- The Hon Mal Brough MP
  Minister for Families, Community Services and Indigenous Affairs
- The Hon John Forrest MP
  Member for Mallee

State

- The Hon Bronwyn Pike MP
  Minister for Health
- The Hon Sherryl Garbutt MP
  Minister for Community Services
- Mr Gavin Jennings MLC
  Minister for Aged Care
  Minister for Aboriginal Affairs
  Deputy Leader of the Legislative Council
- Mr John Lenders MLC
  Minister for Finance
  Minister for Major Projects, Workcover & the TAC
  Leader of the Legislative Council
- Mr Hugh Delahunty
  Member for Lowan
  National Spokesperson for Health, Aged Care and Aboriginal Affairs
- Mr David Koch
  Member for Western Province
- Mr John Vogels
  Member for Western Province

Department of Human Services

- Ms Patricia Faulkner
  Secretary
- Dr Chris Brook
  Executive Director Rural and Regional Health and Aged Care
- Mr Geoff Lavender
  Director Rural and Regional Health Services
- Mr Vic Gordon
  Regional Director, Grampians Region

OVERVIEW OF FINANCIAL PERFORMANCE

Financial Performance

The 2005-06 financial year saw a continuation of the relatively challenging financial environment in which the Service has operated over the past decade. Ever tightening conditions associated with service funding agreements; mandated wage rate increases; the rising price of fuel and medical equipment; and difficulties in recruiting and retaining suitably qualified staff are just a few of the numerous factors that must be carefully managed to ensure the Service's financial viability and the resultant quality of care it can provide remains uncompromised.

As such it is particularly pleasing to report that for the 2005-06 financial year the Service recorded a net result from continuing operations before capital and specific items of $47,481. When capital and specific items are included the Service recorded a net result for the year of $2.494m.

This result is primarily due to the receipt from the Department of Human Services during the year of the remaining capital funding associated with the redevelopment of the Nhill Hospital and means that over the past ten years the Service's net assets, that is, its total assets less its total liabilities have grown from $7.302m (1995-06) to $39.167m (2005-06) - an increase of 536%. As was expected at the year's commencement the net level of cash and investments held by the Service dropped over the year from $2.480m to $0.999m. Most of this reduction can be attributed to the Service's contribution to the finalisation of the Nhill Hospital redevelopment. Our cause was greatly assisted by the crucial support of major and small donors alike with donations and bequests for the year totalling some $525,000. A $500,000 contribution to equity provided by the Department to assist with operating cash commitments is also gratefully acknowledged as is the ongoing support received, particularly from the Department's representatives headquartered at its regional office in Ballarat.

In 2005-06 approximately 58% of the Service's total operating revenue was sourced from the Department of Human Services ($13.859m) which equates to a 4% increase from the previous financial year. The remainder of operating revenue which includes receipts from the Commonwealth Government for residential aged care ($4.188m), totalled $9.861m and represented an increase of 5.9% compared to the previous year.

Received from Department of Human Services towards Operating Revenue

↑ 4%

Received from Commonwealth Goverment for Residential Aged Care

↑ 5.9%

Over the year the Service spent $23.923m on continuing operations - a 5% increase from 2004-05. Some $18.120m (76%) of this amount related to employee type costs. It is crucial that the Service maintain such relatively tight cost control over the coming financial year. Gradually improving employee rostering and deployment systems together with enhanced internal income and cost analysis processes should continue to assist in this regard. Also, while higher revenue is expected due to the increased capacity of the soon to be opened 'new' Nhill Hospital, it is likely there will be extra costs associated with operating a new larger facility, so again, such change will require vigilant cost control.

Financial Ratios
Current Ratio 0.45

As at 30 June 2006 the Service recorded a Current Ratio (Current Assets divided by Current Liabilities) of 0.45. In other words, for every dollar of current liabilities payable by the Service, it holds 45 cents worth of current assets. This ratio is designed to provide an indication of an organisation's short term solvency and whether it is able to pay its debts as and when they fall due. This result is lower than last year (0.521) however this outcome was not unexpected given the effect of the Nhill Redevelopment whereby cash (current asset) is transferred to buildings and equipment (non-current asset).

Quick Asset Ratio 0.39

The Service's Quick Asset Ratio shows that in terms of its more liquid current assets and liabilities, for every dollar of such liabilities the Service holds 39 cents of like assets. Again, this ratio is designed to provide an indication of the Service's short-term solvency.

As the Service retains the full financial backing of the Department of Human Services there is virtually no likelihood that it would be unable to pay its debts as and when they fall due, despite the low outcome achieved for this particular financial metric.

Debt to Equity Ratio (Level of Gearing) 0.22

This ratio is used to determine the level to which the Service relies on external funding. In this case 22% of the Service's net book worth is effectively funded by external sources. Such result means the Service relies very little on external finance providers and retains a high level of financial independence when measured in this way.

Farewell - David Peters

The year also saw the departure of Mr David Peters who held the position of Executive Director Finance & Administration since January 2000. David successfully oversaw a period of significant change and growth and we thank him and wish him well in his future career.

Conclusion

From a financial point of view the Service successfully negotiated another difficult year having met its major operational and capital objectives while also recording a small 'operating' surplus. Provided we retain a close yet flexible approach to managing the many and varied financial elements which form part of the Service, and the generous financial support of our various communities continues, we are well placed to maintain the scope and quality of healthcare provision that our patients, residents and clients deserve and expect.

Ritchie R Dodds

Executive Director
Finance & Administration
24 August 2006

AUDITOR GENERAL
VICTORIA

INDEPENDENT AUDIT REPORT

West Wimmera Health Service

To the Members of the Parliament of Victoria and Members of the Board of Management of the Health Service

Scope

The Financial Report

The accompanying financial report for the year ended 30 June 2006 of West Wimmera Health Service consists of an operating statement, balance sheet, statement of recognised income and expense, cash flow statement, notes to and forming part of the financial report, and the accompanying certification.

Members' Responsibility

The Members of the Board of Management of West Wimmera Health Service are responsible for:

- the preparation and presentation of the financial report and the information it contains, including accounting policies and accounting estimates
- the maintenance of adequate accounting records and internal controls that are designed to record its transactions and affairs, and prevent and detect fraud and errors.

Audit Approach

As required by the *Audit Act 1994*, an independent audit has been carried out in order to express an opinion on the financial report. The audit has been conducted in accordance with Australian Auditing Standards to provide reasonable assurance as to whether the financial report is free of material misstatement.

The audit procedures included:

- examining information on a test basis to provide evidence supporting the amounts and disclosures in the financial report
- assessing the appropriateness of the accounting policies and disclosures used, and the reasonableness of significant accounting estimates made by the members
- obtaining written confirmation regarding the material representations made in conjunction with the audit
- reviewing the overall presentation of information in the financial report.

These procedures have been undertaken to form an opinion as to whether the financial report is presented in all material respects fairly in accordance with Accounting Standards and other mandatory professional reporting requirements in Australia, and the financial reporting requirements of the *Financial Management Act 1994*, so as to present a view which is consistent with my understanding of the Health Service's financial position, and its financial performance and cash flows.

The audit opinion expressed in this report has been formed on the above basis.

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. The Auditor-General and his staff and delegates comply with all applicable independence requirements of the Australian accounting profession.

Audit Opinion

In my opinion, the financial report presents fairly in accordance with applicable Accounting Standards and other mandatory professional reporting requirements in Australia, and the financial reporting requirements of the *Financial Management Act 1994*, the financial position of West Wimmera Health Service as at 30 June 2006 and its financial performance and cash flows for the year then ended.

MELBOURNE
31 August 2006

JW CAMERON
Auditor-General

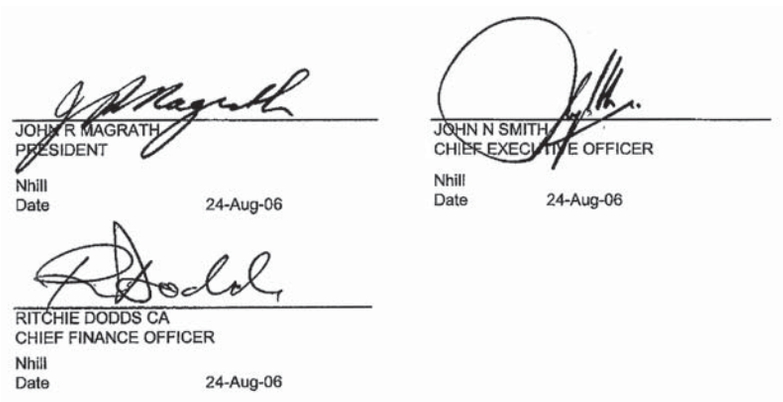
WEST WIMMERA HEALTH SERVICE

CERTIFICATION

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

We further state that, in our opinion, the information set out in the operating statement, balance sheet, statement of recognised income and expense, cash flow statement and notes to and forming part of the financial statements, presents fairly the financial transactions during the year ended 30 June 2006 and the financial position of West Wimmera Health Service as at 30 June 2006.

We are not aware of any circumstances which would render any particulars included in the financial statements to be misleading or inaccurate.



Operating Statement For the Year Ended 30 June 2006

	Note	2006 $'000	2005 $'000
Revenue from Operating Activities	2	23,720	22,627
Revenue from Non-operating Activities	2	250	188
Employee Benefits	2b	(17,164)	(16,362)
Non Salary Labour Costs	2b	(956)	(796)
Supplies & Consumables	2b	(1,722)	(1,457)
Other Expenses from Continuing Operations	2b	(4,077)	(4,219)
Finance Costs	4	(4)	(23)
Net Result from Continuing Operations Before Capital & Specific Items		**47**	**(42)**
Capital Purpose Income	2	3,348	6,710
Specific Income	2f	1,076	-
Depreciation and Amortisation	3	(1,075)	(1,147)
Specific Expenses	2g	(902)	(1,883)
Net Result from Continuing Operations		**2,494**	**3,638**
Net Result for the Year		**2,494**	**3,638**

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

Balance Sheet As at 30 June 2006

	Note	2006 $'000	2005 $'000
ASSETS			
Current Assets			
Cash and Cash Equivalents	5	1,098	2,517
Receivables	6	860	644
Other Financial Assets	7	1,262	841
Inventories	8	290	245
Prepayments	9	20	7
Total Current Assets		**3,530**	**4,254**
Non-Current Awssets			
Receivables	6	657	1,015
Property, Plant & Equipment	10	43,426	39,459
Total Non-Current Assets		**44,083**	**40,474**
Total Assets		**47,613**	**44,728**
LIABILITIES			
Current Liabilities			
Payables	11	1,723	2,564
Interest Bearing Liabilities	12	-	48
Provisions	13	4,220	4,070
Other Liabilities	14	1,967	1,483
Total Current Liabilities		**7,910**	**8,165**
Non-Current Liabilities			
Provisions	13	536	390
Total Non-Current Liabilities		**536**	**390**
TOTAL LIABILITIES		**8,446**	**8,555**
NET ASSETS		**39,167**	**36,173**
EQUITY			
Asset Revaluation Reserve	15a	370	370
Restricted Specific Purpose Reserve	15a	427	427
Contributed Capital	15b	25,704	25,204
Accumulated Surpluses/(Deficits)	15c	12,666	10,172
TOTAL EQUITY	15d	**39,167**	**36,173**

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

Cash Flow Statement For the Year Ended 30 June 2006

	Note	2006 $'000	2005 $'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Operating Grants from Government		15,190	13,924
Patient and Resident Fees Received		7,510	8,245
Donations and Bequests Received		524	953
GST Received from/(paid to) ATO		114	(182)
Other Receipts		386	17
Employee Benefits Paid		(16,900)	(16,723)
Fee for Service Medical Officers		(918)	(729)
Payments for Supplies & Consumables		(5,386)	(5,734)
Finance Costs		(4)	(23)
Fundraising Costs		(138)	(70)
Cash Generated from Operations		**378**	**(322)**
Capital Grants from Government		4,029	5,201
Non Government Capital Income		357	316
Net Cash Inflow/(Outflow) from Operating Activities	16	**4,764**	**5,195**
CASH FLOWS FROM INVESTING ACTIVITIES			
Purchase of Property, Plant & Equipment		(579)	(986)
Payments for Facility Redevelopments		(5,207)	(4,931)
Proceeds from Sale of Property, Plant & Equipment		184	899
Purchase of Investments		(34)	(5)
Payments for Jeparit Hospital Legal Settlement		(1,061)	-
Net Cash Inflow/(Outflow) from Investing Activities		**(6,697)**	**(5,023)**
CASH FLOWS FROM FINANCING ACTIVITIES			
Proceeds from Borrowings		188	288
Repayment of Borrowings		(236)	(240)
Contributed Capital from Government		500	560
Net Cash Inflow/Outflow from Financing Activities		**452**	**608**
Net Increase/(Decrease) in Cash Held		**(1,481)**	**780**
Cash and Cash Equivalents at Beginning of Period		**2,480**	**1,700**
Cash and Cash Equivalents at End of Period	5	**999**	**2,480**

This Statement should be read in conjunction with the accompanying notes

Statement of Recognised Income and Expense for the Year Ended 30 June 2006

	Note	2006 $'000	2005 $'000
Gain/(loss) on Asset Revaluation	15a	-	(1,393)
NET INCOME RECOGNISED DIRECTLY IN EQUITY		**-**	**(1,393)**
Net result for the year		2,494	3,638
TOTAL RECOGNISED INCOME AND EXPENSE FOR THE YEAR		**2,494**	**2,245**

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

WEST WIMMERA HEALTH SERVICE
NOTES TO AND FORMING PART OF THE
Financial Statements for the Year Ended 30 June 2006

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Note 1: Statement of Significant Accounting Policies

This general-purpose financial report has been prepared on an accrual basis in accordance with the Financial Management Act 1994, Accounting Standards issued by the Australian Accounting Standards Board and Urgent Issues Group Interpretations. Accounting standards include Australian equivalents to International Financial Reporting Standards (A-IFRS).
The financial statements were authorised for issue by Ritchie Dodds, Excecutive Director Finance & Administration on 23 August 2006.

Basis of preparation
The financial report is prepared in accordance with the historical cost convention, except for the revaluation of certain non-current assets and financial instruments, as noted. Cost is based on the fair values of the consideration given in exchange for assets.
In the application of A-IFRS management is required to make judgments, estimates and assumptions about carrying values of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and various other factors that are believed to be reasonable under the circumstance, the results of which form the basis of making the judgments. Actual results may differ from these estimates.
The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period, or in the period of the revision and future periods if the revision affects both current and future periods.
Judgments made by management in the application of A-IFRS that have significant effects on the financial statements and estimates with a significant risk of material adjustments in the next year are disclosed throughout the notes in the financial statements.
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 Health Service changed its accounting policies on 1 July 2004 to comply with A-IFRS. The transition to A-IFRS is accounted for in accordance with Accounting Standard AASB 1 First-time Adoption of Australian Equivalents to International Financial Reporting Standards, with 1 July 2004 as the date of transition. Upon adoption of AIFRS as at 1 July 2004, no adjusting entries were required (refer Note 26).
The Health Service has elected to apply Accounting Standard AASB 2005-04 Amendments to Accounting Standards (June 2005), even though the Standard is not required to be adopted until annual reporting periods beginning on or after 1 January 2006.
The accounting policies set out below have been applied in preparing the financial statements for the year ended 30 June 2006, the comparative information presented in these financial statements for the year ended 30 June 2005, and in the preparation of the opening A-IFRS balance sheet at 1 July 2004, the Health Service's date of transition, except for the accounting policies in respect of financial instruments. The Health Service has not restated comparative information for financial instruments, including derivatives, as permitted under the first-time adoption transitional provisions. The accounting policies for financial instruments applicable to the comparative information and the impact of the changes in these accounting policies is discussed further in note 1(aa).

(a) Reporting Entity
The financial statements include all the controlled activities of the Health Service. The Health Service is a not-for profit entity and therefore applies the additional Aus paragraphs applicable to "not-for-profit" entities under the Australian equivalents to IFRS.

(b) Rounding Off
All amounts shown in the financial statements are expressed to the nearest thousand dollars.

(c) Cash and Cash Equivalents
Cash and cash equivalents comprise cash on hand and in banks and investments in money market instruments, net of outstanding bank overdrafts. Bank overdrafts are shown within borrowings in current liabilities in the Balance Sheet.

(d) Receivables
Trade debtors are carried at nominal amounts due and are due for settlement within 30 days from the date of recognition. Collectability of debts is reviewed on an ongoing basis, and debts which are known to be uncollectible are written off. A provision for doubtful debts is raised where doubt as to collection exists.

(e) Inventories
Inventories include goods and other property held either for sale or for distribution at no or nominal cost in the ordinary course of business operations. Inventories held for distribution are measured at the lower of cost and current replacement cost. All other inventories are measured principally on the 'first in, first out' basis.

(f) Other Financial Assets
Other Financial Assets are valued at cost and are classified between current and non-current assets based on the Health Service's Board of Governance's intentions at balance date with respect to the timing of disposal of each investment. Interest revenue from investments is brought to account when it is earned.

(g) Non Current Physical Assets
Land and buildings are measured at the amounts for which assets could be exchanged between knowledgeable willing parties in an arm's length transaction. Plant, equipment and vehicles are measured at cost.

(h) Revaluations of Non-Current Assets
Assets other than those that are carried at cost are revalued with sufficient regularity to ensure that the carrying amount of each asset does not differ materially from its fair value.This revaluation process normally occurs every three to four years for assets with useful lives of less than 30 years or six to eight years for assets with useful lives of 30 or more years. Revaluation increments or decrements arise from differences between an asset's depreciated cost or deemed cost and fair value.
Revaluation increments are credited directly to the asset revaluation reserve, except that, to the extent that an increment reverses a revaluation decrement in respect of that class of assets previously recognised as an expense in the net result, the increment is recognised as revenue 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 reserve in respect of the same class of assets, they are debited directly to the asset revaluation reserve. Revaluation increases and revaluation decreases relating to individual assets within a class of property, plant and equipment are offset against one another within that class but are not offset in respect of assets in different classes. Revaluation reserves are not transferred to accumulated funds on derecognition of the relevant asset.

(i) 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 using the straight-line method. Estimates of the remaining useful lives and the depreciation method for all assets are reviewed at least annually. This depreciation charge is not funded by the Department of Human Services.
The following table indicates the expected useful lives of non current assets on which the depreciation charges are based.

Buildings	up to 67 years	up to 67 years
Plant & Equipment	up to 15 years	up to 15 years
Medical Equipment	up to 15 years	up to 15 years
Computers & Communications	up to 3 years	up to 3 years
Furniture & Fittings	up to 15 years	up to 15 years
Motor Vehicles	up to 7 years	up to 7 years

(j) Impairment of Assets
All tangible assets are assessed annually for indications of impairment. If there is an indication of impairment, the assets concerned are tested as to whether their carrying value exceeds their recoverable amount. Where an asset's carrying value exceeds its recoverable amount, the difference is written-off by a charge to the operating statement except to the extent that the write-down can be debited to an asset revaluation reserve where the reserve includes an amount applicable to that class of asset.
The recoverable amount for most assets is measured at the higher of depreciated replacement cost and fair value less costs to sell. Recoverable amount for assets held primarily to generate net cash inflows is measured at the higher of the present value of future cash flows expected to be obtained from the asset and fair value less costs to sell. It is deemed that, in the event of the loss of an asset, the future economic benefits arising from the use of the asset will be replaced unless a specific decision to the contrary has been made.

(k) Payables
These amounts represent liabilities for goods and services provided prior to the end of the financial year and which are unpaid. The normal credit terms are Nett 30 days.

(l) Provisions
Provisions are recognised when the Health Service has a present obligation, the future sacrifice of economic benefits is probable, and the amount of the provision can be measured reliably. The amount recognised as a provision is the best estimate of the consideration required to settle the present obligation at reporting date, taking into account the risks and uncertainties surrounding the obligation. Where a provision is measured using the cashflows estimated to settle the present obligation, its carrying amount is the present value of those cashflows.

(m) Interest Bearing Liabilities
Interest bearing liabilities in the Balance Sheet are recognised at fair value upon initial recognition. Subsequent to initial recognition, all financial liabilities are recognised at amortised cost using the effective interest method.

(n) Functional and Presentation Currency
The presentation currency of the Health Service is the Australian dollar, which has also been identified as the functional currency of the Health Service.

(o) Goods and Services Tax
Revenues, expenses and assets are recognised net of GST, except for receivables and payables which are stated with the amount of GST included and except, where the amount of GST incurred is not recoverable, in which case GST is recognised as part of the cost of acquisition of an asset or part of an item of expense or revenue. GST receivable from and payable to the Australian Taxation Office (ATO) is included in the Balance Sheet. The GST component of a receipt or payment is recognised on a gross basis in the Cash Flow Statement in accordance with AASB 107 Cash flow statements.

(p) Employee Benefits
Provision is made for benefits accruing to employees in respect of wages and salaries, annual leave and long service leave when it is probable that settlement will be required and they are capable of being measured reliably.

Measurement of short-term and long-term employee benefits
Short-term employee benefits are those benefits that are expected to be settled within 12 months, and are measured at their nominal values using the remuneration rate expected to apply at the time of settlement. They include wages and salaries, annual leave, long service leave and accrued days off that are expected to be settled within 12 months.
Long-term employee benefits are those benefits that are not expected to be settled within 12 months, and are measured at the present value of the estimated future cash outflows to be made by the Health Service in respect of services provided by employees up to reporting date. They include long service leave and annual leave not expected to be settled within 12 months.
The present value of long-term employee benefits is calculated in accordance with AASB 119 Employee Benefits. Long-term employee benefits are measured as the present value of expected future payments to be made in respect of services provided by employees up to the reporting date.

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 on national Government guaranteed securities with terms to maturity that match, as closely as possible, the estimated future cash outflows.

Classification of employee benefits as current and non-current liabilities
Employee benefit provisions are reported as current liabilities where the Health Service does not have an unconditional right to defer settlement for at least 12 months. Consequently, the current portion of the employee benefit provision can include both short-term benefits, that are measured at nominal values, and long-term benefits, that are measured at present values.
Employee benefit provisions that are reported as non-current liabilities also include long-term benefits such as non vested long service leave (ie where the employee does not have a present entitlement to the benefit) that do not qualify for recognition as a current liability, and are measured at present values.

Superannuation

Defined contribution plans
Contributions to defined contribution superannuation plans are expensed when incurred.

Defined benefit plans
The amount charged to the Operating Statement in respect of defined benefit plan superannuation represents the contributions made by the Health Service to the superannuation plan in respect to the current service of current Health Service staff. Superannuation contributions are made to the plans based on the relevant rules of each plan.
The Health Service does not recognise any defined benefit liability in respect of the superannuation plan because the Health 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 has assumed responsibility for the defined benefit liability of the Health Service, and administers and discloses the State's defined benefit liabilities in its Annual Financial Report.

Termination 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 are recognised and included in employee benefit liabilities and costs when the employee benefits to which they relate are recognised as liabilities.

(q) Finance Costs
Finance costs are recognised as expenses in the period in which they are incurred.
Finance costs include:
- interest on bank overdrafts and short-term and long-term borrowings;
- amortisation of discounts or premiums relating to borrowings;
- amortisation of ancillary costs incurred in connection with the arrangement of borrowings; and
- finance charges in respect of finance leases recognised in accordance with AASB 117 Leases.

(r) Residential Aged Care Service
The Residential Aged Care Service segment operations are an integral part of the Health Service and share its resources. An apportionment of land and buildings has been made based on floor space. The results of the two operations have been segregated based on actual revenue earned and expenditure incurred by each operation.
The Residential Aged Care services are substantially funded from Commonwealth bed-day subsidies.

(s) Intersegment Transactions
Transactions between segments within the Health Service have been eliminated to reflect the extent of the Health Service's operations as a group.

(t) Leased Property and Equipment
A distinction is made between finance leases which effectively transfer from the lessor to the lessee substantially all the risks and benefits incidental to ownership of leased non-current assets, and operating leases under which the lessor effectively retains all such risks and benefits. Assets held under a finance lease are recognised as non current assets at their fair value or, if lower, at the present value of the minimum lease payments, each determined at the inception of the lease. The minimum lease payments are discounted at the interest rate implicit in the lease. A corresponding liability is established and each lease payment is allocated between the principal component and the interest expense.
Finance leased assets are amortised on a straight line basis over the estimated useful life of the asset.
Operating lease payments are representative of the pattern of benefits derived from the leased assets and accordingly are expensed in the periods in which they are incurred.

(u) Revenue Recognition
Revenue is recognised in accordance with AASB 118 Revenue. Income is recognised as revenue to the extent it is earned. 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
Grants are recognised as revenue when the Health Service gains control of the underlying assets. Where grants are reciprocal, revenue is recognised as performance occurs under the grant. Non-reciprocal grants are recognised as revenue when the grant is received or receivable. Conditional grants may be reciprocal or non-reciprocal depending on the terms of the grant.

Indirect Contributions
- Insurance is recognised as revenue following advice from the Department of Human Services.
- Long Service Leave (LSL) – Revenue is recognised upon finalisation of movements in LSL liability in line with the arrangements set out in the Acute Health Division Hospital Circular 16/2004.

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

Private Practice Fees
Private practice fees are recognised as revenue at the time invoices are raised.

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

(v) 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 Human Services and includes RACS, while Services Supported by Hospital and Community Initiatives (Non HSA) are funded by the Health Service's own activities or local initiatives and/or the Commonwealth.

(w) Comparative Information
Where necessary the previous year's figures have been reclassified to facilitate comparisons.
In Note 2 of the 2004-05 financial report the Service classified an equipment and infrastructure maintenance grant totalling $67,300 as Capital Purpose Income. In accordance with Circulars 17/2002 and 7/2003 as issued by the Department of Human Services this item of income should have been classified as operating revenue. An adjustment to Note 2 has been made accordingly. Such adjustment had the effect of increasing Department of Human Services revenue by $67,300 from $12,953,341 to $13,020,641 and reducing Equipment and Infrastructure Maintenance Income by an equivalent amount from $171,997 to $104,697.

(x) Asset Revaluation Reserve
The asset revaluation reserve is used to record increments and decrements on the revaluation of non-current assets.

(y) Restricted Specific Purpose Reserve
A restricted specific purpose reserve is established where the Health 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.

(z) Contributed Capital
Consistent with UIG Interpretation 1038 Contributions by Owners Made to Wholly-Owned Public Sector Entities and FRD 2A Contributed Capital, 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, have also been designated as contributed capital.

(aa) Financial Instruments - Adoption of AASB 132 and AASB 139
The Health Service has elected not to restate comparative information for financial instruments within the scope of AASB 132 Financial Instruments: Presentation and Disclosure and AASB 139 Financial Instruments: Recognition and Measurement, as permitted on the first-time adoption of A-IFRS.
The accounting policies applied to accounting for financial instruments in the current financial year are detailed in notes 1(d), 1(f), 1(k) and 1(m) .

(ab) Net result from Continuing Operations before Capital & Specific Items
A-IFRS allows the inclusion of additional subtotals on the face of the operating statement when such presentation is relevant to an understanding of the entity's financial performance. This financial report includes an additional sub-total entitled "Net Result From Continuing Operations Before Capital & Specific Items".
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. It also includes donations of 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.
- Specific income or expenses comprise the following items, where material and applicable:
  - Voluntary departure packages
  - Write-down of inventories
  - Non-current asset revaluation increments/decrements
  - Diminution of investments
  - Restructuring of operations (disaggregation/aggregation of health services)
  - Litigation settlements
  - Non-current assets lost or found
  - Forgiveness of loans
  - Reversals of provisions
  - Voluntary changes in accounting policies (which are not required by an accounting standard or other authoritative pronouncement of the Australian Accounting Standards Board)
- Impairment of non-current assets, includes all impairment losses (and reversal of previous impairment losses), related to non-current assets only which have been recognised in accordance with note 1 (j)
- Depreciation and amortisation, as described in note 1 (i).
- Expenditure using capital purpose income, which comprises expenditure using capital purpose income which falls below the asset capitalisation threshold and therefore does not result in the recognition of an asset in the balance sheet. The asset capitalisation threshold is set at $1,000 (2005: $1,000)The asset revaluation reserve is used to record increments and decrements on the revaluation of non-current assets.

Note 2: Revenue

	HSA 2006 $'000	HSA 2005 $'000	Non HSA 2006 $'000	Non HSA 2005 $'000	2006 $'000	2005 $'000
REVENUE FROM OPERATING ACTIVITIES						
Government Grants						
- Department of Human Services	13,535	13,021	-	-	13,535	13,021
- Dental Health Services Victoria	324	294	-	-	324	294
- Commonwealth Government	-	-	-	-	-	-
- Residential Aged Care Subsidy	4,188	4,292	-	-	4,188	4,292
- Other	1,460	1,146	-	-	1,460	1,146
Indirect Contributions by Department of Human Services	510	440	-	-	510	440
Patient and Resident Fees (refer note 2c)	2,976	2,965	462	331	3,438	3,296
Donations & Bequests	-	-	178	123	178	123
Other Revenue from Operating Activities	87	16	-	-	87	16
Sub-Total Revenue from Operating Activities	**23,080**	**22,173**	**640**	**454**	**23,720**	**22,627**
REVENUE FROM NON-OPERATING ACTIVITIES						
Interest	-	-	141	137	141	137
Property Income	-	-	109	51	109	51
Sub-Total Revenue from Non-Operating Activities	**-**	**-**	**250**	**188**	**250**	**188**
REVENUE FROM CAPITAL PURPOSE INCOME						
State Government Capital Grants						
- Targeted Capital Works and Equipment	-	-	2,614	5,553	2,614	5,553
- Equipment & Infrastructure Maintenance	336	105	-	-	336	105
Commonwealth Government Capital Grants	-	-	-	15	-	15
Residential Accommodation Payments (refer note 2c)	-	-	216	179	216	179
Net Gain/(Loss) on Disposal of Non-Current Assets (refer note 2d)	-	-	(164)	12	(164)	12
Donations and Bequests	-	-	346	830	346	830
Other Capital Purpose Income	-	-	-	16	-	16
Sub-Total Revenue from Capital Purpose Income	**336**	**105**	**3,012**	**6,605**	**3,348**	**6,710**
Specific Income (refer note 2f)	**-**	**-**	**1,076**	**-**	**1,076**	**-**
Total Revenue from Continuing Operations (refer to note 2a)	**23,417**	**22,278**	**4,978**	**7,247**	**28,394**	**29,525**

Indirect Contributions by Department of Human Services-

Department of Human Services makes certain payments on behalf of the Health 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

	Acute Health		RAC		RAC Mental Health		Aged Care		Primary Health		Other		Total	
	2006 $'000	2005 $'000	2006 $'000	2005 $'000	2006 $'000	2005 $'000	2006 $'000	2005 $'000	2006 $'000	2005 $'000	2006 $'000	2005 $'000	2006 $'000	2005 $'000
REVENUE FROM SERVICES SUPPORTED BY HEALTH SERVICES AGREEMENT														
Government Grants														
- Department of Human Services	8,696	8,182	1,891	1,781	193	180	-	-	2,567	2,800	188	183	13,535	13,126
- Dental Health Services Victoria	-	-	-	-	-	-	-	-	324	294	-	-	324	294
- Commonwealth Government														
- Residential Aged Care Subsidy	-	-	3,956	4,160	232	132	-	-	-	-	-	-	4,188	4,292
- Other	-	-	-	-	-	-	-	-	577	445	807	700	1,384	1,145
Indirect contributions by Department of Human Services														
- Insurance	315	269	-	-	-	-	-	-	-	-	-	-	315	269
- Long Service Leave	63	56	39	34	-	-	6	5	31	27	56	49	195	171
Capital Purpose Income (refer note 2)	-	-	-	-	-	-	-	-	-	-	3,026	5,584	3,026	5,584
Patient and Resident Fees (refer note 2c)	885	868	1,346	1,240	68	60	5	6	361	295	311	496	2,976	2,965
Interest and Dividends	-	-	-	-	-	-	-	-	-	-	141	137	141	137
Donations & Bequests	-	-	-	-	-	-	-	-	-	-	524	953	524	953
Residential Accommodation Payments (refer note 2c)	-	-	-	-	-	-	-	-	-	-	216	179	216	179
Net Gain/(Loss) from Disposal of Non Current Assets (refer note 2d)	-	-	-	-	-	-	-	-	-	-	(164)	12	(164)	12
Specific Income (refer note 2f)											1,076	-	1,076	-
Other	15	7	5	-	-	-	-	-	8	2	59	7	87	16
Sub-Total Revenue from Services Supported by Health Services Agreement	**9,974**	**9,382**	**7,237**	**7,215**	**493**	**372**	**11**	**11**	**3,868**	**3,863**	**6,240**	**8,300**	**27,823**	**29,143**
REVENUE FROM SERVICES SUPPORTED BY HOSPITAL AND COMMUNITY INITIATIVES														
Internal and Restricted Specific Purpose Fund														
- Private Practice and Other Patient Activities	-	-	-	-	-	-	-	-	-	-	123	1	123	1
- Dental Services	-	-	-	-	-	-	-	-	-	-	94	130	94	130
- Meals on Wheels	-	-	-	-	-	-	-	-	-	-	107	92	107	92
- Diagnostic Imaging	-	-	-	-	-	-	-	-	-	-	138	108	138	108
- Property Income	-	-	-	-	-	-	-	-	-	-	109	51	109	51
Sub-Total Revenue from Services Supported by Hospital and Community Initiatives	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**571**	**382**	**571**	**382**
Total Revenue from Operations	**9,974**	**9,382**	**7,237**	**7,215**	**493**	**372**	**11**	**11**	**3,868**	**3,863**	**6,811**	**8,682**	**28,394**	**29,525**

Note 2b: Analysis of Expenses by Source

	Acute Health		RAC		RAC Mental Health		Aged Care		Primary Health		Other		Total	
	2006 $'000	2005 $'000	2006 $'000	2005 $'000	2006 $'000	2005 $'000	2006 $'000	2005 $'000	2006 $'000	2005 $'000	2006 $'000	2005 $'000	2006 $'000	2005 $'000
SERVICES SUPPORTED BY HEALTH SERVICES AGREEMENT														
Employee Benefits														
Salaries & Wages	4,653	4,429	6,661	6,385	125	77	82	282	2,879	2,603	523	537	14,922	14,313
WorkCover	63	30	80	47	1	2	1	1	33	20	6	4	184	104
Departure Packages	9	56	11	-	1	-	-	-	16	-	1		38	56
Long Service Leave	128	176	178	153	4	7	3	2	89	72	16	13	418	423
Superannuation (refer note 20)	398	365	532	536	9	25	6	8	218	221	33	42	1,195	1,197
Non Salary Labour Costs													-	-
Fees for Visiting Medical Officers	436	399	-	-	-	-	-	2	2	-	-	-	438	401
Agency Costs - Nursing	35	64	2	3	-	-	-	-	-	-	-	-	37	67
Supplies & Consumables													-	-
Drug Supplies	169	111	10	6	-	-	-	-	2	2	-	-	181	119
Medical, Surgical Supplies and Prosthesis	508	382	152	137	-	7	-	-	40	43	1	-	701	569
Pathology Supplies	18	-	1	-	-	-	-	-	-	-	-	-	19	-
Food Supplies	184	145	255	248	16	5	5	6	102	118	67	60	629	582
Other Expenses													-	-
Domestic Services & Supplies	141	144	190	190	3	7	1	1	18	19	7	6	360	367
Fuel, Light, Power and Water	119	110	292	262	2	5	1	1	60	49	19	16	493	443
Insurance Costs Funded by DHS	107	91	129	121	9	-	3	3	57	46	9	8	314	269
Motor Vehicle Expenses	75	45	88	65	6	-	4	10	77	100	25	29	275	249
Repairs & Maintenance	40	24	34	36	2	2	1	2	30	48	14	18	121	130
Maintenance Contracts	112	100	109	70	5	-	2	-	38	-	15	-	281	170
Patient Transport	128	104	-	1	-	-	-	-	-	-	-	-	128	105
Bad & Doubtful Debts	12	3	-	2	-	-	-	-	1	1	-	-	13	6
Other Administrative Expenses	627	776	677	893	45	14	15	18	495	610	105	65	1,964	2,376
Sub-Total of Expenses from Services Supported by Health Services Agreement	**7,961**	**7,554**	**9,401**	**9,155**	**228**	**151**	**124**	**336**	**4,158**	**3,952**	**841**	**798**	**22,712**	**21,946**
SERVICES SUPPORTED BY HOSPITAL AND COMMUNITY INITIATIVES														
Employee Benefits														
Salaries & Wages		-	-	-	-	-	-	-	-	-	375	246	375	246
Workcover		-	-	-	-	-	-	-	-	-	5	2	5	2
Long Service Leave		-	-	-	-	-	-	-	-	-	11	6	11	6
Superannuation (refer note 20)		-	-	-	-	-	-	-	-	-	16	15	16	15
Non Salary Labour Costs														
Fees for Visiting Medical Officers		-	-	-	-	-	-	-	-	-	481	328	481	328
Supplies & Consumables														
Medical, Surgical Supplies and Prosthesis		-	-	-	-	-	-	-	-	-	44	38	44	38
Food Supplies		-	-	-	-	-	-	-	-	-	148	149	148	149
Other Expenses														
Domestic Services & Supplies		-	-	-	-	-	-	-	-	-	3	2	3	2
Fuel, Light, Power and Water		-	-	-	-	-	-	-	-	-	27	15	27	15
Motor Vehicle Expenses		-	-	-	-	-	-	-	-	-	2	10	2	10
Repairs & Maintenance		-	-	-	-	-	-	-	-	-	7	10	7	10
Maintenance Contracts		-	-	-	-	-	-	-	-	-	14	-	14	-
Bad & Doubtful Debts		-	-	-	-	-	-	-	-	-	1	1	1	1
Other Administrative Expenses		-	-	-	-	-	-	-	-	-	44	27	44	27
Sub-Total of Expenses from Services Supported by Hospital and Community Initiatives	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**1,177**	**849**	**1,177**	**849**
Depreciation and Amortisation (refer note 3)	290	287	565	617	10	36	4	5	141	145	65	57	1,075	1,147
Audit Fees														
Auditor-General's (refer note 23)	-	-	-	-	-	-	-	-	-	-	19	11	19	11
Other	1	-	9	21	-	-	-	-	1	-	-	7	11	28
Finance Costs (refer note 4)	-	-	-	-	-	-	-	-	-	-	4	23	4	23
Specific Expenses (refer note 2g)											902	1,883	902	1,883
Sub-Total of Other Expenses from Continuing Operations	**291**	**287**	**574**	**638**	**10**	**36**	**4**	**5**	**142**	**145**	**990**	**1,981**	**2,011**	**3,092**
Total Expenses from Continuing Operations	**8,252**	**7,841**	**9,975**	**9,793**	**238**	**187**	**128**	**341**	**4,300**	**4,097**	**3,008**	**3,628**	**25,900**	**25,887**

Note 2c: Patient and Resident Fees

	2006 $'000	2005 $'000
PATIENT AND RESIDENT FEES RAISED		
Recurrent:		
Acute		
- Inpatients	830	753
- Outpatients	55	51
- Other	689	861
Residential Aged Care		
- Generic	1,334	1,240
- Mental Health	68	60
Subtotal Acute & RAC	**2,976**	**2,965**
BUSINESS UNITS		
- Dental	94	130
- Radiography	138	108
- Medical Practice	123	1
- Meals on Wheels	107	92
Subtotal Business Units	**462**	**331**
Total Recurrent	**3,438**	**3,296**
Capital Purpose:		
Residential Accommodation Payments(*)	216	179
Total Patient and Resident Fees	**3,654**	**3,475**

(*) This includes accommodation charges, interest earned on accommodation bonds and retention amounts.

Note 2d: Net Gain/(Loss) on Disposal of Non-Current Assets

	2006 $'000	2005 $'000
Proceeds from Disposals of Non-Current Assets		
Transport	184	530
Plant & Equipment	-	5
Buildings	-	364
Total Proceeds from Disposal of Non-Current Assets	**184**	**899**
Less: Written Down Value of Non-Current Assets Sold		
Transport	(188)	(596)
Furniture and Fittings	(7)	-
Medical Equipment	(142)	-
Plant & Equipment	(11)	(10)
Buildings	-	(244)
Land	-	(37)
Total Written Down Value of Non-Current Assets Sold	**(348)**	**(887)**
Net gains/(losses) on Disposal of Non-Current Assets	**(164)**	**12**

Note 2e: Analysis of Expenses by Internal and Restricted Specific Purpose Funds for Services Supported by Hospital and Community Initiatives

	2006 $'000	2005 $'000
Dental	632	464
Radiography	239	201
Meals on Wheels	146	150
Medical Practice	160	34
TOTAL	**1,177**	**849**

Note 2f: Specific Income

	Parent Entity 2006 $'000	Parent Entity 2005 $'000
SPECIFIC INCOME		
Government Grant - Jeparit Hospital		
Settlement Funding	1,076	-
TOTAL	**1,076**	**0**

Note 2g: Specific Expenses

	2006 $'000	2005 $'000
SPECIFIC EXPENSES		
Revaluation of Buildings	-	848
Litigation Settlements - Jeparit Hospital	550	-
Demolition of Building	-	689
Legal Fees Jeparit Hospital	214	277
Other	138	69
TOTAL	**902**	**1,883**

Note 3: Depreciation and Amortistion

	2006 $'000	2005 $'000
DEPRECIATION		
Buildings	453	514
Plant & Equipment	179	180
Medical Equipment	194	192
Computers and Communication	52	51
Furniture and Equipment	56	62
Motor Vehicles	142	148
Total Depreciation	**1,075**	**1,147**

Note 4: Finance Costs

	2006 $'000	2005 $'000
Interest on Overdraft	3	13
Interest on Motor Vehicles	1	9
Creditor Finance Charges	-	1
TOTAL	**4**	**23**

Note 5: 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.

	2006 $'000	2005 $'000
Cash on Hand	3	3
Cash at Bank	-	496
Bank Overdraft	(134)	-
Deposits at Call	1,229	2,018
TOTAL	**1,098**	**2,517**
Represented by:		
Cash for Health Service Operations (as per Cash Flow Statement)	999	2,480
Cash for Monies Held in Trust		
- Deposits at Call	99	-
- Cash at Bank	-	37
TOTAL	**1,098**	**2,517**

Note 6: Receivables

	2006 $'000	2005 $'000
CURRENT		
Trade Debtors	250	226
Patient Fees	462	244
Accrued Revenue - FBT	80	-
Accrued Revenue - Disability Services	13	-
Accrued Revenue - DHS	30	179
Accrued Revenue - CACPs	15	-
Accrued Revenue - Other	25	-
TOTAL	**875**	**649**
LESS Provision for Doubtful Debts		
Trade Debtors		
Patient Fees	(15)	(5)
TOTAL CURRENT RECEIVABLES	**860**	**644**
NON CURRENT		
DHS – Long Service Leave	657	1,015
TOTAL NON-CURRENT RECEIVABLES	**657**	**1,015**
TOTAL RECEIVABLES	**1,517**	**1,659**
BAD AND DOUBTFUL DEBTS		
Patient Fees	10	5

Note 7: Other Financial Assets

	Operating Fund $'000	Total 2006 $'000	Total 2005 $'000
CURRENT			
Aust. Dollar Term Deposits (short term)	100	100	79
Aust. Dollar Term Deposits (long term)	1,162	1,162	762
TOTAL	**1,262**	**1,262**	**841**
Represented by:			
Monies Held in Trust			
- Patient Monies	113	113	79
- Accommodation Bonds (Refundable Entrance Fees)	1,149	1,149	762
TOTAL	**1,262**	**1,262**	**841**

Note 8: Inventories

	2006 $'000	2005 $'000
CURRENT		
Pharmaceuticals - at cost	51	49
Catering Supplies - at cost	33	31
Housekeeping Supplies - at cost	12	7
Medical and Surgical Lines - at cost	127	84
Engineering Stores - at cost	26	35
Administration Stores - at cost	41	39
TOTAL INVENTORIES	**290**	**245**

Note 9: Other Assets

	2006 $'000	2005 $'000
CURRENT		
Prepayments	20	7
TOTAL	**20**	**7**

Note 10: Property, Plant & Equipment

	2006 $'000	2005 $'000
Land		
- Land at Valuation	836	836
Total Land	**836**	**836**
Buildings		
- Buildings Under Construction	10,638	5,828
- Buildings at Cost	5,003	4,976
Less Accumulated Depreciation and Impairment	131	56
	4,872	**4,920**
- Buildings at Valuation	25,176	25,175
Less Accumulated Depreciation and Impairment	406	28
	24,770	**25,147**
Total Buildings	**40,280**	**35,895**
Plant and Equipment at Cost		
- Plant and Equipment	3,177	3,160
Less Accumulated Depreciation and Impairment	2,401	2,238
Total Plant and Equipment	**776**	**922**
Medical Equipment at Cost		
- Medical Equipment	2,496	2,484
Less Accumulated Depreciation and Impairment	1,711	1,613
Total Medical Equipment	**785**	**871**
Computers and Communication at Cost		
- Computers and Communication	1,605	1,599
Less Accumulated Depreciation and Impairment	1,533	1,481
Total Computers and Communications	**72**	**118**
Furniture and Fittings at Cost		
- Furniture and Fittings	1,317	1,302
Less Accumulated Depreciation and Impairment	1,155	1,116
Total Furniture and Fittings	**162**	**186**
Motor Vehicles at Cost		
- Motor Vehicles	1,047	1,028
Less Accumulated Depreciation and Impairment	532	397
Total Motor Vehicles	**515**	**631**
TOTAL	**43,426**	**39,459**

Note 10: Property, Plant and Equipment (Continued)

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

	Land	Buildings	Plant & Equipment	Medical Equipment	Comput-ers & Commnctns	Furniture & Fittings	Motor Vehicles	Construc-tion WIP	Total
	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000
Balance at 1 July 2004	**613**	**27,090**	**1,010**	**1,016**	**93**	**240**	**624**	**7,007**	**37,693**
Additions	-	6,924	103	46	75	8	751	5,745	13,652
Disposals	(37)	(243)	(10)	-	-	-	(596)	-	(886)
Demolition of Building	-	(689)	-	-	-	-	-	-	(689)
Revaluation Increments/(Decrements)	260	(2,501)	-	-	-	-	-	-	(2,241)
Transfers to Completed Assets	-	-	-	-	-	-	-	(6,924)	(6,924)
Depreciation and Amortisation (note 3)	-	(514)	(180)	(192)	(51)	(62)	(148)	-	(1,147)
Balance at 1 July 2005	**836**	**30,067**	**923**	**870**	**117**	**186**	**631**	**5,828**	**39,459**
Additions	-	27	42	250	7	39	214	4,810	5,388
Disposals	-	-	(10)	(142)	-	(7)	(188)	-	(347)
Depreciation and Amortisation (note 3)	-	(453)	(179)	(194)	(52)	(56)	(142)	-	(1,075)
Balance at 30 June 2006	**836**	**29,641**	**776**	**784**	**72**	**162**	**515**	**10,638**	**43,426**

Land and Buildings Carried at Valuation

An independent valuation of the Health Service's land and buildings was performed by Valuelt Property Valuers 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 2005.

Note 11: Payables

	2006	2005
	$'000	$'000
CURRENT		
Trade Creditors	868	2,056
Accrued Expenses	773	126
GST Payable	82	196
Revenue in Advance	-	186
TOTAL	**1,723**	**2,564**

Note 12: Interest Bearing Liabilities

	2006	2005
	$'000	$'000
CURRENT		
Australian Dollar Borrowings	-	48
(borrowings relate to the purchase of motor vehicles with security held over those vehicles)		
Total Australian Dollars Borrowings	**-**	**48**

Note 13: Provisions

	2006	2005
	$'000	$'000
CURRENT		
Employee Benefits (refer Note 13a)	4,220	4,070
TOTAL	**4,220**	**4,070**
NON-CURRENT		
Employee Benefits (Note 13a)	536	390
TOTAL	**536**	**390**

Note 13a: Employee Benefits

	2006	2005
	$'000	$'000
CURRENT (refer note 1 (p))		
Long Service Leave		
- short-term benefits at nominal value	219	243
- long-term benefits at present value	1,577	1,511
Annual Leave		
- short-term benefits at nominal value	519	614
- long-term benefits at present value	1,249	1,053
Accrued Wages and Salaries	609	605
Accrued Days Off	47	44
TOTAL	**4,220**	**4,070**
NON-CURRENT		
Long Service Leave	536	390
TOTAL	**536**	**390**
Movement in Long Service Leave:		
Balance at start of year	2,144	1,972
Provision made during the year	431	443
Settlement made during the year	(243)	(271)
Balance at End of Year	**2,332**	**2,144**

Note 14: Other Liabilities

	2006 $'000	2005 $'000
CURRENT		
Monies Held in Trust *		
- Patient Monies Held in Trust	7	22
- Accommodation Bonds (Refundable Entrance Fees)		
Short-term liability	106	57
Long-term liability	1,614	1,404
- Licences to Occupy	240	-
Total Other Liabilities	**1,967**	**1,483**
*** Total Monies Held in Trust Represented by the following assets:**		
Cash Assets	1,362	878
Other	605	605
Total	**1,967**	**1,483**

Note 15: Equity & Reserves

	2006 $'000	2005 $'000
(a) Reserves		
Asset Revaluation Reserve		
Balance at the beginning of the reporting period	370	1,763
Revaluation Increment/(Decrements)		
- Land	-	260
- Buildings	-	(1,653)
*** Balance at the end of the reporting period**	**370**	**370**
* Represented by:		
- Land	370	370
Restricted Specific Purpose Reserve		
Balance at the beginning of the reporting period	**427**	**427**
Balance at the end of the reporting period	**427**	**427**
Total Reserves	**797**	**797**
(b) Contributed Capital		
Balance at the beginning of the reporting period	25,204	24,644
Capital contribution received from Victorian Government	500	560
Balance at the end of the reporting period	**25,704**	**25,204**
(c) Accumulated Surpluses/(Deficits)		
Balance at the beginning of the reporting period	10,172	6,534
Net Result for the Year	2,494	3,638
Balance at the end of the reporting period	**12,666**	**10,172**
(d) Equity		
Total Equity at the beginning of the reporting period	36,173	33,368
Total Recognised Income and Expense	2,494	2,245
Transactions with the State Government	500	560
Total Equity at the reporting date	**39,167**	**36,173**

Note 16: Reconciliation of Net Result for the Year to Net Cash Inflow/(Outflow) from Operating Activities

	2006 $'000	2005 $'000
Net Result for the Year	**2,494**	**3,638**
Non Cash Capital Grant from DHS	(92)	(383)
Depreciation & Amortisation	1,075	1,147
Demolition of Building	-	689
Devaluation of Buildings	-	848
Provision for Doubtful Debts	10	
Net (Gain)/Loss from Sale of Plant and Equipment	164	(12)
Increase/(Decrease) in Payables	841	(538)
Increase/(Decrease) in Employee Benefits	188	(296)
(Increase)/Decrease in Inventories	(45)	-
(Increase)/Decrease in Other Current Assets	(13)	4
(Increase)/Decrease in Receivables	142	98
Net Cash Inflow/(Outflow) from Operating Activities	**4,764**	**5,195**

Note 17: Financial Instruments

(a) Risk management policies

Any trust type monies and surplus investment funds held by the Service are solely invested in short term local currency deposits with a minimum credit rating of AA minus or better. The Service aims to align trust monies held with associated liabilities on a monthly basis.

(b) Significant accounting policies

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, in respect of each class of financial asset, financial liability and equity instrument are disclosed in note 1 to the financial statements.

(c) Significant terms and conditions

Given the generally short-term nature of the Service's financial assets there are no terms and conditions which may have a material effect on such assets. It is not possible to accurately predict the exact timing and quantum of future accommodation bond payouts, however, given past results and based on the current level of investment moneys held, the Service expects to be able to meet future bond payouts as and when they fall due.

(d) Credit risk exposures

Credit risk represents the loss that would be recognised if counterparties fail to meet their obligations under the respective contracts at maturity. Where applicable the credit risk on financial assets of the entity have been recognised on the statement of financial position, as the carrying amount, net any provisions for doubtful debts.

(e) Interest Rate Risk Exposure

The Health Service's exposure to interest rate risk and effective weighted average interest rate by maturity periods is set out in the following table. For interest rates applicable to each class of asset or liability refer to individual notes to the financial statements. Exposures arise predominantly from assets and liabilities bearing variable interest rates.

	Fixed interest rate maturing									
Interest rate exposure as at 30/06/2006	Floating Interest Rate	1 year or less	Over 1 to 2 years	Over 2 to 3 years	Over 3 to 4 years	Over 4 to 5 years	Over 5 years	Non Interest Bearing	2006	*Weighted Average Interest Rates (%)
	$'000	$'000					$'000	$'000	$'000	
FINANCIAL ASSETS										
Cash at Bank								3	3	
Trade Debtors								697	697	
Other Receivables								820	820	
Deposits at Call	1,229	1,262							2,491	5.67%
Total Financial Assets	**1,229**	**1,262**	**0**	**0**	**0**	**0**	**0**	**1,520**	**4,011**	
Financial Liabilities										
Bank Overdraft	134								134	
Trade Creditors and Accruals								1,723	1,723	
Accommodation Bonds		1,967							1,967	
Total Financial Liabilities	134	1,967	0	0	0	0	0	1,723	3,824	n/a
Net Financial Asset/Liabilities	**1,095**	**(705)**	**0**	**0**	**0**	**0**	**0**	**(203)**	**187**	

	Fixed interest rate maturing						
Interest rate exposure as at 30/06/2005	Floating Interest Rate	1 year or less	Over 1 to 5 years	Over 5 years	Non Interest Bearing	2005	* Weighted Average Interest Rates (%)
	$'000	$'000	$'000	$'000	$'000	$'000	
FINANCIAL ASSETS							
Cash at Bank	496				3	499	
Trade Debtors					465	465	
Other Receivables					1,194	1,194	
Deposits	2,018	841				2,859	6.38%
Total Financial Assets	**2,514**	**841**	**0**	**0**	**1,662**	**5,017**	
Financial Liabilities							
Trade Creditors and Accruals					2,564	2,564	
Accommodation Bonds		1,483				1,483	
Interest Bearing Liabilities** (List)							
Motor Vehicle Leases					48	48	
Total Financial Liabilities	**0**	**1,48 3**	**0**	**0**	**2,612**	**4,095**	**n/a**
Net Financial Asset/Liabilities	**2,514**	**(642)**	**0**	**0**	**(950)**	**922**	

Note 17: Financial Instruments (continued)

(f) Fair Value of Financial Assets and Liabilities

The carrying amount of financial assets and liabilities contained within these financial statements is representative of the fair value of each financial asset or liability.

The following table details the fair value (2005: net fair value) of financial assets and financial liabilities.

	2006		2005	
	Book Value	Fair Value*	Book Value	Net Fair Value*
	$'000	$'000	$'000	$'000
FINANCIAL ASSETS				
Cash at Bank	3	3	499	499
Trade debtors	697	697	465	465
Other receivables	820	820	1,194	1,194
Deposits	2,491	2,491	2,859	2,859
Total Financial Assets	**4,011**	**4,011**	**5,017**	**5,017**
FINANCIAL LIABILITIES				
Bank Overdraft	134	134	-	-
Trade creditors & accruals	1,723	1,723	2,564	2,564
Accommodation Bonds	1,967	1,967	1,483	1,483
Interest Bearing Liabilities				
Motor Vehicle Leases	-	-	48	48
Total Financial Liabilities	**3,824**	**3,824**	**4,095**	**4,095**

Fair values of financial instruments are determined on the following basis:

i. Cash, deposit investments, cash equivalents and non-interest bearing financial assets and liabilities (trade debtors, other receivables, trade creditors and advances) are valued at cost which approximates to fair value

ii. Interest bearing liability amounts are based on the present value of expected future cash flows, discounted at current market interest rates,quoted for trade (Treasury Corporation of Victoria.)

Note 18: Commitments

	2006	2005
	$'000	$'000
CAPITAL COMMITMENTS		
Land and Buildings (Nhill Hospital Redevelopment)	365	4,883
Total Capital Commitments	**365**	**4,883**
Not later than one year	365	4,883
Total	**365**	**4,883**
OTHER COMMITMENTS (LEASES)		
Commitments contracted for at the reporting date which have not been recognised as liabilities.		
Xerox Photocopier (Operating)	123	154
Motor Vehicles - Lowan Rural Health Program (Operating)	43	18
IP Telephone Rental (Operating)	48	72
Motor Vehicles - WWHS (Finance)	-	48
	214	**292**
Not later than one year	77	119
Later than one year and not later than 5 years	137	173
TOTAL	**21 4**	**292**

Note 19: Contingent Assets & Contingent Liabilities

Details and estimates of maximum amounts of contingent liabilities or contingent assets are as follows:

	2006	2005
	$'000	$'000
CONTINGENT LIABILITIES		
Quantifiable		
Jeparit Hospital Legal Action (1)	-	550
Caveat over Property - Kaniva Cottages (2)	200	200
Tru Energy (3)	51	-
TOTAL	**251**	**750**

1 During the 2005-06 financial year the Service reached a settlement with the builder contracted to complete the redevelopment of the Jeparit Hospital. As at 30 June 2005 it was estimated that a contingent liability totalling $550,000 existed for this settlement. The settlement was fully funded by the Department of Human Services.

2 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.

3 The Service is currently in dispute with Tru Energy in relation to the quantum of electricity usage costs payable arising from the redevelopment of the Natimuk Hospital. The maximum amount which may ultimately be payable including costs is estimated to be $51,000.

Note 20: Superannuation

Superannuation contributions for the reporting period are included as part of employee benefits and on-costs in the Operating Statement of the Health Service.

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

Contribution for the Year	2006	2005
	$'000	$'000
FUND		
Health Super	1,204	1,226
Other	7	5
TOTAL	**1,211**	**1,231**

Contribution Outstanding at Year End	2006	2005
	$'000	$'000
FUND		
Health Super	125	137
Other	2	1
TOTAL	**127**	**138**

The bases for contributions are determined by the various schemes.

The unfunded superannuation liability in respect to members of State Superannuation Schemes and Health Super Scheme is not recognised in the Balance Sheet. The Service's total unfunded superannuation liability in relation to these funds has been assumed by and is reflected in the financial statements of the Department of Treasury and Finance.

The above amounts were measured as at 30 June of each year, or in the case of employer contributions they relate to the years ended 30 June.

All employees of the Health Service are entitled to benefits on retirement, disability or death from the Government Employees Super Fund. The defined benefit fund provides defined lump sum benefits based on years of service and annual average salary.

Note 21: Segment Reporting

OPERATING STATEMENT

	Revenue (External)		Expenditure		Depreciation		Surplus/ (Deficit)	
	2006	2005	2006	2005	2006	2005	2006	2005
	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000
SEGMENT								
Acute Care	9,750	8,962	(8,436)	(8,321)	(455)	(406)	859	235
RACS	7,612	7,962	(9,778)	(9,524)	(454)	(487)	(2,620)	(2,049)
Aged Care - Other	493	371	(871)	(905)	(26)	(35)	(404)	(569)
Business Units	138	108	(297)	(255)	(15)	(25)	(174)	(172)
Internally Managed Units	849	702	(1,115)	(732)	(31)	(52)	(297)	(82)
Primary Health	2,928	2,555	(2,486)	(2,305)	(76)	(102)	366	148
Other Programs	2,200	2,155	(940)	(815)	(18)	(40)	1,242	1,300
Capital/Specific Expense	4,424	6,710	(902)	(1,883)	-	-	3,522	4,827
Net Surplus/(Deficit)	**28,394**	**29,525**	**(24,825)**	**(24,740)**	**(1,075)**	**(1,147)**	**2,494**	**3,638**

BALANCE SHEET

	Assets		Liabilities		Equity	
	2006	2005	2006	2005	2006	2005
	$'000	$'000	$'000	$'000	$'000	$'000
SEGMENT						
Acute Care	18,350	13,910	(1,655)	(1,749)	16,695	12,161
RACS	18,320	19,005	(4,893)	(4,712)	13,427	14,293
Aged Care - Other	887	1,037	(167)	(184)	720	853
Business Units	280	294	(47)	(52)	233	242
Internally Managed Units	1,895	2,071	(333)	(367)	1,562	1,704
Primary Health	6,500	6,959	(1,118)	(1,234)	5,382	5,725
Other Programs	1,381	1,452	(233)	(257)	1,148	1,195
Total	**47,613**	**44,728**	**(8,446)**	**(8,555)**	**39,167**	**36,173**

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

Segment	Services
Acute Care	Acute Inpatient Care
RACS	Residential Aged Care
Aged Care - Other	Community Aged Care Packages, Dementia Respite
Business Units	Dental, Radiography, Medical and Meals on Wheels
Internally Managed Units	Disability Services
Primary Health	Allied and Community Health
Other Programs	Other

Geographical Statement

West Wimmera Health 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 22: Responsible Persons and Executive Officer Disclosures

RESPONSIBLE PERSONS

The names of persons who were Responsible Persons of the Health Service at any time during the financial year are as follows:	Period
RESPONSIBLE MINISTERS	
The Honourable B Pike MP	1 Jul 2005 - 30 Jun 2006
The Honourable G Jennings MP	1 Jul 2005 - 30 Jun 2006
BOARD OF GOVERNANCE	
Mr J R Magrath	1 Jul 2005 - 30 Jun 2006
Mrs JA Feder	1 Jul 2005 - 30 Jun 2006
Ms LG Clarke	1 Jul 2005 - 30 Jun 2006
Mr LC Maybery	1 Jul 2005 - 30 Jun 2006
Mr RS Rosewall	1 Jul 2005 - 30 Jun 2006
Mr R Ismay	1 Jul 2005 - 30 Jun 2006
Mrs JM Sudholz	1 Jul 2005 - 30 Jun 2006
Mr D White	1 Jul 2005 - 30 Jun 2006
Mrs R Walter	1 Jul 2005 - 30 Jun 2006
Mr M Stewart	1 Jul 2005 - 30 Jun 2006
Dr M J Anderson	1 Jul 2005 - 31 Oct 2005
Mr R Stanford	1 Nov 2005 - 30 Jun 2006
Fr D Sotiriadis	1 Nov 2005 - 30 Jun 2006
ACCOUNTABLE OFFICER	
Mr J N Smith - Chief Executive Officer	1 Jul 2005 - 30 Jun 2006

REMUNERATION OF RESPONSIBLE PERSONS

	Total Remuneration		Base Remuneration	
	2006	2005	2006	2005
	No	No	No	No
$200,000 - $209,999		1		1
$210,000 - $219,999	1		1	
	1	1	1	1
Total remuneration for the reporting period for Responsbile Persons ($000's):	**210**	**205**	**210**	**205**

RETIREMENT BENEFITS OF RESPONSIBLE PERSONS

Nil

OTHER TRANSACTIONS OF RESPONSIBLE PERSONS AND THEIR RELATED PARTIES.

Nil

OTHER RECEIVABLES FROM AND PAYABLES TO RESPONSIBLE PERSONS AND THEIR RELATED PARTIES.

Nil

AMOUNTS ATTRIBUTABLE TO OTHER TRANSACTIONS WITH RESPONSIBLE PERSONS AND THEIR RELATED PARTIES.

The result of the period includes aggregate amounts attributable to transactions with Responsible Persons and Responsible Persons Related Parties in respect of:	2006 $	2005 $
Stewart & Lipshut (previously Trumble & Palmer) of which Mr. M.A. Stewart is a partner has provided legal services to the Health Service on normal commercial terms and conditions.	193	4,093
Mrs. E.M. Sterwart has provided nursing services to the Health Service on normal award terms and conditions.	98,985	94,005
T. Ismay & Company of which Mr. R.A. Ismay is a Director has provided hardware services to the Health Service on normal commercial terms and conditions.	2,782	26,103
Mrs. L.M. Graham has provided secretarial services to the Health Service on normal award terms and conditions.	36,452	38,082
Nhill Medical Clinic of which Dr. M.J. Anderson is a Partner has provided medical services to the Health Service on normal commercial terms and conditions.	258,593	183,264

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 to the right 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	
	2006	2005	2006	2005
	No	No	No	No
$110,000 - $119,999		1		1
$180,000 - $189,999		1		1
		2		2
Total remuneration for the reporting period for the Executive Officers ($000's):		**305**		**305**

Note 23: Remuneration of Auditors

Audit fees paid or payable to the Auditor General for the audit of the Service's current financial report	2006 $'000	2005 $'000
Paid as at 30 June	-	-
Payable as at 30 June	19	11
Total Paid and Payable	**19**	**11**

Note 24: Events Occurring after the Balance Sheet Date

There were no signifcant events after the reporting date (30 June 2006).

Note 25: Economic Dependency (Going Concern)

The Service receives a significant portion of its operating revenue from the Department of Human Services.
In a letter dated 28 July 2006 the Department undertook to provide the Service adequate cash flow support to enable it to meet its current and future obligations as and when they fall due for a period up to September 2007 should such support be required.
This support is conditional upon:
The Service continuing to provide monthly advice to the Department on its financial position, including the likeihood of any short term liquidity issues;
The Service's Board committing to achieving the agreed budget targets, and all requirements of the Health Service Agreement in 2006-07; and
The Service developing, discussing and agreeing with Department strategies to support the achievement of a break-even result.

Note 26(a): Effect of A-IFRS on the Balance Sheet as at 1 July 2004

	Previous AGAAP* $'000	Effect of transition to A-IFRS $'000	A-IFRS $'000
ASSETS			
Current Assets			
Cash and Cash Equivalents	1,700	-	1,700
Receivables	887	-	887
Other Financial Assets	173	938	1,111
Inventories	239	-	239
Prepayments	17	-	17
Total Current Assets	**3,016**	**938**	**3,954**
Non Current Assets			
Receivables	844	-	844
Other Financial Assets	938	(938)	0
Property, Plant & Equipment	37,693	-	37,693
Total Non Current Assets	**39,475**	**(938)**	**38,537**
TOTAL ASSETS	**42,491**	**0**	**42,491**
LIABILITIES			
Current Liabilities			
Payables	2,645	-	2,645
Provisions	2,933	1,457	4,390
Other Liabilities	173	1,549	1,722
Total Current Liabilities	**5,751**	**3,006**	**8,757**
Non-Current Liabilities			
Provisions	1,823	(1,457)	366
Other Liabilities	1,549	(1,549)	0
Total Non-Current Liabilities	**3,372**	**(3,006)**	**366**
TOTAL LIABILITIES	**9,123**	**0**	**9,123**
NET ASSETS	**33,368**	**0**	**33,368**
EQUITY			
Asset Revaluation Reserve	1,763	-	1,763
Restricted Specific Purpose Reserve	427	-	427
Contributed Capital	24,644	-	24,644
Accumulated Surpluses/(Deficits)	6,534	-	6,534
TOTAL EQUITY	**33,368**	**0**	**33,368**

a) Monies Held in Trust

Under previous Australian Accounting Standards, monies held in trust by the Service such as accommodation bonds paid by residents of its aged care facilities, were recorded as current liabilities to the extent that such monies were expected to be wholly repaid by the Service within twelve months after the end of the period in which the Service received such monies. On adoption of A-IFRS, all monies held in trust are to be classified as current liabilities with a distinction being made therein between short-term and long-term items. Long-term amounts represent monies in trust which the Service does not expect to be required to repay within twelve months of the balance date.
The above requirement had two effects upon the Health Service's Balance Sheet as at 1 July 2004. Firstly, there was a reclassification from non-current provisions to current provisions of $1.549m. Secondly, there was a reclassification from non-current assets to current assets of $0.938m being the amount of funds invested by the Service in relation to the monies held in trust. There was no material impact on the operating result or cash flows for the reporting period.

b) Employee Benefits

Under previous Australian Accounting Standards, employee benefits such as wages and salaries and annual leave are required to be measured at their nominal amount regardless of whether they are expected to be settled within 12 months of the reporting date. On adoption of A-IFRS, a distinction is made between short-term and long-term employee benefits and AASB 119 Employee Benefits requires liabilities for short-term employee benefits to be measured at nominal amounts and liabilities for long-term employee benefits to be measured at present value. AASB 119 defines short-term employee benefits as employee benefits that fall due wholly within twelve months after the end of the period in which the employees render the related service. Therefore, liabilities for employee benefits such as wages and salaries and annual leave are required to be measured at present value where they are not expected to be settled within 12 months of the reporting date.
The effect of the above requirement on the Health Service's Balance Sheet as at 1 July 2004 was a reclassification from non-current provisions to current provisions of $1.457m.
There was no material impact on the operating result or cash flows for the reporting period.

Note 26(b): Effect of A-IFRS on the Operating Statement for the Financial Year Ended 30 June 2005

	Previous AGAAP* $'000	Effect of transition to A-IFRS $'000	A-IFRS $'000
Revenue from Operating Activities	22,627	-	22,627
Revenue from Non-operating Activities	188	-	188
Employee Benefits	(16,362)	-	(16,362)
Non Salary Labour Costs	(796)	-	(796)
Supplies & Consumables	(1,457)	-	(1,457)
Other Expenses from Continuing Operations	(4,219)	-	(4,219)
Finance Costs	(23)	-	(23)
Net Result From Continuing Operations Before Capital & Specific Items	**(42)**	**-**	**(42)**
Capital Purpose Income	6,710	-	6,710
Depreciation and Amortisation	(1,147)	-	(1,147)
Specific Expense	(1,883)	-	(1,883)
NET RESULT FROM CONTINUING OPERATIONS	**3,638**	**0**	**3,638**
NET RESULT FOR THE YEAR	**3,638**	**0**	**3,638**

* Reported financial results for the year ended 30 June 2005

Note 26(c): Effect of A-IFRS on the Balance Sheet as at 30 June 2005

	Note	Previous AGAAP* $'000	Effect of transition to A-IFRS $'000	A-IFRS $'000
ASSETS				
Current Assets				
Cash and Cash Equivalents		2,517	-	2,517
Receivables	a	644	-	644
Other Financial Assets	b	79	762	841
Inventories		245	-	245
Prepayments		7	-	7
Total Current Assets		**3,492**	**762**	**4,254**
Non Current Assets				
Receivables		1,015	-	1,015
Other Financial Assets	a	762	(762)	0
Property, Plant & Equipment		39,459	-	39,459
Total Non Current Assets		**41,236**	**(762)**	**40,474**
TOTAL ASSETS		**44,728**	**0**	**44,728**
LIABILITIES				
Current Liabilities				
Payables		2,564	-	2,564
Interest Bearing Liabilities		48	-	48
Provisions	b	2,513	1,557	4,070
Other Liabilities	a	79	1,404	1,483
Total Current Liabilities		**5,204**	**2,961**	**8,165**
Non-Current Liabilities				
Provisions	b	1,947	(1,557)	390
Other Liabilities	a	1,404	(1,404)	0
Total Non-Current Liabilities		**3,351**	**(2,961)**	**390**
TOTAL LIABILITIES		**8,555**	**-**	**8,555**
NET ASSETS		**36,173**	**-**	**36,173**
EQUITY				
Asset Revaluation Reserve		370	-	370
Restricted Specific Purpose Reserve		427	-	427
Contributed Capital		25,204	-	25,204
Accumulated Surpluses (Deficits)		10,172	-	10,172
TOTAL EQUITY		**36,173**	**-**	**36,173**

* Reported financial position for the year ended 30 June 2005

Pertaining to Note 26 (c)

There were no material differences between the Cashflow Statement presented under A-IFRS and the Statement of Cashflows under the superceded policies. The financial report has been prepared in accordance with A-IFRS, the difference between AGAAP and A-IFRS has been identified as not having a material impact on the Health Service's financial position or financial performance.

a) Monies Held in Trust

Under previous Australian Accounting Standards, monies held in trust by the Service such as accommodation bonds paid by residents of its aged care facilities, were recorded as current liabilities to the extent that such monies were expected to be wholly repaid by the Service within twelve months after the end of the period in which the Service received such monies. On adoption of A-IFRS, all monies held in trust are to be classified as current liabilities with a distinction being made therein between short-term and long-term items. Long-term amounts represent monies in trust which the Service does not expect to be required to repay within twelve months of the balance date.

The above requirement had two effects upon the Health Service's Balance Sheet as at 30 June 2005. Firstly, there was a reclassification from non-current provisions to current provisions of $1.404m. Secondly, there was a reclassification from non-current assets to current assets of $0.762m being the amount of funds invested by the Service in relation to the monies held intrust.There was no material impact on the operating result or cash flows for the reporting period.

b) Employee Benefits

Under previous Australian Accounting Standards, employee benefits such as wages and salaries and annual leave are required to be measured at their nominal amount regardless of whether they are expected to be settled within 12 months of the reporting date. On adoption of A-IFRS, a distinction is made between short-term and long-term employee benefits and AASB 119 Employee Benefits requires liabilities for short-term employee benefits to be measured at nominal amounts and liabilities for long-term employee benefits to be measured at present value. AASB 119 defines short-term employee benefits as employee benefits that fall due wholly within twelve months after the end of the period in which the employees render the related service. Therefore, liabilities for employee benefits such as wages and salaries and annual leave are required to be measured at present value where they are not expected to be settled within 12 months of the reporting date.

The effect of the above requirement on the Health Service's Balance Sheet as at 30 June 2005 was a reclassification from non-current provisions to current provisions of $1.557m.

There was no material impact on the operating result or cash flows for the reporting period.

Glossary of Terms

ACHS
Australian Council on Healthcare Standards

ACQA
Aged Care Quality Association

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

BACeS
A reporting system informing the Board of legislative compliance status.

Best Practice
Measuring results against the best performance of other groups

CACPs
Community Ages Care Packages (CACPs) provide services in the home

Carers
Carers of patients/clients who are not part of the Service care team

Case Management
Management of client care on an individual basis

CDH & Ageing
Commonwealth Department of Health & Ageing

Continuum of Care/Continuity of Care
The cycle of care incorporating access, entry, assessment, planning, implementation, evaluation, discharge and community care

CT
Computer Tomography – a computerized Xray that gives very detailed images of internal organs.

DHS
The Victorian Department of Human Services

DVA
Department of Veterans' Affairs

ECG
Electrocardiograph

EQuIP
Evaluation Quality Improvement Program

FOI
Freedom of Information

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

GEM Bed
Geriatric Evaluation and Management Beds allocated for the older patient requiring professional management of an illness or complex medical condition

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

HSU
Health Services Union

ICT
Information & Communication Technology

Inpatient
A person who is admitted to an acute bed.

Medical Record
Compilation of patient medical treatment and history

Multi-disciplinary
A group comprised of more than one discipline, a mix of health professionals

Occupied Bed Days
The total number of patients in hospital in a given period

Outcome
The result of a service provided

Outpatient
A person who is not admitted to a bed

Patient/Client/Consumer
A person for whom this Service accepts the responsibility of care

PCP
Primary Care Partnership

QOC
Quality of Care Report

Sentinel Event
An event which results in or which has the potential for causing death or serious harm to a patient

Separation/Discharge
The process whereby care is completed and the patient leaves the organisation

Standard
Level of performance to be achieved

Statutory or legislative requirement
A requirement laid down by an Act of Parliament

The Board
The Board of Governance

The Department
The Department of Human Services, Victoria

The Service
West Wimmera Health Service

Values
The principles and beliefs that guide West Wimmera Health Service

WIES
Weighted Inlier Equivalent Separations. The method used to fund Acute Care. Each patient is assigned a resource weight which is dependent on the primary reason for admission to hospital. The resource weight determines the amount of funding received for providing care

WWHS
West Wimmera Health Service

Index

WWHS

OVERVIEW OF SERVICES

AGED CARE
Residential Hostels and Nursing Homes
Home Based Care

ACUTE CARE
General and Specialist Medical Care
General and Specialist Surgical Care
Primary Care Casualty
Radiology

ALLIED AND COMMUNITY HEALTH SERVICES
Diabetes Education
Dietetics
Exercise Physiology
General and Specialist Dental Services
Massage Therapy
Occupational Therapy
Optometry
Pharmacy
Physiotherapy
Podiatry
Social Work
Speech Pathology

COMMUNITY CARE
Community Health Nursing
District Nursing
Health Promotion and Education

DISABILITY SERVICES
Oliver's Cafe
Snappy Seconds Retail Store
Supported Employment
Recycling Services

SERVICE SUPPORT
Engineering and Maintenance
General and Hotel Services
Health Information Management
Library and Resource Service
Volunteers

A full list of services is contained in the QOC, page 24.

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WEST WIMMERA HEALTH SERVICE CATCHMENT AREA

West Wimmera Health Service covers an extensive geographical area of some 17,000 square kilometres in rural North-West Victoria. It incorporates Nhill, Kaniva, Jeparit, Rainbow, Natimuk Hospitals, Goroke Community Health Service and Cooinda.

WWHS

OUR SPONSORS

We acknowledge the generous sponsorship which supports the production of this report.

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This Annual Report is available at each site of the Service and on our website www.wwhs.net.au

THIS CONCLUDES THE WEST WIMMERA HEALTH SERVICE ANNUAL REPORT FOR 2006