



Wimmera
Health Care
Group

ANNUAL REPORT

2013 -2014

WIMMERA BASE HOSPITAL

OUR SERVICES AND PROGRAMS

- Acquired Brain Injury Support
- Anticoagulant Clinic
- Antenatal Classes
- Audiology
- Breast Care Nurse
- Breast Prosthetics
- Breast Screening
- Cancer Support
- Cardiac Rehabilitation
- Case Management
- Cognitive Dementia and Memory
- Colposcopy Clinic
- Community Rehabilitation
- Computerised Tomography (CT)
- Continence
- Day Oncology
- Day Surgery
- Dental and Prosthetic Clinic
- Dermatology
- Dementia support and respite
- Diabetes Education
- Dietetics
- District Nursing
- Domiciliary Midwife
- Ear, Nose and Throat
- Echocardiography
- Emergency Department
- Endoscopy
- Family Planning
- Fracture Clinic
- Gait and Balance Clinic
- Geriatric Evaluation Management
- General Medicine
- General Surgery
- Haemodialysis
- Hospital Admissions Risk Program
- Health Promotion
- Hospice Care
- Hospital in the Home
- Hostel Accommodation
- Infection Control
- Intensive Care Unit
- Koori Hospital Liaison Officer
- Lactation Consultant
- Low Vision Clinic
- Living At Home
- Assessment Service
- Magnetic Resonance Imaging
- 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
- Planned Activity Group (Day Centre)
- Podiatry
- Post-Acute Care
- Pre-Admission Clinic
- Pulmonary Rehabilitation
- Radiology
- Rehabilitation Assessment
- Residential Services
- Residential In Reach Service
- Respite for Carers
- Respiratory services (asthma/COPD education and management)
- Safety Link
- Social Work
- Speech Pathology
- Spinal Clinic
- Stomal Therapy
- Stress Testing Clinic
- Stroke support
- Teleradiology
- Transition Care
- Ultrasound
- Urology
- Video Fluoroscopy
- Wound Care

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.

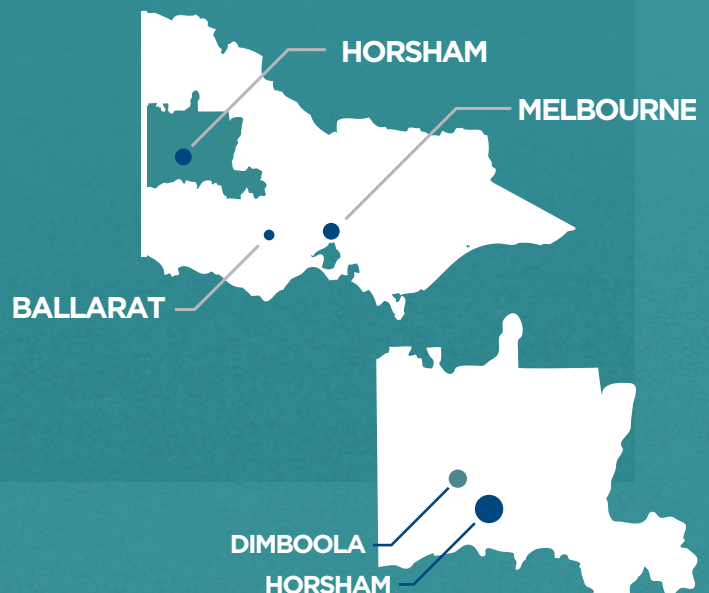
With an operating budget of \$75 million, Wimmera Health Care Group is the major specialist referral centre for the Wimmera and Southern-Mallee region of Victoria. Our campuses in Horsham and Dimboola service an area of 61,000 square kilometres and a population of approximately 54,000.

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

This year we treated 10,868 acute inpatients.

The Wimmera Health Service 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.



ABOUT THIS REPORT

This Annual Report provides performance and financial information for the 2013-14 financial year.

It is a legal document prepared in accordance with the Financial Management Act 1994 and the Department of Health Annual Reporting Guidelines 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 Hon. David Davis, MLC.

This Annual Report should be read in conjunction with our 2013-14 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 year. 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

STRATEGY

1. To create and deliver high quality care and services that are:
 - Person-centred
 - Safe
 - Effective and appropriate
 - Integrated and co-ordinated

OUTCOME

- 1.1 Our health service delivering measurable high quality and safe care
- 1.2 Expanded use of 'best practice' that delivers integrated and co-ordinated care
- 1.3 Our health service delivering person-centred care
- 1.4 Improved local self-sufficiency and capability in the provision of sub-acute services

STRATEGY

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

OUTCOME

- 2.1 Enhanced community knowledge and understanding of our services
- 2.2 Increased role of Wimmera Health Care Group in health promotion in our community

FINANCIAL SUSTAINABILITY

STRATEGY

3. To achieve a sustainable operating surplus

OUTCOME

3.1 Consistently demonstrated financial viability

CONTEMPORARY INFRASTRUCTURE

STRATEGY

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

OUTCOME

4.1 Infrastructure and equipment renewal program to meet contemporary standards

STRATEGY

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

OUTCOME

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

ENGAGED WORKFORCE

STRATEGY

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

OUTCOME

- 6.1 Sustainable workforce to meet our needs
- 6.2 A supportive culture engaging our staff to provide excellent health care services
- 6.3 An environment supportive of training and people development
- 6.4 That occupational health and safety standards are established and maintained to protect individuals in the workplace

STRATEGY

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

OUTCOME

7.1 Increased capacity to deliver training programs

CONSTRUCTIVE PARTNERSHIPS

STRATEGY

8. To build effective relationships with strategic partners

OUTCOME

- 8.1 Consolidated Wimmera Southern-Mallee Health Alliance
- 8.2 Effective collaborative partnerships that add value to the organisation

REPORT OF OPERATIONS

President and Chief Executive 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 2014.



Mark Williams
President
Horsham

Date: 20/08/2014

The Wimmera Health Care Group has continued to provide a range of health services appropriate to the clinical needs of the people of the Wimmera and Southern-Mallee during 2013-2014, consistent with our sub-regional role.

During the year we provided clinical services for 10,868 patients in our acute and sub-acute facilities. This was an increase on the prior year as a consequence of the further development of our new sub-acute and rehabilitation unit. This has subsequently increased our role in the region. As we draw near to finalising construction of the new ward, our traditional role in acute care is changing to accommodate our ageing population and their complex needs. This has been evident in the increased complexity of patient care as measured through our average casemix weights which is now 0.65. The impact of these more complex care types and longer acuity periods for rehabilitation patients has extended the average length of stay to 2.3 days. These increases in headline indicators have been expected and signal the corresponding change in our service role in the sub-region.

During 2013-2014 we also experienced a reduction in demand for residential aged care accommodation by 3.3 per cent: again this reflects a continuing trend toward community-based aged care and growth in the private aged care market. To improve our focus in this area of business we have embarked on a comprehensive strategic planning process specifically aimed at the aged care market and our role in this service segment. The planning process will inform our future direction in aged care and be part of our ongoing service improvement commitment in 2014-2015 and beyond.

The Wimmera Health Care Group has further invested into the development of new and existing services during 2013-14. In collaboration with our radiology provider the acquisition of a mobile Magnetic Resonance Imaging (MRI) unit has expanded our already broad range of diagnostic services. The benefits of this sophisticated medical imaging device to the region, for both inpatients and the community, will ensure patient care can be appropriately and safely delivered closer to home. In collaboration with the Department of Health the \$10 million capital investment into the establishment of the new 20 bed sub-acute and rehabilitation unit will be a hallmark event once operational and will shape the future direction of health care in the region. The construction phase of the

project, although behind schedule, is nearing completion and will expand the availability of sub-acute care to the region. In the interim, demand in this area has been managed through innovative service design across the organisation which has been supported through our acute and aged care facilities. The organisation has also benefited from a range of significant investments in air-conditioning and air-handling units, security systems and the installation of auxiliary power units to residential aged care services. The financing of these investments have welcomed contributions from government, fundraising activities by our hard-working auxiliaries and from operational improvements within the organisation.

Our commitment to continuous quality improvement as measured through the accreditation process, and combined with our skilled and experienced staff, has resulted in achieving full accreditation under the new National Safety and Quality Health Service Standards. In parallel we successfully maintained full accreditation across all residential aged care facilities and successfully gained full accreditation against the Community Common Care Standards. Wimmera Health Care Group is committed to the conservation of continuous improvement and application of innovative business practices as evidenced by our 40 years of unbroken achievement to the now National Safety and Quality Health Service Standards.

The importance of our Emergency Department to the region is not only demonstrated by the level of demand placed on it by the community, but also by the collaborative work being undertaken across the sub-region to improve patient flows and ensure care is provided as close to home as possible. Being the only emergency department between Ballarat and the South Australian border, our rural remoteness brings a higher level of demand and, as such, we have witnessed a steady growth to more than 14,000 attendances annually. Our priority to addressing patient's needs has ensured we have exceeded all benchmark targets for triage categorised patients. However, like many emergency departments across the state, it has been difficult to achieve and maintain the statewide benchmark four-hour turnover target. In response to this challenge a multi-disciplinary multi-agency network has been established in the region to formulate and implement strategies to improve patient flows and outcomes across our catchment.

A key element of our Mission, and underpinned by our Strategic Plan, is the building of effective relationships with strategic partners. We believe the Wimmera Southern-Mallee Health Alliance to be an important vehicle in engaging with our local stakeholders to build sustainable health services in our region. Our commitment to the Alliance, and the ideals of working in partnership on a collaborative basis, are unwavering in the current fiscal and policy environment. In support of our position the Wimmera Southern-Mallee Health Alliance members again reaffirmed their individual agency and collective commitment to the common ideals by endorsing for a further three year period a formal Model of Governance and Memorandum of Understanding. The Wimmera Primary Care Partnership has also been engaged to continue their leadership and coordination role in assisting the agencies in meeting the strategic objectives of the Alliance's Implementation Plan - Phase Two.

The annual Statement of Priorities with the Department of Health provides a framework for shared goals and activity targets coupled with the resources to achieve these objectives. The Board of Management has ensured the appropriation and application of resources consistent with the Statement of Priorities, its own strategic plan, and the needs of the community to drive targeted reforms and innovation. In view of these commitments the health service was challenged with a number of irrepressible issues that placed pressure of its financial result. The impact on revenue by unilateral changes to private health insurance, movements in government policy and lower than expected demand for residential aged care all led to a negative operating result. Expenditure during the year was well controlled and the outlook for 2014-2015, although challenging, will witness a further array of strategies that will deliver improved returns as we continue our progression toward a sustainable financial platform.

The Wimmera Health Care Group fundraising committees have again proven to be significant contributors as they promote and market their activities in our community. The Wimmera Health Care Group Foundation Trustees achieved their \$1million goal, one year ahead of their target date. The Board of Management extends its appreciation to the Foundation and supporter groups that have made this exceptional outcome possible. The Foundation has also been instrumental in raising community awareness for improvements to our oncology facilities and the building of a shared vision between stakeholders to establish a special purpose building to accommodate the growing needs of our community around this important health issue.

As the major sub-regional referral centre for the Wimmera Southern-Mallee we are constantly presented with new and exciting opportunities to improve the way we deliver services through the use of technology and improved methods. Any such opportunities are implemented using our well established clinical risk management framework. These improvements are strong enablers of our ability to increase our operational efficiency as well as progress clinical outcomes. The effectiveness of our clinical risk management framework was acknowledged in the Australian Council on Healthcare Standards accreditation report. We will continue to share our experience and knowledge with our sub-regional partners consistent with the overall objectives of the Wimmera Southern-Mallee Health Alliance.

This collaboration extends beyond the Wimmera and the sub-region to the broader Grampians region. In this respect the Board met with representatives of Ballarat Health Services Board of Management to foster a greater understanding of the shared roles and opportunities that exist across the region. This builds on the leadership being undertaken by the Ballarat Health Service Board in facilitating greater regional cooperation through the Grampians Building Board Capability forums, including the major forum where a key presenter was The Hon. David Davis MLC, Minister for Health.

In thanking the individual Board of Management members for their ongoing support and commitment to the values and strategic direction of Wimmera Health Care Group, and the region as a whole, the Board acknowledges the contribution made by Mrs Leigh-Anne Sharrock during her 17 year tenure on the Board. We also welcome Mrs Marie Aitken to the Board in 2014-2015. As an experienced Board member Mrs Aitken will add valuable skills and knowledge to the Board.

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 our new sub-acute rehabilitation unit in addition to the evolution of residential and community based aged care services. We have an absolute commitment to the community and its changing needs. Primary to this vision is our undertaking to continue to build our financial sustainability; attract and maintain a skilled and professional workforce; and safely deliver the best quality of care as close to home as possible.



Mark Williams,
President



Chris Scott,
Chief Executive

STATEMENT OF PRIORITIES

Part A – Strategic Priorities

WIMMERA HEALTH CARE GROUP

PRIORITY	ACTION	DELIVERABLE	OUTCOME
Developing a system that is responsive to people's needs.	Implement formal advance care planning structures and processes that provide patients with opportunities to develop review and have their expressed preferences for future treatment and care enacted.	<ul style="list-style-type: none"> Develop a protocol by December 2013 that ensures all district nursing and palliative care clients have the opportunity to develop an Advanced Care Plan (ACP). 	<p>Completed.</p> <p>Staff training has been undertaken in Advanced Care Planning and organisational policies have been developed. All district nursing and palliative care clients now have the opportunity to develop an Advanced Care Plan.</p> <p>In addition to this outcome the Resident In Reach Coordinator ensures all residents of Wimmera Nursing Home and Dimboola Hospital (Aged Care facility) have access to Advanced Care Planning.</p>
	Configure and distribute services to address the health needs of the local population.	<ul style="list-style-type: none"> In collaboration with the Wimmera Southern-Mallee Health Alliance partners confirm the next phase (Phase Two) of the Alliance Implementation Plan by September 2013. 	<p>Completed.</p> <p>Alliance Partners confirmed the Implementation Plan: Phase Two on 22 August 2013 with final endorsement and sign off on 5 December 2013. Ongoing report backs and performance monitoring are conducted at each Alliance Executive Committee meeting.</p>
		<ul style="list-style-type: none"> Provide ongoing support during 2013-2014 and advance the Wimmera Southern-Mallee Health Alliance Implementation Plan – Phase Two strategies. 	<p>Completed.</p> <p>Wimmera Health Care Group is working with the Project Officer (Wimmera Primary Care Partnership) to advance the Phase Two implementation strategies. Wimmera Health Care Group is taking carriage of two strategies directly, sharing two others with Rural Northwest Health and jointly with all agencies on another strategy.</p> <p>In reference to these strategies considerable progress has been made with the Unit Managers coordination of urgent care / emergency department patient flows, tele-health and cardiac rehabilitation programs.</p>
		<ul style="list-style-type: none"> By 30 June 2014 establish an advice and education service for palliative care across four local government areas and associated health services. 	<p>Completed.</p> <p>Wimmera Hospice Care, a service embedded in the Wimmera Health Care Group, provides this service throughout four local government areas. This covers an area of 37,000 square kilometres with a population in excess of 40,000.</p>
		<ul style="list-style-type: none"> Due to recent changes instituted by private health insurance companies, WHCG will review the cost structures and policy associated with private health care provision at WHCG. 	<p>Completed.</p> <p>A discussion paper and financial analysis was presented to the Board of Management in November 2013. An article was published in the Wimmera Mail Times to increase consumer awareness on the changes made by the Health Funds. A Private Patient Working Group was established by the Department of Health on behalf of the sector. The working group was disbanded with responsibility passed to others. Financial improvement strategies were developed and reported monthly to the Board of Management in regard to minimizing the fiscal impact of the \$618,000 reduction in private patient revenue in 2013-2014.</p>

STATEMENT OF PRIORITIES

Part A – Strategic Priorities

PRIORITY	ACTION	DELIVERABLE	OUTCOME
	In partnership with other local providers apply existing service capability frameworks to maximise the use of available resources across the catchment.	<ul style="list-style-type: none"> By December 2013 develop and implement a health promotion plan that is consistent with the Municipal Health and Wellbeing Plan. In collaboration with West Wimmera Health Service develop a sub-regional quality and safety framework to monitor clinical service activity. 	<p>Completed.</p> <p>The Primary Care Division has developed and implemented a health promotion plan in line with the Municipal priorities: Social Connection, Physical Activity and Healthy Eating.</p> <p>Liaison has been established with Nhill Hospital to monitor and provide feedback on patient care incidents. Advice was provided to Nhill Hospital in December 2013 on clinical quality improvement initiatives. A Clinical Review meeting was held with West Wimmera Health Service in May 2014, and planned quarterly thereafter.</p>
	Work and plan with key partners and service providers to respond to issues of distance and travel time experienced by some rural and regional Victorians.	<ul style="list-style-type: none"> In collaboration with key stakeholders advance the sub-acute model of care and implement the inpatient rehabilitation service for the Wimmera Southern-Mallee region; following completion of the new facility by May 2014. 	<p>Completed.</p> <p>In collaboration with the Department of Health the sub-acute model of care was prepared, adopted and endorsed by all parties.</p> <p>Completion of the new facility has been delayed until October 2014.</p> <p>Discussions have commenced with the Wimmera Southern-Mallee Health Alliance regarding restorative care models in the sub-region to support new sub-acute services at Wimmera Health Care Group.</p>
Improving every Victorian's health status and experiences.	Improve thirty-day unplanned readmission rates.	<ul style="list-style-type: none"> Assess the current data and evaluate the strategies to reduce unplanned admission by December 2013. Demonstrate improvement in reducing thirty day unplanned readmission rates by June 2014. 	<p>Completed.</p> <p>First reports have been developed and rates per unit analysed. Specific areas identified for improvement.</p> <p>Completed.</p> <p>Unplanned readmission rates are a cornerstone of the organisations Quality and Safety Plan and have been monitored by the Patient Care Committee since 1989. There are relatively few unplanned readmissions, falling from a maximum of 427 in 2009 to 215 in 2013 with a further reduction to 57 during 2014.</p>
	Collaborate with key partners such as Medicare Locals, community health services and other providers to support local implementation of the Victorian Health and Wellbeing Plan 2011-2015.	<ul style="list-style-type: none"> In collaboration with two local government municipalities establish a 'Living at Home Assessment' service including joint assessments with specific Client Goal Oriented Care Plans. 	<p>Completed.</p> <p>This service is run in partnership with Horsham Rural City Council and has been operational for some time. There are regular liaison meetings and joint assessments are conducted as required. All care plans are Client Goal orientated.</p> <p>Our collaborative model has been used as a benchmark for other service providers.</p>
	Optimise alternatives to hospital admission.	<ul style="list-style-type: none"> Develop and implement strategies with Hospital in the Home (HITH) and local health services to support alternative care models to hospital admission. 	<p>Completed.</p> <p>Hospital in the Home coordinator appointed. Meetings are held with District Nursing Services throughout the Wimmera Southern-Mallee Health Alliance to ascertain the level of service that each facility can provide for Hospital in the Home. Wimmera Health Care Group District Nursing service provides education and support to increase skill levels in the regional areas.</p> <p>Residential In Reach coordinator is coordinating acute care for residents in our aged care facilities, Wimmera Nursing Home, Kurrajong Lodge and Dimboola Hospital. We are currently expanding our services to include other facilities such as Sunnyside Lutheran Retirement Village.</p>

STATEMENT OF PRIORITIES

Part A – Strategic Priorities

PRIORITY	ACTION	DELIVERABLE	OUTCOME
	Ensure service coordination, discharge planning and referral processes support effective care transition.	<ul style="list-style-type: none"> In collaboration with Wimmera Southern-Mallee Health Alliance Nurse Unit Managers, implement service coordination, discharge planning and referral strategies to support effective care transition. 	<p>Completed.</p> <p>Site visits were undertaken in February 2014 to Stawell Regional Health Service by key managers to assess capacity and identify barriers and enablers to care transition.</p> <p>Wimmera Health Care Group Social Work Department has initiated a region wide Hospital Social Workers meeting with the aim of providing discharge information for inter-hospital transfers.</p> <p>Wimmera Southern-Mallee Health Alliance Nurse Unit Managers Group have agreed on a common clinical handover tool (ISBAR) to deliver effective and consistent transition care.</p> <p>A collective of Wimmera Southern-Mallee health professionals and key stakeholders are developing a collaborative plan to manage unplanned presentations across the Wimmera sub-region. "The right patient, the right care, at the right time".</p>
	Contribute to the provision of additional dental services to achieve the target, milestone and objective of the National Partnership on Treating More Public Dental Patients.	<ul style="list-style-type: none"> Develop a formal agreement with West Wimmera Health Service to expand dental oral health services in 2013-14. 	<p>Completed.</p> <p>Wimmera Health Care Group established a formal agreement with West Wimmera Health Service that utilises the services of a Graduate Oral Health Therapist three days a week. The Oral Health Therapist commenced on 20 January 2014. This service is fully funded by the Federal Government for 12 months.</p> <p>Wimmera Health Care Group has appointed a full-time Dentist whose services are shared with West Wimmera Health Service. The Dentist commenced on 10 February 2014. This is consistent with the National Partnership to treat more Public Patients.</p>
Expanding service, workforce and system capacity.	Building workforce capacity and sustainability by supporting formal and informal clinical education and training for staff and health students, in particular inter-professional learning.	<ul style="list-style-type: none"> Increase the number of approved medical intern training positions in medical specialist areas where gaps have been identified. 	<p>Completed.</p> <p>Intern posts have increased to 13 for the 2014 academic year to support the new sub-acute unit.</p> <p>General Medical Units have expanded from two to three from 3 February 2014.</p> <p>An additional General Medical Registrar (third) commenced in February 2014.</p>
	Support excellence in clinical training through productive engagement in clinical training networks and developing health education partnerships across the continuum of learning.	<ul style="list-style-type: none"> Engage with higher learning organisations to promote clinical training networks. 	<p>Completed.</p> <p>Successful completion of the Grampians Clinical Training Project. Wimmera Health Care Group has increased clinical placement for nurses from higher learning centres. Extended placements and Flexi-Model placements have been introduced.</p>

STATEMENT OF PRIORITIES

Part A – Strategic Priorities

PRIORITY	ACTION	DELIVERABLE	OUTCOME
		<ul style="list-style-type: none"> By 30 June 2014 establish a clinical orientation program for new medical appointments to the sub-region. 	<p>Completed.</p> <p>Planned visits by General Physicians to Nhill to occur in August 2014.</p> <p>Wimmera Health Care Group has an established program with invitations extended to all new and existing General Practitioners within the sub-region.</p>
	Optimise workforce productivity through identification and implementation of workforce models that enhance individual and team capacity and support flexibility.	<ul style="list-style-type: none"> By 30 June 2014 establish a program of behavioural and cultural improvement with the senior management group to build team capacity. Strengthen the focus on building capacity across the health service in improvement methodology as part of the workforce development plan. 	<p>Completed.</p> <p>The creation and embedding of the corporate 'trademark' behaviours has been undertaken by the Board of Management, Executive and senior Department Heads. This was an ongoing program through 2013-14 and achieved measurable cultural change and awareness throughout the organisation as quantified in the 'People Matters' survey responses.</p> <p>Completed.</p> <p>The redesign working groups in both the Acute wards and Emergency Department were re-established to undertake targeted improvement activities.</p> <p>An organisational assessment using the Department of Health, Health ICQ-Tool was undertaken. This provided a snap shot of our organisational strengths and areas for further improvement. As a consequence key performance indicators were established and monitored on a daily/weekly basis and has improved patient outcomes.</p> <p>Workforce reform across a number of departments and sectors has improved fiscal performance and improved clinical capability e.g. the sub-acute rehabilitation / acute ward collaborative.</p> <p>WIES and Activity Base Funding education was provided to staff in Acute Wards, the Operating Theatre and Emergency Department to build capability improvement within the organisation.</p> <p>Leadership training was undertaken by Acute Department Heads to underpin the behavioural and cultural improvement program.</p>
	Work collaboratively with the Department on service and capital planning to develop service and systems capacity.	<ul style="list-style-type: none"> In view of the living longer living better Commonwealth aged care policy, by June 2014 progress the plan to reform residential aged care services and strengthen our role in community based services consistent with the policy direction. 	<p>Completed.</p> <p>The Board of Management has endorsed a two staged Aged Care Strategy in response to the National Reforms and has successfully implemented the first phase of the strategy.</p> <p>Funding for part two of the Aged Care Strategy development was received in June 2014. The project commenced in July 2014 and is due for completion in October 2014.</p> <p>Living Longer Living Better Steering Committee has been established and will merge into the ongoing work of the Residential Services Committee, with systems and processes in place for Consumer Directed Packages.</p>

STATEMENT OF PRIORITIES

Part A – Strategic Priorities

PRIORITY	ACTION	DELIVERABLE	OUTCOME
Increasing the system's financial sustainability and productivity.	Reduce variation in health service administrative costs.	<ul style="list-style-type: none"> Through the Redesign Hospital Care Program develop and implement three innovative programs around workforce substitution, process redesign and application of technologies to progress administration efficiency. 	<p>Completed.</p> <p>Productivity reviews have been completed in the Staff Development Unit and the Wimmera Medical Centre. This has resulted in workforce substitution through task redesign and process improvements.</p> <p>The Health Information Service project and through task redesign, and process improvements, workplace efficiencies and increased customer satisfaction has been achieved.</p> <p>The Primary Care workforce efficiency project through process redesign has reduced administrative wastage and increased productivity through the application of technology.</p>
Implementing continuous improvements and innovation.	Develop and implement improvement strategies that optimise access, patient flow, system coordination and the quality and safety of hospital services.	<ul style="list-style-type: none"> Through the Redesign Hospital Care Program develop and implement three innovative programs to improve both clinical and non-clinical efficiency. 	<p>Completed.</p> <p>Improvements have been implemented in discharge planning and patient flow through the Acute Wards and application of a "pull system" for admissions from the Emergency Department has commenced. Currently implementing Electronic Patient Journey Boards to further enhance our discharge planning and patient flow system.</p> <p>Reviewed clinical pathways in the maternity ward and reduced Length of Stay in key Diagnostic Related Groups. This has resulted in two new clinical pathways in the maternity wards and has improved clinical efficiency to below State Average Length of Stay benchmarks.</p> <p>Introduced daily exception reporting and key performance indicators into the Emergency Department, completed process mapping and process redesign. Monitoring has been implemented on weekly performance and feedback is provided to staff to assist in the review of current practices. Introduced new clinical pathways to improve the patient admission process and Troponin tests.</p>
	Support change and innovation in practice where it is proven to deliver more effective and efficient health care.	<ul style="list-style-type: none"> By September 2013 develop an agreement with the support of the Wimmera Southern-Mallee Health Alliance partners for a non-emergency patient transport service. 	<p>Completed.</p> <p>Wimmera Health Care Group has entered into a contract with the Royal Flying Doctor Service for non-emergency patient transport. This contract is structured to allow Wimmera Southern-Mallee Health Alliance partners to access the same terms and conditions as Wimmera Health Care Group, and pricing structures that reward a coordinated approach to non-emergency patient transport. Wimmera Southern-Mallee Health Alliance partners have been advised of this contract. Rural Northwest Health has now entered into a contract with the Royal Flying Doctor Service.</p>
Increasing accountability & transparency.	Prepare for the National Safety & Quality Health Service Standards, as applicable.	<ul style="list-style-type: none"> Develop and implement a management framework to prepare Wimmera Health Care Group for accreditation in June 2014. 	<p>Completed.</p> <p>Framework in place to meet accreditation with a Gap (test) Survey undertaken. The framework included strategies to address the issues raised prior to survey. The June 2014 survey recommended full accreditation. Achieved compliance with all mandatory standards, including five 'Met with Merit'.</p>

STATEMENT OF PRIORITIES

Part A – Strategic Priorities

PRIORITY	ACTION	DELIVERABLE	OUTCOME
	Increase transparency and accountability in reporting of accurate and relevant information about the organisation's performance.	<ul style="list-style-type: none"> Establish a Data Integrity framework to monitor and deliver transparency and accountability on performance. 	<p>Completed.</p> <p>Data Integrity framework has been completed and adopted by the Audit & Risk Committee. Data Integrity Committee has been formed, terms of reference completed and all checklists have been completed and are reviewed on a monthly basis. Data collection procedures and work instructions are being updated as part of the continuous improvement cycle. Significant improvements have been made in the data collection of outpatient and community based programs.</p> <p>The Data Integrity Committee has recently reviewed its Terms of Reference, Framework and Data Accountability Matrix to ensure relevance and accountability.</p>
Improving utilisation of e-health and communications technology.	Maximise the use of health ICT infrastructure.	<ul style="list-style-type: none"> Increase the utilization of ICT infrastructure through wireless technology, personnel devices and electronic patient records. 	<p>Completed.</p> <p>An organisational wide ICT Strategic Plan has been developed and endorsed by the Board of Management to lead the ICT investment. Consistent with that plan, and in partnership with Ballarat Health Services, a business case has been finalised for the implementation of an Electronic Medical Record. This business case has been forwarded to the Grampians Rural Health Alliance to allow a regional submission to be made via the ICT Innovation Funding Program.</p> <p>The growth of Mobile Devices under the 'bring your own device' initiative continues to grow.</p> <p>Replacement of the wireless network in the Main Hospital will be achieved as part of the sub-acute project.</p> <p>Preparation of a business case for the implementation of an electronic time and attendance system has commenced.</p>
	Trial, implement and evaluate strategies that use e-health as an enabler of better patient care.	<ul style="list-style-type: none"> Develop a program for the delivery of clinical consultative care through e-health for the region. 	<p>Completed.</p> <p>The electronic based Cardiac Rehabilitation Project is seeking funding opportunities to advance the programs implementation.</p> <p>District Nursing Service is working with Grampians Medicare Local regarding sound strategy – secure messaging software.</p> <p>A pilot tele-oncology project commenced in July 2014 and is due for evaluation in December 2014.</p> <p>Wimmera Health Care Group is an active member of the Maximising e-Health Technology (MeT) Task Team working with Grampians Medicare Local in developing e-health strategies for the Grampians region.</p>

STATEMENT OF PRIORITIES

Part B – Performance Priorities

Financial Performance

OPERATING RESULT	TARGET	2013-14 ACTUALS
Annual Operating Result (\$m)	\$0.04	\$-0.314m

WIES ACTIVITY PERFORMANCE	TARGET	2013-14 ACTUALS
Percentage of WIES (public and private) performance to target	100%	98.4%

CASH MANAGEMENT	TARGET	2013-14 ACTUALS
Creditors	<60 Days	53 days
Debitors	<60 Days	28 days

EMERGENCY CARE	TARGET	2013-14 ACTUALS
Percentage of ambulance transfers within 40 minutes	90	97
NEAT – Percentage of emergency presentations to physically leave the emergency department for admissions to hospital, be referred to another hospital for treatment, or be discharged within four hours (July – December 2013)	75	75
NEAT – Percentage of emergency presentations to physically leave the emergency department for admissions to hospital, be referred to another hospital for treatment, or be discharged within four hours (January – June 2014)	81	78
Number of patients with length of stay in the emergency department greater than 24 hours	0	3
Percentage of Triage Category 1 emergency patients seen immediately	100%	100%
Percentage of Triage Category 1 to 5 emergency patients seen within clinically recommended times	80%	80%

QUALITY AND SAFETY	TARGET	2013-14 ACTUALS
Health service accreditation	Full compliance	Full compliance
Residential aged care accreditation	Full compliance	Full compliance
Cleaning standards (Overall)	Full compliance	Full Compliance
Cleaning standards (AQL-A)	90	98
Cleaning standards (AQL-B)	85	98
Cleaning standards (AQL-C)	85	99
Submission of data to VICNISS	Full compliance	Full compliance
Health care worker immunisation – influenza	60%	65.3%
Hand Hygiene (rate)	70%	79%
Victorian Patient Satisfaction Monitor: (OCI) (July to December 2013)	73	Achieved
Consumer Patient Indicator (July to December 2013)	75	Achieved
Victorian Hospital Experience Measurement Instrument (January to June 2014)	Full compliance	N/A
People Matter Survey	Full compliance	Full compliance

STATEMENT OF PRIORITIES

Part B – Performance Priorities

MATERNITY	TARGET	2013-14 ACTUALS
Percentage of women with prearranged postnatal home care	100%	100%

PART C: ACTIVITY AND FUNDING

FUNDING TYPE	2013-14 ACTIVITY ACHIEVEMENT
ACUTE ADMITTED	
WIES Public	4893
WIES Private	1588
WIES (PUBLIC AND PRIVATE)	6482
WIES DVA	251
WIES TAC	57
WIES TOTAL	6789
SUBACUTE & NON-ACUTE ADMITTED	
Rehab Public	218
Rehab Private	58
Rehab DVA	34
GEM Public	1952
GEM Private	849
GEM DVA	490
Palliative Care Public	379
Palliative Care Private	88
Palliative Care DVA	15
AGED CARE	
Residential Aged Care	8620 days
HACC	73464 hours
PRIMARY HEALTH	
Community Health / Primary Care Programs	7868 hours

CORPORATE GOVERNANCE

Board of Management

PRESIDENT:

Mr M A Williams (Mark)

*B Bus (Accounting and Data Processing),
MBA, CPA, ACS, IWA*

Profession/Occupation: Managing Director
Date Appointed: 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: 1 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: 1 November 2006

Mrs L M Sharrock (Leigh-Anne)

Adv Dip Disability & Aged Care, DDSO3A, RN

Profession/Occupation: Disability Services Manager
First Appointment: 1 November 1995 - 31 October 2002
Date Re-appointed: 1 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, GAICD

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

Ms A Murphy (Angela)

B.Bus (Acc), B.Bus (Local Govt)

Profession/Occupation: Director Community Services
Date Appointed: 1 July 2012

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

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, 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 Wimmera 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: R Pyers (Chair) L Sharrock, R Goudie, A Murphy, M Williams (ex officio)

Finance Committee

Monitors and oversees the financial performance of the Wimmera Health Care Group and Business Units in detail. Recommends policies and procedures to ensure resources of the Wimmera Health Care Group are used in an efficient and effective manner and to maintain management procedures and systems to achieve this. Approve and monitor progress of major capital expenditure, capital management, acquisitions and divestitures, making recommendation to the Board of Management on bad debts to be written off and any other matter related to finance as appropriate.

Members: M Williams (Chair), D Luciani, E McCabe, L Sharrock, R Pyers, R Goudie, P Campbell, W Winter, A Murphy

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

Committees with Board Representation

Clinical Research Committee

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

Members: *E McCabe, M Williams (ex officio)*

Community Advisory Committee

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: *A Murphy, 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), M Williams (ex officio)*

Board Education

The Wimmera Health Care Group Board of Management participates in ongoing training, education and development activities relevant to their corporate governance role.

- Department of Health: Health service board and executive forum 'Strategic implications of the Commonwealth government's proposed legislative changes for aged care' *July 2013*
- Victorian Healthcare Association: 'Bridging the Health System- Developing an effective primary/acute interface' conference *July 2013*
- Department of Health: Grampians Region Building Board Capability Advisory Committee *August 2013*
- Grampians Medicare Local: Strategic Planning *August 2013*
- Wimmera Health Care Group: 'Redesigning Care Project' (Philip Sabien) *September 2013*
- APAC 'Quality Improvement in Health and Healthcare' conference, New Zealand *September 2013*
- Wimmera Health Care Group: 'Primary Care Division' (Denise Hooper), *October 2013*
- Wimmera Health Care Group: 'Information Communication and Technology Strategic Plan 2012-2017' (Peter Brennan), *October 2013*
- Department of Health: Leaders in Conversation Workshop 'Lessons from Mid Staffordshire' webcast, *October 2013*
- Victorian Managed Insurance Authority: 'Risk attestation process and responsibilities of Board members' (Belinda Mitchell) *November 2013*
- Department of Health: 'Grampians Region Induction for Board members' session, *November 2013*
- Department of Health: 'Public Sector Residential Aged Care - Readiness Project Forum' *November 2013*
- Wimmera Health Care Group: 'Master Plan' (Chris Scott), *December 2013*
- Leading Teams: 'Performance Improvement Program' (Kraig Grime), *December 2013*
- Wimmera Health Care Group: 'National Safety & Quality Health Service Standards' (Leanne Seipolt), *February 2014*
- Foresight Lane: 'Wimmera Health Care Group Aged Care Strategy 2014' (Claire Sandford), *February 2014*
- The Department of Health/The Australian Centre for Healthcare Governance: Building Board Capability Round Table Session for Health Service Board Directors 'The Board and the Chief Executive: Secrets to a Productive Relationship', *March 2014*.
- Grampians Region Building Board Capability Advisory Committee, *March 2014*
- Grampians Medicare Local 'Overview of Activities' (Robyn Lardner), *March 2014*
- Wimmera Health Care Group: Open Access Board Meeting, *March 2014*
 - 'Wimmera Southern-Mallee Health Alliance' (Mark Williams);
 - 'Key Performance Indicators' (Chris Scott);
 - 'Role of the Director of Medical Services' (John Gallichio);
 - 'Primary Care Division' (Denise Hooper);
 - 'WHCG Wound Improvement Program [Something for Everyone]' (Don McRae); and
 - 'Funding Models' (Mark Knights)
- Leading Teams: 'Performance Improvement Program' (Kraig Grime), *March 2014*
- Australian Commission for Healthcare Governance Conference: 'Devolution, Evolution or Revolution', *May 2014*
- Department of Health: Building Board Capability Grampians Region 'VMIA Risks for Boards' workshop, *May 2014*
- Department of Health/The Australian Centre for Healthcare Governance: Building Board Capability Round Table Session for Health Service Board Directors 'Setting, monitoring and assessing organisational strategy and performance', *June 2014*

OUR EXECUTIVE TEAM

CHIEF EXECUTIVE

Mr Christopher G Scott

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

The Chief Executive provides leadership in the area of policy and strategic direction and provides the Board of Management with comprehensive information, analysis and timely advice on all Corporate and Clinical Governance matters affecting the Service. The Chief Executive also leads and manages the daily operations of the Service to achieve optimum health outcomes and effective and efficient use of human resources and business assets. The Chief Executive leads a team of four Executive Directors.

DIRECTOR OF MEDICAL SERVICES

Professor Alan Wolff

MB, BS, MD, MBA, Dip RACOG, FRACGP, FRACMA, FACHSM.

ACTING DIRECTOR OF MEDICAL SERVICES

(30 September 2013 – 28 April 2014)

Dr John Gallichio

MB, BS(Melb), FRACMA, MBA (Monash), AFACHSM, VR General Practitioner

The Medical Division provides medical services to inpatients, emergency department patients and outpatients. Specialist medical services are provided in anaesthetics, general medicine, general surgery, and obstetrics and gynaecology as well as visiting services in ear, nose and throat, ophthalmology, oncology, psychiatry, geriatrics and rehabilitation, urology, oral surgery, orthopaedics, respiratory medicine, cardiology and dermatology. General practitioners provide services in general medicine, obstetrics, anaesthetics, paediatrics, geriatrics and psychiatry. Visiting medical officers, staff specialists and hospital medical officers provide medical services. These doctors also provide teaching to medical students from Deakin University and the University of Melbourne. On-site pathology and radiology services are available from private providers. The Division also provides pharmacy, health information, library and clinical risk management services.

DIRECTOR OF CLINICAL SERVICES

Mr Don McRae

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

The Clinical Services Division comprises all Inpatient and Residential Care Services. This includes medical and surgical inpatient services, sub-acute inpatient services, midwifery and obstetrics, operating suite, pre admission and day procedure unit, emergency department, day oncology and haemodialysis. The Residential Care Services are provided through the Wimmera Nursing Home, Kurrajong Lodge and Dimboola Hospital. The Division is also responsible for Clinical Support Services such as infection control, central sterilising and supply department, Aboriginal liaison, admission and discharge and staff development.

DIRECTOR OF FINANCE & CORPORATE SERVICES

Mr Mark Knights

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

The Finance and Corporate Services Division encompasses the non-clinical areas of the Service. A number of these departments work directly with the clinical operations such as the catering and environmental services teams whilst other areas provide business and administrative support and maintenance of our facilities. These areas included finance, information technology, human resources and engineering. A number of key business units are managed directly by the Division including medical clinics, hospital coffee shop and Wimmera Group Linen Service.

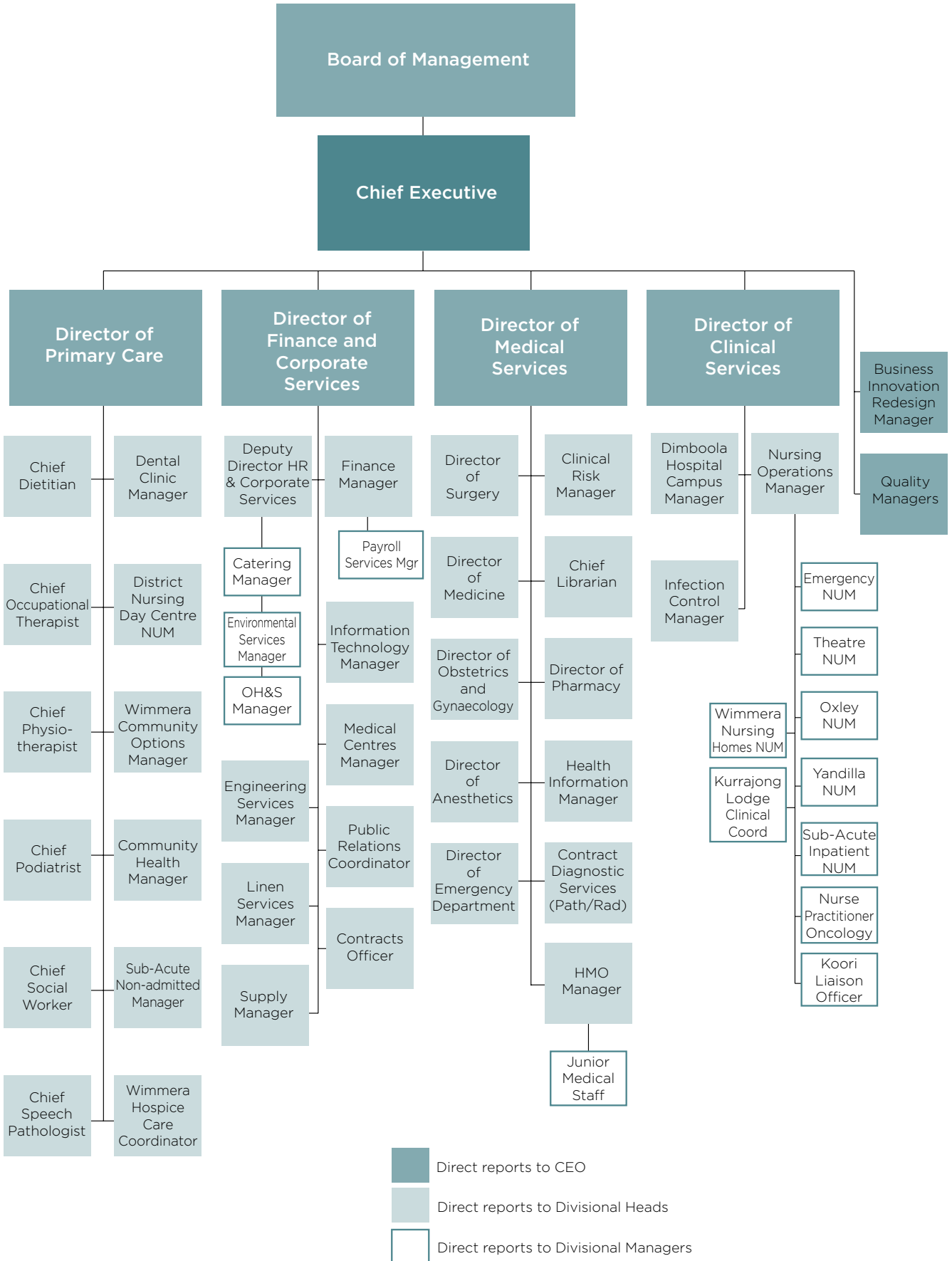
DIRECTOR OF PRIMARY CARE

Ms Denise Hooper

RN, RM, Grad Dip OH&S, B.Bus.

Primary Health Care Services at Wimmera Health Care Group provide a comprehensive range of health services that are delivered in community and center-based settings. All services are provided in partnership with our consumers and seek to maximize individual abilities in order to enhance independence, self-management and general wellbeing. Our team comprises a number of highly trained professional staff including specialist medical staff, allied health professionals, nursing and administrative support staff. A well-developed range of aged care outreach services are provided by our Wimmera Community Options team across Hindmarsh, Horsham Rural City, West Wimmera and Yarriambiack local government areas.

ORGANISATIONAL CHART



ACCREDITATION

ACUTE ACCREDITATION - THE AUSTRALIAN COUNCIL ON HEALTHCARE STANDARDS

The Wimmera Health Care Group was reviewed against the ten National Safety & Quality Health Service Standards on 3-5 June 2014. The Australian Commission on Safety and Quality in Health Care has implemented the National Standards to ensure a consistent approach and uniform set of measures, and this was the first time that Wimmera Health Care Group has been surveyed against the National Standards.

The survey team commended Wimmera Health Care Group on the preparations undertaken for this review noting there was extensive documentation to support our approach in addressing the ten Standards. They commented that there was clear evidence of a coordinated and comprehensive process to ensure that the intent of each Standard had been addressed in the context of the diverse range of activities associated with patient care in our rural health setting.

The survey team rated five actions as 'Met with Merit' and the remaining core actions have all been rated with 'Satisfactorily Met'. Wimmera Health Care Group is expecting to achieve full compliance with the accreditation requirements, upon confirmation by The Australian Council on Healthcare Standards. These results verify the ongoing commitment we have to providing high quality health care services to our community and the sub-region.

HOME AND COMMUNITY CARE (HACC)

Community Common Care Standards

A review against the Community Care Common Standards was conducted by The Australian Council on Healthcare Standards on behalf of the Victorian Department of Health (DH) on 3-4 June 2014. This review related to the Wimmera Health Care Group HACC funded services. The Wimmera Health Care Group provides a range of HACC funded services across approximately a 4249 square kilometre area. This includes the District Nursing Service, the Planned Activity Groups, Linkages Packages, Living at Home Assessment, Allied Health services including Occupational Therapy, Dietetics, Continence and Respiratory Nurses and Counselling as well as Volunteer Coordination.

This review identified that Wimmera Health Care Group met 18 of the 18 Community Care Common Standards Expected Outcomes. There are four Improvement Opportunities identified which will be built into the organisations continuous improvement program. The client satisfaction survey that was undertaken by The Australian Council on Healthcare Standards prior to the review demonstrated high levels of satisfaction with the services and programs provided. The Primary Health Team was also commended on its preparation for the review process and it was noted that there was extensive documentation to support our approach in addressing the Community Care Common Standards.

The survey team indicated that there was clear evidence of a coordinated and comprehensive process to ensure that the intent of each of the three Standards and eighteen Expected Outcomes have been addressed. These results again demonstrate the dedication of a committed team toward improving quality of care for these clients.

AGED CARE STANDARDS ACCREDITATION

Wimmera Health Care's three residential aged care facilities - Wimmera Nursing Home, Kurrajong Lodge and Dimboola Nursing Home were reviewed by the Australian Aged Care Quality Agency (previously known as the Aged Care Standards and Accreditation Agency) in March and April 2014 during an Assessment Contact visit. These assessments are conducted each year to assess the home's performance against the Accreditation Standards. Wimmera Health Care Group met all expected outcomes under the assessed modules during these visits and is proud of the high standard of care and services delivered to residents within our aged care homes.

Dimboola Nursing Home will undergo a re-accreditation audit by the Australian Aged Care Quality Agency in September 2014.

JOHN PICKERING MEDICAL CENTRE

(Dimboola Medical Centre)

The John Pickering Medical Centre was again accredited by the Australian General Practice Accreditation Limited in May 2014. The practice is required to demonstrate full compliance with exacting Royal Australian College of General Practitioners standards every three years. Dr Ziggy Kusiak has been the General Practitioner at Dimboola for 3½ years following the retirement of Dr John Pickering. Dr Kusiak is supported by administrative and nursing staff.

The John Pickering Medical Centre received a 97% high satisfaction rate from a recent comprehensive patient survey.

OUR STAFF

HUMAN RESOURCE INITIATIVES

This year the Human Resources (HR) department focused on integrating HR practices across the organisation. We took a consistent approach to all HR functions including recruitment, performance management and industrial relations to all clinical and non-clinical areas. We continue to review and develop our policies and procedures in line with legislative changes, improve workforce and succession plans for each division, and develop initiatives to ensure Wimmera Health Care Group is an employer of choice in the region. Specific initiatives this year will be staffing the new sub-acute facility, reviewing workforce plans and ensuring that performance reviews, mandatory training and employment checks are current.

EMPLOYMENT AND CONDUCT PRINCIPLES

Recruitment and selection of staff complies with all legal requirements, equal opportunity and human resource management principles and policies and guidelines adopted by Wimmera Health Care Group. Regular audits are conducted to ensure employees have been correctly classified and reported in workforce data collections according to relevant awards and agreements.

Wimmera Health Care Group has a tailored Code of Conduct, based on the principles of the Code of Conduct for Victorian Public Sector employees. New employees are provided a hard copy and the Code of Conduct is accessible to all existing employees through the organisation's intranet. A key principle of the Code is that staff have a professional and ethical obligation to respect and preserve the dignity, values, cultures and beliefs of co-workers, clients, the organisation and the community.

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.

INDUSTRIAL RELATIONS

There were no industrial relations disputes.

PRESENTATIONS

Mr Chris Scott – Chief Executive, July 2013.

Applying Clinical Governance to the National Standards Conference - Sydney

“Establishing a Sustainable Clinical Governance Framework - Identifying Safety and Quality Risks & Applying Performance Management Procedures.”

Mr Chris Scott – Chief Executive, June 2014

Clinical Governance Strengthening Quality, Safety & Performance Conference - Sydney

“Adapting to auditing and resource requirements”

PUBLICATIONS

Colectomies performed at a rural Australian Hospital: A 7-year analysis

Wayne Hoskins MBBS (Hons), PhD, Peter Taylor MBBS, Abraham Jacob MBBS, Shiran Wijeratne MBBS, MS, MRCS, FICS, FRACS and Ian Campbell MBBS, FRACS, Australian Journal for Rural Health, October 2013.

Connected wound care: partnerships informing wound management. Elder K, Samolyk M, Cullen M, Nair D & Ticchi M. Wound Practice and Research, June 2014.

LABOUR CATEGORY	JUNE		JUNE	
	Current Month - FTE		YTD FTE	
	2013	2014	2013	2014
1. Nursing	282.57	276.93	277.09	279.67
2. Administration and Clerical	103.94	97.63	100.63	101.28
3. Medical Support	21.93	22.20	21.32	22.47
4. Hotel and Allied Services	135.38	131.51	136.53	135.38
5. Medical Officers	7.32	6.28	6.42	7.41
6. Hospital Medical Officers	19.85	22.35	21.21	22.76
7. Sessional Clinicians	0	0	0.15	0
8. Ancillary Staff (Allied Health)	44.35	46.31	42.96	43.72

	ONGOING EMPLOYEES			FIXED TERM & CASUAL EMPLOYEES		TOTAL EMPLOYEES	
	Full time (Headcount)	Part time (Headcount)	FTE	Total Headcount	FTE	Total Headcount	Total FTE
June 2014	239	510	534.68	111	68.53	860	603.21
June 2013	245	503	536.88	142	78.46	890	615.34

Gender	JUNE 2014				JUNE 2013			
	Ongoing Employees		Fixed Term & Casual Employee		Ongoing Employees		Fixed Term & Casual Employee	
	Headcount	FTE	Headcount	FTE	Headcount	FTE	Headcount	FTE
Male	134	107.37	37	25.78	130	103.86	47	29.17
Female	615	427.31	74	42.75	618	430.82	95	51.49

OCCUPATIONAL HEALTH AND SAFETY

Wimmera Health Care Group recognises that it is our moral and legal responsibility to provide a safe and healthy environment for employees, contractors and visitors. This commitment extends to ensuring the organisation's operations do not place the local community at risk of injury, illness or damage to property and/or the environment. Through Wimmera Health Care Group's "Safety Management Plan" the organisation's commitment is to ensure that all activities carried out at all campuses are safe and in compliance with regulatory requirements. We promote a safe working culture that is enhanced by personal responsibility and ownership and supported by training, supervision and management.

Security

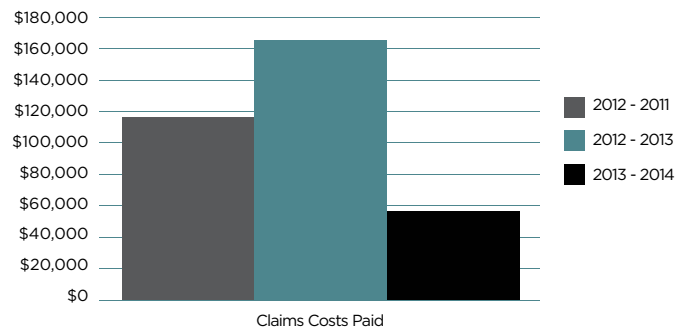
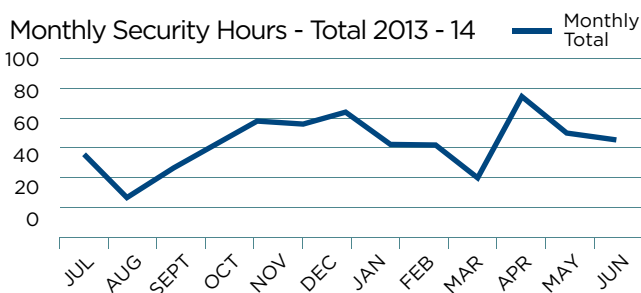
Wimmera Health Care Group was successful in obtaining \$50,000 from the Victorian government's "Improving the safety and security in Victorian hospitals and reducing violence against hospital staff program". A key improvement made by Wimmera Health Care Group this year was the integration of a proximity card access system to restrict unauthorised access into the emergency department. This system has the ability to be expanded.

Using Crime Prevention Through Environmental Design principles an upgrade of the Dimboola hospital reception area was undertaken to prevent unauthorised access. An additional Closed Circuit Television Camera was installed and a security screen monitor was repositioned.

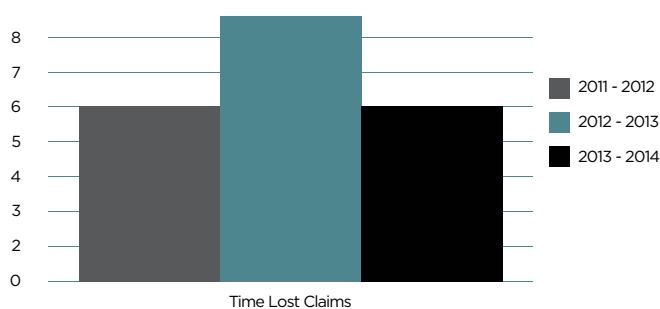
Wimmera Health Care Group's security team has been kept busy this year receiving 530 requests to attend security related duties. This equated to 772.58 hours. Of the 530 requests for security there were 92 recorded incidents where members of Victoria Police attended.

Workers Compensation

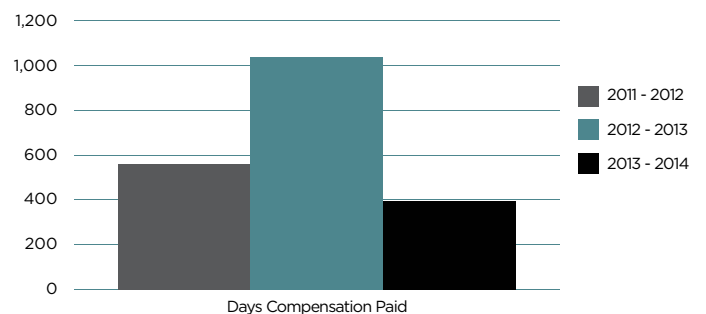
All employees and other persons deemed to be employees will be provided with Workers Compensation insurance under the Occupational Health & Safety Act 2004 and Workers Compensation (Occupational Health & Safety) Act 1996. From 1 July 2014 this became the Workplace Injury Rehabilitation and Compensation Act 2013 which is designed to simplify the provisions applying to the rehabilitation of injured workers and compensation in relation to injuries or deaths arising out of accidents and diseases in the workplace. Wimmera Health Care Group recognises that the wellbeing of their staff is of the utmost importance. Wimmera Health Care Group is committed to the treatment and rehabilitation of any injured employee.



Wimmera Health Care Group has reduced its claims costs paid from \$166,849 in the 2012 - 13 year to \$56,438 in the 2013 - 14 year.



Wimmera Health Care Groups workcover time lost claims have reduced from 9 in the 2012 - 13 year to 6 in the 2013 - 14 year.



Wimmera Health Care Group has reduced its days of compensation paid from 1,038 in the 2012 - 13 to 403 in the 2013 - 14 year.

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 (DH) 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 deficit prior to capital and specific items of \$314,000 which was \$350,000 behind budget expectations. Whilst below budget expectations the operating result was impacted by a number of operational issues including the delay in the completion of the sub-acute unit, medical work force issues associated with the resignation of both salaried specialist surgeons in April 2014 and the continued downturn in private inpatient fees resulting from the reduction in payments for single rooms from the major health insurers. Capital Purpose funding of \$7,907,000 mainly associated with the sub-acute building was received from the Department of Health and \$223,000 in donations for medical equipment and infrastructure assets.

Operating revenues increased by 2.8% or \$2,005,000 on the prior year due to increased funding from DH and other Government bodies for patient and resident services (\$2,256,000), growth in revenues for the provision of goods and services to external parties (\$829,000) which was partially offset by reduced patient fees (\$618,000).

Across the organisation, operating expenses increased by 3.3% or \$2,387,000 on the prior year. Salaries and wages, which make up 68% of our costs, were in line with budget expectations with a 4.22% increase on the previous year. The major drivers of the increased costs were growth in wages associated with Enterprise Bargaining Agreements conditions and additional staff recruited for the new sub-acute unit (\$2,089,000); Supplies and Consumables (\$309,000); Administrative costs (\$433,000); and Diagnostic costs (\$216,000). Savings of \$156,000 made in Patient transport helped contain the total growth in non-wage related costs to 1.9%.

The organisation met its key activity targets in the majority of programs with acute throughput finishing at 98.4% of targeted levels and allied health and primary care activity meeting funded levels. Residential aged care occupancy finished below target due to increased patient acuity reducing the average length of stay.

As we continue to transition to the National Activity Based Funding Model it is imperative that the organisation continues to meet its activity targets across the broad spectrum of services it provides.

Liquidity

Our cash position remained relatively stable throughout the year due to a combination of improved cash flow management, minimal unfunded capital expenditure and the receipt of capital funding for projects to be carried out in 2014/15.

The ratio of current assets to current liabilities ended the year at 0.72 compared to 0.69 at 30th June 2013. This is in line with the Department of Health (DH) requirement of 0.7.

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.

Asset Management

During the year a number of Government-funded capital projects were undertaken including the construction of a 20 bed sub-acute facility, replacement of the air conditioning in Wimmera Nursing Home and replacement of the Operating Theatre lights. Equipment purchased included a Phacoemulsifier used in cataract surgery, Gastro Endoscopy videoscopes and a Bladder Scanner.

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 Executive and the Department of Health are committed to improving the financial strength of the organisation via the elimination of waste, a commitment to the adoption of contemporary business practices and the strengthening of regional partnerships whilst continuing to deliver quality and safe health care to the Wimmera Southern-Mallee Region.

Summary of Financial Results

	2014 \$000	2013 \$000	2012 \$000	2011 \$000	2010 \$000
Total Revenue	93,051	79,541	75,064	72,009	64,415
Total Expenses	78,271	76,277	75,165	71,515	67,927
Comprehensive Result for the year (inc. Capital and Specific Items)	14,780	3,264	(101)	494	(3,512)
Retained Surplus / (Accumulated Deficit)	(7,214)	(11,622)	(10,808)	(9,244)	(9,928)
Total Assets	80,289	63,186	60,728	58,022	54,859
Total Liabilities	22,384	20,061	20,867	18,060	15,391
Net Assets	57,905	43,125	39,861	39,962	39,468
Total Equity	57,905	43,125	39,861	39,962	39,468

Major Equipment Purchases over \$10,000 2013 - 2014

ITEM	PRICE
Gastro Endoscopy Videoscopes	\$35,009.00
Centurion Vision System	\$90,000.00
Denyer Operating Table	\$51,551.00
Low Profile Scissor Lift	\$17,602.00
Diesel Generator	\$107,429.00
Air-conditioning - Wimmera Nursing Home	\$523,225.00
TOTAL	\$824,816.00

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, Wimmera Health Care Group is proactive and takes reasonable practical measures to ensure health and safety, the exchange of information and ideas with staff about risks to health and safety and takes 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 the Building Code of Australia.

CARERS RECOGNITION ACT 2012

Wimmera Health Care Group has taken measures to ensure awareness and understanding of care relationship principles, in line with Section 11 of the Carer's Recognition Act 2012.

EX-GRATIA PAYMENTS

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

COMPLIANCE WITH DATAVIC ACCESS POLICY

The tables in the Annual Report will be submitted to Data Vic to be made available at <http://www.data.vic.gov.au/catagory/Health>

FREEDOM OF INFORMATION

Wimmera Health Care Group has received 98 requests for information under Freedom of Information Act (1982) during the 2013/14 financial year, a decrease of 62.8% on the previous financial year.

FROM THE 98 REQUESTS:

- 75 cases access was granted in full
- 3 cases the records were destroyed
- no requests for access were denied
- 6 cases no documents were available
- 10 cases the requests were not proceeded with
- 4 cases the requests were not yet finalised at time of reporting

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.

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 23(a) of the financial statements.

APPLICATION AND OPERATION OF THE PROTECTED DISCLOSURE ACT 2012

Wimmera Health Care Group is committed to the aims and objectives of the Protected Disclosure Act 2012. Wimmera Health Care Group will not tolerate improper conduct by its employees, executives, officers or members nor detrimental action against those who come forward to disclose such conduct.

Consultancies

CONSULTANT INDIVIDUALLY > \$10K	PURPOSE OF CONSULTANCY	START DATE	END DATE	TOTAL APPROVED PROJECT FEE \$'000	EXPENDITURE 2013-14 \$'000	FUTURE EXPENDITURE \$'000
Leading Teams Australia Pty Ltd	Leadership program	1/07/2012	30/06/2014	103	37	-
Syris Consulting	Clinical costing	1/07/2013	30/06/2014	15	15	-
Five Consulting Vic Pty Ltd	Linen service strategy	1/07/2013	30/06/2014	15	15	-
Foresight Lane Pty Ltd	Aged care consulting	1/07/2013	30/06/2015	105	88	17
Architeria Pty Ltd	Design sub-acute	1/07/2013	30/06/2014	61	16	-
Balcombe Griffiths Pty Ltd	Design & architecture sub-acute	1/07/2013	31/10/2014	677	141	70
Plan Cost Australia	Quantity surveyors sub-acute	1/04/2013	31/10/2014	117	36	30
Total individually > \$10k (GST exclusive)					348	

In 2013-14 there were 11 consultancies where the total fees payable to the consultants were less than \$10,000. The total expenditure incurred during 2013-14 in relation to these consultancies is \$11,000 (GST exclusive).

COMPLIANCE

ATTESTATION FOR COMPLIANCE WITH THE MINISTERIAL STANDING DIRECTION 4.5.5.1 - INSURANCE

I, Chris Scott certify that the Wimmera Health Care has complied with Ministerial Direction 4.5.5.1 – Insurance.



Chris Scott
Accountable Officer
Horsham
20/08/2014

ATTESTATION FOR COMPLIANCE WITH THE AUSTRALIAN/NEW ZEALAND RISK MANAGEMENT STANDARD

I, Chris Scott, certify that the Wimmera Health Care Group has risk management processes in place consistent with the AS/NZS ISO 31000:2009 and an internal control system is in place that enables the executive to understand, manage and satisfactorily control risk exposures. The Audit and Risk Committee verifies this assurance and that the risk profile of the Wimmera Health Care Group has been critically reviewed within the last 12 months.



Chris Scott
Accountable Officer
Horsham
20/08/2014

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
20/08/2014

DISCLOSURE INDEX

Please refer to page 26

OTHER INFORMATION

In compliance with the requirements of FRD 22E Standard Disclosures in the Report of Operations, 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 officers as nominee or held beneficially;
- (c) Details of publications produced by the Department about the activities of the Health Service and where they can be obtained;
- (d) Details of changes in prices, fees, charges, rates and levies charged by the Health Service;
- (e) Details of any major external reviews carried out on the Health Service;
- (f) Details of major research and development activities undertaken by the Health Service that are not otherwise covered either in the Report of Operations or in a document that contains the financial statements and Report of Operations;
- (g) Details of overseas visits undertaken including a summary of the objectives and outcomes of each visit;
- (h) Details of major promotional, public relations and marketing activities undertaken by the Health Service to develop community awareness of the Health Service and its services;
- (i) Details of assessments and measures undertaken to improve the occupational health and safety of employees;
- (j) General statement on industrial relations within the Health Service and details of time lost through industrial accidents and disputes, which is not otherwise detailed in the Report of Operations;
- (k) A list of major committees sponsored by the Health Service, the purposes of each committee and the extent to which those purposes have been achieved;
- (l) Details of all consultancies and contractors including consultants/contractors engaged, services provided, and expenditure committed for each engagement.

DONATIONS

DONATIONS OF \$100 OR MORE

Alcoholics Anonymous
 Dimboola Stockfeed & Produce
 Gail Reading
 Inverness Motors
 Jaytlem Safety Services
 Jess B Photography
 Nhill & District Funerals
 Robin L Barber Design Drafting Pty Ltd
 Stawell Yacht Club
 Warners Service Station
 Wimmera Bakery
 Dimboola IGA
 Dimboola Primary School
 Driver Education Training Services
 Horsham & District Funerals
 Peter Fedke
 Country Women's Association
 Rittens Independent Floors
 Ronals Angley
 Bendigo Bank
 Des W Lardner
 Dimboola Memorial Secondary College
 Emmetts Horsham

Wimmera Native Nursery
 Holy Trinity Lutheran School
 Hugh Delahunty
 Ron Kerr
 Australian Zircon NL
 Knauff Insulation
 Steven A Mills
 Horsham & District Orchid Society
 Hotondo Homes
 Laser Electrical
 Rednic Rock
 Horsham Rural City Council
 Lighthouse Building Permits
 Dimboola East Ladies Auxiliary
 Salvation Army
 Horsham Patchwork Quilters
 Horsham Sports & Community Club
 Wimpak Export Company
 Kurrajong Lodge Support Group
 Wimmera Hospice Care Auxiliary
 Wimmera Health Care Group Foundation
 Wimmera Base Hospital Ladies Auxiliary

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. See below for a full list of life governors.

Dr R Abud
 Mr I Anderson
 Mrs M Baker
 Mr N Bothe
 Mrs P Bothe
 Mr P Brown
 Mr E Brownstein
 Mr I Campbell
 Mrs F Carine
 Mrs J Carter
 Mr M Castellucio
 Mrs P Corner
 Mr M Cuddihy
 Mr I Draffin
 Mrs S Driscoll

Mrs U Faux
 Dr P Haslau
 Miss B Hill
 Mr B Johansen
 Rev A Johns
 Mr D Johns
 Mr J Kempfert
 Mr G Kitchen
 Prof R Larkins
 Mr K Lehmann
 Mr G Lind
 Dr M Lloyd
 Mr K Lovett
 Mr J McCabe
 Mr C McDonald

Mr D McFarlane
 Mr W McGrath
 Mrs L McKenzie
 Mrs R McKenzie
 Mrs J McRae
 Mrs J Martindale
 Miss M Menzel
 Dr E Miller
 Mrs E Mitchell
 Mrs L Montgomery
 Mr A Phillips
 Dr J Pickering
 Mr J Pietsch
 Mr C Sallmann
 Mrs J Saxton

Mr F Schultz
 Miss N Schurmann
 Ms M Shaw
 Ms M Smith
 Miss L Stenhouse
 Mrs V Stenhouse
 Mr P Troeth
 Mr P Wajszel
 Mr A Walsgott
 Prof R Webster
 Mr A Wells
 Mrs J Wells
 Dr L Wong Shee
 Mr A Wood

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 Department's compliance with statutory disclosure requirements.

LEGISLATION REQUIREMENT PAGE REFERENCE

Ministerial Directions
Report of Operations

CHARTER AND PURPOSE

FRD 22E	Manner of establishment and the relevant Ministers	1
FRD 22E	Objectives, functions, powers and duties	Inside Cover, 2-4, 6-13
FRD 22E	Nature and range of services provided	Inside Cover, 17

MANAGEMENT AND STRUCTURE

FRD 22E	Organisational structure	17
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FINANCIAL AND OTHER INFORMATION

FRD 10	Disclosure index	26-27
FRD 11A	Disclosure of ex gratia expenses	23
FRD 21B	Responsible person and executive officer disclosures	FS 60-61
FRD 22E	Application and operation of Protected Disclosure Act 2012	23
FRD 22E	Application and operation of Carers Recognition Act 2012	23
FRD 22E	Application and operation of Freedom of Information Act 1982	23
FRD 22E	Compliance with building and maintenance provisions of Building Act 1993	23
FRD 22E	Details of consultancies over \$10,000	23
FRD 22E	Details of consultancies under \$10,000	23
FRD 22E	Major changes or factors affecting performance	4-5, 21-22
FRD 22E	Occupational health and safety	20
FRD 22E	Operational and budgetary objectives and performance against objectives	6-13, 21-22
FRD 22E	Significant changes in financial position during the year	21-22
FRD 22E	Statement of availability of other information	24
FRD 22E	Statement on National Competition Policy	23
FRD 22E	Subsequent events	22
FRD 22E	Summary of the financial results for the year	22
FRD 22E	Workforce Data Disclosures including a statement on the application of employment and conduct principles	19
FRD 29	Workforce Data disclosures	19
SD 3.4.13	Attestation on data integrity	24
SD 4.2(g)	Specific information requirements	4-5
SD 4.2(j)	Sign-off requirements	4
SD 4.5.5.1	Ministerial Standing Direction 4.5.5.1 compliance attestation	24
SD 4.5.5	Risk management compliance attestation	24

DISCLOSURE INDEX

LEGISLATION	REQUIREMENT	PAGE REFERENCE
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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)	Comprehensive 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 8
SD 4.2(d)	Rounding of amounts	FS 12

LEGISLATION

Freedom of Information Act 1982	23
Protected Disclosure Act 2012	23
Carers Recognition Act 2012	23
Victorian Industry Participation Policy Act 2003	23
Building Act 1993	23
Financial Management Act 1994	23

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HOSPITAL

EMERGENCY

EMERGENCY

Emergency Room Entrance

Cafe
NOW OPEN





INCORPORATING

**Wimmera Base Hospital
Dimboola Hospital
Wimmera Nursing Homes
Kurrajong Lodge Hostel
Wimmera Medical Centre
John Pickering Medical Centre, Dimboola**

**Baillie Street
Horsham, Victoria, 3400
Ph: (03) 5381 9111
Fax: (03) 5381 9196
Email: info@whcg.org.au
Web: www.whcg.org.au**

**At Wimmera Health Care Group our
trademark culture and behaviour is:
United and Cohesive; Open, Honest,
Trusting; Respectful, Caring and
Supportive; Accountable and Effective.**
