



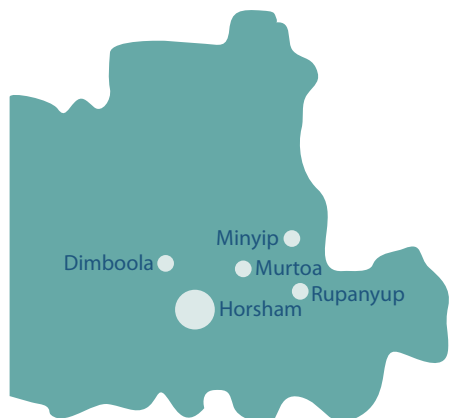
Wimmera
Health Care
Group

ANNUAL REPORT

2011/2012

Service Directory

Our Profile



Wimmera Health Care Group is based in the Wimmera sub-region of the Grampians, 310 km west of Melbourne and in close proximity to the Grampians National Park.

With a budget of approximately \$72 million, Wimmera Health Care Group is the major specialist referral centre for the Wimmera and Southern Mallee region of Victoria. Our campuses in Horsham and Dimboola service an area of 61,000 square kilometres and a population of approximately 54,000.

The Horsham campus features 86 acute and sub-acute beds and 98 aged care beds. In Dimboola, there are 4 acute and 26 aged care beds.

We employ 800 staff who provide a range of acute, sub acute and community based, allied health and primary care services to our community.

This year we treated 12,080 acute inpatients and 14,651 emergency presentations.

The Wimmera Health Care Group was established in 1874 as the Horsham Hospital and was incorporated by the authority of the Hospitals and Charities Act (No. 5300) on 27th August 1877.

In 1950, the name was changed to Wimmera Base Hospital and, following a formal amalgamation with Dimboola District Hospital on 1st November 1995, became officially known as Wimmera Health Care Group.



Our Services and Programs

Aboriginal Best Start
Acquired Brain Injury Support
Adult Day Activity/Support
Aged Care Assessment
Alzheimer's Association
Antenatal Classes
Audiology
Breast Care Nurse
Breast Prosthetics
Breast Screening
Cancer Support
Cardiac Rehabilitation
Centre Against Sexual Assault
Cognitive Dementia and Memory
Colposcopy Clinic
Community Rehabilitation
Computerised Tomography (CT)
Continence
Day Oncology
Day Surgery
Dental and Prosthetic Clinic
Dermatology
Diabetes Education
Dietetics
District Nursing
Domiciliary Midwife
Ear, Nose and Throat
Echocardiography
Emergency Department
Endoscopy
Family Planning

Gait and Balance Clinic
Geriatric Evaluation Management
General Medicine
General Surgery
Haemodialysis
HARP
Health Promotion
Hospice Care
Hospital in the Home
Hostel Accommodation
Infection Control
Intensive Care Unit
Koori Hospital Liaison Officer
Lactation Consultant
Low Vision Clinic
Medical Imaging
Medical Library
Midwifery
Neonatal Nursing
Obstetrics and Gynaecology
Occupational Therapy
Oncology
Ophthalmology
Oral Surgery
Orthopaedics
Orthotics Laboratory
Pacemaker Clinic
Paediatric Care
Pathology
Pharmacy
Physiotherapy

Podiatry
Post-Acute Care
Pre-Admission Clinic
Pulmonary Rehabilitation
Radiology
Rehabilitation Assessment
Residential Services
Respite for Carers
Safety Link
Sleep Clinic
Social Work
Speech Pathology
Spinal Clinic
Stomal Therapy
Stress Testing Clinic
Team Midwifery
Teleradiology
Transition Care
Ultrasound
Urology
Video Fluoroscopy
Wound Care
Wimmera Community Options

HOW TO CONTACT US ...

p 03 5381 9111
e info@whcg.org.au
m Baillie Street, Horsham Vic 3400
w www.whcg.org.au

About this Report

This Annual Report provides performance and financial information for the 2011/12 financial year.

It is a legal document prepared in accordance with the Financial Management Act 1994 (clauses 9.1.3 to 9.2.2 inclusive) for the Minister of Health, the Parliament of Victoria and the community. The contents were prepared to meet compliance with statutory disclosure and other requirements.

The responsible Minister during the reporting period is the Honourable David Davis.

This Annual Report should be read in conjunction with our 2011/12 Quality of Care Report. Both documents are available on our website www.whcg.org.au and from all Wimmera Health Care Group sites.

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Strategic Plan

2012– 2015

Extensive review of our Strategic Plan has been undertaken which has culminated in the establishment of a clear direction for planning, governance and management over the next three years. The review has encompassed our Vision, Mission and Values statements and eight over-arching goals have been established under five essential management pillars: Quality and Safe Care, Financial Sustainability, Contemporary Infrastructure, Engaged Workforce and Constructive Partnerships. The plan provides a framework for planning, monitoring and accountability to our community.

Vision

To be the leader in Australian rural health, delivering caring services with respect, reliability and integrity.

Mission

To build a sustainable health service in our region that meets the health care needs of our community now and into the future.

Values

We believe that together, we are accountable for delivering high quality person-centred care.

Our Strategic Directions

Our Strategic Goals

Quality and Safe Care

1. Strategy: To create and deliver high quality care and services that are:

- Person-centred
- Safe
- Effective and appropriate
- Integrated and co-ordinated

1.1 Outcome

Our health service delivering measurable high quality and safe care

1.2 Outcome

Expanded use of 'best practice' that delivers integrated and co-ordinated care

1.3 Outcome

Our health service delivering person-centred care

1.4 Outcome

Improved local self-sufficiency and capability in the provision of sub-acute services

2. Strategy: To develop consumer knowledge in health across the Wimmera region

2.1 Outcome

Enhanced community knowledge and understanding of our services

2.2 Outcome

Increased role of WHCG in health promotion in our community

Financial Sustainability

3. Strategy: To achieve a sustainable operating surplus

3.1 Outcome

Consistently demonstrated financial viability

Contemporary Infrastructure

4. Strategy: To develop infrastructure to meet current standards and changes in service delivery requirements

4.1 Outcome

Infrastructure and equipment renewal program to meet contemporary standards

5. Strategy: To advance our use of technology to improve service delivery

5.1 Outcome

To be a health service that uses technology effectively to enhance high quality patient care

Engaged Workforce

6. Strategy: To attract, retain and support highly skilled people committed to providing excellent healthcare services

6.1 Outcome

Sustainable workforce to meet our needs

6.2 Outcome

A supportive culture engaging our staff to provide excellent healthcare services

6.3 Outcome

An environment supportive of training and people development

7. Strategy: To progressively develop teaching and training as a core function

7.1 Outcome

Increased capacity to deliver training programs

Constructive Partnerships

8. Strategy: To build effective relationships with strategic partners

8.1 Outcome

Consolidated Wimmera Southern Mallee Health Alliance

8.2 Outcome

Effective collaborative partnerships that add value to the organisation

Report of Operations

President and Chief Executive's Report

Responsible Bodies Declaration

In accordance with the Financial Management Act 1994, I am pleased to present the Report of Operations for Wimmera Health Care Group for the year ending 30 June 2012.

Mark Williams
President
Horsham
Date: 31/08/12

The Wimmera Health Care Group continued to provide a range of health services appropriate to the clinical needs of the people of the Wimmera and Southern Mallee during 2011-2012.

Our organisation has continued to respond to the growing demand for health care services consistent with our sub-regional role. During the year we provided clinical services for 12,080 acute inpatients. This is a modest growth of 2.3% with productivity improvements in our bed utilisation of 1.8%, driven mostly by a reduction in average length of stay from 2.20 to 2.16 days. We also achieved service increases in residential aged care of around 5.75%, measured by higher occupancy rates across all aged care facilities. Our Emergency Department is one of the busiest for its size in rural Victoria with over 15,000 attendances annually, and its performance outcomes meet both State and Commonwealth benchmarks.

During the year the Wimmera Health Care Group Board of Management developed a new Strategic Plan for 2012-2015. This has been combined with refinements to our governance structure to ensure the Board is more

effective in discharging its governance obligations. A key feature of our strategic direction has been a desire to strengthen our relationship with our sub-regional partners.

During the year, the Chairs of the sub-regional agencies wrote to the Minister for Health reinforcing their commitment to the implementation of the *Wimmera Service Plan and Model of Care*.

The *Wimmera Service Plan and Model of Care* has provided a framework for the Wimmera Southern Mallee Health Alliance to develop a more coordinated approach to service delivery across the region. The Alliance's ability to implement the Service Plan has been strengthened by the appointment of a Chair, Deputy Chair and Project Officer. This structure provides a forum for the development of clinical and non-clinical partnerships to deliver high quality, accessible health care in an efficient and effective way – consistent with both the *Victorian Health Priorities Framework 2012-2022: Rural & Regional Health Plan* and Wimmera Health Care Group's own strategic direction.

We have continued to grow our sub-acute service models in Transition Care and Geriatric Evaluation and Management as we prepare for our new 20 bed sub-acute and rehabilitation facility. The new beds will fill a service gap in our region and deliver a seamless array of care types from one location. The sub-acute unit will boost our service capacity and support the local economy through employment growth, increased access and improved quality of life outcomes.

We have been particularly active in recruiting specialised staff in key medical, nursing and allied health

professions. The appointment of an additional permanent physician has provided capacity to deliver outreach to smaller communities in the Wimmera Southern Mallee and expand the use of remote access through e-health consultations.

The recently completed Wimmera Medical Centre is a state of the art facility from which both local and visiting medical specialists can comfortably deliver an expanded range of high quality medical services. During its first year of operation the service experienced growth of around 55% in the utilisation of specialist clinics. The Wimmera Medical Centre has also been instrumental in supporting our recruitment strategy and has developed into a proficient teaching and training environment for young health professionals.

At the commencement of the year we formalised our mutual understandings with the Department of Health through the signing of a Statement of Priorities. As part of this process we developed a Financial Management Improvement Plan that assisted in delivering the financial result achieved; and substantially improved our operational and monetary efficiency. Furthermore, the sharing of our vision with stakeholders delivered measured performance consistent with our acute throughput targets. In reaching this outcome the organisation, with the assistance of the Department of Health, posted a surplus of \$43,000.

The Wimmera Health Care Group fundraising committees again proved to be significant contributors as they promote and market their activities in the local area; of particular note was the Wimmera Health Care Group Foundation MasterCook2 function and

the development of the Foundation500. Fundraising groups closely associated with the Wimmera Health Care Group as independent entities provide a significant source of funds for our capital improvements, and the worth they bring cannot be undervalued in terms of benefits and community support.

As an organisation we will continue to strive for new and innovative approaches to the delivery of high quality safe health care, and maximise our business opportunities; both of which are underpinned by our efficient and effective use of human and monetary resources. In support of our ongoing modernisation we have made investments into new equipment and facilities and through partnership with other providers propose to introduce Magnetic Resonance Imaging in the coming year. The organisation continues to strive for innovative business improvements and will embark on a pathway to critically review the way we deliver services. This process is important in modernising our role in the community; given the current policy and economic environments at both State and Federal levels. Increased demand, improvements in technology and greater efficiency in the use of resources are all primary challenges for our organisation. It is clear that we must focus on the things we do well and work in collaboration with others to ensure we maintain a sustainable level of care as we move forward.

In 2011, the Board of Management acknowledged the significant contribution that Mrs Jo Saxton made to health services in the region by conferring Life Governorship.

In planning for the future we will continue to work collaboratively with our partners across the region. We are committed to the efficient and effective operation of our business and the development of a model of care that meets the evolving needs of our community. Primary to this vision is to build a financially sustainable health service, the maintenance of skilled and professional staff and the delivery of high quality safe health care.

We are committed to achieving the best health for all the Wimmera and Southern Mallee through our dedicated staff and volunteers.

Mark Williams
President

Chris Scott
Chief Executive

Statement of Priorities

PARTNERSHIPS

Strategic Priorities	Deliverables	Outcomes
<p>In collaboration with regional health services and others develop model of care and service profiles that maximises local resource sharing and utilisation, by;</p> <ul style="list-style-type: none"> • Ensure health care is provided in the most clinically effective and cost effective environments • Reduce and prevent unnecessary hospital admissions by promoting the provision of care in community settings where appropriate • Improve care planning and coordination of care for patients with chronic and complex conditions • Enhance individuals and families ability to make decisions that improve their health status and reduce their risk of ill health by improving health literacy <p>Develop ICAP initiatives to strengthen efficient management and flow of patients in the Emergency Department.</p>	<p>Develop a business process for the delivery of service improvement through the Wimmera Southern Mallee Health Alliance and have an implementation strategy developed by January 2012.</p>	<p>The development of a business process has been undertaken through a collaborative process with the other Wimmera Southern Mallee Health Alliance member agencies. The process culminated in the election of a Chair and Deputy Chair; the appointment of a Project Officer; the development of a defined work plan, and formal agreement by the Alliance members to support the Wimmera Service Plan and Model of Care. The Alliance members have signed a joint communiqué to the Minister confirming their commitment; which has been accepted by the Department of Health.</p> <p>The initial implementation strategies and work plan have been significantly re-engineered by the Alliance partners with a view to commence operationalisation in 2012-2013.</p>
	<p>Identify five key service improvement initiatives from the Wimmera Sub-regional Service Plan in collaboration with regional agencies for implementation by June 2012.</p>	<p>Wimmera Southern Mallee Health Alliance Chief Executive Officers developed and agreed on ten key service improvement goals as drawn from the Wimmera Service Plan and Model of Care. The ten goals [including a number of priority one initiatives] had been selected in preparation to lead the work plan for the Project Officer.</p>
	<p>Develop and implement health promotion/communications strategies around chronic disease management by December 2011 to improve health literacy for families and individuals.</p>	<p>Wimmera Health Care Group's Health Promotion Plan was aligned to the Wimmera Primary Care Partnership (PCP) Plan. Key initiatives around chronic disease management that influenced health literacy followed three domains.</p> <ol style="list-style-type: none"> 1. Social Connection – Girls Day Out 87% attendance. April 2012 commenced working with 26 boys on the 'Traumatic Brain Injury' Project. 2. Physical Activity – Horsham North and Dimboola Primary School walking groups established. Screening and education at Wimmera Machinery Field Days (128 documented participants) and Salvation Army walking group, eight weeks duration, and, 3. Capacity Building – Most initiatives focused on establishing enduring partnerships to support 'Health Promotion Capacity' within the Wimmera Community. This included continued partnerships with Horsham College, Horsham North School, Grampians Community Health and Nexus. A strong partnership was also developed with the Salvation Army.

Strategic Priorities	Deliverables	Outcomes
	Establish a reporting protocol that strengthens links between WHCG and; Goolum Goolum Aboriginal Cooperative (ACCHO); and local Indigenous communities, to enable and facilitate discharge planning by June 2012.	<p>Protocols for daily monitoring and communication between WHCG/Goolum Goolum were established to ensure all Aboriginal presentations and discharges were managed appropriately. The protocol was extended to other Aboriginal presentations to outpatient and community health services. Formalising of varying service relationships with Goolum Goolum Aboriginal Cooperative have commenced and will be consolidated in 2012-2013.</p> <p>Wimmera Health Care Group continues to partner with the Best Start Program to promote discussion and dialogue around strengthening links with local Indigenous communities.</p>
	In progressing ICAP initiatives, strengthen care coordinator's role and responsibilities in supporting Aboriginal patient management and flow by February 2012.	<p>As indicated above and in addition, systems have been developed to refer high risk Aboriginal clients to the Hospital Admission Risk Program. First patient referral took place in October 2011.</p> <p>Discharge planning from the Emergency Department and Acute Wards has been established with Goolum Goolum to monitor patient flow. All Aboriginal births are reported to ICAP from midwives. The Koori Hospital Liaison Officer position has been extended to include support to Dunmunkle Health Services and West Wimmera Health Services with consultant advice being provided to other agencies.</p>

INFRASTRUCTURE / WORKFORCE

Strategic Priorities	Deliverables	Outcomes
Develop in collaboration with government the expansion of sub-acute/rehabilitation services at WHCG.	Report on progress to milestones on the planning and construction of the new sub-acute unit.	Monthly Project Control Group meetings monitor performance of the program. Project Control Group minutes reflect that the project is on schedule for completion in December 2013.
Expand recruitment and retention strategies to support employment and career development.	Negotiate with continuing care branch and other key stakeholders appropriate future service model for sub-acute by June 2012.	Sub-acute Unit Model of Care prepared for the Department of Health and confirmed through the Project Control Group. Feedback received with further amendments to be executed in 2012-2013. Workforce Plan for sub-acute facility commenced.
	Build on the Medical Workforce Plan to include other key employment groups by May 2012.	The Medical Workforce Plan has been adopted as the template for workforce recruitment and retention with eight other individual departments having completed Workforce Succession Plans.

Statement of Priorities

CLINICAL

Strategic Priorities	Deliverables	Outcomes
<p>Expand clinical networks, pathways and telemedicine technologies to assist in patient treatment and progress workforce utilisation.</p> <p>Identify key service improvements from the Emergency Department Review and prepare an implementation plan.</p>	<p>Provide quarterly reporting on the delivery of clinical networks and the capacity building to improve health, community and restorative care service access.</p>	<p>Quarterly reports provided to the Department of Health through formalised meeting structure. Outcomes include;</p> <p>ICU and Emergency Department using telemedicine to video conference into Ambulance Retrieval Victoria to determine patient transport arrangements and appropriateness of retrieval.</p> <p>Cancer Network utilises telemedicine for multidisciplinary tumour stream and care network assessments and treatment plan meetings.</p> <p>Links to specialist consults from local GP rooms.</p>
<p>Expand on quality improvement initiatives that focus on promoting capacity building and restorative care in community care service delivery.</p>	<p>Prioritise strategies identified in Emergency Department Review and develop an implementation plan by November 2011. Monitor progress on the adopted implementation strategies.</p>	<p>An independent review of the Emergency Department resulted in a series of recommendations culminating in an Implementation Plan. The plan has subsequently been adopted by the Clinical Governance Committee and progressively implemented by management.</p> <p>Progressive milestones are monitored by the Clinical Governance Committee quarterly and is ready for closure in 2012-13.</p>

FINANCIAL

Strategic Priorities	Deliverables	Outcomes
<p>Ensure that WHCG continues to move towards a healthy financial position whilst maintaining a high level of safe quality care.</p> <p>Continue to implement service efficiencies and seek additional revenue opportunities.</p> <p>Develop and implement a set of appropriate economic strategies aimed at achieving financial sustainability.</p>	<p>Report on key outcomes implemented and maintain acceptable achievement against the monthly Victorian Health Service Performance Monitor.</p> <p>Investigate a series of options to improve the financial sustainability of the Dimboola Hospital by February 2012</p>	<p>The Wimmera Health Care Group has achieved 100% compliance to the Key Performance Indicators as set by the Statement of Priorities and measured across Financial, Access, Service, Quality and Safety criteria within the Victorian Health Service Performance Monitor.</p> <p>The Board of Management undertook a detailed financial review of the Dimboola Hospital operations in November 2011. As a consequence a number of service enhancements to operational areas including day centre activity and the Dimboola Medical Centre were undertaken. These strategies have improved the financial sustainability of the Dimboola Hospital.</p>

INNOVATION

Strategic Priorities	Deliverables	Outcomes
Continue to expand the number of 'Redesigning Hospital Care Program' service improvements.	Identify two key service improvement initiatives by December 2011 and progress sustainable implementation by June 2012.	Two new redesign projects have commenced, the first in our obstetrics ward, focusing on an innovative model in delivering continuity of care through annualised staffing and case load priority. The second new activity relates to internal communication through direct information sharing and streamlining inter-departmental communication.
	Demonstrate service quality improvements in palliative care and services for longer stay older patients by June 2012.	Palliative care service quality improvements have been achieved through the development and initiation of an After Hours Palliative Care Triage Service. Longer stay older patients key service quality improvements have been achieved through the implementation of; Patient-centred Care Policy, Cognitive Impaired Patient Identifier; and an Environmental Audit Tool for older patients.

PERFORMANCE

Strategic Priorities	Deliverables	Outcomes
Improve data integrity.	Develop a system of data integrity improvement to reduce and mitigate risk exposure, by March 2012.	'Performance Reporting & Patient Admission Data Integrity' has been a key initiative for inclusion in the 2011/2013 Internal Audit Plan as approved by the Board of Management (December 2011). Ongoing data and coding reviews have been implemented to ensure accuracy and maximisation of funding outcomes. The Department of Health have undertaken independent audits to 'test' the accuracy of the coding data.
	Report quarterly on key initiatives undertaken to monitor service improvements in medical indemnity insurance premium allocations.	In collaboration with insurers VMIA communication links established and case history reviews undertaken prior to the setting of premiums. A structured reporting/communications protocol with VMIA and actuaries canvassed.

TECHNOLOGY

Strategic Priorities	Deliverables	Outcomes
Promote a program of telemedicine and innovative service development that drives care into the community using ICT technologies.	Demonstrate an increased use of telemedicine and innovative program development in the region by June 2012.	Entered into Memorandum of Understanding with University of Ballarat (lead agencies) for innovative 3D telemedicine pilot for mental health and residential aged care. Participating in research project with Adult Retrieval Victoria (ARV) for medical specialist consultation for ED and ICU. Initiated development of telemedicine specialist consultations (see earlier strategies).

Statement of Priorities

Performance Priorities

Financial Performance

Operating Result	Target	2011-12 Actuals
Annual Operating result (\$m)	\$-1.30m	\$0.04m
Cash management/liquidity	Target	2011-12 Actuals
Creditors	60 days	60 days
Debtors	60 days	42 days

Service Performance

WIES Activity Performance	Target	2011-12 Actuals
WIES (public and private) performance to target (%)	± 2%	1.48%
Quality and Safety	Target	2011-12 Actuals
Health service accreditation	Full	Full
Residential aged care accreditation	Full	Full
Cleaning standards	Achieved	Achieved
Submission of data to VICNISS (%)	Full	Full
VICNISS Infection Clinical Indicators	No outliers	Full
Hand hygiene program compliance (%)	65%	77.3%
Victorian Patient Satisfaction Monitor (VPSM)	73	81
Maternity	Target	2011-12 Actuals
Postnatal home care	100%	99%
Access Performance	Target	2011-12 Actuals
Percentage of emergency patients admitted to an inpatient bed within 8 hours	80%	97%
Percentage of non-admitted emergency patients with length of stay of less than 4 hours	80%	92%
Number of patients with length of stay in the emergency department greater than 24 hours	0	0
Percentage of Triage Category 1 emergency patients seen immediately	100%	100%
Percentage of Triage Category 2 emergency patients seen within 10 minutes	80%	94%
Percentage of Triage Category 3 emergency patients seen within 30 minutes	75%	87%

Activity and Funding

Activity Weighted Inlier Equivalent Separations (WIES)	2011-12 Activity Achievement
WIES Public	4,855
WIES Private	1,645
Total WIES (Public and Private)	6,500
WIES Renal	77
WIES DVA	269
WIES TAC	31
WIES TOTAL	6,877
Sub Acute Inpatient	
GEM (non DVA)	1,384
Palliative Care – Inpatient	396
Transition Care – (non DVA) bed day	1,047
GEM (DVA)	58
Palliative Care (DVA)	39
Ambulatory	
Transition Care – (non DVA) home day	553
SACS (non DVA)	4,598
Post Acute Care	548
SACS (DVA)	284
Post Acute Care - DVA	13
Aged Care	
Residential Aged Care	41,378
Community Health/Primary Care	
Community Health – Direct Care	8,510

Corporate Governance

Board of Management

President:

Mr M A Williams (Mark)

B Bus (Accounting and Data Processing), CPA, MBA

Profession/Occupation: Managing Director

Date Appointed: 1st November 2001

Deputy Chairman:

Mr D Luciani (Dean)

Adv Dip Bus, Adv Dip Bus/HR, Grad Cert Mgt, GAICD

Profession/Occupation: General Manager

Date Appointed: 1st July 2009

Members:

Mr E J McCabe (Ted)

Barrister and Solicitor of the Supreme Court of Victoria

Profession/Occupation: Lawyer

Date Appointed: 1990-1997

Date Re-appointed: 1st November 2006

Mrs L M Sharrock (Leigh-Anne)

Adv Dip Disability & Aged Care, DDSO3A, RN

Profession/Occupation: Disability Services Manager

First Appointment: 1st November 1995

- 31st October 2002

Date Re-appointed: 1st November 2004

Mr R Pyers (Robert)

M Ed, B Letters, BA, Dip Ed

Profession/Occupation: Secondary College Principal

Date Appointed: 1 July 2010

Mr P Campbell (Phillip)

B.Com, MBA, FCPA

Profession/Occupation: Chief Financial Officer

Date Appointed: 1 July 2011

Mr R Goudie (Richard)

Dip Fin Planning, CFP

Profession/Occupation: Senior Financial Planner

Date Appointed: 1 July 2011

Mr W Winter (William)

Member Australian Institute of Company Directors

Profession/Occupation: Private Company Board Advisor

Date Appointed: 1 July 2011

Delegate:

Mr K Taylor (Ken)

MSc FAICD

Profession/Occupation: Project Director, Department of Health

Date Appointed: 22 July 2011

Board Committees

Remuneration Committee

Reviews performance of the Chief Executive and contractual requirements of the Executive staff on an annual basis and makes recommendations on remuneration levels.

Members: M Williams (Chair), D Luciani, R Pyers, W Winter, K Taylor

Audit and Risk Committee

Reviews the external auditor's draft management letters and final report and sets the internal audit program. The committee meets quarterly to monitor performance against audit and risk.

Members: E McCabe (Chair), P Campbell, W Winter, K Taylor, M Williams (ex-officio)

Clinical Governance Committee

Develops a comprehensive program to monitor, review and continually improve all the activities and services relevant to the quality of care provided for all patients. To assess the Health Care Group's level of compliance with formal Accreditation Guidelines and oversee preparations for all accreditation and standards compliance. The Clinical Governance Committee provides a forum to consolidate the various elements of the Quality Improvement system.

Members: L Sharrock (Chair), R Goudie, R Pyers, K Taylor, M Williams (ex officio)

Medical Advisory Committee

Makes recommendations to the Board of Management relating to medical staff appointments and the delineation of clinical privileges.

Members: M Williams (Chair), E McCabe, L Sharrock, K Taylor

Committees with Board Representation

Clinical Research Committee

Assesses all proposals for clinical research within Wimmera Health Care Group and recommends to the Board proposals for approval. Monitors research projects and maintains a register of projects.

Members: E McCabe, K Taylor, M Williams (ex officio)

Community Advisory Committee

Has a primary role in commenting on the service needs of local communities, the development of strategic plans and making recommendations on health service delivery to the Board of Management through the Chief Executive.

Members: R Pyers, K Taylor, M Williams (ex officio)

Nursing Advisory Committee

Provides a centralised, representative forum for discussion and making recommendations to the Board of Management on matters related to nursing resources, education and practice.

Members: L Sharrock (Chair), K Taylor, M Williams (ex officio)

Board Education

The Board of Management is committed to keeping abreast of recent developments and education relevant to their corporate governance role.

Education activities undertaken this year have included:

- Department of Health Budget Monitoring Group – July 2011
- Victorian Quality Council, Quality and Safety Forum – July 2011
- Victorian Managed Insurance Authority – Premium Allocation Model presentation (Jodie Ryan) – August 2011
- Australian Institute of Company Directors Healthcare Conference – September 2011
- Strategic Plan review (Jim Swinden) – October 2011
- Department of Health, Grampians Region forum for Board members & CEO's – November 2011
- Redesigning Hospital Care presentation (Estelle Marque) – November 2011
- Victorian Healthcare Awards - Quality of Care Reporting – November 2011
- Victorian Health Boards Governance Program (The NOUS Group) – November 2011
- Risk Management Framework presentation (Edith Smith) – November 2011
- Power Budget demonstration (Mark Knights) – December 2011
- Rural Health Ministerial Forum, Victorian Health Priorities Framework 2012-2022: Rural and Regional Health Plan – March 2012
- New Work Health & Safety Legislation Briefing (Phillip Kamay) – March 2012
- Australian Institute of Company Directors: NFP Briefing: Strategic planning and budgeting for the year ahead – May 2012
- Consumers Health Forum of Australia, Health Consumer and Community Leaders' Workshop – May 2012
- Governing quality in public sector residential aged care: Organisational readiness tool – May 2012
- Occupational Health & Safety presentation (Matthew Mellington) – June 2012

Our Executive Team

Chief Executive:

Mr Christopher G Scott

BHSc (Mgt), MBA (CSU), Dip. CDC, AFACHSM, AIMM, CHE, GAICD.

Director of Clinical Services:

Mr Don McRae

RN, M H Mgt, RM, Grad Dip Crit Care, CC Cert

Director of Medical Services:

Professor Alan M Wolff

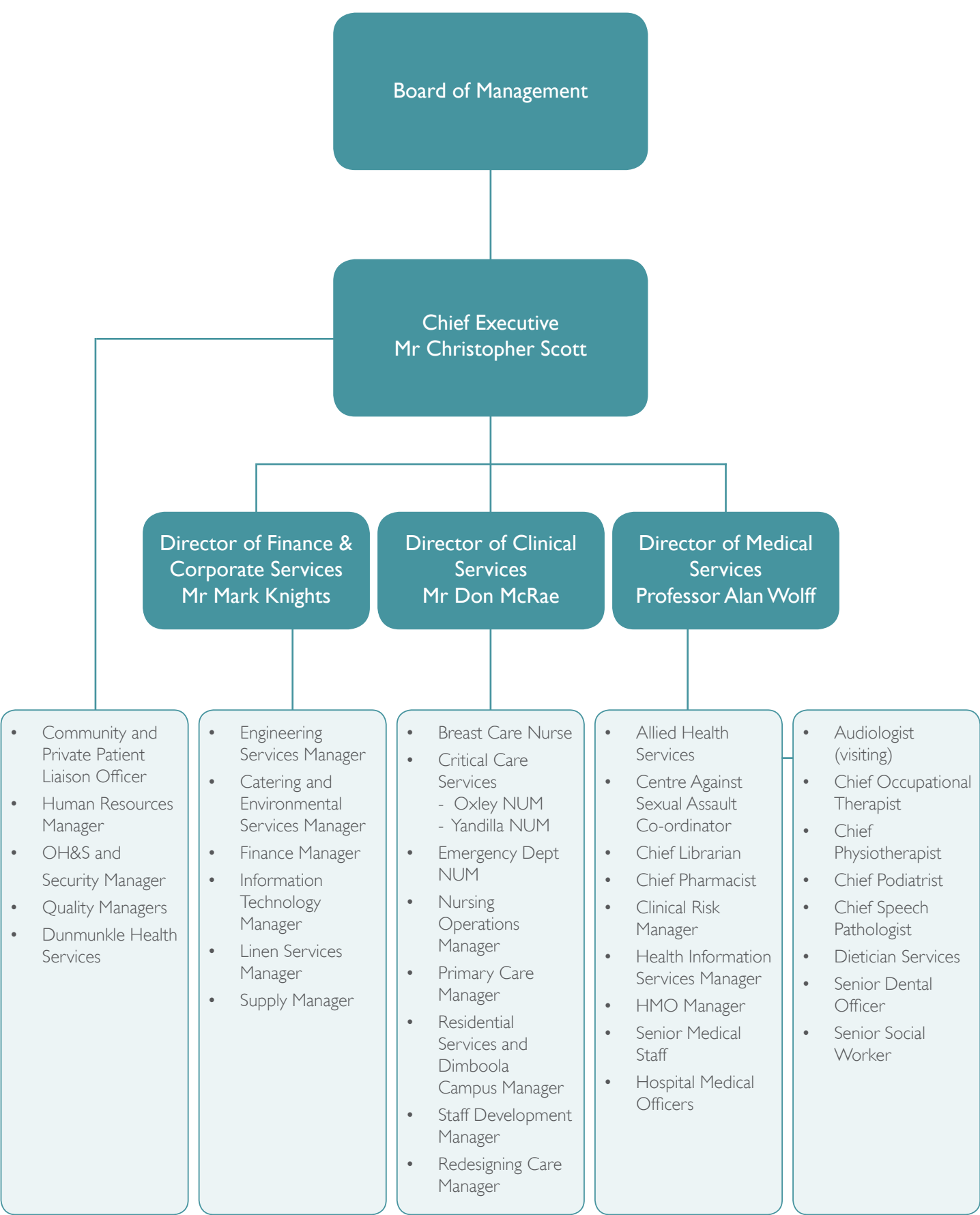
MB, BS, MD, MBA, Dip RACOG, FRACGP, FRACMA, FCHSE

Director of Finance & Corporate Services:

Mr Mark Knights

B Bus, Grad Dip Bus (Acc), CPA.

Our Organisational Chart



Accreditation

Acute

All Victorian public hospitals are required to be accredited. Accreditation ensures continuous maintenance of appropriate standards of care and quality improvement.

Wimmera Health Care Group uses the Australian Council on Healthcare Standards (ACHS) as the organisation to undertake the independent accreditation process. The process involves a four year cycle of Self-Assessment, Periodic Review and Organisation-Wide Survey to meet standards as set out by ACHS. The standards consist of clinical, support and corporate functions.

In 2011, Wimmera Health Care Group underwent Periodic Review. This involved two independent surveyors undertaking an assessment against 15 mandatory criterion and progress on recommendations from a previously conducted Organisation-Wide Survey.

Wimmera Health Care Group successfully met all areas and received two Outstanding Achievement ratings. Outstanding Achievements are not granted easily and are the highest rating possible. These were achieved as Wimmera Health Care Group was viewed as a peer leader in systems and outcomes and in communicating and sharing its knowledge to other professionals and organisations. The Outstanding Achievements were granted around our care planning and delivery in collaboration with patients and also on the evaluation of our outcomes of clinical care. Particular note was made to our Clinical Pathways Program, Limited Adverse Screening Program and the publishing of the 'Enhancing Patient Care' book by Professor Alan Wolff and Mrs Sally Taylor.

The accreditation outcomes demonstrate our organisation's vision to be the leader in rural health delivering caring services with respect, reliability and integrity.

Wimmera Health Care Group is now preparing for a new national mandatory accreditation framework: National Safety and Quality Health Service Standards. The new standards provide a nationally consistent and uniform set of measures of safety and quality.

Aged Care Services

Residential Care Services continue to provide care and services to older people within our community who are no longer able to be supported in their own home.

In keeping with the organisation's Clinical Governance Framework, residential care continues to implement quality care and services that are:

- Person centred
- Safe
- Effective and appropriate, and
- Integrated and co-ordinated

The 2011/2012 financial year saw many positive improvements within residential care services, with the following innovations evidencing the commitment and dedication of all stakeholders in striving to achieve the best care for those residents who have chosen Wimmera Health Care Group as their home:

- Residential Aged Care Accreditation is an integral part of the organisations safety and quality framework which involves assessment by the Aged Care Standards and Accreditation Agency of performance against predetermined standards in accordance with the Aged Care

Act 1997. In Australia, Residential Aged Care homes are required to be accredited to receive Australian Government subsidies. Dimboola Campus was awarded the maximum accreditation period of three years following an assessment by the Aged Care Standards and Accreditation Agency in September 2011. This positive outcome is reflective of our philosophy of care which places the resident at the centre of care and views each person as a partner in their own care.

- Kurrajong Lodge welcomed a new Manager, Mrs Dianne Heenan.
- Commencement of planned improvements to the living environment of Wimmera Nursing Home which includes new furniture and carpets.
- Development of a new standards monitoring system as a means of measuring performance and associated outcomes for residents.
- Continued focus on dementia care with commencement of a clinical pathway to assist in positive outcomes for those residents with complex and challenging behaviours.
- Development of a Clinical Risk Management Committee specifically focusing on the risks commonly affecting older people within our residential care homes.
- Increased resident and relative consultation and engagement in the Business Planning process by providing an opportunity to participate in focus groups and completion of self-administered questionnaires.
- Further enhancement of the information system unitised within residential care which included an update to the intranet site and the clinical documentation system utilised by staff in the day to day care of residents.

Our Staff

Merit and Equity

Wimmera Health Care Group is an equal opportunity employer. Appointments are based on merit, without regard to race, gender, religious belief or any other factor not related to the pursuit of excellence in patient care.

HR Initiatives

This year the Human Resources Department has continued to improve and support the organisation in the areas of performance management, recruitment and selection, workplace planning, job design, orientation and induction, industrial relations and reporting and policy development. Specific initiatives have been focused on increasing the number of performance reviews conducted, reducing the amount of sick leave taken and in recruiting the number of skilled allied health staff required.

Industrial Relations

There were two industrial relations disputes this year which were resolved in conciliation.

Presentations

- Hahne, M and Auchett, J (2011) -Wimmera Hospice Care Co-ordinator and After Hours Project Loddon Mallee and Grampians Community Palliative Care Consortia. Speed Talk Presentation "Pilot Project: A community palliative care after hours regional model" 11th Australian Palliative Care Conference, Cairns, September, 2011
- Williams, M and Scott, C (2011) – Reporting Quality and Safety (Q&S) Performance Measures to Hospital and Health Service Boards, Victorian Quality Council Melbourne - July 2011
- Scott, C (2012) – Reporting Quality and Safety (Q&S) Performance Measures to Hospital and Health Service Boards, Victorian Healthcare Association: Australian Governance & Quality Conference Melbourne - May 2012
- Scott, C (2012) – Operational tools for Clinical Governance, Department of Health: Rural Health Services CEO Forum Melbourne - June 2012

Research/Publications

- Campbell, N and Kitchen, G and Campbell, A (2011) – "Operative experience of general surgeons in a rural hospital" Australian and New Zealand Journal of Surgery, 2011.
- Uebergang, M (2012) – "Working harder and smarter in the health information management industry" HIMAA Journal, March, 2012.

Awards

- Department of Health 2009-2010 Quality of Care Reporting Award for Regional/Large Rural Health Services, November 2011.



From left to right: Mr Dean Luciani (Board of Management), Mr Chris Scott (Chief Executive), Ms Fran Thorn (Secretary Department of Health) & Mr Don McRae (Director of Clinical Services) accepting the Quality of Care Reporting Award.

Workforce Data Disclosures

Labour Category	JUNE Current Month FTE		JUNE YTD FTE	
	2011	2012	2011	2012
1. Nursing	279.94	274.59	279.78	276.56
2. Administration and Clerical	87.69	96.25	86.43	94.24
3. Medical Support	23.12	21.00	21.50	21.94
4. Hotel and Allied Services	125.63	129.78	126.22	130.52
5. Medical Officers	5.00	6.04	4.95	5.18
6. Hospital Medical Officers	21.50	21.91	18.23	20.61
7. Sessional Clinicians	0.00	0.00	0.48	0.09
8. Ancillary Staff (Allied Health)	44.46	40.38	42.64	41.19

Occupational Health and Safety

Workers Compensation

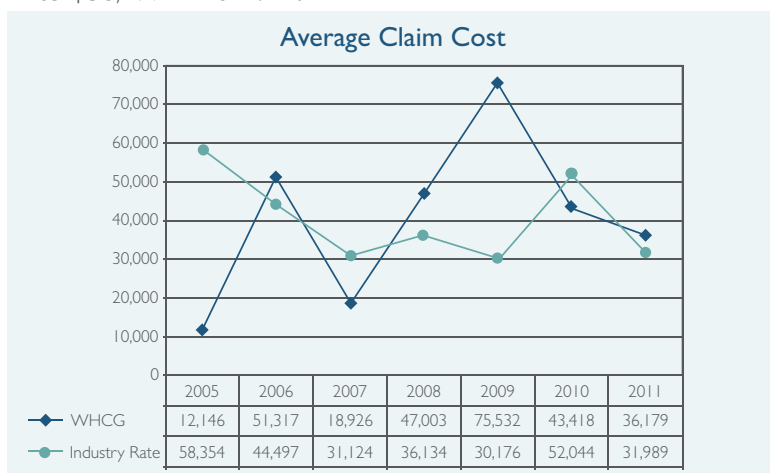
Wimmera Health Care Group has decreased its claims in 2011/2012 by more than half.



Wimmera Health Care Group has significantly reduced its claims costs from \$824,943 in 2010/11 to \$289,430 in 2011/12.



Wimmera Health Care Group's average claim cost has reduced from \$43,418 in 2010/11 to \$36,179 in 2011/12.



Wimmera Health Care Group values a healthy and safe workplace that stimulates and positively supports people to achieve outcomes in a safe manner; thereby contributing to operational effectiveness and business sustainability.

We are committed to providing a working environment, plant and systems of work which are free, as far as practicable, from risk of injury or disease for all our employees, visitors, contractors and members of the public.

We are committed to providing a high standard of Occupational Health and Safety performance based on best practice principles and the continual improvement of performance.

Ultimately, the objective of OH&S is the reduction, or elimination where possible, of injury and illness at Wimmera Health Care Group. The principles apply to all locations and business operations of Wimmera Health Care Group.

Financial Overview

Wimmera Health Care Group is focussed on ensuring that we are financially viable now and into the future.

We use a number of Key Performance Indicators to monitor our financial viability including:

1. Operating performance – achieving activity targets and a surplus from operations.
2. Liquidity – ensuring sufficient assets are available to meet liabilities as they fall due. The Department of Health's expectation is a ratio in excess of 0.7.
3. Asset Management – ensuring that sufficient levels of investment are undertaken to maintain the asset base.

Operating Performance

Operating performance is basically a measure of the profitability of our service delivery and excludes capital income and depreciation charges. With the exception of Residential Aged Care, recurrent funding provided excludes any contribution towards depreciation costs. Funds for asset replacement are allocated via one off specific government grants and the organisation relies on and values the community fundraising for unfunded items.

The organisation finished the year with an operating surplus prior to capital and specific items of \$43,000 which was a \$86,000 improvement on budget expectations. The operating result included a one off grant of \$1,257,000 for sustainability. Capital Purpose funding of \$1,823,000 was received from the Department of Health for medical equipment and infrastructure assets.

Operating revenues increased by 2.9% on the prior year due to increased funding for sub-acute programs received from the Department of Health and Commonwealth funding for residential aged care and Pharmaceutical Benefits Scheme (PBS) reimbursements. Department of

Health funding for the admitted patients area decreased by 2.2% as the quantum of sustainability funding received in 2010/11 reduced by \$1,843,000 for 2011/12.

Across the organisation operating expenses increased by 5.5%. The main drivers of this result were increased wages associated with the conditions included in the various employee enterprise bargaining agreements, additional wages for the Wimmera Medical Centre opened in July 2011 and increased Visiting Medical Officer's costs. Visiting Medical Officer's costs increased 25% and was due to an increased reliance on locums to provide specialist medical services in line with our strategic direction to the community. Whilst medical supplies increased substantially on the prior year this was offset by decreases in other operating expenses which was due to improved cost allocations resulting from the implementation of a new finance system.

The organisation met its key activity targets with acute throughput finishing in line with targeted levels, residential aged care occupancy levels exceeding budget and allied health and primary care activity meeting funded levels.

Liquidity

Our cash position improved during the year as a result of the sustainability funding, a large bequest and a number of capital grants received in advance for projects to be undertaken in 2012/13.

The ratio of current assets to current liabilities ended the year at 0.71 compared to 0.57 at 30th June 2011. This is in line with the Department of Health's requirements of 0.7.

Asset Management

During the year a number of government funded capital projects were undertaken including the commencement of a 20 bed sub-acute facility, refurbishment of medical staff accommodation, replacement of the main block air conditioning chiller, Dimboola auxiliary power generator and upgrading of the fire ring main. Equipment purchased included theatre patient trolleys, an anaesthetic monitor, colonoscopes and an electrocardiography unit.

We will continue to work closely with the Department of Health to obtain the level of capital funding required to be invested in fixed assets to ensure that services are delivered in a safe and efficient manner.

Going forward the Board of Management, the Hospital Executive and the Department of Health are committed to improving the efficiency of the organisation to ensure that we achieve a service delivery model that is financially sustainable over the long term whilst continuing to deliver quality health care to the Wimmera Southern Mallee Region.

Summary of Financial Results

	2012	2011	2010	2009	2008
	\$000	\$000	\$000	\$000	\$000
Total Revenue	75,064	72,009	64,415	59,841	56,268
Total Expenses	75,165	71,515	67,927	61,231	56,907
Net Result for the year (inc. Capital and Specific Items)	(101)	494	(3,512)	(1,390)	(639)
Retained Surplus/(Accumulated Deficit)	(10,808)	(9,244)	(9,928)	(6,479)	(5,327)
Total Assets	60,799	58,022	54,859	59,103	38,107
Net Assets	39,861	39,962	39,468	42,960	24,432
Total Liabilities	20,938	18,060	15,391	16,143	13,675
Net Assets	39,861	39,962	39,468	42,960	24,432
Total Equity	39,861	39,962	39,468	42,960	24,432

Subsequent Events

Wimmera Health Care Group is unaware of any events subsequent to balance date that may have a significant effect on operations of the entity in future years.

Major Equipment Purchases 2011/2012

ITEM	AMOUNT (\$)
Emergency Generator	73,287
Colonovideoscope x 2	66,097
Anaesthetic Monitor Datascope Spectrum	28,520
Obstetrics and Gynaecological Couch	11,600
Dental Digital X-Ray	14,300
TOTAL	193,804

Compliance

Financial Management Act 1994

In accordance with the direction of the Minister for Finance, Part 9.1.3 (IV), information requirements have been prepared and are available to the relevant Minister; Members of Parliament and the public on request.

Occupational Health and Safety

In accordance with the Occupational Health and Safety Act 2004, responsibility is accepted to be proactive and take reasonable practical measures to ensure health and safety, exchange information and ideas with staff about risks to health and safety and take measures to eliminate or reduce occupational risk.

Building and Maintenance

All building works have been designed in accordance with DH Capital Development Guidelines and Comply with the Building Act 1993, Building Regulations 2006 and Building Code of Australia 2011.

Consultancies

During 2011/12, there were 2 consultancies over \$10,000.

Consultant	Amount	Description
Health Metrics Pty Ltd	\$18,589	Aged Care Funding Instrument review and training
The Trustee for Batman Discretionary Trust	\$35,393	Review of Age Care supplements claims and recovery of outstanding fees

There were 14 consultancies which were individually less than \$10,000 and totaled \$50,182.

Freedom of Information

Wimmera Health Care Group has received 156 requests for information under Freedom of Information Act (1982) during the 2011/12 financial year, a decrease of 4.3% on the previous financial year.

From the 156 requests:

- in 146 cases access was granted in full;
- in one case access was denied in full; and
- in eight cases no documents were available
- one request was withdrawn.

For the one case where access was denied, the requester was not the patient.

Using discretion, Wimmera Health Care Group continues to promote a policy of giving staff, patients and the general public access to information.

Competitive Neutrality

All competitive neutrality requirements were met in accordance with the requirements of the Government policy statement, Competitive Neutrality Policy Victoria and subsequent reforms.

Ex-Gratia Payments

No ex-gratia payments have been incurred and written off during the reporting period.

Victorian Industry Participation Policy

Wimmera Health Care Group complies with the requirements of the Victorian Industry Participation Policy Act 2003.

Declarations of Pecuniary Interest

All necessary declarations have been completed and duly noted at the time of occurrence. Refer to note 21 of the financial statements.

Whistleblowers Act

Wimmera Health Care Group supports The Whistleblowers Protection Act 2001 by encouraging and facilitating the disclosure of improper conduct to provide protection for persons who make these disclosures and to provide for the investigation of disclosures.

Wimmera Health Care Group also complies with the legislation that agencies need to establish procedures and reporting systems including identifying staff responsible for various roles.

The Human Resource Manager is the contact person to whom a whistleblower makes a disclosure. In the absence of the Human Resource Manager, the Clinical Risk Manager will act as the contact person.

During 2011/12 there were no disclosures made to Wimmera Health Care Group or referred to the Ombudsman, and no investigations undertaken.

Other Information

In compliance with the requirements of the Standing Directions of the Minister for Finance, details in respect of the items listed below have been retained by Wimmera Health Care Group and are available to the relevant Ministers, members of Parliament and the public on request (subject to the freedom of information requirements, if applicable):

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

Authorisation of Compliance by Accountable Officer

Chris Scott
Accountable Officer
Horsham
Date: 31/08/12

Attestation for Compliance with the Australian/New Zealand Risk Management Standard ISO 31000:2009

I, Mark Williams, certify that Wimmera Health Care Group has risk management processes in place consistent with the Australian/New Zealand Risk Management Standard and an internal control system is in place that enables the Executive to understand, manage and satisfactorily control risk exposures. The Clinical Governance Committee verifies this assurance and that the risk profile of Wimmera Health Care Group has been critically reviewed within the last 12 months.

Mark Williams
Chair of Board
Horsham
Date: 31/08/12

Attestation on Data Integrity

I, Chris Scott, certify that the Wimmera Health Care Group has put in place appropriate internal controls and processes to ensure that reported data reasonably reflects actual performance. The Wimmera Health Care Group has critically reviewed these controls and processes during the year.

Chris Scott
Accountable Officer
Horsham
Date: 31/08/12

Donations

Donations of \$100 or more

Aileen Ruth Casey
Alma Fidge
Alma Ward
A M Ingleton (Estate)
B E and S Smith
Blue Ribbon Foundation
Conundrum Holdings
Dahlsens Horsham
David Wilson
Jessie Guest
Jillian Claire Wright (Estate)
Fay Nuske
Frost and Sullivan
Shelton and Lane
Heart Foundation, Horsham Branch
Horsham and District Orchid Society
Horsham Eight Ball Association
Horsham Sports and Community Club
Horsham Rural City Council Social Club
Kurrajong Lodge Support Group
Locks Construction
Lucia Martino (Estate)
N and J Holman
Peter Markby
RD and VA Baum
Ross Both and Associates
Salvation Army
Unified Healthcare Group, J Gould
VR and DI Petschel
Wes Davidson Real Estate
Wimmera Base Hospital Ladies Auxiliary
Wimmera Base Hospital Past Trainees
Wimmera Hospice Care Auxiliary
Wimmera Health Care Group Foundation
Wimmera Nursing Home Support Group

The aim of the Wimmera Health Care Group Foundation is to raise funds through donations and bequests to improve health care for the people of the Wimmera and Southern Mallee. The Foundation is overseen by a Board of Trustees and is independent of the Wimmera Health Care Group, and ensures the capital is invested responsibly with interest distributed to the Wimmera Health Care Group to support projects and equipment purchases.

Wimmera Health Care Group Foundation donations \$100 or more

Audrey Ballinger
Collier Rathgeber Property Group
G J Gardner Homes
G F and J D Coutts
Hillross
Horsham RSL
Kaye Preston
Ken and Mary Haby
Kimberley Foundation
Laser Electrical Horsham
Lesley McKenzie
Lilian Sanders
Locks Constructions
Michael Unwin Wines
Nick, Sally and Howard Bertram
Peter A Miller
P J and E F Brennan
Rotary Club of Horsham East
W M Wilkinson (Estate)

Peter and Jill Cramer
Richard and Susan Goudie
Rodney and Jenny Clarke
Simpsons The Labour Hire Specialists

Gold- \$500 to \$999 per year for four years

Adrian Galvin
Anthony and Letitia Dowling
BCH Accountants, Rhonda Tursi
Chris and Julie Scott
Craig O'Connor
David and Denise Leembruggen
Dean and Donna Winfield
Don and Jo Johns
Donald and Wendy Spence
Garth and Rosemary Nurse
Graeme and Bronwyn Gerlach
Hugh and Judie Delahunty
Ian King
Joan Kuhne
John Adlington
John and Amanda Whitehouse
Kerryn Shade
Laser Electrical Horsham
Rod and Peter Schulz
Michael and Margaret Ryan
Paul and Liz Jackman
Robert Goudie
Ron and Michelle Kerr
Simon and Samara Dandy
Steve and Danielle Oliver

Wimmera Health Care Group Foundation 500 members

Platinum- \$1000 or more per year for four years

Apex Club of Horsham
Celeste and Penelope Manserra
Denise Hiam
George Miller

MasterCook2 donations raised \$73,000 for the Wimmera Health Care Group Foundation.

Life Governors

Wimmera Health Care Group values the significant contribution that many individuals make to our health service. Life Governorships are awarded to people whose actions or contributions have changed the organisation.

Dr R Abud	Mr M Castelluccio	Mr J Kemfert	Mr D McFarlane	Mr A Phillips	Mr P Troeth
Mr I Anderson	Mrs P Corner	Mr G Kitchen	Mr W McGrath	Dr J Pickering	Mr P Wajszel
Mrs M Baker	Mr M Cuddihy	Mrs C Kroker	Mrs L McKenzie	Mr J Pietsch	Mr A Walscott
Mrs J Blythe	Mr I Draffin	Prof R Larkins	Mrs R McKenzie	Mrs D Pilmore	Prof R Webster
Mr N Bothe	Mrs S Driscoll	Mr K Lehmann	Mrs J McRae	Mr P Robertson	Mr A Wells
Mrs P Bothe	Mrs U Faux	Mr C Leith	Miss M Menzel	Mrs J Saxton	Mrs J Wells
Mr P Brown	Dr P Haslau	Mr G Lind	Dr E Miller	Mr F Schultz	Dr L Wong Shee
Dr E Brownstein	Miss B Hill	Dr M Lloyd	Mrs E Mitchell	Miss N Schurmann	Mr A Wood
Mr I Campbell	Mr B Johansen	Mr K Lovett	Mrs L Montgomery	Ms M Smith	
Mrs F Carine	Rev A Johns	Mr J McCabe	Dr M O'Brien	Miss L Stenhouse	
Mrs J Carter	Mr D Johns	Mr C McDonald	Mr K O'Connor	Mrs V Stenhouse	

Disclosure Index

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

LEGISLATION	REQUIREMENT	PAGE REFERENCE
Ministerial Directions		
Report of Operations		
Charter and purpose		
FRD 22C	Manner of establishment and the relevant Ministers	Inside front, I
FRD 22C	Objectives, functions, powers and duties	Inside front, 2-3, 6-11, 12-13
FRD 22C	Nature and range of services provided	Inside front, 14
Management and structure		
FRD 22C	Organisational structure	14
Financial and other information		
FRD 10	Disclosure index	23-24
FRD 11	Disclosure of ex-gratia payments	20
FRD 15B	Executive officer disclosures	FS 46
FRD 21B	Responsible person and executive officer disclosures	FS 45
FRD 22C	Application and operation of Freedom of Information Act 1982	20
FRD 22C	Application and operation of Whistleblowers Protection Act 2001	20
FRD 22C	Compliance with building and maintenance provisions of Building Act 1993	20
FRD 22C	Details of consultancies over \$10,000	20
FRD 22C	Details of consultancies under \$10,000	20
FRD 22C	Major changes or factors affecting performance	18-19
FRD 22C	Occupational health and safety	17
FRD 22C	Operational and budgetary objectives and performance against objectives	2-3, 4-5, 6-11
FRD 22C	Significant changes in financial position during the year	18-19
FRD 22C	Statement of availability of other information	21
FRD 22C	Statement on National Competition Policy	20
FRD 22C	Subsequent events	19
FRD 22C	Summary of the financial results for the year	19
FRD 22C	Workforce Data Disclosures including a statement on the application of employment and conduct principles	16
FRD 25	Victorian Industry Participation Policy disclosures	20

Disclosure Index

LEGISLATION	REQUIREMENT	PAGE REFERENCE
Financial and other information (continued)		
SD 4.2(j)	Sign-off requirements	4
SD 3.4.13	Attestation on Data Integrity	21
SD 4.5.5	Attestation on Compliance with Australian/New Zealand Risk Management Standard	21
Financial Statements		
Financial statements required under Part 7 of the FMA		
SD 4.2(a)	Statement of changes in equity	FS 6
SD 4.2(b)	Operating statement	FS 4
SD 4.2(b)	Balance sheet	FS 5
SD 4.2(b)	Cash flow statement	FS 7
Other requirements under Standing Directions 4.2		
SD 4.2(a)	Compliance with Australian accounting standards and other authoritative pronouncements	FS 8
SD 4.2(c)	Accountable officer's declaration	FS 1
SD 4.2(c)	Compliance with Ministerial Directions	FS 2
SD 4.2(d)	Rounding of amounts	FS 17

Legislation	
Freedom of Information Act 1982	20
Whistleblowers Protection Act 2001	20
Victorian Industry Participation Policy Act 2003	20
Building Act 1993	20
Financial Management Act 1994	1, 20

Financial Statements are attached.
In the event the Financial Statements are missing
please contact Wimmera Health Care Group

Phone: 5381 9309
Email: info@whcg.org.au



Incorporating:

Wimmera Base Hospital

Dimboola Hospital

Wimmera Nursing Homes

Kurrajong Lodge Hostel

Baillie Street

Horsham Victoria 3400

p: 03 5381 9111

f: 03 5382 0829

e: info@whcg.org.au

w: www.whcg.org.au

Wimmera Health Care Group prides itself on being a leader in rural health through delivering caring services with respect, reliability and integrity.