wdhs Western District Health Service

2018 ANNUAL REPORT

Working together

Creating healthier communities

wdhs
Western District Health Service

Our Vision
Creating healthier communities.

Our Mission
To support our community's physical, mental and social wellbeing by:
- Providing safe, high quality and innovative services
- Building enduring partnerships; and
- Delivering customer service excellence.

Our Values

Integrity
We will be open and honest and will do the right thing for the right reason.

Innovation
We will be an industry leader by breaking new ground and improving the way things are done.

Collaboration
We will actively work together in teams and partnerships.

Accountability
We will take personal responsibility for our decisions and actions.

Respect
We will value all people's opinions and contributions.

Empathy
We will endeavour to understand other peoples' feelings and perspectives.

About This Report
Western District Health Service (WDHS) follows the Victorian State Government Department of Treasury and Finance FRD30 guidelines for its Annual Report, as a public entity under Section 3 of the Financial Management Act 1994 (FMA).

This annual report outlines the operational and financial performance of Western District Health Service (WDHS) from 1 July 2017 to 30 June 2018. The relevant ministers for the period were The Hon. Jill Hennessy MP, Minister for Health; Minister for Ambulance Services, The Hon. Jenny Mikakos MP, Minister for Families and Children; Minister for Youth Affairs, The Hon. Martin Foley MP, Minister for Housing, Disability and Ageing; Minister for Mental Health. This report is also available on the WDHS website at:
www.wdhs.net/publications

Front cover: WDHS staff 'creating healthier communities'

Back cover: Registered Nurse, Wendy Herring and Clinical Nurse Specialist, Coryn Meyers in the Hamilton Base Hospital Operating Theatre.

Contents

Western District Health Service (WDHS) is one of Victoria's leading rural and regional healthcare providers, delivering a range of high quality health services.

Located in Victoria's Western District, WDHS is the largest employer in the Southern Grampians Shire, delivering quality healthcare to a resident population of 16,200 people, approximately 9,800 who live in Hamilton, the geographic and business hub of the region.

In 1998 the Health Service was established with the amalgamation of Hamilton Base Hospital, Southern Grampians Community Health Services and Penshurst and District War Memorial Hospital (now Penshurst and District Health Service). In 2005 Coleraine and District Health Service (CDHS) also amalgamated with WDHS.

The Health Service has 89 acute and subacute beds, 175 residential aged care beds, 35 independent living units and delivers primary care, youth, community and allied health services.

Based in Hamilton, with campuses in Coleraine and Penshurst in the Southern Grampians Shire and Merino in the Glenelg Shire, WDHS incorporates the following sites, services and facilities:

- Hamilton Base Hospital (HBH) - the location of a 75 bed acute hospital, allied health and education facilities.
- The Birches - a 46 bed facility providing residential aged care, care for people with special needs, palliative care and Home Care Packages (HCPs)
- The Grange Residential Care Service - providing 50 residential aged care beds.
- Coleraine District Health Service (CDHS) providing acute care, residential aged care and primary care services to the Coleraine community. Services include medical, dental and maternal and child health. CDHS also manages 25 independent living units.
- Penshurst and District Health Service (PDHS) providing acute care, residential aged care, community services and independent living units in Penshurst and Dunkeld.
- Merino Community Health Centre providing primary nursing, district nursing, visiting podiatry, dietetics and diabetes education services to the Merino community.
- Frances Hewett Community Centre (FHCC) - delivering a broad range of primary care and community based services.
- National Centre for Farmer Health (NCFH) – established in 2008 in partnership with Deakin University to provide leadership to improve the health, wellbeing and safety of farmers, farm workers and their families across Australia, through research, service delivery and education.

Hamilton Base Hospital
EST. 1862

Hamilton Base Hospital & Benevolent Asylum established to provide care for people suffering from illness and accidents and for victims of personal tragedy and social distress

1998 WDHS
Amalgamation of HBH, Southern Grampians Community Health Services and Penshurst and District War Memorial Hospital to create WDHS

2000 BIRCHES
Aged Care redevelopment at Hamilton campus including construction of the Birches Residential Care facility

2005 CDHS
Coleraine District Health Service amalgamation with WDHS

2008 NCFH
National Centre for Farmer Health established in partnership with Deakin University

2012 GRANGE
Grange redevelopment works carried out, including construction of new wing

2013 $27M
Coleraine and District Health Service $27 million 'one stop shop' health precinct completed and Hamilton Base Hospital Rehabilitation Wing opened

2018 $1.9M
Cancer & Dialysis Centre constructed to support local cancer & dialysis patients

From the President & Chief Executive

→ Board Chair, Hugh Macdonald, Guest Speaker Clinical Oncologist Dr Stephen Brown and Chief Executive, Rohan Fitzgerald at the 2017 AGM.

The 2018 financial year saw years of planning come to fruition. WDHS reviewed models of care across a number of areas, introduced new programs and undertook substantial capital works projects.

Regional health services formalised a collective approach to clinical governance and agreed on strategies to work on collaboratively. We continued our emphasis on the prevention of violence against women locally and regionally. We supported innovative approaches to education through our partnerships with CQUniversity and SWTAFE. The National Centre for Farmer Health (NCFH) continued reaching out internationally and expanded its commercial partnerships to improve sustainability. Hospital and community presentations increased and we are continuing to look at options to make residential aged care more sustainable. The much anticipated results from the second regional survey into the prevalence of youth overweight and obesity were released and we commenced investigating how we might once again lead the State with strategies for 'creating healthier communities'.

Delivering Quality Care and Services

The Health Service reviewed the way cancer services are provided, in anticipation of our Cancer and Dialysis Centre opening. A clinical nurse consultant was appointed to develop more integrated services into the future and to provide senior nursing support in this area.

The number of Emergency Department presentations grew over the last 12 months and this trend is continuing. Model of care changes were made and we recruited a Nurse Unit Manager to support Emergency and Intensive Care.

We also commenced advertising for ten new nursing positions, with the total cost of the changes expected to be approximately $1.5m.

Health Services from across the region signed up to a clinical governance regional partnership called the Health Accord. The Accord was developed in response to the Duckett Review and is intended to improve quality and safety practices in public hospitals across the Barwon South West Region.

Customer service excellence is a key element of our strategic plan. To support this direction we appointed a Customer Service Officer, trained over 400 staff in the delivery of 'customer service excellence' and commenced a research project into the effectiveness of the role. We also renewed our consumer participation plan, which integrates the community's views into the Health Service's operations, planning and policy development.

The eyeConnect program was introduced in conjunction with the Melbourne Eye & Ear Hospital. Using telemedicine, the device collects information about the condition of a patient's eye and sends it directly to the Eye and Ear Emergency Department for review.

We launched the National Disability Insurance Scheme (NDIS) at WDHS and registered as an accredited NDIS provider. We quickly became one of the largest providers of disability services in the region.

With an increase in the number of orthopaedic procedures at WDHS from 127 in 2015 to 222 in 2018, we established a Musculoskeletal Clinic to co-ordinate and streamline these services.

We strengthened our mortality and morbidity review procedures by introducing a Mortality and Morbidity Review Framework, using the Limited Adverse Occurrence Screening Criteria to identify files for retrospective clinical document review.

An innovative program was introduced in aged care to improve weight management and the dietetics team conducted a comprehensive review of the WDHS allergen matrix.

We also joined Ka-ree-ta-Ngoot-yoong-Wat-nan-da which is a multi-agency Indigenous Advisory Committee involving both Winda-Mara and Dhauwurd-Wurrung Elderly & Community Health Service (DWECH).

Leading the Way

WDHS and the Southern Grampians community as part of GenR8 Change, continued their work to tackle youth overweight and obesity rates across the region. After two years of community led interventions, the results are in and show that estimated overweight and obesity rates have dropped by 3.6 %. WDHS also adopted the Cancer Council Victoria's Rethink Sugary Drinks advertising campaign and promoted it on radio and in print media.

SWTAFE and collaborating organisations, including WDHS are developing an innovative new program 'Applying the New Work Mindset in South West Victoria'. This is the first of its kind in Victoria and focuses on helping students develop a portfolio of transferable skills, rather than the current practice of narrow, job specific training.

We continue to develop new corporate partnerships, as a part of our plan to secure the long term sustainability of the NCFH. This year we began working with Metalcorp and Lysn, an innovative online psychology practice. We also began conducting health and lifestyle assessments for farmers in India, as a part of our relationship with Centurion University.

Regional hospitals joined forces to roll out the Strengthening Hospital Responses to Family Violence (SHRFV) program and WDHS also continues its support of the White Ribbon campaign to end male violence against women.

The results from the 20 Minute Rounding Project are being published and guidelines for its future integration across the Health Service are being considered.

We are delighted with the input from the WDHS Community for Youth Board (C4YB). This year we began conducting Youth Board meetings in schools across Hamilton. The Board has grown substantially and its members have been successful in introducing a Youth Café.

Infrastructure and Technology

WDHS turned the first sod on the Cancer and Dialysis Centre redevelopment in January this year. This $1.9M project has been generously funded by the community and is expected to be completed in September 2018. We also received funding to replace the nurse call system, chillers and boilers at Hamilton Hospital.

A $1.2M tender for the Birches significant refurbishment was awarded to Craig Collins Building. The main entrance area will feature a rural streetscape façade, so residents feel more like they are living in an everyday community environment. The main dining area will also be extended.

With greater demand pressures on the hospital's infrastructure, the DHHS funded a feasibility study into the redevelopment of our Emergency, Intensive Care and Radiology departments.

Financial Performance

We are continuing to build our capacity to provide services close to home for Western District residents, as acute activity increased by 3.6% compared to previous years. Residential aged care activity continues to present challenges and we are investigating ways to increase occupancy across our four aged care campuses. Salary and wages increased at a proportionately faster rate than revenue growth for the full year. Notwithstanding lean operating margins, the Health Service once again posted a small operating surplus of $108,000.

Community Events and Engagement

This year we held community forums on thunderstorm asthma and childhood vaccinations, after consultation with our Community Advisory Committee (CAC). The sessions were well attended and included presentations from subject matter experts.

Over 300 guests attended the much anticipated Medicine Ball, featuring an 80's cover band, French roving entertainers and cuisine prepared by local chefs. The evening raised a spectacular $182,000 for the Cancer and Dialysis Centre.

The Hospital Door Knock Appeal was once again a success, raising over $50,000 for the Hamilton, Coleraine and Penshurst campuses and the Op Shop Golf Tournament raised $16,000. This year's Fun Run coincided with Lake Hamilton's 40 year celebrations and featured a 'Beat the Boss' relay for the first time. Over 250 runners and walkers took part, competing in a range of events, from the half marathon to 4km run/walk.

Professor Rosemary Calder, Director of the Australian Health Policy Collaboration spoke about 'National Action to Improve the Health of Local Communities' at the 19th Annual Handbury Lecture.

Supporting Our Team

WDHS and CQUniversity entered into an agreement to deliver an innovative pilot program to attract locals to study a Bachelor of Nursing. Students living in the Southern Grampians and Glenelg Shires are given preference for the placements, ensuring the skills developed stay in the local community. The program this year supported enrolled nurses looking to become registered nurses. Next year the program will also open up to students commencing study for the first time.

From a recruitment perspective, we implemented an online tool to improve the process for people applying for work at WDHS.

We conducted two leadership programs and provided stress management, and bullying and harassment training for staff across the organisation.

Our 'Meet and Greet' dinners continued to be a success and over 120 competitive netballers hit the court for WDHS's first ever netball round robin. Staff also initiated the Shed a Tonne program and got motivated for Active April, with 57 staff notching up a total of 1,242 hours and 26 mins of activity.

We recognise that values based healthcare is important to providing high quality care and our staff are invited to meet with the leadership team to develop a plan for implementing the values in their departments. Following a suggestion from our staff, we introduced the 52 Cups of Coffee program, which provides the Chief Executive with a valuable opportunity to meet with staff one on one over a coffee.

Continued Support

It is a privilege to work with such an amazingly generous community and team committed to service, quality and excellence.

The in-kind support of our ladies auxiliaries, volunteers and committees is priceless and contributes to the delivery of high quality services to our community.

We are also incredibly fortunate to be supported by donors from the local, national and international community and from a number of trusts and foundations. The Health Service was also the beneficiary of some very significant bequests for which we are extremely grateful.

We also value and recognise the work of the Coleraine Management Committee and Penshurst Advisory Committee over the last 12 months in supporting WDHS to deliver high quality services to these communities.

Hugh Macdonald and Jen Hutton retired after 13 and 16 years of service to the Board of Directors respectively. Hugh has provided excellent leadership to the Board as its President for the last three years and was instrumental in the success of the Charity House project. Jen's strong connection to the community, energetic style and knowledge of the sector were a valuable asset.

On behalf of the Board of Management and Executive we would like to acknowledge the role the community plays in our success and express our thanks to all of our staff and medical team for providing high quality care, customer service excellence and for supporting WDHS to achieve its vision of 'creating healthier communities'.

Ian Whiting
President

Rohan Fitzgerald
Chief Executive

Responsible Bodies Declaration

In accordance with the Financial Management Act 1994, I am pleased to present the Report of Operations for the Western District Health Service for the year ending 30 June 2018.

Ian Whiting
President
30 August 2018

Financial Overview

OVERVIEW

The Financial Statements have been prepared in accordance with Standing Direction 4.2 of the Financial Management Act 1994, applicable Financial Reporting Directions, Australian Accounting Standards and Australian Accounting Interpretations and other mandatory professional reporting requirements for the year ended 30 June 2018.

The accepted indicator of performance is the result from continuing operations prior to depreciation and capital purpose income. In the current year, the result was a surplus of $108k ($12k in 2017), which is less than 1% of operating revenue. Though WDHS exceeded the DHHS statement of priorities target of a break even budget for 2017-18, there are a number of factors impacting on the Health Service's viability, including salary and wage costs.

Complexity adjusted (WIES 24) inpatient activity was 3.66% higher than the previous year.

The Health Service WIES target for 2017-18 increased by an additional 160 WIES (3% increase).

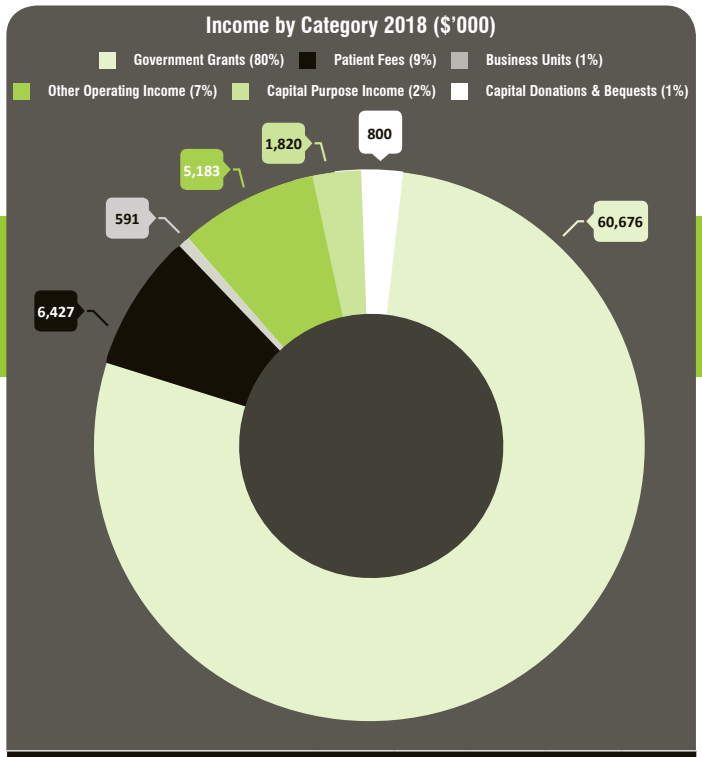
The Health Service achieved 99.21% of the total WIES target for the financial year. Residential aged care activity was marginally lower than the prior year and all other activity targets across the Health Service were achieved.

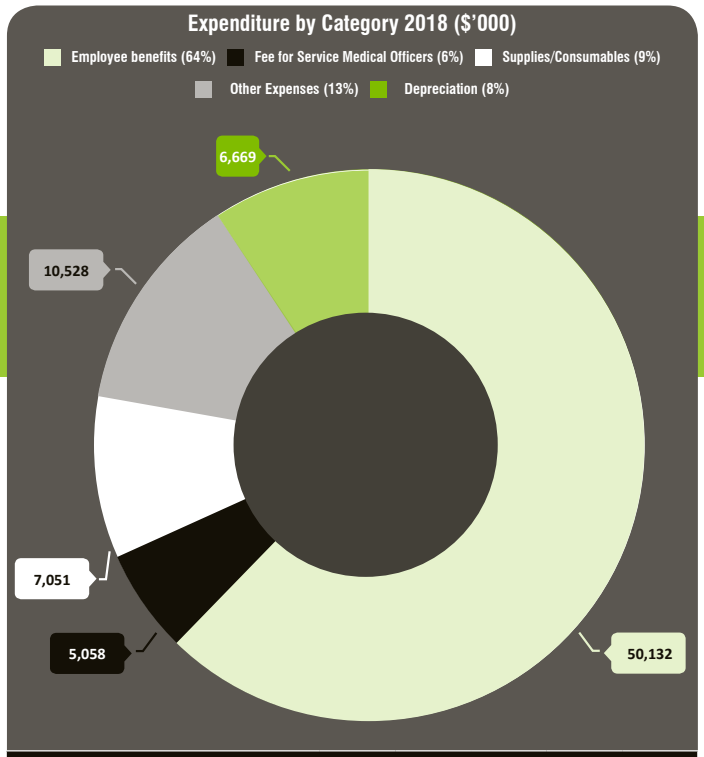
In reviewing operating performance, capital purpose income comprising capital grants ($804k), residential aged care capital contributions ($1.1m) and specific purpose donations and bequests ($800k) are excluded. These funds are provided for specific capital purposes and are not available to support operations. Depreciation and valuation changes, specific expenditure from capital purpose revenue ($242k) and the surplus on disposal of non-current assets ($97k) are also excluded, being predominantly funded from capital income sources.

In the 2017-18 financial year, depreciation charges of $6.7m were recorded, reflecting the cost associated with the use of buildings and equipment in delivering services.

Capital income was $3.979m less than depreciation charges. Financial asset fair value surplus of $82k, revaluation of long service leave of $70k and a joint venture surplus of $21k were recognised in calculating the net result for the year. Including all items, the Health Service net assets increased by $6.8m for the year, representing an improvement of 4.9% compared to the prior year.

WDHS incurred a comprehensive entity surplus of $6.8m for the 2017-18 financial year. The entity surplus is largely attributable to a managerial revaluation of land and building assets undertaken this financial year in accordance with current accounting standards, resulting in an asset revaluation surplus of $10.8m. The significant comprehensive entity surplus ensures the Health Service's overall liquidity levels and other financial indicators remain stable and substantially above target levels.





Income by Category – 5 Year Comparison

	2018	2017	2016	2015	2014
Government Grants	60,676	57,317	55,433	53,557	51,204
Patient Fees	6,427	6,488	5,804	6,898	5,947
Business Units	591	528	473	608	655
Other Operating Income	5,183	5,469	5,355	5,119	8,042
Capital Purpose Income	1,820	2,651	3,048	1,379	4,001
Capital Donations & Bequests	800	1,887	1,425	824	1,145

Expenditure by Category – 5 Year Comparison

	2018	2017	2016	2015	2014
Employee Benefits	50,132	48,072	46,183	44,689	43,555
Fee for Service Medical Officers	5,058	4,731	4,382	4,247	3,785
Supplies/Consumables	7,051	7,686	7,101	6,416	6,213
Other Expenses	10,528	9,301	9,457	10,156	12,246
Depreciation	6,669	7,020	6,951	6,924	3,900

Liquidity Position

During 2017-18 the Health Service generated positive cash flows from operations of $3m ($5m in 2016-17), including $2.7m in capital purpose income of which $2.745m of capital funds was used to purchase property, plant and equipment. In total the Health Service's available cash increased by $3.7m to $12.6m at year end.

The ratio of current assets to current liabilities (excluding patient trust funds) at the end of the year was 1.47:1 compared to 1.76:1 in the previous year. This remains considerably in excess of the 0.7 target ratio.

Asset Management

$2.8m was invested during the year in building works, plant, equipment and infrastructure upgrades, in accordance with the capital works budget adopted in September by the Board.

This investment was substantially less than the $6.7m depreciation expense for the year.

Significant items included in the $2.8m investment, were the purchase and replacement of two anaesthetic machines totalling $109k, purchase and installation of two new chillers for Hamilton Base Hospital and the Birches $294k, a new Theatre CSSD washer $95K, an upgrade to the Theatre imaging system totalling $48k, vehicle replacement program $326k and $1.543m for assets under construction, including the Cancer and Dialysis Centre, the Birches redevelopment, the steam boiler replacement program and the upgrade of the nurse call system.

Community Support

Support from our community, as indicated by the outstanding $800k received from donations and bequests, allows WDHS to continue to invest in buildings, medical equipment and technology.

It is important to maintain the level of investment to provide a strong base for the Health Service to improve service delivery and efficiency and comply with increasingly rigorous service standards.

The Future

Although WDHS faces ongoing financial challenges, the organisation remains optimistic about its future and will continue to identify ways to enhance financial performance and achieve greater operational efficiency and productivity through continuous improvement processes that meet community needs.

Complexity adjusted (WIES 24) inpatient activity was 3.66% higher than the previous year.

YEAR IN BRIEF	2018	2017	2016	2015	2014
FINANCIAL ($000'S)					
Total Revenue	72,877	69,802	67,138	66,109	65,898
Total Expenses	72,769	69,790	67,123	65,508	65,799
Net Result before capital and specific items	108	12	15	601	99
Net Result for the year (inc. Capital and Specific Items)	(4,024)	(2,470)	(2,650)	(4,284)	1,146
Retained Surplus / (Accumulated Deficit)	6,363	11,791	17,108	22,041	27,217
Total Assets	175,844	167,861	169,361	167,842	167,613
Total Liabilities	29,815	28,697	27,698	23,439	18,850
Net Assets	146,029	139,164	141,663	144,403	148,763
Total Equity	146,029	139,164	141,663	144,403	148,763
FUNDRAISING ($000'S)					
Income	868	1,913	1,447	854	1,171
Expenditure	68	26	21	27	26
Surplus	800	1,887	1,426	827	1,145
STAFF					
Number of staff employed	717	716	731	716	721
Equivalent full time	540.99	538.82	534.11	531.05	547.63
PERFORMANCE INDICATORS (ACUTE)					
Inpatients treated (separations)	7,159	7,161	6,967	7,026	7,197
Complexity adjusted inpatients (WIES24)*	5,497	5,303	5,213	5,142	4,998
Average stay (days)	2.49	2.48	2.68	2.67	2.77
Inpatient bed days	17,803	17,773	18,201	18,758	19,971
Total occasions of non-admitted patient service	49,202	49,631	46,973	37,830	39,208

* WIES - Weighted Inlier Equivalent Separations

Service Performance at a Glance

	2018	2017	2016	2015	2014
INPATIENT STATISTICS (ACUTE PROGRAM)					
Inpatients Treated	7,159	7,161	6,967	7,026	7,197
Average Complexity (DRG Weight)	0.77	0.74	0.75	0.74	0.69
Complexity adjusted inpatients (WIES 24)*	5,497	5,303	5,213	5,142	4,998
Inpatient Bed Days	17,803	17,773	18,201	18,758	19,971
Average Length of Stay (days)	2.49	2.48	2.61	2.67	2.77
HITH bed days	787	420	816	671	631
Nursing Home Type Bed Days	412	604	637	1,091	1,553
Operations	2,911	3,138	2,911	3,127	2,895
Births	172	162	193	191	210
Available Bed Days	28,389	27,877	27,954	27,654	28,613
Occupancy Rate	66.9%	67.4%	70.3%	71.8%	75.2%
Average Cost per inpatient	5,226	$5,147	$4,909	$4,608	$4,344
AGED CARE STATISTICS - (AGED PROGRAM)					
High Care					
Residents Accommodated	185	189	220	207	185
Resident Bed Days	45,557	50,297	52,790	51,021	39,639
Low Care					
Residents Accommodated	23	24	24	29	62
Resident Bed Days	5,121	4,405	3,100	5,665	11,803
Respite					
Residents Accommodated	169	182	214	133	139
Resident Bed Days	4,948	3,414	2,764	2,049	2,077
Occupancy Rate	88.50%	91.26%	92.10%	92.48%	84.27%
Home Care Package (HCPs) clients	47	40	36	38	44
HCPs occasions of service	15,128	10,294	9,608	9,843	9,654
ACCIDENT/EMERGENCY OCCASIONS OF SERVICE	**7,497**	**6,960**	**7,018**	**6,984**	**7,155**
Outpatient (Non-admitted) Occasions of Service					
Physiotherapy	7,394	8,047	6,855	4,114	4,360
Planned Activity Group	7,435	6,626	5,941	5,743	5,319
Speech Pathology	745	925	810	762	658
Podiatry	2,736	3,056	2,993	2,617	2,229
Occupational Therapy	1,787	1,952	1,920	1,753	1,812
Palliative Care	1,842	1,143	2,309	1,428	2,012
District Nursing Service	22,623	23,597	22,123	21,973	21,959
Other (Continence, Diabetes, Dietetics)	4,640	4,285	4,022	3,479	3,198
Total Non-admitted Occasions of Service	49,202	49,631	46,973	41,869	41,547
Cost Per Non-admitted Occasion of Service	$243	$219	$191	$171	$169
Meals on Wheels	19,554	21,006	20,382	23,078	26,933
Quality Assurance					
Full Accreditation Status	YES	YES	YES	YES	YES

* WIES (Weighted Inlier Equivalent Separations) are based on the Australian Refined - Diagnostic Groups (AR-DRG) further refined in Victoria by the addition of a few additional DRGs by the Vic-DRG version 8.* Our Target WIES for 2017-18 (excluding those funded under the Small Rural Health Services Program) was 5,378. The Health Service was 0.79% below target this year.

Acute/Sub-acute

- Anaesthetics
- Chemotherapy
- Contracted Services - Pathology, Radiology and Sleep Clinic
- Coronary Care
- Day Procedure
- Ear, Nose and Throat
- Emergency
- Endocrinology
- Endoscopy
- General Medicine
- General Surgery
- Geriatric Evaluation Management
- Gynaecology
- Haemodialysis
- High Dependency Care
- Hospital in the Home
- Infection Control
- Intensive Care
- Maxillofacial Surgery
- Nephrology
- Neurosurgery
- Obstetrics
- Oncology
- Operating Suite
- Ophthalmology
- Oral Surgery
- Orthopaedics
- Paediatrics
- Pharmacy
- Preadmission Service
- Psychiatry
- Rehabilitation Medicine
- Specialist Adult Medicine
- Specialist Nursing
- Stroke Medicine
- Transition Care
- Urology
- Wound Care

Primary & Preventative Health

- Audiology
- Balance Clinic
- Breast Cancer Support Group
- Cancer Care Coordinator
- Cancer Support Group
- Cancer Support Services
- Cardiac Rehabilitation
- Cardiac Support Group
- Carer's Support Group
- Chronic Disease Management Program
- Chronic Pain Service
- Complex Care
- Continence Service
- Counselling
- Diabetes Education
- Discharge Support Service
- District Nursing Service
- Domiciliary Midwifery
- Exercise Physiology
- Family Planning
- Hamilton Community Transport
- Hospital in the Home
- Lymphoedema Management
- Men's Health
- NDIS
- Nutrition and Dietetics
- Occupational Therapy
- Palliative Care
- Physical Activity Programs
- Physiotherapy
- Podiatry
- Short Term Support
- Public Health Medicine
- Rehabilitation in the Home
- Respiratory Education
- Respiratory Support Group
- Sexual and Reproductive Health
- Smoking Cessation
- Social Support Group
- Social Work
- Speech Pathology
- Stomal Therapy
- Telehealth
- Women's Health
- Workplace Health Programs
- Youth Programs

Aged Care

- Dementia Specific Residential Aged Care
- Geriatric Medicine
- Home Care Packages
- Leisure and Lifestyle
- Women & Men's Out & About Activities
- Palliative Care
- Private Respite Care
- Psycho Geriatric Care
- Residential Aged Care
- Respite Care

National Centre for Farmer Health

- AgriSafeTM
- Health and Lifestyle Assessments
- Information and Knowledge Hub
- Research and Development
- Sustainable Farm FamiliesTM
- Training and Education

Administrative

- Auxiliaries
- Community Liaison
- Facility Management
- Finance
- Health Information
- Hotel Services
- Human Resources
- Learning and Education
- Library
- Meals on Wheels
- Medical Administration
- Occupational Health and Safety
- Quality Improvement
- Reception
- Security
- Sub Regional Corporate Services
- Volunteer Program

→ WDHS has appointed a new Oncology Nurse Consultant, Carmen Jacobs to support the new cancer treatment model of care. Carmen (right), is pictured here with Medical Unit Manager Aisling Cunningham, Receptionist Ingrid Farrow and Dialysis Nurse, Leonie Eales in the new Cancer and Dialysis Centre.

Patient Admissions & Classification

Total Discharges – 5 Year Comparison					
Location	**2018**	**2017**	**2016**	**2015**	**2014**
Hamilton City	3,121	3,139	2,643	2,350	3,629
Southern Grampians	911	931	728	538	822
Glenelg Shire	806	1,002	807	711	1,029
Moyne Shire	968	779	478	393	636
Other	1,353	1,310	2,311	3,034	1,081
Total	**7,159**	**7,161**	**6,967**	**7,026**	**7,197**

Inpatient by Classification – 5 Year Comparison					
	2018	**2017**	**2016**	**2015**	**2014**
Public	5,735	5,580	5,274	5,193	5,418
Private	1,249	1,382	1,486	1,576	1,490
Department of Veterans Affairs	120	145	140	201	226
Transport Accident Commission	18	20	21	26	25
Workcover	37	34	46	30	38
Total	**7,159**	**7,161**	**6,967**	**7,026**	**7,197**

→ Patient, Gladys Ryan with Customer Service Officer, Paige Cross.

Enhancing People's Lives

We support the prevention of illness and promote the health and wellbeing of people in our community. We strive to deliver customer service excellence and continuously innovate to adapt to the needs of our community. We deliver quality services as close to home as possible.

CARING FOR OUR COMMUNITY

Care Snapshot 2017-18

2,911 operations

173 babies

49,202 outpatient occasions of service

17,803 inpatient days in hospital

7,497 ED presentations

25.7% ED patients admitted to hospital

55,626 aged care bed days

INCREASING CAPACITY

Supporting People with a Disability

The National Disability Insurance Scheme (NDIS) rolled out in October 2017 and WDHS quickly became the largest provider of NDIS services in the South West region. The NDIS has increased demand for many of our services, including Occupational Therapy, which has been requested by 75% of clients referred to WDHS. To meet this demand, a new Occupational Therapist joined the team in May 2018.

Emergency Department Changes

The number of patients visiting the Emergency Department has increased by over 500 presentations in the past twelve months. In response to this increase, a new nursing structure was implemented. A new Nurse Unit Manager was appointed to manage the Emergency Department and Intensive Care Unit. This change will further strengthen the service provided to our patients.

Streamlining Orthopaedic Care

Over the past three years the number of joint replacement procedures undertaken at WDHS has doubled. The Health Service currently has three orthopaedic surgeons who regularly visit for consultations and Theatre lists.

A multidisciplinary workgroup was convened to streamline the patient's transition from surgical to rehabilitation services, with patients generally discharged from hospital within three to four days.

ENHANCING CARE

Oncology Model of Care

Over recent years WHDS has built its oncology service to ensure the community has world class facilities and specialists at its doorstep. Leading oncologists from the Ballarat Regional Integrated Cancer Centre (BRICC) and Radiologists from the South West Cancer Centre are supported by chemotherapy nurses, pharmacists and the care co-ordination team.

The WDHS Cancer and Dialysis Centre is expected be completed in September 2018 and in anticipation of the opening, a review of patients and workflow was carried out. A Clinical Nurse Consultant - Cancer Services was appointed and will be a key contact for patients and staff, further enhancing patient care.

A number of nursing staff have also completed training in both haemodialysis and oncology, to ensure an appropriately skilled and flexible workforce as we transition to the new area.

As part of our new oncology model of care and consistent with the latest cancer treatment research, the WDHS Exercise Physiologist also initiated one-on-one exercise programs for clients on chemotherapy this year.

Customer Service

A Customer Service Officer was employed to support improved communication for patients, families, carers and staff at WDHS in 2017. The Project Officer works collaboratively with key stakeholders, including Health Service managers, clinicians, other health professionals, consumers and carers to identify and act on opportunities for innovation in the delivery of healthcare to improve patient experiences. Customer service and positive communication sessions were also delivered to over 400 employees across the organisation, to enhance skills and provide insights for staff.

Early Detection of Lymphoedema

The Physiotherapy Department is developing a Lymphoedema Early Detection Clinic for men and women post Cancer surgery. WDHS received funding from Peter's Project to support this initiative with the donation of $12,800 to purchase a SOZO machine to detect Lympohedema in its earliest stages.

EyeConnect Project

This year WDHS joined the Royal Victorian Eye and Ear Hospital's eyeConnect telemedicine project. eyeConnect is a complete telemedicine diagnostic platform capturing and transmitting diagnostic information to remote specialists. The specialist views patient information and communicates eye treatment instructions to staff and patients. This provides immediate access for patients with eye injuries to a specialist consultant, without unnecessary travel to metropolitan services.

Stroke Management

From April 2016 to December 2017 WDHS participated in the Victorian Stroke Telemedicine Project. The project outcomes included the introduction of a Stroke Call Policy to provide an immediate stroke team response for rapid access to medical imaging services, ICU and a telemedicine neurologist consult.

The policy reduces the time it takes for treatment decisions to be made and ensures the continuity of care from ambulance notification to treatment and further management. The project ensures that stroke care is equitable, accessible and based on the best available evidence and resources for patients presenting with stroke symptoms.

PARTNERING TO IMPROVE SERVICE DELIVERY

Skin Cancer Detection Clinics

WDHS has developed a new collaborative approach for the management and early detection of skin conditions including skin cancers. This new approach involves satellite skin cancer clinics across Victoria with our Men's Health Nurse Practitioner, providing relevant and timely referrals to Dr Werner Sinclair's Dermatology Clinic, based at WDHS. This service means that patients have more timely access to a specialist dermatologist.

Responding to Mental Health Issues

WDHS and the South West Healthcare Mental Health team are working collaboratively to improve the management of patients presenting to our service with mental health needs. A multi-disciplinary Mental Health Workgroup, with representation from Police, Ambulance Victoria, Nursing, Security and Hotel Services was established, to improve communication, review cases, incidents and issues and to develop new guidelines. This group will continue to implement new requirements to comply with the NSQHS Standards.

Palliative Care in Home Respite

WDHS Palliative Care has developed a collaborative program, partnering with the Southern Grampians Shire to deliver funded in-home respite services. The WDHS Palliative Care team is providing an education plan for carers on end of life care in the home.

SPECIALIST RECRUITMENT

Director of Anaesthetics

Dr James Muir stepped down as Director of Anaesthetics in January, after 15 years dedication to the delivery of safe anaesthetic procedures in Hamilton. In June 2018, Dr Eve Shepherd commenced as Director, following a 16 year career as a Clinical Anaesthetist. She graduated in Medicine at Charles University in the Czech Republic in 1998. Dr Shepherd has since worked in the UK as a Consultant Anaesthetist and in 2017 moved to Australia, where she took up a role at the Fiona Stanley Hospital in Perth.

New Obstetrician Gynaecologist

Dr Clare Myers commences her role at WDHS in July 2018, partnering with Hamilton Medical Group as a Specialist Obstetrician and Gynaecologist, with a keen interest in Laparoscopic Gynaecology. Dr Myers grew up in Dunkeld, studying Medicine at Monash University and graduating in 2000 with Honours.

AGED CARE

Improving Medication Management

Improving medication management has been a focus in our aged care facilities and includes reviewing the type, dosage and number of medications prescribed in order to reduce, (where possible), nine or more medications which can lead to adverse events. A local external consultant pharmacist was contracted to conduct medication reviews and provide recommendations for inclusion in the shared clinical record. Pharmacists, doctors, nurses and residents collaborate to review the type, dosage and number of medications to improve resident safety and health outcomes.

Better Support for People with Dementia

A Cognitive Impairment Workgroup, with multidisciplinary and consumer representation completed a gap analysis against National Dementia Best Practice Standards, resulting in several outcomes. These included improved access to a geriatrician / psycho geriatric services, further embedding of the Montessori Model of Care and workplace support for staff diagnosed with dementia.

A best practice risk screening tool for cognitive impairment and delirium was also implemented.

A highly successful Dementia Forum was also held for carers, their families and the wider community, with over 70 people in attendance.

As part of their continued education, staff experienced dementia for themselves using virtual reality glasses provided through Dementia Australia's 'Enabling Edie' training program.

Red Flag Program

A successful new program is ensuring residents maintain an optimum weight while in residential aged care. The Red Flag Program (RFP) was established to improve the nutrition experience for residents who are at risk of weight loss. The RFP comprises two main interventions, firstly a Red Flag is placed on meal trays to highlight 'at risk' residents who require extra time, correct positioning, assistance, prompting and / or supervision during meal times. The second intervention involves the provision of 'mid meal options'. The program has been very successful, with sites across WDHS looking to introduce similar interventions.

Aged Care in the Home

Home Care Packages are designed to assist people to remain living at home as independently as practicable. In February 2017 changes were made to the model of care and packages became 'Consumer Directed'.

Home Care Package subsidies are now allocated directly to the consumer, where they were previously allocated to providers.

Ultimately, the change has given consumers more choice in their provider and flexibility in the way the package supports them to remain living at home. Until February 2017 WDHS provided case management for 28 Home Care Package clients. Since the change, the provision of WDHS Home Care Packages has grown by 75%. Home Care Package staff are trained in the Consumer Directed model and are effectively supporting consumers to meet their individual needs.

Aged Care Documentation

Funding for aged care facilities in the public hospital system is dependent on the documentation of care, which is increasingly carried out by nurses and care staff. This year WDHS conducted a review of documentation processes in its aged care facilities. The review incorporated the content and goals of handover materials and the Nursing Care Plan. It looked at the frequency, time of day and skill levels of all staff involved in the Care Plan and how this could be streamlined to guarantee quality, while also allowing enough time for direct patient care. Ongoing reviews are allowing staff to restructure their workday to achieve greater efficiencies and more effective use of their nursing time.

Mobility Trained Nurse Program

The Mobility Trained Nurse Program has been rolled out to all aged care facilities and the Merino Health Service. This program aims to equip nursing staff with the skills and tools to address mobility and transfer issues, for patients admitted when Physiotherapists are unavailable.

QUALITY & SAFETY

ACCREDITATION

WDHS systems and processes are periodically assessed against national standards. Accreditation is a mandatory process for all public acute health services and providers of residential aged care. WDHS participates in several comprehensive national accreditation programs, including those conducted by the Australian Council on Health Care Standards (ACHS) and the Australian Aged Care Quality Agency (AACQA).

National Standards

The National Safety & Quality Health Service (NSQHS) Standards drive the implementation of safety & quality systems to improve healthcare across Australia. The second edition of the NSQHS Standards was released by the Australian Commission on Safety and Quality in Health Care in November 2017. Our governance committee structure has been revised to facilitate the new standards, with additional focus given to palliative and end-of-life care, mental health, nutrition and malnutrition. The second edition standards come into effect on January 1, 2019.

Aged Care Standards

A full assessment of compliance with the AACQA Standards was conducted at the Coleraine campus in December 2017. Coleraine achieved reaccreditation in all four AACQA standards, which drive the implementation of safety and quality systems to improve aged care. In recognition of consistent and sustained compliance with the Standards, WDHS was granted an extension to their current period of accreditation. The PDHS, Grange and Birches facilities will now be assessed in August 2019.

RISK MANAGEMENT

The identification, assessment and management of risk is critical to the safety of patients, visitors and staff. Risks are monitored by the Quality Department and are regularly reviewed by the Executive Team. The WDHS risk management framework has been implemented in accordance with the Risk Management Standard AS/NZS ISO 31000:2009.

CONSUMER PARTICIPATION AND FEEDBACK

WDHS continues to seek opportunities to engage community members to actively participate in the planning and evaluation of services and improvement processes. Consumers are involved in several workgroups at WDHS including the Community Advisory Committee, the Consumer Health Information Committee and the Diversity & Equality Committee.

Consumer Feedback

Feedback assists WDHS to monitor the safety and quality of the care provided across its service; to identify improvements to practice, facilities, systems and equipment. In 2017-18, 728 items of formal feedback were received. Of these 560 were compliments and 168 were complaints or suggestions for improvement. Of the complaints, 80% were addressed within 30 days, with the remainder closed within 30-60 days.

Transforming Rural Health

We encourage the development and design of new and innovative practices and processes that lead to system change. We promote an environment that inspires learning, thought leadership and enables staff to actively participate in contributing to change.

COMMUNITY HEALTH & WELLBEING

FARMER HEALTH

Ripple Effect Suicide Prevention

The final report on the NCFH Ripple Effect Suicide Prevention project was received and accepted by beyondblue and can be accessed on the beyondblue website.

Crop Harvest

NCFH CROP HARVEST evaluated farmer attitudes and behaviours, to prevent agrichemical exposure. The research involved 41 farmers from Western Victoria and assessed the effectiveness of monitoring exposure to agrichemicals and the influence this has both on agrichemical use and the use of personal protective equipment (PPE).

From Inside the Farm Gate

The NCFH has been busy with a number of research projects and wellbeing programs particularly focused on rural Australian women. Women have played, and continue to play a significant role in Australian agricultural businesses and communities and engaging them in conversations about their experience on the land can inform initiatives that both support and promote rural Australian women and their families. 'From Inside the Farm Gate' invited rural women to share their experience of navigating tough times.

Through digital storytelling, women worked together to create personal stories in a safe, trusted, peer supported environment—facilitating emotional expression without judgment, building self-confidence, a sense of achievement and encouraging positive social contact.

Stories are available at **www.farmerhealth.org**, to provide inspiration, promote communication and encourage reflection, empathy and understanding.

Help-Seeking for Wellbeing

An NCFH honours student project focused on help-seeking for social and emotional wellbeing among young rural adults in Victoria. It identified past experiences and the current intentions of participants. The findings from the study will contribute to improved prediction of future help-seeking behaviours in young rural adults and provide knowledge from the community, which will help in the development of appropriate and effective ways to support young rural adults.

International Links

The international reputation and reach of the NCFH continued to grow, with involvement in Teagasc in Ireland and Centurion University in India, where we are undertaking 'in partnership' farmer lifestyle assessments. A staff member from Centurion completed the Agricultural Health and Medicine unit in 2018. More recently, the NCFH was approached to work with the University of Hamburg-Eppendorf in Germany to assist with a research project on reducing suicide stigma. We are also part of the EU Cost as International Observers for improving safety and health in agricultural populations in the EU.

Gear Up for Ag & Safety

The NCFH collaborated with the US based Ag Health and Safety Alliance in March 2018 to deliver the 'Gear up for Ag Health & Safety' pilot program, at three agricultural colleges in Western Victoria. This educational program focuses on the next generation by interacting with Ag students at schools, colleges and universities. The program views students as the future decision makers in agriculture that will influence how farming families, businesses, industry and its workers will progress into the future. The clear message delivered to students in the program is 'sustainable farming must now include an environment that connects health, wellbeing and safety as an integral part of everyday culture.

Beyond the Fence Line

The NCFH worked with the Department of Health and Human Services (DHHS) and Agriculture Victoria late last year to deliver rural health workshops. The aim was to build government department staff awareness, understanding and knowledge of health, wellbeing and safety considerations for Victoria's agricultural and farming communities, to allow for better design and delivery of government policy and services. The 'Beyond the Fence Line' workshops were conducted at four locations across Victoria and were highly regarded by participants.

OBESITY PREVENTION

GENR8 Change & SEA Change

Southern Grampians and Portland communities are two of only a handful of places in the world reversing levels of overweight and obesity in children, according to data collected as part of GenR8 Change and SEA Change Portland. Researchers at the Deakin University Global Obesity Centre (GLOBE) found that children measured across Southern Grampians in 2015 and again in 2017, have improved their lifestyle behaviours of fruit and vegetable consumption, increased their physical activity (including walking and riding to and from school) and reduced sugary drink consumption. The GLOBE also measured a reduction in levels of overweight and obesity. Portland achieved similar exciting results, which are rarely seen across the globe and particularly in such a short period. These results have been achieved by the community making hundreds of changes, big and small, to make it easier to eat and drink healthier foods and beverages and to be more active. The focus now is to build on this early success and grow the number of people involved.

Eating Green

WDHS is introducing a new policy to support the wellbeing of community members and staff. All food served in the HBH Cafeteria and at meetings and events will be classified 'green', exceeding the Healthy Eating Advisory Service's guidelines. Through this new direction WDHS will not only improve the health of staff and visitors, but provide a model for other organisations and businesses, to 'create healthier communities'.

Shake Up Sugary Drinks

Professor Anna Peeters from GLOBE at Deakin University was keynote speaker at the SGGPCP 'Shake Up Sugary Drinks' events held in Heywood and Portland. Professor Peeters shared key evidence and practical ideas for reducing sugary drinks in our community.

FALLS RESEARCH

20 Minute Rounding research explored the impact of '20 minute staff rounding' on the incidence of falls and fall related injuries among high risk aged care residents. A major finding was that increased observation of the intervention group, led to zero fall related fractures during the study period. 20 minute rounding continues at WDHS, with new guidelines now developed. This important research will also be published and WDHS will present a poster at the International Forum on Quality and Safety in Healthcare in September.

COMMUNITY EVENTS

Creating Healthier Communities Mural

In October, over one hundred people of all ages came together to create a colourful mural promoting the WDHS vision 'creating healthier communities'. Kindergarten, primary and secondary school children from across the region, staff and aged care residents all chipped in to prepare and paint geometric shapes in a cheerful colour palette designed by well-known local artist, Jasmine Mansbridge. The young and the young at heart cut and painted shapes of their choosing, to reflect the diversity of the local community and WDHS's commitment and connection to people in the region.

Thunderstorm Asthma Forum

WDHS held a community Asthma Forum in June, with experts discussing the relatively new phenomena of thunderstorm asthma, as well as asthma triggers, treatment, diagnosis and future treatments.

Growing Community with Cormac Russell

International Asset Based Community Development guru, Cormac Russell generously shared his skills and experiences at the SGGPCP 'Growing Community' event. Feedback showed that many participants changed the way they think and work with community members as a result of attending this thought provoking and practical workshop.

International Women's Day

The WDHS International Women's Day Lunch proved a powerful opportunity to 'press for progress' on gender equality with guest speakers' businesswoman, Nadia Tucker and Monivae student, Ella Lithgow.

White Ribbon

The WDHS / Southern Grampians Shire White Ribbon Luncheon was again held to shine a light on the 370 plus local incidents of family violence reported in our Shire each year.

Over 120 tickets were sold to the event, featuring guest speakers Natalie Russell from VicHealth and Police Superintendent, Peter Greaney.

To mark the end of the '16 Days of Activism to End Family Violence', WDHS CE Rohan Fitzgerald and SGSC CEO, Michael Tudball also planted a tree at Hamilton Base Hospital to demonstrate the community's commitment to supporting those effected by family violence.

WDHS Support for Community Events and Groups

WDHS was once again a major sponsor of the Hamilton Boomers all abilities football team and provided in-kind and financial support to the 3x3 Basketball Tournament and Hamilton Eisteddfod. WDHS supported the public access defibrillator project by continuing to provide training for local businesses at the three CBD defib locations, Woolworths, Coles and the Hamilton Spectator.

COMMUNITY PROJECTS

Balmoral Fire Connect

The SGGPCP Balmoral Fire Connect Project won an award at the prestigious 2017 Victoria Fire Awareness Awards in the Access and Inclusion Category and was a finalist in the Overall Category.

The project trialled two strategies to understand the dissemination of information from a central hub in a rural community using the Balmoral Bush Nursing Centre (BBNC). The strategies were; understanding the flow of bushfire preparedness information from staff at the BBNC; and understanding the flow of information that stems from user groups of the BBNC.

Building on this success, further funding support was gained through the CFA Summer Fire Safety initiatives, to develop a short animated film based on the findings of the project.

The film 'No Such Thing as Small Talk' has been professionally developed and will be disseminated across Victoria later in the year to coincide with pre-summer education.

The animation highlights the important role professionals and community members play in sharing information informally. In rural Australia 'small talk' can help others make important decisions in emergencies. The film can be viewed on YouTube.

Pollen Monitoring

In collaboration with the University of Melbourne (UOM), WDHS was involved in a three month pollen monitoring research project.

A pollen monitoring device was installed at Hamilton Base Hospital and each day trained Maintenance staff collected and analysed the samples of pollen collected, sending data back to the UOM for further analysis.

Meeting the Needs of Vulnerable Young People

A continued focus on paediatric service provision saw the Occupational Therapy Department, in conjunction with Gray Street Primary School, successfully apply for a School Focused Youth Service (SFYS) grant to better meet the needs of young people vulnerable to, or showing signs of disengagement from school. As a result, an eight week, group-based intervention program for students aged between 9-12 years was conducted from October to December 2017.

→ The award winning Balmoral Fire Connect team - Tiff Heeson (CFA), Maedeh Karkarvandi (RMIT), Jo Brown (SGGPCP), Louise LeNay (CFA)

Enriching Our Team

We recognise our staff are our most valuable asset and that we have an obligation to support their emotional, physical and spiritual health.

OUR PEOPLE

Employee Headcount

Full time permanent	135
Full time temporary	24
Part time	517
Casual	39
Sessional permanent	2
TOTAL	717

Workforce Diversity

WDHS is an equal opportunity, merit based employer, aspiring to attract and retain high-performing employees committed to the vision, mission and values of the Health Service. As a culturally and ethnically diverse workforce, WDHS encourages multiculturalism and guarantees equity for all.

The Health Service complies with anti-discrimination and equal opportunity legislation, treating employees fairly, while recognising their different needs. The organisation celebrates workforce diversity through shared organisational values, ensuring a safe and positive workplace for all.

Recruitment

Skill shortages in regional Victoria, competition and cost saving have made strategic recruitment a top priority at WDHS. HR has implemented new software to streamline recruitment and selection to ensure new staff have the knowledge, skills and values required to deliver the Health Service's strategic business objectives.

Implementation of the WDHS Aboriginal Employment Plan, 2016-19, continues to promote a supportive environment for Aboriginal and Torres Strait Islander people. The Health Service is also working to increase the number of Aboriginal people employed at WDHS, by facilitating the ATSI Careers Day, Careers Week and Careers in Health for Year 10 & Year 11 students from Hamilton and surrounding communities.

Our People Matter

WDHS participated in the 2018 state-wide People Matter Survey from 16 April – 7 May 2018. The survey is conducted by the Victorian Public Sector Commission (VPSC).

Wellbeing

WDHS integrates health and wellbeing programs into workplace health and safety, creating not only a healthier and more resilient workforce, but also healthier communities. WDHS has developed effective partnerships with key stakeholders to promote personal health and wellbeing, extending beyond the confines of the workplace. HR invests in preventative training to assist employees to cope with and manage issues that adversely affect their psychological and physical health. This year targeted e-learning and face-to-face training sessions were delivered on workplace bullying, sexual harassment, obesity management, workplace violence, domestic violence, stress management, substance abuse, and time management.

Appreciation Portal

In an employee led initiative, a staff 'appreciation portal' was set up on the WDHS Intranet to support staff to deliver special messages showing appreciation for the efforts and kindness of their colleagues. Over 150 messages of appreciation were delivered through the portal during the year.

Workforce Profile 2018	June Current Month FTE		June YTD FTE	
Labour Category	2018	2017	2018	2017
Nursing	232.14	234.00	231.56	228.86
Administration and Clerical	84.60	86.72	86.79	85.72
Medical Support	27.93	25.64	26.87	26.46
Hotel and Allied Services	126.51	128.40	129.08	126.49
Medical Officers	21.65	19.68	19.42	19.53
Ancillary Staff (Allied Health)	45.67	50.19	47.27	51.76
Total	**538.50**	**544.63**	**540.99**	**538.82**

→ WDHS Handyman Jack Parfrey repairing windows at Hamilton Hospital.

LEARNING & DEVELOPMENT

WDHS continues to support employees with educational and professional development opportunities. Supported activities this year included professional conference attendances, clinical skills upgrades and academic study at certificate, undergraduate and graduate degree level. An innovation this year was the tracking of recognizable themes for requests across the organization to support the local delivery of training, where a number of staff members might benefit from a particular event or course.

Best Practice Clinical Learning Environments (BPCLE)

WDHS adheres to and regularly monitors its performance against the standards of the BPCLE Program. Several new practices were introduced this year, including better alignment of surveys used to investigate our learning culture. As a result, ward staff are now provided with immediate feedback on student experiences while on placement.

CLINICAL TRAINING

Graduate Program

The WDHS Graduate Programs were again very busy, with many graduates choosing to travel to our rural setting to begin their careers. Participants worked across acute and aged care on all three larger campuses. A review of the Graduate Nurse program at WDHS has resulted in several changes to the structure of study days and rotations, enhancing the graduate nurse experience at WDHS.

Undergraduate Workplace Training

WDHS continued to be a destination of choice for students on placement in medicine, nursing, allied health and via industry pathways. We strengthened our partnerships with local, metropolitan and interstate education providers.

Structured Workplace Learning

The Structured Workplace Learning Program involving our local secondary colleges, SWTAFE and SGSLLEN was a great success this year, providing a fully inclusive program and opportunities for young people of all abilities.

CQUni Partnership

A partnership with Central Queensland University (CQUni) provided new opportunities for local learners. This exciting new program offers school leavers or mature age students in our community the chance to complete a university degree locally, without having to move to larger regional centres or metropolitan areas for study and placements. It also allows current EN staff the flexibility to complete their clinical placements in Hamilton, while continuing to work at WDHS. The program is designed to support rural people to access high quality education programs, close to home.

Collaborative Graduate Program

WDHS continues to participate in the Subregional Collaborative Graduate Nurse Program. Nurses rotate through WDHS, Portland and Moyne Health services, giving a rounded and comprehensive rural practice experience.

Sue Hindson Fund

The Sue Hindson Memorial Scholarship Fund supports professional development for staff in Intensive Care or Emergency. The 2018 recipient was Jessica Barry. The scholarship supported Jess to attend a national critical care conference. WDHS sincerely thanks the Hindson family for their continued and generous support.

Continuing Nurse and Midwifery Education

The Subregional Continuing Nurse and Midwifery Education (CNME) fund allows nurses to attend study days locally, with guest speakers delivering education on a range of topics. In 2017-18, ten such study days were delivered on priority areas. In addition, two students studied Graduate Diplomas in Midwifery and two others Graduate Diplomas in Peri-operative Nursing.

NON-CLINICAL TRAINING

Empowering our Leaders

Seven Habits of Highly Effective Leaders in-house training was delivered to 16 Health Service staff over a number of weeks in 2017. The externally facilitated 'Lead to Succeed' program in core management skills was also rolled out to 26 managers and team leaders. Additional management training was provided via the in-house 'HR Series'.

Family Violence Training

A launch of the Strengthening Hospital Responses to Family Violence (SHRFV) program was held in Hamilton in June. SHRFV is a Victorian Government initiative to train thousands of health service staff across the state to identify and support patients and staff members experiencing family violence. A training package will be rolled out to all WDHS staff in the coming months. The Health Service also continues to partner with Lifeline Victoria to deliver 'Domestic Violence Awareness' training sessions.

Online Learning

WDHS provides an extensive catalogue of online learning opportunities to ensure that its workforce is prepared and highly skilled to meet the demands of a diverse and often highly specialised service delivery. Course material is provided from a variety of sources and is reviewed against strict criteria by in-house subject matter experts.

→ Dr Amy Tai and Dr Robey Joyce perform intubation at a PIPER Neonatal Study Day.

SAFETY & COMPLIANCE

OH&S

We have continued our commitment to improving OH&S management strategies through our ongoing equipment procurement program. During 2017-18 WDHS invested $80,000 to make the workplace safer for staff and patients by purchasing new equipment and carrying out minor capital works.

Emergency Preparedness

WDHS had a full scale Code Brown and Code Orange during the St Patrick's Day bushfire event, as the campus was under imminent threat. All residents were successfully evacuated to beds at other WDHS campuses.

Responding to Occupational Violence

WDHS delivered staff training on occupational violence and de-escalation skills through the Mental Health First Aid and Switch Occupational Violence programs.

Chemical, Biological, Radiological (CBR) Incidents

There were no Chemical, Biological or Radiological (CBR) incidents in the past year.

COMPLIANCE

Statutory compliance

No mandatory reports were made to the Australian Health Practitioner Regulation Agency (AHPRA) regarding health professionals. No reports were made under the Protected Disclosure Act 2012.

Code of Conduct

All staff must abide by the Victorian Public Sector Commission (VPSC) Code of Conduct and WDHS Values, Policies and Procedures.

Industrial Relations

No work hours were lost as a result of industrial action during 2017-18.

Workforce Data

Employees have been correctly classified in workforce data provided for the 2017-18 year.

Worksafe Visits

Nil

WorkCover

The total premium for 2017-18 was $784,613. The premium rate for this period was 2.1614%.

The confirmed change for 2018-19 sees our premium rate decrease from 2.1614 to 1.2351 representing a 38% reduction.

Number of Workcover claims per 100 EFT:

2017-18	5	0.9257

Hazards / Incidents

Number of hazards / incidents per 100 EFT:

2017-18	240	44.44

RECOGNISING EXCELLENCE & SERVICE

Employees of the Month

July - Sara Smith, Executive Assistant, Human Resources
August - Leanne Deutscher, Nursing Admin, After Hours Coordinator
September - Donna Parfrey, Ward Clerk, Grange
October - Rodney Nolte, Maintenance Supervisor, Coleraine
November - Kirsty Willaton, Administration Team Leader, PPH
December - Jane Robertson, General Administration, Coleraine
January - Cindy Coon, Administration, HBH
February - Amy Flavell, Clinical Nurse Specialist, Medical Unit
March - Jill Jackson, Food & Domestic Services Assistant, HBH
April - James MacAuslan, Exercise Physiologist, Physiotherapy
May - Brianna Deutscher, Occupational Therapist
June - Penny Holmes, Nurse Unit Manager, PDHS

AGM Award Recipients

Staff Above and Beyond

Hazel Saligari, Aged Care Practice Development Nurse

Community Award

Coleraine Community - Family Violence Prevention Initiatives

Clinical Excellence Award

Victorian Stroke Telemedicine Project Team

Non-Clinical Excellence Award

NCFH Ripple Effect Project Team

Staff Service Milestones

10 Year Service Badges

Tatum Pretorius
Alison Criddle
Rodney Nolte
Kaylene Diana
Deborah Clay
Philip Witham
Kerry Hiatt
Deborah Overmars
Margaret Ross
Debbie Nolte
Melanie O'Brien
Jane McClure
Georgie Dunn
Margaret Ross
Robyn Soulsby

15 Year Service Badges

Hendrina Hodgson
Julian Gardiner
Kayleen Annett
Debra Joy Robinson
Anne-Marie Byrne
Suzanne Wilson
Vicki Hallam
Neil Webb
Margaret Curran
Natalie Rhook
Kevin Brown
Lorraine Hill

20 Year Service Badges

Kimberley Cameron
Camilla Dundon
Penny Holmes
Brenda Uebergang
Kathleen Rhook
Dianne MacDonald

25 Year Service Badges

Elizabeth Ewing
Susan Ferrier
Dianne Nagorcka
Leah Swainston
Fay Picken
Heather Robertson
Stuart Willder

30 Year Service Badges

Kathleen Brown
Maryanne Campbell
Jillian Jackson
Lorace Parsons
Mary Saligari
Marilyn Sherren
Richard Staude
Mark Stevenson
Maryanne Spong
Susan Stevenson
Wendell Shaw

35 Year Service Badges

Jennifer Lane
Lynette Marsden
Patrick Turnbull
Dianne Raymond
Julie Pollock

40 Year Service Badge

Kavell Lyons

Investing In Our Future

We will invest in systems, infrastructure and equipment to provide an environment that supports the safe delivery of state of the art services to our community.

INFRASTRUCTURE

BUILDING PROJECTS

ED, ICU, Radiology Feasibility Study

We partnered with the DHHS this year to further progress our Master Plan work.

Health Science Planning Consultants were engaged to conduct a feasibility study for the development of our emergency, intensive care and radiology departments.

A number of planning options were considered for the Hamilton Base Hospital site, based on current demand pressures and limitations of the existing infrastructure. The design selected reflects contemporary models of care and would include reorientation of the hospital over time from a two storey to a single level facility.

The elegant building design will sit well in its residential setting, drawing on the art deco style of the heritage listed 'Chalet' on Tyers Street.

The next stage of this important strategic work is to develop a business case for submission to government.

Cancer and Dialysis Project

Construction of the new WDHS Cancer and Dialysis Centre commenced in January. The Centre occupies 454 square metres and features eight treatment bays, three new specialist consulting rooms, hospital admissions, reception, two waiting areas, a dedicated pharmacy, storage and utility areas. Nicholson Construction were awarded the contract in December 2017, with the cost of the project expected to be around $1.9million. The new Centre will greatly improve the environment for patients and delivery of oncology and dialysis services in the region, with scope for future expansion to meet community needs. The expected completion date is September 2018.

Health Information and Library Relocation

The Maintenance team completed works for the relocation of Health Information and the Medical Library, to allow for the construction of the Cancer and Dialysis Centre. Both departments received new modern office accommodation. These works were completed within budget in November 2017.

Birches Redevelopment

The Birches Aged Care Facility Significant Refurbishment Project consultation and design phases were completed, with construction set to commence in August 2018. This refurbishment will be jointly funded by WDHS and the Department of Health & Ageing, at an expected cost of $1.2 million. These works include the redevelopment of the Birches dining area, activity rooms, a new cafe, lounge, hairdressing salon and therapy room.

Nurse Call System Upgrade

WDHS received $361,000 in February 2017 for this upgrade. The tender and procurement process is complete, with the preferred contractor due to commence in August 2018. This upgrade will provide a more reliable and quality Nurse Call System for the Hamilton Base Hospital, which will support both patients and staff to manage nurse assist, nurse presence, emergency duress, over door lights and digital displays.

Lakeside Cafeteria

The Health Service is introducing a number of new changes to the Hamilton Base Hospital Cafeteria. A barista commenced operating in October 2017 and plans are in progress to remodel the serving area, create a public coffee bar and new seating environment.

ENERGY & ENVIRONMENT

Going Solar

The Health Service has participated in a sub-regional tender process facilitated by Health Purchasing Victoria (HPV) for the purchase and installation of a solar photovoltaic (PV) system for eleven agencies across the South West.

LED Lighting Upgrade

The installation of LED lighting across all campuses is estimated to reduce energy usage at WDHS by 70%. The roll out will also reduce maintenance and our overall carbon footprint.

PDHS Environmental Improvement Plan

We introduced a new Environmental Improvement Plan (EIP) for the Penshurst Campus, providing a framework for effective management, including re-use of waste water.

Chiller Installation

Two new Chillers were installed at Hamilton Base Hospital and The Birches. The improved efficiency of these chillers will significantly reduce electricity consumption at these facilities.

→ Concept drawing for redevelopment of the ED, ICU and Radiology departments.

COMMUNITY SUPPORT

FUNDRAISING

Our generous donors and supporters make it possible for WDHS to purchase much-needed equipment and refurbish facilities to meet the needs of patients and clients. Over $800,000 was raised in 2017-18. We sincerely thank all those who contributed, financially or in-kind. **Major event sponsors are listed on page 19 and donors contributing $100 or more are recognised on page 20.**

Cancer and Dialysis Centre

The new Cancer and Dialysis Centre continued to be the major focus of our fundraising activities this year. The community response was outstanding, with over $1.8m raised so far. To thank our supporters we held a public walkthrough event to showcase the facility as it neared completion. Over 90 people took the opportunity to tour the facility and learn more about the project.

Events and Appeals Raising Funds for the Cancer & Dialysis Centre:

Medicine Ball	$182,000
Fox & Lillie Rural Vitality Run	$11,000
HBH Op Shop Golf Tournament	$16,000
Christmas Appeal	$11,850
Cocktails in the Courtyard	$7,400
Door Knock Appeal	$55,430
Murray to Moyne - HB Bikers	$18,460
Murray to Moyne - GMHBA Team	$10,370
Drive In	$1,300

Medicine Ball

Fundraising for this cause culminated in the Medicine Ball in October 2017, the largest fundraising event to support the project to date. The Ball was a resounding success, attended by over 300 guests and raising in excess of $182,000. The success of the event reflects the incredible generosity of sponsors, guests and the importance of the project to our community. Many local and regional business owners generously supported the Ball, providing cash sponsorships, prizes and in kind support.

Fun Run

With a new major sponsor in 2017 the Fun Run was re branded as the Fox and Lillie Rural Vitality Run. Thanks to this generous support the event raised $11,000 for the Cancer Centre (just over double that achieved in 2016). In an incredible effort Fox and Lillie Rural were not only major sponsors, but fielded an impressive team of 51 participants from their depots across Victoria. A new initiative this year was 'Beat the Boss', with teams taking on CE, Rohan Fitzgerald's time over 21kms.

Community Funded Cardiac Monitor

The WDHS Intensive Care Unit (ICU) has a new mobile cardiac monitor, thanks to Woolworths Hamilton and Gray Street Primary School students. Over several months, Woolworths staff worked tirelessly to raise over $12,000, holding regular BBQs, wood and grocery raffles, a disco and placing collection tins throughout the store.

The final $2,261 required for the monitor was raised in collaboration with Grade 6 students from Gray Street Primary School, as part of their Inquiry Based Learning Program.

National Centre for Farmer Health

Donations to the NCFH totalled $52,918. The Centre sees this growing donations platform as an indicator of the increasing awareness of its important work 'making a difference to farmers' lives'.

Youth Program Funding

WDHS is working to 'create a healthier youth community' thanks to a $100,000 grant from the Victorian Government's Engage! Program. The Engage! funding, will boost WDHS's current youth engagement and development activities and assist in supporting our young people to reach their full potential.

Geoff Handbury and the Handbury Foundation again generously sponsored the Youth School Holiday Program and several FReeZA funded events were also delivered by Community for Youth Board members during the year.

AUXILIARY CONTRIBUTIONS

We are very grateful for the continued support of our hard working auxiliaries, who again contributed substantially to WDHS in 2017-18:

Birches Auxiliary Bus Fundraiser	$42,881
Coleraine Homes for the Aged	$4,190
Coleraine Ladies Auxiliary	$652
Coleraine Opportunity Shop	$1,200
HBH Ladies Auxiliary	$4,000
HBH Opportunity Shop	$74,458
North Hamilton Ladies Auxiliary	$2,020
Penshurst and District Ladies Auxiliary	$4,378

Donations & Bequests Over $3,000

Advantage Feeders	**$12,470**
Australian Peddle Car Grand Prix	**$5,000**
Mr and Mrs S & A Clifforth	**$5,000**
Collier Charitable Fund	**$52,000**
Hamilton & District Aged Care Trust	**$9,593**
Hamilton Regional Business Association	**$8,575**
Dr Geoff Handbury AO	**$10,000**
Geoff & Helen Handbury Foundation	**$40,000**
Harcourts Foundation	**$4,000**
Estate of Michael Krowicky	**$10,017**
Estate of Leo O'Brien	**$55,271**
Peter's Project	**$12,800**
Pethard Tarax Charitable Trust	**$9,000**
Estate of Rupert Rentsch	**$123,016**
Geelong Gentleman's Lunch / Rosemary Norman Foundation	**$11,000**
Rotary Club of Hamilton	**$5,000**
Mr & Mrs P & N Stanes	**$3,500**
Mr M Stewart	**$10,000**
Mr and Mrs J & J Whiting	**$5,000**
Woolworths Community Fundraiser	**$14,261**

In Kind Donations

Darriwill Farm continued its generous support of the Employee of the Month Program and Alexandra House sponsored the Volunteer of the Month Award. James Dean Pharmacy provided gift packs for families with new babies to private patients in Midwifery.

→ Hugh Macdonald, Sally Whiting and Hamish Mackinnon, with French roving entertainers 'The Fops' at the Medicine Ball.

OUR VOLUNTEERS

WDHS has 300 registered, unpaid volunteers, including auxiliary members, who donate their time and skills to support patients, residents and clients.

Volunteers are recruited through an interview process managed by the Volunteer Coordinator, to determine where their skills, experience and interests are best utilised. All volunteers undergo a police check and a comprehensive orientation program before commencing service.

The Health Service relies heavily on the support of its volunteers and acknowledges and appreciates their dedication and tireless contribution to improving the lives of patients, clients and residents.

Charlie Watt Volunteer of the Month Recipients:

July

Dot Donaldson - Op Shop

August

Vivian Rowe - Social Support Group

September

Robert Cook - Community Transport

October

Martin Wilk - Community Transport Coleraine

November

Don Adamson - Penshurst

December

Joan Ladd - North Hamilton Auxiliary and Comforts Trolley

January

Graeme Wombwell - Coleraine

February

Jan Nicholson - Hamilton / Penshurst

March

Valma Lambert - Merino Community Centre

April

Noelene Clarke - Coleraine Community Transport Service

May

Coral Luke - Hospital Opportunity Shop

June

Gwen Rentsch - Penshurst and the PDHS Door Knock Appeal

→ Some of our 240 plus WDHS volunteers, including Olive Kitchen our oldest volunteer at 100 years, who still keeps active as part of the Hamilton Base Hospital Auxiliary.

Volunteer Program Hours 2017-18

Program	Volunteers	Hours
Community Transport Hamilton	48	4,346
Hospital Op Shop	18	6,600
Comforts Trolley	6	156
Hospital Door Knock	70	245
Golf Tournament	33	231
Vitality Fun Run	24	96
Hospital Harmonies	6	22
The Grange	22	966
The Birches	12	487
Theatre Buddies	4	126
Palliative Care	9	110
PDHS	8	463
HBH Ward	8	1,204
Delta Dogs	3	110
SSG - Hamilton	10	1,051
SSG - Penshurst	8	997
Coleraine Aged Care	12	1,690
Community Transport Coleraine	18	1,018
Merino	14	1,528
Total Hours		**21,446**

Life Governors:

Aarons, B OAM
Aarons, F
Bazter CJ
Beggs HN
Boyle J
Broers M
Brumby A
Bunge B
Burgin E
Brown MA
Clifforth S
Coggins G
Dean J
Duff S
Edmonds J
Fleming JD
Fletcher J
Ford D
Fraser T
Gaussen D
Gardiner PD
Grant M
Gubbins J
Gumley F PSM
Gurry AJ
Kelsh J
Handbury G AO
Heazlewood P
Hickleton E
Holmes ES
Hope M OAM
Hutton T
Kanoniuk M
Kruger N
Langley C
Lawson V
Linke N
Lyon E
McLean M
Milton, S
Morrison HM
Murray EM
Northcott J
O'Beirne P
Rabone M
Rensch T
Robertson M
Ross J
Runciman P
Ryan D
Scaife C
Scaife S
Scullion E
Templeton H
Thornton A
Tully R
Turnbull P
Turner J
Walker O
Wallis V
Walter R AM
Wettenhall HM
Wettenhall M
Wombwell T
Wraith L

→ 2018 Life Governor, Merilyn Grant receiving her certificate from Board Member, Jen Hutton.

IMPROVING BUSINESS SYSTEMS & MODELS

NCFH VIABILITY

Business Partnerships

A new sponsorship agreement was signed with Metalcorp in March 2018, to support the NCFH mission of 'making a difference to farmers' lives' and to extend the reach of its service delivery across rural Australia. The work with Metalcorp sees us deliver interactive education sessions on health, wellbeing and safety issues for farmers and agricultural workers at various field days around the country.

The relationship with Rural Bank also continues to grow and support the delivery of Health and Lifestyle Assessments to farmers and agricultural workers. Since the establishment of this partnership, the NCFH has delivered 1,080 health & lifestyle assessments to over 17 agricultural communities, including 10 in Victoria and 7 interstate. This year the NCFH also piloted in-branch health assessments in Avoca, St Arnaud and Maryborough, which were very well received. These help to reinforce the most important asset in any farming business, its people.

Program Evaluation

Siggins Miller was commissioned by the NCFH to assess the effectiveness and efficiency of the Centre's programs and to identify any opportunities for improvement and alignment.

Overwhelmingly, NCFH stakeholders reported that the Centre has been extremely effective in research, advocacy, outreach, health promotion and education and training about the specific health needs and health and safety risks of Australian farmers and their families. The Siggins Miller report recognised that the NCFH is now the only comprehensive research, education, training and service delivery vehicle targeting the complexly determined health inequalities faced by farmers, their workers and families. Stakeholders uniformly see the role and activities of the NCFH as crucial for contributing to the health and sustainability of the farm workforce nationally.

IT UPGRADES

The Health Service is transitioning to Platinum 5, a fully integrated aged care finance system. This solution will improve billing, electronic claims management and data sharing between WDHS and the Department of Health & Ageing. The system also includes a waitlist module and is expected to be fully functional from July '18.

The Finance Department upgraded to the new Oracle E Business Suite R12, in November 2017. The new release contains significant enhancements to the finance, business and supply chain management products.

An enhancement to the Payroll System will also ensure the Health Service is compliant with new single touch payroll Australian Taxation Office requirements, effective from 1 July '18.

The further introduction of 'Thin Client' and 'Paper Cut' photocopy devices across the Health Service is delivering cost savings, longer life spans for devices and reducing print volumes.

WDHS implemented a Scout Talent recruitment software system that is tailored for candidate management by accelerating the recruitment process from approval, to advertising, to short listing and selection.

REGIONAL COLLABORATIVES

WDHS is part of Southern Grampians / Glenelg Health Services Subregional Corporate Services, which is building on the collaborative environment to establish more robust corporate and financial services.

The South West Innovation and Development Group focus in 2017-18 has been the establishment of a shared central procurement role across the region and the completion of stage one of the regional pharmacy governance project, funded by Safer Care Victoria.

The focus of the Subregional Aged Care Workgroup this year has been the implementation of a new residential aged care finance system, 'Platinum 5' across thirteen health services in the South West and the introduction of an analytical tool for comparing aged care data across the region.

MAJOR EVENT SPONSORS

MEDICINE BALL

Platinum Sponsors
Hamilton Automotive

Gold Sponsors
Ace Radio
Jigsaw Farms
Manse Medical
Rotary Club of Hamilton

Silver Sponsors
Drs Anne Cass and Laurie Ryan
Bendigo Radiology
Cogger Gurry Accountants
Craig Collins Builders
Daikin Air Conditioners
Dorevitch Pathology
Finchetts Plumbing
Fox Refrigeration
F Greed & Sons
Iluka Resources
Kerr & Co Livestock
Royal Mail Hotel Dunkeld
Southern Grampians Livestock & Real Estate
Volvo Cars Brighton

Bronze
Crawford River Wines
Henry's Hydraulics
Henty Estate Winery
Katnook Estate Winery
Max Murray Builders
Sinclair Wilson
The Hamilton Spectator

Other
Midfield Meats
Mr & Mrs Laurie & Fiona Cogger
Bunyip Brewery
Jasmine Mansbridge
Mr & Mrs Mark & Sue McGinnity
Monivae College
Permewans Home Timber and Hardware
South West Institute of Tafe
The Hamilton & Alexandra College
Wickens at Royal Mail

Chefs
John Hedley
Lindsay Fush
Jordan Lanigan
Tim Roll
Stuart Thomson
Michael Nguyen

FOX & LILLIE RURAL VITALITY FUN RUN
Fox and Lillie Rural
Ace Radio
Australian Blue Gum Plantations
Bank of Melbourne
Vitality Health and Fitness

OP SHOP GOLF TOURNAMENT
Hospital Opportunity Shop
Drs Anne Cass and Laurie Ryan
Elliotts Fire & Safety
Dorevitch Pathology

INTERNATIONAL WOMEN'S DAY
Sinclair Wilson
Vitality Health and Fitness
Melville Orton and Lewis

DRIVE IN
Yes Optus Hamilton

GIFTS OVER $100

Mr & Mrs B Aarons
Ms S Adams
Mr & Mrs G & J Addinsall
Mr & Mrs J & J Addinsall
Advantage Feeders
Mrs J Aitken
Alexandra House
Mr L Allen
Mr & Mrs P & A Anderson
Mr and Mrs A & J Annett
Mr & Mrs M & A Archer
Mrs K Armstrong
Australian Pedal Car Grand Prix Committee Inc
Mr G Aydon
Mr & Mrs A & J Bagnall
Mr W Bailey
Mr D & Lady D Bailey
Baimbridge College Hamilton
Mr P Balderstone
Mr & Mrs D & M Barber
Mrs J Barnes
Mrs B I Basham
Mr & Mrs P & D Bast
Mr and Mrs CJ & KA Baulch
Mr J Bensch
Mr P Besgrove
Bethlehem Lutheran Church
Mr & Mrs A & C Beveridge
Mr I Black
Mrs E Brennan
Mr G Brewis
Brewis & Co
Brim Active Community Group
Mr and Mrs C & C Brinkmann
Ms E Britten
Ms K Britton
Mr and Mrs D & C Brooks
Mrs M Brown
Mr R E Brown
Mrs A Brumby
Mr & Mrs P & B Bunney
Mr and Mrs G & R Burger
Miss A Burne
Mr & Mrs D & J Burns
Mrs L Cameron
Mr and Mrs H & K Cameron
Ms M Campbell
Mr & Mrs K & M Campbell
Mr and Mrs G & M Campe
Dr A Cass
Mr K Chandler
Chillmech Services
Mr and Mrs K & H Christie
Mr and Mrs S & A Clifforth
Mr and Mrs G & P Coates
Cogger Gurry Accountants
Dr G & Mrs L Coggins
Mr and Mrs I & S Colclough
Coleraine Homes for the Aged Women's Auxiliary
Coleraine District Health Service Ladies Auxiliary
Coleraine Opportunity Shop
Coleraine Unity Church
Mr and Mrs D & L Collins
Mr & Mrs T & L Colliton
Reverend P Cook
Mr B Cook
Mr and Mrs D & K Coote
Mr B Cordy
Mr J Crawford
Mr and Mrs K & A Creek
Dr L & Mrs E Cummins
CWA - Hamiilton Evening
CWA Hamilton Branch (Day)
Mrs A De Vries
Mr & Mrs D & L Delahoy
Mr J Dempster
Mrs D Douglas
Ms C Dunlop
Mr J Duyvestyn
Ms L Dyke
Mr & Mrs TP & AE Eales
Ms L Eales
Mr S & G Eats
Mr E C Elliott
Mr and Mrs JMW & E Ellis
Mr & Mrs B & L Emsley
Ms E Fenton
Mrs M Ferguson
Ms A Ferguson
Finchett's Plumbing
Mr and Mrs R & K Fitzgerald
Mr and Mrs P & H Flinn
Mr R Foran
Mr and Mrs D & H Garfoot
Misses E & H Gartner
Geelong Gentlemen's Lunch
GMHBA Healthier Together Team
Mr and Mrs RJ & GV Gordon
Mr & Mrs J & M Gough
Mrs H Gough
Mr and Mrs J & R Graham
Mr G Greaves
Mr and Mrs I & A Grey
Ms M Groves
Mrs F Gumley
Mr and Mrs K & E Haines
Hon R and M Hallam
Hamilton & District Aged Care Trust
Hamilton & District Veterans & Vintage Car Club
Hamilton Base Hospital Ladies Auxiliary
Hamilton P & A Society
Hamilton Quilters Inc
Hamilton Regional Business Association
Hamilton Uniting Church Argyle Shop
Hampden League
Dr G Handbury AO
Geoff & Helen Handbury Foundation
Harcourts Foundation
Ms L Harman
Mr S D Harris
Mr and Mrs Melvin Hartwich
Mr R Hastie
Mr I Heard
Mr D J Hearn
Ms L Hedley
Mrs E Henderson
Mr and Mrs T Henry
Henty Group CWA
Mrs M Herd
Ms E Hill
Mr and Mrs M & P Hill
Mrs A Hindson
Mr S Hindson
Mrs L Hobbs
Mr L Hocking
Mr and Mrs S & A Hornby
Hospital Opportunity Shop
Mr and Mrs N & R Howard
Mr and Mrs R & K Huf
Mr D Hunt
Mr and Mrs R & B Hunter
Mr and Mrs T & J Hutton
Iluka Resources Ltd
Ivory Print
Mr R Jackson
Mr and Mrs D & R Jaeschke
Mr H Jansen
Jigsaw Farms
Mrs V Jones
Mr and Mrs B & W Kearney
Ms J Keen
Mr and Mrs J & H Kelsall
Messrs B & J King
Mr and Mrs W & J Kinnealy
Kinross Wolari School - Orange
Mr and Mrs L & J Kirkwood
Knox Grammar School
Mr & Mrs and Mrs P & T Kruger
Lakeside Motel
Landmark Harcourts
Mrs D Lanyon
Mr R Large
Mr A Law
Mr G Leech
Mr & Mrs MA & RJ Leeming
Mrs L Lehmann
Leroy Mac Designs
Ms S Lewis
Mrs J Lewis
Mrs P L Lewis
Mrs G Leyonhjelm
Mr and Mrs Graeme Linke
Mr & Mrs R & J Linke
Mrs G & R Linke
Mr and Mrs I & R Linke
Mr N Linke
Lions Club of Hamilton Inc.
Lions Club Of Merino & Digby
Mr and Mrs K & E Lowery
Mr & Mrs G & V Lucas
Lutheran Church Of Australia - Victorian District
Ms L Lyons
Mrs A Lyons
Mr and Mrs H & J Macdonald
Mr & Mrs R & E MacGugan
Mr and Mrs HH & S Mackinnon
Mr and Mrs E & M MacLean
Mr and Mrs N & H MacLean
Mr & Mrs D & M Maegher
Mrs R Malseed
Mr R Mann
Ms K Martin
Ms J Mason
Mrs E A Mathews
Mrs E Mayfield
Mr J W Mccabe
Mr K McCaskill
Mr A McConachie
Ms J McDonald
Mr A McDonald
Mr and Mrs D & S McFarlane
Mr and Mrs M & S McGinnity
James McInnes
Mr and Mrs S & H McKenry
Melville Orton Lewis
Mrs R Mercer
Mr P Milburn
Mr & Mrs P & S Millear
Mr I Mirtschin
Mr A Morrison
Mrs G Muir
Mr M Murray
Mr E Murray
Max Murray Builders P/L
Mr and Mrs D Murrie
Mr R Napier
Ms M Nolte
North Hamilton Base Hospital Ladies Auxiliary
Ms L Nuske
Mrs P Oliver Snell
Ms G Palchak
Ms M Parraguez
Ms J Pearse
Penshurst Combined Churches
Penshurst Hospital Ladies Auxiliary
Mr & Mrs T & B Pepper
Pigeon Ponds Sports Club
Mr E Puls
Mr R & L Purvis
Mr M Rees
Mrs L Reid
Mr M Rentsch
Estate of Rupert Rentsch
Mr D Rhook
Mr C Richardson
Mr and Mrs J & C Roads
Mr and Mrs DA & MF Robertson
Mr D Robertson
Ms T Robinson
Mr and Mrs R & A Robinson
Rosemary Norman Foundation
Mr R Ross
Rotary Club of Hamilton
Rotary Club of Hamilton North
Run For Farmer Health 2017
Dr A Cass & Dr L Ryan
Ms C Scherek
Mrs V Schultz
Mr and Mrs M & R Schultz
Mr and Mrs P & M Schultz
Mr and Mrs M & R Schultz
Ms L Sharrock
Mrs R Silcock
Mrs L Slorach
Mrs E Smith
Ms C Smith
Mrs N Smooker
Mr and Mrs F & D Soulsby
South West Institute of Tafe
Spencer Thomas & Partners
Mr & Mrs P & N Stanes
Mr and Mrs R & J Steele
Mr and Mrs R & M Stephens
Mr and Mrs M & S Stevenson
Mr M Stewart
Mr and Mrs R & L Stewart
Mrs and Mr R & J Street
Tarrington Lutheran Women's Guild
Tarrington Senior Citizens Centre Inc
Mr J R Templeton
Mrs A Tepper
Thank-a-Farmer For Your Next Meal
This Farm Needs A Farmer
Mr I Thomson
Ms E Thuma
Mr R Trewin
Mr M Tudball
Mr A Walsh and Ms N Turner
Mr and Mrs M & M Uebergang
Mr and Mrs I & E Uebergang
Ms H Uebergang
Mr and Mrs J & J Upton
Virbac
Viridian Glass
Walker's Earthworks
Mr and Mrs A & R Walkom
Mr and Mrs R & J Wall
Mr and Mrs O & I Walter
Warrnambool East Rotary Club
Ms J Waters
Mr and Mrs G & C Waters
Mrs W Wathen
Mr and Mrs J & H Watt
Mr and Mrs G & S Watt
Westerns Football Netball Club
Mr and Mrs C & V Whitehead
Mr and Mrs J & J Whiting
Mr M Whitnell
Ms A Williams
Mr and Mrs I & M Willsher
Woolworths Group Ltd
Mr and Mrs P & L Young
Mr J Young

Organisational Chart

Sub Committees — **Board of Directors**

Director National Centre for Farmer Health — **Chief Executive**

- Human Resources - Learning and Development
- Community Liaison

Director of Corporate Services

- Budget & Finance Manager
- Facility Manager
- Group Manager, Support Services
- Health Information Manager

Director of Medical Services

- Senior Medical Staff
- Hospital Medical Officers
- Chief Pharmacist

Director of Nursing Hamilton Base Hospital

- Quality & Risk Manager
- Unit Manager ICU / Medical / ED
- Unit Manager Surgical / Obstetrics / Paediatric
- Unit Manager Theatre / CSSD
- After Hours Coordinators
- Infection Control Clinical Nurse Consultant
- Regional Wound Care Clinical Nurse Consultant

Director of Primary & Preventative Health

- Allied Health Department Heads
- Preventative Health Teams
- Community Health

Manager Community Nursing Services

- Complex Care
- Cancer
- Continence
- Diabetes Education
- DNS Assistant Supervisors
- Palliative Care
- Discharge Support Services
- Mens Health
- Women's Health
- Stomal
- Workplace Health

Business Manager PPH

Director of Nursing Aged Care Services (Hamilton & Penshurst)

- PDHS Director of Nursing
- PDHS Unit Manager
- Unit Manager Birches
- Unit Manager Grange
- Aged Care Services Team

Coleraine Manager / Director of Nursing

- CDHS Unit Manager
- Merino Community Health Centre

Executive Officer Primary Care Partnership

→ WDHS CE, Rohan Fitzgerald, Infection Control and Wound Management Co-ordinator, Lesley Stewart, Quality Manager, Sue Denney, Director of Nursing, Lorraine Hedley, Director of Primary and Preventative Health, James 'Mac' McInnes and WDHS Board Member, Darren Barber promoting Hand Hygiene.

Corporate Governance

WDHS was incorporated in July 1998 under The Health Services Act 1988 and is governed by a nine member Board of Directors (BOD), appointed by the Governor in Council upon the recommendation of the Minister for Health.

BOARD STRUCTURE, ROLE AND RESPONSIBILITIES

Directors of health services are appointed to health service boards for up to a period of 3 years. After a director serves their respective term (and they have not reached maximum tenure of 9 years), they become eligible for reappointment and can reapply to the board. However, there is no right to reappointment. BOD members serve in a voluntary capacity. The balance of skills and experience within the BOD is kept under continual review. The BOD introduced a new Board evaluation tool in 2016, the Governance Evaluator, which has assisted significantly in evaluating the effectiveness and performance of the Board Chair, individual Directors and the Board as a team. All current Board Members have undertaken additional governance training, as required. The BOD is responsible for the governance and strategic direction of WDHS and is committed to ensuring that the services it provides comply with their legislative requirements and the Objectives, Mission and Vision of the Service, within the resources provided. In the course of their duties, the BOD and Executive may seek independent advice from a range of sources. The BOD reviews operating information monthly in order to continually assess the performance of WDHS against its objectives and is also responsible for appointing and evaluating the performance of the Chief Executive. In order to ensure the effective operation of the BOD, the Board has membership on 12 committees, which meet as required and report back to the BOD.

BOARD OF DIRECTORS

Hugh Macdonald (Chair)

BBacc

Hugh currently owns and operates a farm growing prime lamb on the outskirts of Hamilton. From 1982 to 2016 Hugh worked in the finance industry, where he managed a debenture company and more recently worked with Rural Bank. Hugh is a Director of The Hamilton and Alexandra College Foundation, a Trustee for The Hamilton and Alexandra College Old Collegians and has been a National Centre for Farmer Health Board Member since its inception. He is a past President of the Hamilton Racing Club and Hamilton Junior Basketball Association. He chaired the fundraising committee for the Hamilton Indoor Leisure and Aquatic Centre, raising in excess of $750,000. Hugh was appointed to the WDHS Board in November 2006, and has been Chair since 2015. His current term expires 30 June 2018.

Jenny Hutton

BEd

Jenny is a past secondary teacher and is currently Director of Community Relations and Development at The Hamilton and Alexandra College. Jenny plays an active fundraising role in the community and is a Fellow of Educate Plus (Association of Development and Alumni Professionals in Education). Jenny was the President of the Penshurst Botanic Gardens (1995-2010) and was part of the Mullerateronq, Grange and Charity House fundraising committees in recent years. Appointed to the WDHS Board in November 2002, Jenny's current term expires 30 June 2018.

Ian Whiting

Ian is Managing Director of Bassett Estate Pty Ltd and is a Founder and Director of Club Solutions Australia Pty Ltd, Charity Bid Pty Ltd and Oxil.io Holdings Pty Ltd. Ian is President of the Branxholme Progress Association and was Deputy Chair of the South West Academy of Sport, VCFL Regional Manager South West Border and Chair of the VCFL South West Border Regional Board. He is a past President of the Hamilton Junior Football League and College Magpies Junior Football Club, a past Founding President of the Smokey River Land Management Group, President and past Captain of the Morven CFA RFB and past Chair of the 2010 Top of the Town Charity Ball. Ian was appointed to the WDHS Board in July 2011 and his current term expires 30 June 2020.

Darren Barber

Master HRM CSU (in progress)
Cert IV Training & Assessment

Darren is Manager Organisational Development at Southern Grampians Shire Council. Prior to this, he was Manager Organisation Development at Warrnambool City Council. Darren was a partner at SED Advisory, a regional Victorian professional services firm before joining local government. He has over 20 years' experience in organisation development and human resource management, specialising in regional workforce development. Darren was born in Hamilton and has been actively involved in the community, with roles on the Gray Street Primary School Council, Show Us Your Toys Committee, South West TAFE Hamilton Campus Advisory Committee and Mitchell Park Kindergarten Committee. He has also acted as a regional delegate for the VECCI Business and Employment Forum. Appointed to the Board in July 2013, Darren's current term expires 30 June 2019.

Caroline Coggins

B App Sci (Ag), Dip Ed

Caroline has qualifications in Applied Science in Agriculture and Education. She is a past President of the Young Members of the Melbourne Cricket Club and has held positions including General Manager of a Cooperative, Consultant and Business Advisor, as well as various secondary teaching positions. She is currently the Learning Support Co-ordinator at Monivae College and also runs a mixed farming enterprise with her partner David. Appointed to the WDHS Board in July 2014, Caroline's current term expires 30 June 2020.

Peter Besgrove

BCom, MIR

In an extensive Human Resources career with large global organisations, Peter held senior executive positions based in Australia and overseas, as a HR Business Partner and Remuneration Specialist. Peter lived and worked in the UK and China and managed teams of HR professionals across a number of countries, with diverse social, industrial and legal environments. Having retired from corporate life, he is now a resident of Dunkeld and is also currently a member of the Grampians Tourism Board. Peter was appointed to the WDHS Board in July 2014 and his current term expires 30 June 2019.

Adele Kenneally

PhD, MEd, G Dip Bus, Dip Lib

Adele has worked in senior management roles in South West Victoria over the past 20 years and now runs her own consulting business, ASK Consulting Victoria. She is currently the Deputy Chair of the PHN Western Victoria Great South Coast Regional Integrated Council, is a past member of the Women's Health and Wellbeing Barwon South West Board, and was Chair of the Glenelg Southern Grampians Primary Care Partnership 2010-2014. Appointed to the WDHS Board in July 2015, Adele's current term expires 30 June 2018.

Megan Kruger

BA, LLB, GDLP

Megan has qualifications in Criminology and Law. She currently works at Southern Grampians Shire Council as the Governance Coordinator. She is currently the Deputy Chair and Chair of the Finance, Audit and Risk Committee of Women's Health and Wellbeing Barwon South West. Appointed to the WDHS Board in July 2017, Megan's current term expires 30 June 2020.

Greg Walcott

JP

Currently Managing Director of a consulting business specialising in stakeholder engagement, community relations, landowner liaison, government relations and communication. After thirty years in agriculture at Balmoral Greg took on stakeholder management roles with major Western Victorian projects including Iluka's Douglas Project, AGL's Oaklands Hill and Macarthur wind farms, BCD Resources, Stavely Minerals and Australian Zircon. Greg has experience in community leadership roles with various volunteer organisations including CFA, Apex, VFF, Rural Fire Brigades Victoria, Balmoral P&A Society, National Party, SW TAFE, school councils and sporting clubs. Appointed to the WDHS Board in July 2017, Greg's current term expires 30 June 2020.

Nishant Hurria

BDS MCP MCSE MIT FICCDE FICOI MIPS FAAIP MAAIP FPFA FADI MRACDS FICD MBA

Nishant has over thirteen years' experience as a Dental Surgeon and Business Manager and has achieved both a Master of IT and a Senior Executive MBA. Nishant is an Australian Dental Board Certified Dental Practitioner and also has clinical administration and business management training. Nishant is currently enrolled in postgraduate studies in Sedation at the University of Sydney and Law at Deakin University. Nishant is the principal dentist and owner of Warrnambool Dental and is shareholder and director of various dental practices in South West Victoria. He has been involved in teaching clinical dentistry and mentoring technology start-ups. He is Founder and Director of Technology at Isense Smart Technologies Pty Ltd and has previously held several leadership and senior executive roles. Appointed to the WDHS Board in July 2017, Nishant's current term expires 30 June, 2020.

Governance Statement

The Board is a strong advocate of corporate and clinical governance and seeks to ensure that the Health Service fulfils its governance obligations and responsibilities to all of its stakeholders.

The Board is committed to:

- Sound, transparent corporate governance and accountable management
- Provision of high quality and innovative care, reflective of its Mission and Vision
- Conduct that is ethical and consistent with the Health Service values and community values and standards
- Management of risk and protection of Health Service staff, clients and assets
- Due diligence in complying with statutory requirements, acts, regulations and codes of practice
- Continuous quality improvement, innovation and research.

Ethics

Board members are required by the Health Services Act, 1988 to act with integrity and objectivity at all times. They are required to declare any pecuniary interest or conflict of interest during Board debate and to withdraw from proceedings if necessary. There were no instances requiring declaration this year.

Executive Role

The members of the Executive are Chief Executive, Director of Corporate Services, Director of Medical Services, Director of Nursing, Director of Primary and Preventative Health, Manager / Director of Nursing, Coleraine Campus, Director of Nursing - Aged Care Penshurst & Hamilton, Director, National Centre for Farmer Health. The Executive met 23 times during the year, providing regular reports to the BOD.

Risk Management

Risk management is an all of organisation activity, requiring appropriate action to be taken to minimise or eliminate risk that could result in personal injury, damage to, or loss of assets.

BOARD MEMBER	BOARD MEETINGS ATTENDED	COMMITTEE MEMBERSHIP AS AT 30 JUNE 2018	COMMITTEE MEETINGS ATTENDED
Hugh Macdonald	9 of 11		
		Clinical Appointments Advisory	1 of 2
		Community 4 Youth Board	2 of 4
		Development Council	5 of 6
		NCFH Advisory Group	4 of 4
		Remuneration Committee	1 of 1
Jenny Hutton	7 of 11		
		Development Council	6 of 6
		Penshurst Advisory	4 of 6
		Remuneration Committee	1 of 1
Adele Kenneally	11 of 11		
		Community Advisory	6 of 6
		Community 4 Youth Board	3 of 4
Greg Walcott	11 of 11		
		Audit & Compliance	5 of 5
		Coleraine Management	4 of 5
		Development Council	6 of 6
Darren Barber	11 of 11		
		Audit and Compliance	5 of 5
		Community Advisory	4 of 6
		Remuneration Committee	1 of 1
Ian Whiting	11 of 11		
		Quality Improvement	6 of 6
		Project Control Group	10 of 11
Caroline Coggins	11 of 11		
		Development Council	4 of 6
		Medical Consultative	3 of 4
Peter Besgrove	9 of 11		
		Audit & Compliance	5 of 5
		Clinical Appointments Advisory	2 of 2
		Project Control Group	10 of 11
		Quality Improvement	5 of 6
Megan Kruger	9 of 11		
		Quality Improvement	5 of 6
		Project Control	9 of 11
Nishant Hurria	8 of 11		
		Medical Consultative	3 of 4
		Clinical Appointments Advisory	2 of 2
		Quality Improvement	5 of 6

BOARD COMMITTEES

Audit and Compliance

Advises the BOD on all aspects of internal and external audits, financial and asset risk, accounting procedures, financial reporting, and compliance with statutory requirements. Jim Bailey and Michael Fitzpatrick (resigned June 2018) were the external Committee representatives in 2017-18. The Committee received internal audit reports regarding compliance with Financial Management Compliance Framework and the Asset Management Accountability Framework. It reviewed the status of recommendations from audits conducted of the processes and procedures of Western District Health Service, along with Victorian Auditor General's Office reports and recommendations. The Committee was kept informed of any accounting standard updates and the progress of compliance with standards, including Leases, Related Party Disclosures and Revenue from Contracts with Customers, along with all other legislative requirements. Notification was presented of the compliance with the Standing Directions of the Minister for Finance along with the updates to the Standing Directions. Five meetings were held during the year.

Clinical Appointments Advisory

Advises the BOD on appointments, reappointments, suspensions and terminations of visiting medical practitioners and hospital medical officers and issues related to the credentialing and scope of practice of nurses and allied health workers. Two meetings were held during the year.

Medical Consultative

Makes recommendations on matters relating to medical staff and clinical services provided, and ensures effective communication between the Board, Senior Management and the Medical Staff Association. Four meetings were held during the year.

Quality Improvement

Provides support and direction for continuous quality improvement and performance monitoring. Ensures systems are in place for internal / external review. Topsy Baulch was the community representative. Six meetings were held during the year.

Development Council

Oversees and guides the WDHS fundraising strategy. The Council operates in compliance with the Fundraising Appeals Act 1998. Megan Campbell, Leesa Iredell, Elizabeth Macgugan, Carly Behncke and Vicki Whyte were the community representatives in 2017-18. Six meetings were held during the year.

Penshurst (PDHS) Advisory

Reviews the operation, performance and strategic planning of the Penshurst campus. Community representatives were Don Adamson, Lucy Cameron, Margaret Eales, Tom Nieuwveld, Wendy Williams, Anna Watson and Trevor Godenzi. Six meetings were held during the year.

NCFH Board of Management

The NCFH Board of Management reviews the operation, performance and strategic planning of the Centre. Deakin University representatives in 2017-18 were Professor Catherine Bennett and Professor Jon Watson. Four meetings were held during the year.

Remuneration

Oversees and sets remuneration policy and practice for Executive staff, under the principles of the Government Sector Executive Remuneration Panel. One meeting was held during the year.

Community Advisory

Provides consumer views and advice to the Board on planning, implementation and evaluation of health services. Community representatives were Tracey McDonnell (resigned May 2018), Skye Grigg, Pastor Rick Penny, Topsy Baulch and Ian McIntyre. Six meetings were held during the year.

Coleraine (CDHS) Management

Reviews operation, performance and strategic planning for the Coleraine campus. Community representatives were Kim Chintock, Ashley Lambert (resigned May 2018), Grant Little (resigned June 2018), Alan Millard, Kate Milne (elected March 2018), Narelle Ness, Shannon Raymond and Lesley Slater (resigned July 2017). Two Youth Board Observers also joined the Committee - Jacob Mills (term expired June 2018) and Tayla Ness. WDHS BOD representative. Five meetings were held during the year.

Project Control Group

The function of the Project Control Group is to oversee and monitor the progress of specific capital projects, with particular emphasis on the scope of works, the works program, quality, cost, expenditure and completion of projects to meet service needs of consumers. Eleven meetings were held during the year.

Community 4 Youth Board (C4YB)

The Community for Youth Board (C4YB) was established to provide a platform to engage with and advocate for local youth and to identify and deliver projects to enhance the lives of young people in our region. Community representatives were: Angus Campbell, Ben Hunter, Bella Cutchie, Emma Nicholas, John Garland, Julie Drechsler, Karen Walsh, Katherine Granziera, Wendy Dean, Melanie Russell, Claire Schultz, Susan Kimber. Student representatives were:

Monivae College – Tahlia Grant and Tynan Shannon.

Good Shepherd College – Belle Stickland and Jonathan Rentsch.

Hamilton and Alexandra College (HAC) - Claudia Roberts and Sami Zehir.

Baimbridge College – Liam McCallum and Meg Hall.

Four meetings were held during the year.

→ Retiring Board Chair, Hugh Macdonald and Board Member, Jen Hutton reflect on their many years of service to WDHS.

Executive Team

→ L-R: Executive team members: Rohan Fitzgerald, Katherine Armstrong, Lorraine Hedley, Dr Dale Ford, James McInnes, Professor Susan Brumby, Bronwyn Roberts and Nicholas Starkie.

Chief Executive

ROHAN FITZGERALD BCom

Rohan commenced as the Chief Executive in August 2014. He was previously the Chief Executive at Stawell Regional Health and has held senior management positions at Latrobe Regional Hospital and Central Gippsland Health Service. Rohan was previously a Health Purchasing Victoria Board Member and a Latrobe City Councillor. He is passionate about rural health and supporting communities to receive high quality services close to home. Prior to entering the health sector Rohan worked as an accountant.

Director of Corporate Services

NICHOLAS STARKIE BBus, MIPA, AFA

Nick commenced his career at WDHS in the Finance Team at Coleraine in 1994 and held the position of Manager, Finance and Budget from 2006 to 2016. Nick has extensive experience in the healthcare sector and brings a broad range of commercial, people and financial management skills to the role. Nick's interests include improving procurement and supply chain management practices and supporting the delivery of a comprehensive range of high quality corporate and financial services across the organisation.

Director of Nursing (DON)

LORRAINE HEDLEY RN, Bachelor of Nursing

Lorraine commenced her career at WDHS as a nursing student in 1986 and has worked in a variety of clinical and senior management roles across the organisation. During her career Lorraine has established strong clinical governance and leadership capabilities, as well as highly developed business acumen and analytical skills. Lorraine has completed further training in oncology and emergency nursing and a Bachelor of Nursing - Post Registration through Monash University. Prior to her appointment, Lorraine had the role of Assistant Director of Nursing / Business Manager.

Acting Director of Medical Services

DR DALE FORD MBBS, FRACGP, FACRRM

Dr Ford is a highly regarded local GP who has worked in Hamilton for over 30 years. He graduated from the University of Melbourne in 1978 and trained at St Vincents, PANCH and Hamilton Base Hospital. Dr Ford is a health policy advocate who is currently working with the Australian Health Policy Collaboration to improve health outcomes for all Australians. He is currently Principal Clinical Advisor for the Improvement Foundation Australia, which runs the largest Practice Improvement Program in Australia and is a board member of Great South Coast Medicare Local. He has many other roles in health quality improvement, has a number of peer reviewed journal articles published, and has presented on quality improvement in health throughout Australia and overseas.

Director of Medical Services

DR NIC VAN ZYL MB ChB, MMed (CH), MBL, PMP, FAFPHM (to 29/12/17)

Coleraine Manager / DON

BRONWYN ROBERTS RN ICU Cert, Grad Cert Bus Admin, MRCNA

Bronwyn has worked at WDHS and Ballarat Base Hospital for over 30 years and has held management positions in Acute Care / ICU / Emergency and led many successful projects over the last 20 years. Bronwyn was Deputy Director of Nursing (Hamilton Base Hospital) from 2004 - 2013 and DON / Manager at Penshurst, before commencing her role at Coleraine in 2016.

DON - Aged Care Services (Hamilton & Penshurst)

KATHERINE ARMSTRONG RN, BAppSci (Nursing), Grad Cert Bus Admin

Katherine has worked at WDHS for 27 years and in various roles in aged care since 1993. These include Nurse Unit Manager of the Grange, Aged Care Quality Coordinator, Assistant Director of Nursing, Aged Care (Hamilton) and Director of Nursing/Manager Penshurst. Katherine has a long standing commitment to improving the quality of aged care services for the local community.

Director, National Centre for Farmer Health

PROFESSOR SUSAN BRUMBY RN, RM, DipFMgt, MHM, PhD AFCHSE, MACN, GAICD, FARL

Sue is the founding Director of the National Centre for Farmer Health. She leads the implementation of key strategies to make a difference to farmers' lives, blending a theoretical and practical understanding of agriculture, health and rural communities. Sue is Course Director of the award winning Graduate Certificate in Agricultural Health and Medicine, and has successfully led numerous research projects on farmer health, wellbeing and safety. She has been recognised for her contribution to rural health, undertaken overseas studies and presented and published nationally and internationally on farmer health. Sue is a Graduate of the Australian Institute of Company Directors, Life Fellow of the Australian Rural Leadership Program and an appointed member of the Victorian Agricultural Advisory Council.

Director of Primary and Preventative Health

JAMES 'MAC' MCINNES BSW, DipSW, PCHSM

Mac commenced as PPH Director on 19 June 2017. He previously held a number of positions at South West Healthcare, working in Aboriginal Health, Social Work and Counselling and as the Manager of Community Adult Mental Health Services. Mac emigrated from Scotland in 2011 with his family. In Scotland he held a number of managerial positions across the full spectrum of the Social Work field. Mac is passionate about improving health outcomes for people living in rural and regional areas.

Senior Staff

Chief Executive
Rohan Fitzgerald BCom

CORPORATE SERVICES

Director of Corporate Services
Nicholas Starkie BBus, MIPA DipTS(Bus),GradCertBusAdmin

Finance & Budget Manager
Nick Templeton BCom, CPA

Hotel Services Manager
Peter Davies BA (to Jan 2018)

Group Manager Support Services
John Hedley (from Jan 2018)

Facility Manager
Trevor Wathen Dip Frontline Mgt, MFAM

Chief Health Information Manager
Sally Graham BAppSci, HIM

Subregional Collaboration Project Manager
Patrick Turnbull BBus, BHA, FCPA

Business Improvement Leader
Neil O'Donnell Cert in Education; BIS; Cert Business Management; MBA (Technology)

Human Resources Manager
Ilze Keevy B.Iuris, LLB, LLD (Legum Doctor), Post Grad Dip in Health and Social Welfare Management

Community Liaison Manager
Brigid Kelly BA Journalism (from March 2018)

Learning and Development Manager
Dorothy McLaren BA, MA

Librarian
Louise Milne ALIA

AGED CARE SERVICES

Director of Nursing Aged Care Services (Hamilton and Penshurst)
Katherine Armstrong (Acting) RN, BAppSci (Nursing), Grad Cert Bus Admin

Unit Manager The Birches
Eryn Cottier RN BA Nursing

Unit Manager The Grange
Erin Rhook, RN

Julie Riches (Acting) RN, BA Nursing, Grad Dip Aged Care Services Management

NURSING SERVICES

Director of Nursing
Lorraine Hedley RN, BA Nursing (Post Registration)

After Hours Coordinators
Leanne Deutscher RN

Tonia Evans RN Graduate Diploma CriticalCare

Vipin Joseph RN

Shamim Mahabeer RN, RM Graduate Diploma Critical Care, Graduate Diploma of Midwifery
Dianne Nagorcka RN, Peri-opCert, BN

Dianne Raymond RN

Kathryn Ross RN Graduate Diploma Critical Care

Sonia Shaw RN, RM - BA Nursing, Graduate Diploma of Midwifery

Unit Manager Medical/ICU/ED
Aisling Cunningham RN

Unit Manager Surgical/ Obstetrics/ Paediatrics
Amber Thomas RN (Maternity Leave March 2018)

Vinu Sebastian RN (Acting position from March 2018)

Unit Manager Theatre/CSSD
Mark Stevenson RN, PeriopCert, GradCertBusAdmin, Sterilisation & Infection Control Cert, Accredited Nurse Immuniser

Penshurst Director of Nursing
Virginia Quirk RN, RM, Grad Dip. Family and Child Health

Coleraine Manager / Director of Nursing
Bronwyn Roberts RN, ICU Cert, Grad Cert Bus Admin, MACN

Coleraine Unit Manager
Suzanne Clayden BA Nursing, Post GradDip (Critical Care Nursing)

Denise Beaton RN RM

REGIONAL PROGRAMS

Regional Infection Control / Wound Management
Lesley Stewart RN, Sterilisation & Infection Control Cert, Post Grad Cert Wound Management

MEDICAL SERVICES

Director Medical Services
Dr Nic van Zyl MB ChB, MMed (CH), MBL, PMP, FAFPHM

Acting Dr Dale Ford MBBS, FRACGP, FACRRM

Quality & Risk Manager
Dr Susan Denney PhD (Environmental Chemistry), Bsc (Hons)

Chief Pharmacist
John Okorah B. Pharm, MPS, Masters Health & Human Services Management, Adv Dip Management

SENIOR MEDICAL STAFF

Anaesthetics (Director)
James Muir MBChB, FRCA

Specialist Anaesthetics
Stephen Watty MBBS, FANZCA

Doug Paxton MBBS, FCARSI, FANZCA

Michael Shaw MBBS, FANZCA, FRCA

Neil Shorney MBBS, FRCA, LLM

Shaktivel Palanivel MBBS, FANZCA

Anaesthetists in General Practice
Craig deKievit MBBS, DRANZCOG, FACRRM

Kim Fielke MBBS, DRANZCOG, DA (UK), FRACGP

Stephanie Giddy MBBS, BSc, JCCA

General Practitioners
Victoria Blackwell MB, ChB (UK), FRACGP MRCGP (UK), DRCOG, DFFP (UK)

John Craig deKievit MBBS (Adelaide), DRANZCOG, FACRRM

Dale Ford MBBS, FRACGP, FACRRM

Allan Mark Johnson MBBS(HON) (Sydney) Grad Dip Counselling and Psychotherapy (Essex)

Robey Joyce MB, ChB (Pretoria)

Andrew McAllan MBBS, MMed (Ophth) FRACGP

Alan Reid MBBS FRACGP Dip RANZCOG (Adv)

Susan Robertson MBBS, FRACGP, Dip Obs RACOG DipPallCare

Jan Slabbert MB, ChB (Free State), FRACGP

Amy Tai MBBS B Med Sc DRANZCOG Advanced DCH FACRRM DipCH

Amanda Teo MBBS (Honours) FRACGP

Leesa Walker MBBS, FRACGP

Dr Julia Jaensch MBBS

Brian Coulson MBBS, FACRRM, Dip O&G

Greta Prozesky MB, ChB, FRACGP

Linda Thompson BMS, FRACGP

Khaled Moussa BM

Yong Yu MBBS

Dr Gaya Ekanyake MBBS

General Practitioner Registrar
Juman Al Abadi MBBS

Debra Bird MBBS (Hons) Dip Child Health

Xue Feng Hu MBBS Sareetaa Vijayan MBBS

Stephanie Giddy MBBS, BSc, JCCA

Joanne Radcliffe MBBS

Kate Turnbull MBBS

Endocrinologist
Fergus Cameron B Med Sci, MD, BS, Dip RACOG,FRACP

General Surgeons
Stephen Clifforth MBBS, FRACS

Uvarasen Kumarswami Naidoo MBcHB, FCS, FRACS

Richard Moore MA(Contab) MB BChir, FRCS (England)

Neurosurgery
Caroline Tan FRACS, MBBS

Nephrologist
Professor Steven Holt BSc, BBS, PHD, FRCP, FRACP

Obstetrician / Gynaecologist
Christopher Beaton MB.ChB, FRANZCOG

Rosemary Buchanan MBBS, FRANZCOG

Obstetricians in General Practice
Craig deKievit MBBS (Adelaide), DRANZCOG, FACRRM

Jan Slabbert MB, ChB, (Free State), FRACGP

Amy Tai MBBS B Med Sc DRANZCOG Advanced DCH FACRRM DipCH

Alan Reid MBBS FRACGP Dip RANZCOG (Adv)

Oncologist
David Campbell MBBS, FRACP

Stephen Brown MBBS FRACP

Sharad Sharma MBBS FRACP

Ophthalmologist
Vincent Lee MBBS, MMed, FRACS, FRANZCO

Oral and Maxillofacial Surgeons
Solanki Nishtha Sureshehandra BDSc Graeme Fowler LDS, BDSc, MDSc, FDSRCPS

David Baring BDSc

Orthopaedic Surgeon
Rick Cunningham MBBS, FRACS (ORTH)

Alasdair Sutherland MB, ChB,FRCS Ed,MD(Hons) FRCSEd(Tr & Orth),GMC Registration,CCST,FRACS (Orth)

John Dillon MB, BAO, BCh, MD, FRCS Orth, FRACS Orth

Ulf Langraf MBBS, MD

Otolaryngologists
Anne Cass MBBS, FRACS

Paediatrician
Christian Fiedler MD, (KIEL), FRACP

Pathologist
David Clift MBBS, FRCPA David Blaxland MBBS, FRAPA

Physicians
Andrew Bowman MBChB (Zimb),LRCP(Edin),LR CS(Edin),LRCP&S(Glas) ,FRCP(UK),CCST(UK), FRACP

Andrew Bradbeer MBBS, FRACP

Trevor Branken MB. ChB (Birm) FCP (Sth Africa), FRACP

Win Win Myint MBBS, M Med.Sc(Int Med), MRCP (UK), FRCP(Edin), FRACP

Asma Albtoosh MBBS

Eduardo Gaio MBBS

Nader Fayazi MBBS

Radiologists
Damien Cleeve MBBS, FRACR John Eng MBBS, FRANZCR

Robert Jarvis MBBS, FRACR

Sarah Skinner BMBS, Flinders University SA

Dr Julius Tamangani MBChB(Hons), MSc, FRCR Dr Jill Wilkie BSc(Hons), MBBS, MRCP, FRCR Dr Rachel Battye MBBS, FRANZCR

Dr Samuel Kruger MBBS FRANZCR

Urologists
Richard Grills MBBS, FRACS

PRIMARY & PREVENTATIVE HEALTH

Director PPH
James 'Mac' McInnes BSW, DipSW, PCHSM

Manager Community Nursing Services
Sue Morrissey Grad Dip Health Science, Grad Cert Rehabilitation, RN

Business Manager PPH
Lena McCormack B.AppSci-HIM, GradCertBusinessAdmin

Complex Care Team Leader, Cardiac Rehabilitation / Cancer Care Coordinator
Robyn Beaton RN

District Nurse Assistant Supervisor
Erin Rhook RN (to July 2017)

Anne-Marree Simmonds RN

District Nurse Coordinator TCP & HITH:
Anne Pekin RN

Chief Dietitian
Jodie Nelson BHSc (Nutrition&Dietetics) Diploma of Management (2009)

Chief Occupational Therapist
Sarah Baker B.AppSci (OT) Hons

Fran Patterson (to Aug 2017) BAppSci (O.T), Dip VET

Chief Physiotherapist
Tatum Pretorius BSc (Physio)

Speech Pathologist
Claire Nailon (to April 2018) BA Speech Pathology, CPSP Dip Management

Senior Social Worker
Jaibu Philip MA Social Work (Med, Psych SW), AASW

Chief Podiatrist
Phuong Huynh MSc, BAppSci(Pod), MAPodA, AAPSM

Palliative Care Consultant
Erika Fisher RN, Clinical Nurse Consultant

Men's Health Nurse Practitioner
Stuart Willder MnSc (Nurse Practitioner) Grad Dip ICU, CCU

Grad Dip Men's Health

Women's Health Nurse Practitioner
Susan Watt MnSc (Nurse Practitioner), Grd Dip Community Health and Development, RN, RM

Senior Counsellor
Frances Kelly BA Human Sciences & Social Work, Grad Cert in Case Management (30/4/18)

Les Rose Dip Counselling, Cert in Social & Community Work, (30/10/17 – 30/4/18)

Philip Stainer BA Social Science (Counselling) (1/8/17 – 30/10/17)

PRIMARY CARE PARTNERSHIP

Executive Officer SGGPCP
Janette Lowe MBA, BEng

NATIONAL CENTRE FOR FARMER HEALTH

Director NCFH
Professor Susan Brumby RN, RM, DipFMgt, MHM, PhD AFCHSE, MACN, GAICD, FARL

Statement of Priorities Agreement

Strategic Priorities for 2017-18. The Victorian Government's priorities and policy directions are outlined in the Victorian Health Priorities Framework (VHPF) 2012-2022. In 2017-18 WDHS contributed to the achievement of the priorities by:

Domain	Action	Deliverable	Outcomes
BETTER HEALTH **A system geared to prevention as much as treatment** **Everyone understands their own health and risks** **Illness is detected and managed early** **Healthy neighborhoods and communities encourage healthy lifestyles**	o Reduce statewide risks	o Establish a Musculoskeletal Clinic to assess and prepare patients optimally for joint replacement or offer alternative treatment.	A multidisciplinary clinic established and staff trained to support this initiative.
	o Build healthy neighborhoods	o Deliver postgraduate Agricultural Health and Medicine programs to target gaps in service delivery and increase clinical competence.	Post graduate training delivered. HMF701 course completed by 19 (including 3 international) students. HMF702 completed by 9 students.
	o Help people to stay healthy	o Develop a skin cancer prevention and detection programme with a visiting dermatologist.	Program established with WDHS nurse practitioner and a visiting dermatologist.
	o Target health gaps	o Reduce youth obesity and overweight rates in the Southern Grampians Shire by continued participation in GenR8Change.	Supported the second evaluation and data collection phase of the program. Results show a decline in youth overweight and obesity rates across the region for children in grades 2, 4 and 6. WDHS adopted the Cancer Council of Victoria's Rethink Sugary Drinks advertising campaign.
BETTER ACCESS **Care is always there when people need it** **More access to care in the home and community** **People are connected to the full range of care and support they need** **There is equal access to care**	o Plan and invest	o Reduce the incidence of falls and fall related injuries by applying learnings from the twenty minute rounding research project across all Western District Health Service Residential Aged Care Services.	Evaluation and final report completed, to be presented at forthcoming Western Alliance Symposium in Hamilton. WDHS guidelines completed.
	o Unlock innovation	o Establish a customer service project officer position to improve patient engagement and better access to a complex system.	Customer Service Officer appointed and customer service training rolled out to over 400 staff.
	o Provide easier access	o Provide health and lifestyle assessments to rural populations in their communities.	Rural health and lifestyle assessments were undertaken across Victoria, WA, NSW, Tasmania and South Australia through our corporate partnerships. 30 assessments completed in WA, 87 in NSW, 88 in VIC, 56 in SA, 79 in Tasmania.
	o Ensure fair access	o Actively engage with local Aboriginal Community Controlled Health Organisations to increase support and access to Speech Therapy Services for Aboriginal and Torres Strait Islander preschool aged children and their families in the community.	WDHS is now a member of Ka ree ta Ngoot yoong Wat nan da, multi-agency Indigenous Advisory Committee and Speech Pathology are attending the Mums and Bubs Playgroup.
BETTER CARE **Target zero avoidable harm Healthcare that focusses on outcomes** **Patients and carers are active partners in care** **Care fits together around people's needs**	o Put quality first Join up care Partner with patients Strengthen the Workforce Embed evidence Ensure equal care	o Implement the 'Guidance MS' program to improve antimicrobial stewardship performance.	Costing for the rollout of the program is being finalised and an implementation plan is being developed.
	Mandatory actions against the 'Target zero avoidable harm' goal:		
	o Develop and implement a plan to educate staff about obligations to report patient safety concerns.	o Develop and implement a plan to educate staff about their obligations to report patient safety concerns including occupational violence and the process for escalating care for deteriorating patients.	Implemented an Occupational Violence Policy and Action Plan. Mental Health First Aid Training conducted. SWITCH Response, Code Black and Code Grey training delivered.
	o Establish agreements to involve with external specialists in clinical governance processes for each major area of activity (including mortality and morbidity review).	o Strengthening mortality and morbidity review by introducing a Mortality and Morbidity review framework, using the Limited Adverse Occurrence Screening criteria to identify files for retrospective clinical document review.	LAOS screening criteria included in the Mortality and Morbidity Framework.
	o In partnership with consumers, identify three priority improvement areas using Victorian Healthcare Experience Survey data and establish an improvement plan for each. These should be reviewed every six months to reflect new areas for improvement in patient experience.	o Three areas have been identified from Victorian Healthcare Experience Survey feedback, complaints and supported by the Community Advisory Committee. Prior to discharge from the emergency department ensure doctors and nurses provide sufficient information to patients to support them to manage their health and care at home. Implement the 'I Deserve Your CleanHands' Hand Hygiene Program to support the prevention of hospital associated infections. Implement the My Health Record to ensure patients have access to a copy of their discharge summary.	I Deserve Your Clean Hands Program launched in September and results were evaluated. MyHR technology has been installed and a regional approach taken to the implementation of policies and procedures. An information sheet is provided at discharge from the Emergency Department to support patients to manage their healthcare at home.

(1) Diagnostic Related Group
(2) GEM is Geriatric Evaluation and Management
(3) Weighted Inlier Equivelent Separations

High Quality and Safe Care

Key Performance Indicator	Target	2017-18 Actual		
Accreditation				
Compliance against the National Safety and Quality Health Service Standards	Full compliance			Met
Compliance with the Commonwealth's Aged Care Accreditation Standards	Full compliance			Met
Infection Prevention and Control				
Compliance with the Hand Hygiene Australia program	80%			89.1%
Percentage of healthcare workers immunised for influenza	75%			88%
Patient Experience				
Victorian Healthcare Experience Survey – percentage of positive patient experience responses	95% positive experience	Q1 95%	Q2 97.2%	Q3 92.2%
Victorian Healthcare Experience Survey – percentage of very positive responses to questions on discharge care	75% very positive experience	Q1 85%	Q2 80.9%	Q3 85.7%
Victorian Healthcare Experience Survey – patients perception of cleanliness	70%	Q1 95%	Q2 93.6%	Q3 82.5%
Healthcare Associated Infections (HAI's)				
Number of patients with ICU central line associated blood stream infection (CLABSI)	Nil			0
Adverse Events				
Number of sentinel events	Nil			1
Mortality – number of deaths in low mortality DRGs[1]	Nil			0
Maternity and Newborn				
Rate of singleton term infants without birth anomalies with APGAR score<7 to 5 minutes	≤ 1.6%			0.9%
Rate of severe foetal growth restriction in singleton pregnancy undelivered by 40 weeks	≤ 28.6%			0
Continuing Care				
Functional independence gain from an episode of GEM[2] admission to discharge relative to length of stay	≥ 0.39			0.99
Functional independence gain from an episode of rehabilitation admission to discharge relative to length of stay	≥ 0.645			1.7

Strong Governance, Leadership and Culture

Key Performance Indicator	Target	2017-18 Actual
Organisational Culture		
People Matter Survey – percentage of staff with a positive response to safety culture questions	80%	90%
People Matter Survey – percentage of staff with a positive response to the question, "I am encouraged by my colleagues to report any patient safety concerns I may have"	80%	96%
People Matter Survey – percentage of staff with a positive response to the question, "Patient care errors are handled appropriately in my work area"	80%	96%
People Matter Survey – percentage of staff with a positive response to the question, "My suggestions about patient safety would be acted upon if I expressed them to my manager"	80%	92%
People Matter Survey – percentage of staff with a positive response to the question, "The culture in my work area makes it easy to learn from the errors of others"	80%	89%
People Matter Survey – percentage of staff with a positive response to the question, "Management is driving us to be a safety-centred organisation"	80%	92%
People Matter Survey – percentage of staff with a positive response to the question, "This health service does a good job of training new and existing staff"	80%	81%
People Matter Survey – percentage of staff with a positive response to the question, "Trainees in my discipline are adequately supervised"	80%	84%
People Matter Survey – percentage of staff with a positive response to the question, "I would recommend a friend or relative to be treated as a patient here"	80%	88%

Timely Access to Care

Key Performance Indicator	Target	2017-18 Actual
Emergency Care		
Percentage of patients transferred from Ambulance to emergency department within 40 minutes	90%	100%
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%	90%
Percentage of emergency patients with a length of stay less than four hours	81%	84%
Number of patients with a length of stay in the emergency department greater than 24 hours	0	0

Effective Financial Management

Key Performance Indicator	Target	2017-18 Actual
Finance		
Operating result ($m)	0	0.108
Average number of days to paying trade creditors	60 days	39
Average number of days to receiving patient fee debtors	60 days	54
"Public & private WIES[3] performance to target"	100%	99%
Adjusted current asset ratio	0.7 or 3% improvement from health service base target	1.5
Number of days of available cash	14 days	128.5

*The changes arising in the WIES funding model following the introduction of AR-DRG Version 8 in 2016-17 have impacted Western District Health Service's ability to recognise WIES activity in 2017-18. The Department has acknowledged these issues at a system level and provided assurances around minimum funding levels throughout 2017-18.

Statement of Priorities Agreement

Funding Type	2017-18 Activity Achieved
ACUTE ADMITTED	
WIES Public	4308
WIES Private	1031
WIES (PUBLIC AND PRIVATE)	
WIES DVA	135
WIES TAC	25
WIES TOTAL	5498
ACUTE NON-ADMITTED	
Rehab Public	99
Rehab Private	18
GEM Public	28
GEM Private	5
Palliative Care Public	23
Palliative Care Private	5
Sub Acute DVA	9
Transition Care - Beddays	817
Transition Care - Homeday	1337
SUB ACUTE NON-ADMITTED	
Health Independence Program	13592
AGED CARE	
Residential Aged Care	55022
HACC	6702
Small Rural HACC	1473
MENTAL HEALTH & DRUG SERVICES	
Residential Aged Care	1095
PRIMARY HEALTH	
Community Health / Primary Care Programs	2727
SMALL RURAL	
Small Rural Acute	460

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.

Fees

WDHS charges fees in accordance with the Commonwealth Department of Health and Aged Care, the Commonwealth Department of Family Services and the Department of Health (Vic) directives, issued under Regulation 8 of the Hospital and Charities (Fees) Regulations 1986, as amended.

Safe Patient Care Act 2015

Western District Health Service has no matters to report in relation to its obligations under section 40 of the Safe Patient Care Act 2015.

Carers Recognition Act 2012

The Carers Recognition Act 2012 recognises, promotes and values the role of people in care relationships. WDHS understands the different needs of people in care relationships and that care relationships bring benefits to the patients, their carers and to the community. WDHS takes all practicable measures to ensure that its employees, agents and carers have an awareness and understanding of the care relationship principles and this is reflected in our commitment to a model of patient and family centred care and to involving carers in the development and delivery of our services.

Victorian Industry Participation Policy (VIPP) Act 2003

WDHS abides by the Victorian Participation Policy Act 2003. In 2017-18 no contracts required disclosure under the VIPP Act

Building Act 1993

All building works have been designed in accordance with DHHS Capital Development Guidelines and comply with the Building Act 1993, Building Regulations 2006 and Building Code of Australia relevant at the time of the works.

Buildings Certified for Approval

Building permit issued for the Oncology / Dialysis project.

Building permit issued 21st March 2018 for Cora's Way Penshurst.

Building permit issued 13th November 2017 for fire hydrant works at Penshurst.

Infrastructure Projects

Current planning and status of capital works:

- Oncology / Dialysis $1.9 million project on target to be completed by September 2018.
- Birches project, tender awarded to Craig Collins Building, commences August 2018.
- Two Chillers replaced December 2017 / January 2018.
- Nurse call system – tender awarded to Xacom. Installation has commenced, with expected completion date December 2018.
- Boiler replacement tender awarded to Consolidated Fire & Steam, currently being manufactured, expected installation September 2018.
- Grant received for security system / CCTV cameras at HBH – scope being developed for tender.
- LED Lighting currently being installed at all campuses.
- Coras Way Penshurst – new undercover outdoor facility under construction.

Building Compliance

Health Information office fit-out, final inspection certificate issued 13th September 2017.

Competitive Neutrality

All competitive neutrality requirements were met in accordance with Government costing policies for public hospitals.

Declarations of Pecuniary Interest

All necessary declarations have been completed. Refer to Note 8.6 of the Financial Statements.

Additional Information Available on Request

Consistent with FRD 22H (Section 6.19) the items listed below have been retained by WDHS and are available to the relevant Ministers, Members of Parliament and the public on request (subject to freedom of information requirements, if applicable):

(a) Declarations of pecuniary interests have been duly completed by all relevant officers;

(b) Details of shares held by senior officers as nominee or held beneficially;

(c) Details of publications produced by the entity about itself, and how these 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.

Occupational Violence Statistics	2017-18
1. Workcover accepted claims with an occupational violence cause per 100 FTE	NIL
2. Number of accepted Workcover claims with lost time injury with an occupational violence cause per 1,000,000 hours worked	NIL
3. Number of occupational violence incidents reported, 43 Code Greys	92
4. Number of occupational violence incidents reported per 100 FTE	17.3
5. Percentage of occupational violence incidents resulting in a staff injury, illness or condition	3

ICT Expenditure

The total ICT expenditure incurred during 2017-18 was $2,721,821 (excluding GST) with the details shown below:

Business As Usual (BAU) ICT Expenditure Total (exc. GST)	Non-Business As Usual (non-BAU) ICT Expenditure Total = Operational Expenditure & Capital Expenditure (exc.GST)	Operational Expenditure (exc.GST)	Capital Expenditure (exc.GST)
$2,359,692	$362,129	$362,129	-

Legislative Compliance

Freedom of Information (FOI) Act 1982

Access to documents and records held by WDHS may be requested under the Freedom of Information Act 1982. Consumers wishing to access documents should apply in writing to the FOI Officer at WDHS. This year 83 FOI requests were received and of these, 1 was granted in part and 3 were denied in full.

Protected Disclosure Act 2012

WDHS has in place appropriate procedures for disclosure in accordance with the Protected Disclosure Act 2012. No protected disclosures were made under the Act in 2017-18.

Compliance with DataVic Access Policy

Consistent with the DataVic Access Policy issued by the Victorian Government in 2012, all data tables included in this Annual Report will be available at http://www.data.vic. gov.au/ in machine readable format.

Consultancies

In 2017-18 WDHS did not engage any consultancies where the total fees payable to the consultants were less than $10,000. In 2017-18 there were 4 consultancies where the total fees payable to the consultants were $10,000 or greater. The total expenditure incurred during 2017-18 in relation to these consultancies is $70,968 (ex GST). For details of the consultancies greater than $10,000, refer to the table below.

Attestation for Compliance with Health Purchasing Victoria (HPV) Health Purchasing Policies

I, Rohan Fitzgerald, certify that Western District Health Service has put in place appropriate internal controls and processes to ensure that it has complied with all requirements set out in the HPV Health Purchasing Policies, including mandatory HPV collective agreements as required by the Health Services Act 1988 (Vic) and has critically reviewed these controls and processes during the year.

Rohan Fitzgerald
CHIEF EXECUTIVE
30 August 2018

Attestation for Conflict of Interest

I, Rohan Fitzgerald, certify that Western District Health Service has put in place appropriate internal controls and processes to ensure that it has complied with the requirements of hospital circular 07/2017 Compliance reporting in health portfolio entities (Revised) and has implemented a 'Conflict of Interest' policy consistent with the minimum accountabilities required by the VPSC. Declaration of private interest forms have been completed by all executive staff within Western District Health Service and members of the board, and all declared conflicts have been addressed and are being managed. Conflict of interest is a standard agenda item for declaration and documenting at each executive board meeting.

Rohan Fitzgerald
CHIEF EXECUTIVE
30 August 2018

Attestation on Data Integrity

I, Rohan Fitzgerald, certify that Western District Health Service has put in place appropriate internal controls and processes to ensure that reported data accurately reflects actual performance. Western District Health Service has critically reviewed these controls and processes during the year.

Rohan Fitzgerald
CHIEF EXECUTIVE
30 August 2018

Financial Management Compliance Attestation

I, Ian Whiting, on behalf of the Responsible Body, certify that Western District Health Service has complied with the applicable Standing Directions of the Minister for Finance under the Financial Management Act 1994 and Instructions.

Ian Whiting
BOARD PRESIDENT
30 August 2018

Consultancies > $10,000

Consultant	Purpose of Consultancy	Start Date	End Date	Total Approved Project Fee (exc GST)	Expenditure 2017-18 (exc GST)	Future Expenditure (exc GST)
Mirus Australia	ACFI Package Support Service	1/6/2017	31/3/2018	24,017	24,017	
Currie Communications	NCFH Marketing & Branding	1/7/2017	30/6/2018	10,471	10,471	
Michael Rhook	VCDC Costing	1/9/2017	30/9/2019	54,988	20,720	34,268
Keppel Prince	Solar Installation Investigation	1/12/2017	30/4/2018	15,760	15,760	
Total				**105,236**	**70,968**	**34,268**

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

Ministerial Directions Report of Operations

Legislation	Requirement	Page Ref
Charter and Purpose		
FRD 22H	Manner of Establishment and the Relevant Ministers	Inside front cover, 1
FRD 22H	Purpose, Functions, Powers and Duties	1
FRD 22H	Initiatives and Key Achievements	2,3, 9-19
FRD 22H	Nature and Range of Services Provided	1,7
Management and Structure		
FRD 22H	Organisational Structure	21
Financial and Other Information		
FRD 10A	Disclosure Index	33
FRD 11A	Disclosure of Ex Gratia Expenses	N/A
FRD 21C	Responsible Person and Executive Officer Disclosures	54
FRD 22H	Application and Operation of Protected Disclosure 2012	32
FRD 22H	Application and Operation of Carers Recognition Act 2012	31
FRD 22H	Application and Operation of Freedom of Information Act 1982	32
FRD 22H	Compliance with Building and Maintenance Provisions of Building Act 1993	31
FRD 22H	Details of Consultancies Over $10,000	32
FRD 22H	Details of Consultancies Under $10,000	32
FRD 22H	Employment and Conduct Principles	15
FRD 22H	Information and Communication Technology Expenditure	31
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FRD 22H	Occupational Violence	31
FRD 22H	Operational and Budgetary Objectives and Performance Against Objectives	4-5
FRD 22H	Summary of the Entities Environmental Performance	16
FRD 22H	Significant Changes in Financial Position During the Year	4-5
FRD 22H	Statement on National Competition Policy	31
FRD 22H	Subsequent Events	55
FRD 22H	Summary of the Financial Results for the Year	4-5
FRD 22H	Additional Information Available on Request	31
FRD 22H	Workforce Data Disclosures Including a Statement on the Application of Employment and Conduct Principles	13, 15
FRD 25C	Victorian Industry Participation Policy disclosures	31
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SD 5.2.3	Declaration in Report of Operations	3
SD 5.1.4	Financial Management Compliance Attestation	32

Legislation	Requirement	Page Ref
Other Requirements Under Standing Directions 5.2		
SD 5.2.2	Declaration in Financial Statements	34
SD 5.2.1(a)	Compliance with Australian Accounting Standards and Other Authoritative Pronouncements	34
SD 5.2.1(a)	Compliance with Ministerial Directions	34
Legislation		
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Carers Recognition Act 2012		31
Victorian Industry Participation Policy Act 2003		31
Building Act 1993		31
Financial Management Act 1994		31
Safe Patient Care Act 2015		31

Accountable Officer's Declaration

Board Members', Accountable Officers' and Chief Finance & Accounting Officers' Declaration

The attached financial statements for Western District Health Service have been prepared in accordance with Direction 5.2 of the Standing Directions of the Minister for Finance under the Financial Management Act 1994, applicable Financial Reporting Directions, Australian Accounting Standards including Interpretations, and other mandatory professional reporting requirements.

We further state that, in our opinion, the information set out in the comprehensive operating statement, balance sheet, statement of changes in equity, cash flow statement and accompanying notes, presents fairly the financial transactions during the year ended 30 June 2018 and the financial position of Western District Health Service at 30 June 2018.

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

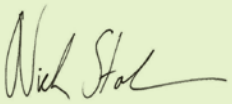
We authorise the attached financial report for issue on this day.

Ian Whiting
President

Hamilton
30 August 2018

Rohan Fitzgerald
Chief Executive

Hamilton
30 August 2018



Nicholas Starkie
Chief Finance and
Accounting Officer

Hamilton
30 August 2018

Financial Statements

VAGO
Victorian Auditor-General's Office

Independent Auditor's Report

To the Board of Western District Health Service

Opinion

I have audited the financial report of Western District Health Service (the health service) which comprises the:

- balance sheet as at 30 June 2018
- comprehensive operating statement for the year then ended
- statement of changes in equity for the year then ended
- cash flow statement for the year then ended
- notes to the financial statements, including significant accounting policies
- board member's, accountable officer's and chief finance and accounting officer's declaration.

In my opinion the financial report presents fairly, in all material respects, the financial position of the health service as at 30 June 2018 and their financial performance and cash flows for the year then ended in accordance with the financial reporting requirements of Part 7 of the *Financial Management Act 1994* and applicable Australian Accounting Standards.

Basis for Opinion

I have conducted my audit in accordance with the *Audit Act 1994* which incorporates the Australian Auditing Standards. I further describe my responsibilities under that Act and those standards in the *Auditor's Responsibilities for the Audit of the Financial Report* section of my report.

My independence is established by the *Constitution Act 1975.* My staff and I are independent of the health service in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants* (the Code) that are relevant to my audit of the financial report in Victoria. My staff and I have also fulfilled our other ethical responsibilities in accordance with the Code.

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

Other Information

The Board of the health service are responsible for the Other Information, which comprises the information in the health service's annual report for the year ended 30 June 2018, but does not include the financial report and my auditor's report thereon.

My opinion on the financial report does not cover the Other Information and accordingly, I do not express any form of assurance conclusion on the Other Information. However, in connection with my audit of the financial report, my responsibility is to read the Other Information and in doing so, consider whether it is materially inconsistent with the financial report or the knowledge I obtained during the audit, or otherwise appears to be materially misstated. If, based on the work I have performed, I conclude there is a material misstatement of the Other Information, I am required to report that fact. I have nothing to report in this regard.

Board's responsibilities for the financial report

The Board of the health service is responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards and the *Financial Management Act 1994*, and for such internal control as the Board determines is necessary to enable the preparation and fair presentation of a financial report that is free from material misstatement, whether due to fraud or error.

In preparing the financial report, the Board is responsible for assessing the health service's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless it is inappropriate to do so.

Level 31 / 35 Collins Street, Melbourne Vic 3000
T 03 8601 7000 enquiries@audit.vic.gov.au www.audit.vic.gov.au

VAGO
Victorian Auditor-General's Office

Auditor's responsibilities for the audit of the financial report

As required by the *Audit Act 1994,* my responsibility is to express an opinion on the financial report based on the audit. My objectives for the audit are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

As part of an audit in accordance with the Australian Auditing Standards, I exercise professional judgement and maintain professional scepticism throughout the audit. I also:

- identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the health service's internal control
- evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Board
- conclude on the appropriateness of the Board's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the health service's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify my opinion. My conclusions are based on the audit evidence obtained up to the date of my auditor's report. However, future events or conditions may cause the health service to cease to continue as a going concern.
- evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

I communicate with the Board regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

MELBOURNE
31 August 2018

Ron Mak
as delegate for the Auditor-General of Victoria

Comprehensive Operating Statement For the Year Ended 30 June 2018	Note	Total 2018 $'000	Total 2017 $'000
Revenue from operating activities	2.1	72,171	68,355
Revenue from non-operating activities	2.1	706	1,447
Employee expenses	3.1	(50,132)	(48,072)
Non salary labour costs	3.1	(5,058)	(4,731)
Supplies and consumables	3.1	(7,051)	(7,686)
Other expenses	3.1	(10,528)	(9,301)
Net result before capital and specific items		**108**	**12**
Capital purpose income	2.1	2,689	4,729
Impairment of financial assets	3.1	-	(5)
Depreciation	4.4	(6,668)	(7,020)
Finance Costs	3.3	(20)	(108)
Expenditure for Capital Purpose	3.1	(224)	(37)
Share of net result of associates and joint ventures accounted for using the Equity Method	4.2	21	4
Net Result after capital and specific items		**(4,094)**	**(2,425)**
Other economic flows included in net result			
Revaluation of Long Service Leave	3.1	70	(45)
Total other economic flows included in net result		**70**	**(45)**
NET RESULT FOR THE YEAR		**(4,024)**	**(2,470)**
Other comprehensive income			
Items that may be reclassified subsequently to net result			
Changes in Property, Plant and Equipment Revaluation Surplus	8.1	**10,807**	**-**
Items that may be reclassified subsequently to net result			
Changes to financial assets available-for-sale revaluation surplus	8.1	**82**	**(29)**
Total other comprehensive income		**10,889**	**(29)**
Comprehensive result		**6,865**	**(2,499)**

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

Balance Sheet As at 30 June 2018	Note	Total 2018 $'000	Total 2017 $'000
Current assets			
Cash and cash equivalents	6.2	12,657	8,957
Receivables	5.1	2,307	4,538
Investments and other financial assets	4.1	24,121	24,649
Inventories	5.2	90	154
Prepayments and Other assets	5.4	193	325
Total current assets		**39,368**	**38,623**
Non-current assets			
Receivables	5.1	1,657	1,463
Investments and other financial assets	4.1	2,443	2,317
Investments accounted for using the equity method	4.2	118	97
Property, plant & equipment	4.3	132,258	125,361
Total non-current assets		**136,476**	**129,238**
TOTAL ASSETS		**175,844**	**167,861**
Current liabilities			
Payables	5.5	2,326	4,828
Borrowings	6.1	354	338
Provisions	3.4	10,446	9,720
Other current liabilities	5.3	15,092	11,751
Total current liabilities		**28,218**	**26,637**
Non-current liabilities			
Borrowings	6.1	-	410
Provisions	3.4	1,597	1,650
Total non-current liabilities		**1,597**	**2,060**
TOTAL LIABILITIES		**29,815**	**28,697**
NET ASSETS		**146,029**	**139,164**
EQUITY			
Property, plant & equipment revaluation surplus	8.1a	78,173	67,366
Financial asset available for sale revaluation surplus	8.1a	141	59
Restricted specific purpose surplus	8.1a	11,817	10,413
Contributed capital	8.1b	49,535	49,535
Accumulated surpluses	8.1c	6,363	11,791
TOTAL EQUITY	8.1d	**146,029**	**139,164**
Commitments	6.3		

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

Statement of Changes in Equity for the Year Ended 30 June 2018	Note	Property, Plant & Equipment Revaluation Surplus $'000	Financial Asset Available for Sale Revaluation Surplus $'000	Restricted Specific Purpose Surplus $'000	Contributions by Owners $'000	Accumulated Surpluses/ (Deficits) $'000	Total $'000
Balance at 1 July 2016		**67,366**	**88**	**7,566**	**49,535**	**17,108**	**141,663**
Net result for the year		-	-	-	-	(2,470)	(2,470)
Other comprehensive income for the year	8.1a	-	(29)	-	-	-	(29)
Transfer to accumulated surplus	8.1c	-	-	2,847	-	(2,847)	-
Balance at 30 June 2017		**67,366**	**59**	**10,413**	**49,535**	**11,791**	**139,164**
Net result for the year		-	-	-	-	(4,024)	(4,024)
Other comprehensive income for the year	8.1a	10,807	82	-	-	-	10,889
Transfer to accumulated surplus	8.1c	-	-	1,404	-	(1,404)	-
Balance at 30 June 2018		**78,173**	**141**	**11,817**	**49,535**	**6,363**	**146,029**

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

Cash Flow Statement For the Year Ended 30 June 2018	Note	Total 2018 $'000	Total 2017 $'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Operating grants from government		51,584	48,630
Capital grants from government		857	1,368
Patient and resident fees received		14,060	14,279
Donations and bequests received		840	1,970
GST received from/(paid to) ATO		71	65
Interest received		610	717
Dividend received		1	2
Other capital receipts		2,159	2,250
Other receipts		8,358	5,493
Total receipts		**78,540**	**74,774**
Employee expenses paid		(49,784)	(47,726)
Non salary labour costs		(5,058)	(4,731)
Payments for supplies & consumables		(10,652)	(8,544)
Finance costs		(20)	(108)
Other payments		(10,046)	(8,634)
Total payments		**(75,560)**	**(69,743)**
NET CASH FLOW FROM/(USED IN) OPERATING ACTIVITIES	8.2	**2,980**	**5,031**
CASH FLOWS FROM INVESTING ACTIVITIES			
Purchase of investments		3,465	(4,016)
Payments for non-financial assets		(2,949)	(1,290)
Proceeds from sale of non-financial assets		204	81
NET CASH FLOW FROM/(USED IN) INVESTING ACTIVITIES		**720**	**(5,225)**
CASH FLOWS FROM FINANCING ACTIVITIES			
Repayment of finance leases		-	(27)
NET CASH FLOW FROM/(USED IN) FINANCING ACTIVITIES		**-**	**(27)**
NET INCREASE/(DECREASE) IN CASH AND CASH EQUIVALENTS HELD		**3,700**	**(221)**
Cash and cash equivalents at beginning of financial year		**8,957**	**9,178**
CASH AND CASH EQUIVALENTS AT END OF FINANCIAL YEAR	6.2	**12,657**	**8,957**

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

CONTENTS

Basis of presentation

The financial statements are prepared in accordance with Australian Accounting Standards and relevant FRDs.

These financial statements are in Australian dollars and the historical cost convention is used unless a different measurement basis is specifically disclosed in the note associated with the item measured on a different basis.

The accrual basis of accounting has been applied in preparing these financial statements, whereby assets, liabilities, equity, income and expenses are recognised in the reporting period to which they relate, regardless of when cash is received or paid.

Consistent with the requirements of AASB 1004 Contributions, contributions by owners (that is, contributed capital and its repayment) are treated as equity transactions and, therefore, do not form part of the income and expenses of the health service.

Additions to net assets which have been designated as contributions by owners are recognised as contributed capital. Other transfers that are in the nature of contributions to or distributions by owners have also been designated as contributions by owners.

Revisions to accounting estimates are recognised in the period in which the estimate is revised and also in future periods that are affected by the revision. Judgements and assumptions made by management in applying AAS that have significant effects on the financial statements and estimates are disclosed in the notes.

Note 1: Summary of significant accounting policies

These annual financial statements represent the audited general purpose financial statements for Western District Health Service for the period ending 30 June 2018. The report provides users with information about the Health Services' stewardship of resources entrusted to it.

(a) Statement of compliance

These financial statements are general purpose financial statements which have been prepared in accordance with the Financial Management Act 1994 and applicable AASBs, which include interpretations issued by the Australian Accounting Standards Board (AASB). They are presented in a manner consistent with the requirements of AASB 101 Presentation of Financial Statements.

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

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

The annual financial statements were authorised for issue by the Board of Western District Health Service on 30/08/2018.

(b) Reporting entity

The financial statements include all the controlled activities of the Western District Health Service.

Its principal address is:

20 Foster Street

Hamilton

Victoria 3300

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

Objectives and funding

Western District Health Service's overall objective is to meet the health and wellbeing needs of our community by delivering a comprehensive range of high quality, innovative and valued health services, as well as improve the quality of life to Victorians.

Western District Health Service is predominantly funded by accrual based grant funding for the provision of outputs.

(c) Basis of accounting preparation and measurement

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

The accounting policies set out below have been applied in preparing the financial statements for the year ended 30 June 2018, and the comparative information presented in these financial statements for the year ended 30 June 2017.

The financial statements are prepared on a going concern basis.

These financial statements are presented in Australian dollars, the functional and presentation currency of the Health Service.

All amounts shown in the financial statements have been rounded to the nearest thousand dollars, unless otherwise stated. Minor discrepancies in tables between totals and sum of components are due to rounding.

The Western District Health Service operates on a fund accounting basis and maintains three funds: Operating, Specific Purpose and Capital Funds.

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

Judgements, estimates and assumptions are required to be made about the carrying amounts of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on professional judgements derived from historical experience and various other factors that are believed to be reasonable under the circumstances. Actual results may differ from these estimates.

Revisions to accounting estimates are recognised in the period in which the estimate is revised and also in future periods that are affected by the revision. Judgements and assumptions made by management in the application of AASBs that have significant effects on the financial statements and estimates relate to:

- the fair value of land, buildings, infrastructure, plant and equipment, (refer to Note 4.3);
- superannuation expense (refer to Note 3.5);
- actuarial assumptions for employee benefit provisions based on likely tenure of existing staff, patterns of leave claims, future salary movements and future discount rates (refer to Note 3.4); and
- equities and management investment schemes classified at level 3 of the fair value hierarchy

Goods and Services Tax (GST)

Income, expenses and assets are recognised net of the amount of associated GST, unless the GST incurred is not recoverable from the Australian Taxation Office (ATO). In this case the GST payable is recognised as part of the cost of acquisition of the asset or as part of the expense.

Receivables and payables are stated inclusive of the amount of GST receivable or payable. The net amount of GST recoverable from, or payable to, the ATO is included with other receivables or payables in the Balance Sheet.

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

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

Intersegment Transactions

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

(d) Jointly Controlled Operation

Joint control is the contractually agreed sharing of control of an arrangement, which exists only when decisions about the relevant activities require the unanimous consent of the parties sharing control.

In respect of any interest in joint operations, Western District Health Services recognises in the financial statements:

- its assets, including its share of any assets held jointly;
- any liabilities including its share of liabilities that it had incurred;
- its revenue from the sale of its share of the output from the joint operation;
- its share of the revenue from the sale of the output by the operation; and
- its expenses, including its share of any expenses incurred jointly.

Western District Health Services is a Member of the South West Alliance of Rural Health Joint Venture and retains joint control over the arrangement, which it has classified as a joint operation (refer to Note 8.9 Jointly Controlled Operations).

Note 2: Funding Delivery of Our Services

The Health Service's overall objective is to deliver programs and services that support and enhance the wellbeing of all Victorians.

To enable the Health Service to fulfil its objective it receives accrual based grant funding for the provision of outputs. The Health Service also receives income from the supply of services.

Structure

2.1 Analysis of revenue by source

Note 2.1: Analysis of Revenue by Source

	Admitted Patients 2018 $'000	RAC incl. Mental Health 2018 $'000	Aged Care 2018 $'000	Primary Health 2018 $'000	Other 2018 $'000	Total 2018 $'000
Government Grant	41,950	11,506	4,264	1,148	1,741	60,609
Indirect contributions by Department of Health and Human Services	44	14	5	2	2	67
Patient & Resident Fees	1,722	3,844	422	427	12	6,427
Commercial Activities	-	553	-	-	4,515	5,068
Total Revenue from Operating Activities	**43,716**	**15,917**	**4,691**	**1,577**	**6,270**	**72,171**
Interest	-	-	-	-	611	611
Dividends	-	-	-	-	1	1
Other Revenue from Non-Operating Activities	-	-	-	-	94	94
Total Revenue from Non-Operating Activities	**-**	**-**	**-**	**-**	**706**	**706**
Capital Purpose Income (excluding Interest)	-	-	-	-	2,689	2,689
Total Capital Purpose Income	**-**	**-**	**-**	**-**	**2,689**	**2,689**
Share of Net Result of Associates Accounted for using the Equity Method (refer note 4.2)	-	-	-	-	21	21
Total Revenue	**43,716**	**15,917**	**4,691**	**1,577**	**9,686**	**75,587**

	Admitted Patients 2017 $'000	RAC incl. Mental Health 2017 $'000	Aged Care 2017 $'000	Primary Health 2017 $'000	Other 2017 $'000	Total 2017 $'000
Government Grant	38,437	11,634	3,880	1,480	1,818	57,249
Indirect contributions by Department of Health and Human Services	45	14	5	2	2	68
Patient & Resident Fees	1,883	4,207	398	-	-	6,488
Commercial Activities	-	501	-	-	4,049	4,550
Total Revenue from Operating Activities	**40,365**	**16,356**	**4,283**	**1,482**	**5,869**	**68,355**
Interest	-	-	-	-	682	682
Dividends	-	-	-	-	2	2
Other Revenue from Non-Operating Activities	-	-	-	-	763	763
Total Revenue from Non-Operating Activities	**-**	**-**	**-**	**-**	**1,447**	**1,447**
Capital Purpose Income (excluding Interest)	-	-	-	-	4,729	4,729
Total Capital Purpose Income	**-**	**-**	**-**	**-**	**4,729**	**4,729**
Share of Net Result of Associates Accounted for using the Equity Method (refer note 4.2)	-	-	-	-	4	4
Total Revenue	**40,365**	**16,356**	**4,283**	**1,482**	**12,049**	**74,535**

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

Revenue Recognition

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

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

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

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

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

Indirect Contributions from the Department of Health and Human Services

- Insurance is recognised as revenue following advice from the Department of Health and Human Services.
- Long Service Leave (LSL) – Revenue is recognised upon finalisation of movements in LSL liability in line with the arrangements set out in the Metropolitan Health and Aged Care Services Division Hospital Circular 04/2017.

Patient and Resident Fees

Patient fees are recognised as revenue on an accrual basis.

Private Practice Fees

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

Revenue from commercial activities

Revenue from commercial activities such as rental property income, share of jointly controlled operations revenue, cafeteria and catering income are recognised as revenue at the time invoices are raised.

Donations and Other Bequests

Donations and bequests are recognised as revenue when the right to receive payment is established. If donations are for a specific purpose, they may be appropriated to a surplus, such as the specific restricted purpose surplus.

Dividend Revenue

Dividend revenue is recognised when the right to receive payment is established. Dividends represent the income arising from Western District Health Service's investments in financial assets.

Interest Revenue

Interest revenue is recognised on a time proportionate basis that takes into account the effective yield of the financial asset, which allocates interest over the relevant period.

Sale of investments

The gain/loss on the sale of investments is recognised when the investment is realised.

Other income

Other income includes recoveries for salaries and wages and external services provided.

Category groups

The Health Service has used the following category groups for reporting purposes for the current and previous financial years:

- Admitted Patient Services (Admitted Patients) comprises all acute and subacute admitted patient services, where services are delivered in public hospitals.
- Residential Aged Care including Mental Health (RAC incl. Mental Health) comprises those Commonwealth-licensed residential aged care services in receipt of supplementary funding from the department under the mental health program. It excludes all other residential services funded under the mental health program, such as mental health funded community care units and secure extended care units.
- Aged Care comprises a range of in home, specialist geriatric, residential care and community based programs and support services, such as Home and Community Care (HACC) that are targeted to older people, people with a disability, and their carers.
- Primary Health comprises services for Community Health including health promotion and counselling and physiotherapy.
- Other Services not reported elsewhere - (Other) comprises services not separately classified above, including: sexually transmitted infections clinical services, Koori liaison officers, immunisation and screening services, drugs services and community care programs including sexual assault support, early parenting services and parenting assessment and skills development.

Note 3: The Cost of Delivering Our Services

This section provides an account of the expenses incurred by the Health Service in delivering services and outputs. In Section 2, the funds that enable the provision of services were disclosed and in this note the cost associated with provision of services are recorded.

Structure

3.1 Analysis of expenses by source
3.2 Analysis of expense and revenue by internally managed and restricted specific purpose funds
3.3 Finance Costs
3.4 Employee Benefits in the Balance Sheet
3.5 Superannuation

Note 3.1: Analysis of Expenses by Source

	Admitted Patients 2018 $'000	RAC incl. Mental Health 2018 $'000	Aged Care 2018 $'000	Primary Health 2018 $'000	Other 2018 $'000	Total 2018 $'000
Employee Expenses	27,844	13,814	4,057	2,710	1,707	50,132
Other Operating Expenses						
Non Salary Labour Costs	5,058	-	-	-	-	5,058
Supplies & Consumables	4,866	1,269	423	282	211	7,051
Other Expenses	7,749	1,325	774	332	348	10,528
Total Expenditure from Operating Activities	**45,517**	**16,408**	**5,254**	**3,324**	**2,266**	**72,769**
Finance Costs (refer note 3.3)	11	6	1	1	1	20
Other Non-Operating Expenses						
Revaluation of Long Service Leave	-	-	-	-	(70)	(70)
Expenditure for Capital Purposes	-	-	-	-	224	224
Impairment of Financial Assets	-	-	-	-	-	-
Depreciation (refer note 4.4)	3,636	1,965	282	485	300	6,668
Total other expenses	**3,647**	**1,971**	**283**	**486**	**455**	**6,842**
Total Expenses	**49,164**	**18,379**	**5,537**	**3,810**	**2,721**	**79,611**

	Admitted Patients 2017 $'000	RAC incl. Mental Health 2017 $'000	Aged Care 2017 $'000	Primary Health 2017 $'000	Other 2017 $'000	Total 2017 $'000
Employee Expenses	26,700	13,246	3,890	2,599	1,637	48,072
Other Operating Expenses						
Non Salary Labour Costs	4,731	-	-	-	-	4,731
Supplies & Consumables	5,304	1,384	461	308	230	7,686
Other Expenses	6,846	1,171	684	293	307	9,301
Total Expenditure from Operating Activities	**43,581**	**15,801**	**5,035**	**3,200**	**2,173**	**69,790**
Finance Costs (refer note 3.3)	59	32	5	7	5	108
Other Non-Operating Expenses						
Revaluation of Long Service Leave	-	-	-	-	45	45
Expenditure for Capital Purposes	-	-	-	-	37	37
Impairment of Financial Assets	-	-	-	-	5	5
Depreciation (refer note 4.4)	3,828	2,068	297	510	317	7,020
Total other expenses	**3,887**	**2,100**	**302**	**517**	**409**	**7,215**
Total Expenses	**47,468**	**17,901**	**5,337**	**3,717**	**2,582**	**77,005**

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

Employee expenses
Employee expenses include:

- wages and salaries;
- fringe benefits tax;
- leave entitlements;
- termination payments;
- workcover premiums; and
- superannuation expenses

Grants and other transfers
These include transactions such as: grants, subsidies and personal benefit payments made in cash to individuals.

Other operating expenses
Other operating expenses generally represent the day-to-day running costs incurred in normal operations and include:

Non Salary Labour Costs
Costs of visiting medical officers not paid via employee expenses.

Supplies and consumables
Supplies and services costs which are recognised as an expense in the reporting period in which they are incurred. The carrying amounts of any inventories held for distribution are expensed when distributed.

Other Expenses
Operating costs including utilities which are recognised as an expense in the reporting period in which they are incurred.

Bad and doubtful debts
Refer to Note 5.1 Receivables.

Other economic flows are changes in the volume or value of assets or liabilities that do not result from transactions.

Net gain/ (loss) on non-financial assets
Net gain/ (loss) on non-financial assets and liabilities includes realised and unrealised gains and losses as follows:

- *Revaluation gains/ (losses) of non-financial physical assets* (Refer to Note 4.3 Property plant and equipment.)
- *Net gain/(loss) on disposal of non-financial assets*

Any gain or loss on the disposal of non-financial assets are recognised at the date of disposal.

Net gain/ (loss) on financial instruments
Net gain/ (loss) on financial instruments includes:

- realised and unrealised gains and losses from revaluations of financial instruments at fair value;
- impairment and reversal of impairment for financial instruments at amortised cost (refer to Note 4.1) Investments and other financial assets; and
- disposals of financial assets and derecognition of financial liabilities

Revaluations of financial instrument at fair value
Refer to Note 7.1 Financial instruments.

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

- the revaluation of the present value of the long service leave liability due to changes in the bond rate movements, inflation rate movements and the impact of changes in probability factors; and
- transfer of amounts from the reserves to accumulated surplus or net result due to disposal or derecognition or reclassification.

Derecognition of financial liabilities
A financial liability is derecognised when the obligation under the liability is discharged, cancelled or expires.

Financial guarantee
Payments that are contingent under financial guarantee contracts are recognised as a liability at the time the guarantee is issued. The liability is initially measured at fair value, and if there is a material increase in the likelihood that the guarantee may have to be exercised, then it is measured at the higher of the amount determined in accordance with AASB 137 Provisions, Contingent Liabilities and Contingent Assets and the amount initially recognised less cumulative amortisation, where appropriate.

Note 3.2: Analysis of Expense and Revenue by Internally Managed and Restricted Specific Purpose Funds for Services Supported by Hospital and Community Initiatives

	Expense		Revenue	
	Total 2018 $'000	Total 2017 $'000	Total 2018 $'000	Total 2017 $'000
Commercial Activities				
Private Practice and Other Patient Activities	-	17	-	-
Catering	283	274	289	280
Laundry	134	129	28	15
Cafeteria	125	98	274	233
Property Expense/Revenue	137	132	766	681
Jointly controlled entity	1,918	2,353	2,217	2,954
Commercial Activities National Centre Farmer Health	-	-	355	120
Goods and Services externally supplied	1,233	1,031	1,233	1,031
TOTAL	**3,830**	**4,034**	**5,162**	**5,314**

Note 3.3: Finance Costs

	Total 2018 $'000	Total 2017 $'000
Finance Charges on Finance Leases (i)	20	108
Total Finance Costs	**20**	**108**

(i) Of the balance in 'interest on finance lease', $20k [$108k in 2017] related to assets contracted under the SWARH arrangements.

Finance costs are recognised as expenses in the period in which they are incurred.
Finance costs include:

- finance charges in respect of finance leases recognised in accordance with AASB 117 Leases.

Note 3.4: Employee Benefits in the Balance Sheet

	Total 2018 $'000	Total 2017 $'000
Current Provisions		
Employee Benefits (i)		
Annual leave		
- Unconditional and expected to be settled wholly within 12 months (ii)	2,866	2,765
Long service leave		
- Unconditional and expected to be settled wholly within 12 months (ii)	841	800
- Unconditional and expected to be settled wholly after 12 months (iii)	4,343	4,114
Accrued Days Off		
- Unconditional and expected to be settled within 12 months (ii)	103	85
Accrued Wages and Salaries		
- Unconditional and expected to be settled within 12 months (ii)	845	521
	8,998	**8,285**
Provisions related to Employee Benefit On-Costs		
- Unconditional and expected to be settled within 12 months (ii)	945	965
- Unconditional and expected to be settled after 12 months (iii)	503	470
	1,448	**1,435**
Total Current Provisions	**10,446**	**9,720**
Non-Current Provisions		
Employee Benefits (i)	1,425	1,470
Provisions related to Employee Benefit On-Costs	172	180
Total Non-Current Provisions	**1,597**	**1,650**
Total Provisions	**12,043**	**11,370**
(a) Employee Benefits and Related On-Costs		
Current Employee Benefits and related on-costs		
Unconditional LSL Entitlement	5,785	5,481
Annual Leave Entitlements	3,713	3,633
Accrued Wages and Salaries	845	521
Accrued Days Off	103	85
Non-Current Employee Benefits and related on-costs		
Conditional Long Service Leave Entitlements (iii)	1,597	1,650
Total Employee Benefits and Related On-Costs	**12,043**	**11,370**

Notes:
(i) Provisions for employee benefits consist of amounts for annual leave and long service leave accrued by employees, not including on-costs.
(ii) The amounts disclosed are nominal amounts
(iii) The amounts disclosed are discounted to present values

Note 3.4: Employee Benefits in the Balance Sheet (Cont.)

(b) Movements in Provisions

	Total 2018 $'000	Total 2017 $'000
Movement in Long Service Leave:		
Balance at start of year	7,131	6,443
Provision made during the year		
- Revaluations	(70)	45
- Expense recognising Employee Service	1,162	1,443
Settlement made during the year	(841)	(800)
Balance at end of year	**7,382**	**7,131**

Employee Benefit Recognition
Provision is made for benefits accruing to employees in respect of wage and salaries, annual leave and long service leave for services rendered to the reporting date as an expense during the period the services are delivered.

Provisions
Provisions are recognised when the Health Service has a present obligation, the future sacrifice of economic benefits is probable, and the amount of the provision can be measured reliably.
The amount recognised as a liability is the best estimate of the consideration required to settle the present obligation at reporting date, taking into account the risks and uncertainties surrounding the obligation.

Employee benefits
This provision arises for benefits accruing to employees in respect of wages and salaries, annual leave and long service leave for services rendered to the reporting date.

Wages and salaries, annual leave, sick leave and accrued days off
Liabilities for wages and salaries, annual leave, and accrued days off are all recognised in the provision for employee benefits as 'current liabilities', because the health service does not have an unconditional right to defer settlements of these liabilities.
Depending on the expectation of the timing of settlement, liabilities for wages and salaries, annual leave and sick leave are measured at:

- Undiscounted value – if the health service expects to wholly settle within 12 months; or
- Present value – if the health service does not expect to wholly settle within 12 months.

Long service leave (LSL)
Liability for LSL is recognised in the provision for employee benefits.
Unconditional LSL is disclosed in the notes to the financial statements as a current liability, even where the health service does not expect to settle the liability within 12 months because it will not have the unconditional right to defer the settlement of the entitlement should an employee take leave within 12 months. An unconditional right arises after a qualifying period.

The components of this current LSL liability are measured at:

- Undiscounted value – if the health service expects to wholly settle within 12 months; or
- Present value – where the entity does not expect to settle a component of this current liability within 12 months

Conditional LSL is disclosed as a non-current liability. Any gain or loss followed revaluation of the present value of non-current LSL liability is recognised as a transaction, except to the extent that a gain or loss arises due to changes in estimations e.g. bond rate movements, inflation rate movements and changes in probability factors which are then recognised as other economic flows.

Termination benefits
Termination benefits are payable when employment is terminated before the normal retirement date or when an employee decides to accept an offer of benefits in exchange for the termination of employment.
The health service recognises termination benefits when it is demonstrably committed to either terminating the employment of current employees according to a detailed formal plan without possibility of withdrawal or providing termination benefits as a result of an offer made to encourage voluntary redundancy.

On-costs related to employee expense
Provision for on-costs, such as workers compensation and superannuation are recognised together with provisions for employee benefits.

Note 3.5: Superannuation

	Paid Contribution for the Year		Contribution Outstanding at Year End	
	Total 2018 $'000	Total 2017 $'000	Total 2018 $'000	Total 2017 $'000
(i) Defined benefit plans:				
First State Super	128	143	-	-
Defined contribution plans:				
First State Super	2,890	2,818	-	-
HESTA	917	870	-	-
Other	124	101	-	-
TOTAL	**4,059**	**3,932**	**-**	**-**

(i) The bases for determining the level of contributions is determined by the various actuaries of the defined benefit superannuation plans.

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

Defined contribution superannuation plans

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

Defined benefit superannuation plans

The amount charged to the comprehensive operating statement in respect of defined benefit superannuation plans represents the contributions made by the Health Service to the superannuation plans in respect of the services of current Health Service staff during the reporting period. Superannuation contributions are made to the plans based on the relevant rules of each plan, and are based upon actuarial advice.

Western District Health Services does not recognise any unfunded defined benefit liability in respect of the plans because the hospital has no legal or constructive obligation to pay future benefits relating to its employees; its only obligation is to pay superannuation contributions as they fall due. The Department of Treasury and Finance discloses the State's defined benefits liabilities in its disclosure for administered items.

However superannuation contributions paid or payable for the reporting period are included as part of employee benefits in the Comprehensive Operating Statement of Western District Health Services

The name, details and amounts that have been expensed in relation to the major employee superannuation funds and contributions made by Western District Health Services are disclosed above.

Note 4: Key Assets to Support Service Delivery

The Health Service controls infrastructure and other investments that are utilised in fulfilling its objectives and conducting its activities. They represent the key resources that have been entrusted to the hospital to be utilised for delivery of those outputs.

Structure

4.1 Investments & Other Financial Assets

4.2 Investments accounted for using the equity method

4.3 Property, plant & equipment

4.4 Depreciation and amortisation

Note 4.1: Investments and Other Financial Assets

	Operating Fund		Specific Purpose Fund		Capital Fund		Total	
	2018 $'000	2017 $'000	2018 $'000	2017 $'000	2018 $'000	2017 $'000	2018 $'000	2017 $'000
CURRENT								
Loans and receivables								
Term Deposit								
Aust. Dollar Term Deposits > 3 months (i)	9,972	5,500	14,149	19,149	-	-	24,121	24,649
Total Current	**9,972**	**5,500**	**14,149**	**19,149**	**-**	**-**	**24,121**	**24,649**
NON CURRENT								
Loans and receivables								
Term Deposit								
Aust. Dollar Term Deposits > 12 months	-	-	-	-	448	437	448	437
Available for sale								
Equities and Managed Investment Schemes								
Australian Listed Equity Securities (ii)	-	-	1,995	1,880	-	-	1,995	1,880
Total Non Current	**-**	**-**	**1,995**	**1,880**	**448**	**437**	**2,443**	**2,317**
TOTAL INVESTMENTS AND OTHER FINANCIAL ASSETS	**9,972**	**5,500**	**16,144**	**21,029**	**448**	**437**	**26,564**	**26,966**
Represented by:								
Health Service Investments	9,972	5,500	1,995	9,860	448	437	12,415	15,797
Monies Held in Trust								
Patient Monies	-	-	14,149	11,169	-	-	14,149	11,169
TOTAL INVESTMENTS AND OTHER FINANCIAL ASSETS	**9,972**	**5,500**	**16,144**	**21,029**	**448**	**437**	**26,564**	**26,966**

Notes:

(i) Term deposits under 'Aust. Dollar Term Deposits > 3 months' class include only term deposits with maturity greater than 90 days.

(ii) The Health Service designated all its equities and managed investment schemes at fair value through profit or loss. Therefore, unless they are part of a disposal group held for sale, all equities and managed investments are classified as non-current.

Investment recognition

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

Investments are classified as available-for-sale financial assets and loans and receivables.

Western District Health Service classifies its other financial assets between current and non-current assets based on the Board of Management's intention at balance date with respect to the timing of disposal of each asset. Western District Health Services assesses at each balance sheet date whether a financial asset or group of financial assets is impaired.

Western District Health Service's investments must comply with Standing Direction 3.7.2 - Treasury and Investment Risk Management. The investment portfolio of Western District Health Services is managed by Victorian Funds Management Corporation through specialist fund managers and a Master Custodian. The Master Custodian holds the investments and conducts settlements pursuant to instructions from the specialist fund managers.

All financial assets, except for those measured at fair value through the Comprehensive Operating Statement are subject to annual review for impairment.

Derecognition of financial assets

A financial asset (or, where applicable, a part of a financial asset or part of a group of similar financial assets) is derecognised when:

- the rights to receive cash flows from the asset have expired; or
- the Health Service retains the right to receive cash flows from the asset, but has assumed an obligation to pay them in full without material delay to a third party under a 'pass through' arrangement; or
- the Health Service has transferred its rights to receive cash flows from the asset and either:

  (a) has transferred substantially all the risks and rewards of the asset; or

  (b) has neither transferred nor retained substantially all the risks and rewards of the asset, but has transferred control of the asset.

Where the Health Service has neither transferred nor retained substantially all the risks and rewards or transferred control, the asset is recognised to the extent of the Health Service's continuing involvement in the asset.

Impairment of financial assets

At the end of each reporting period, Western District Health Services assesses whether there is objective evidence that a financial asset or group of financial assets is impaired. All financial instrument assets, except those measured at fair value through profit or loss, are subject to annual review for impairment.

Where the fair value of an investment in an equity instrument at balance date has reduced by 20 percent or more than its cost price or where its fair value has been less than its cost price for a period of 12 or more months, the financial asset is treated as impaired.

In order to determine an appropriate fair value as at 30 June 2018 for its portfolio of financial assets, Western District Health Service used the market value of investments held provided by the portfolio managers.

The above valuation process was used to quantify the level of impairment (if any) on the portfolio of financial assets as at year end.

Note 4.2: Investments Accounted for Using the Equity Method

Name of Entity	Principal Activity	Country of Incorporation	Ownership Interest 2018 %	Ownership Interest 2017 %	Published Fair Value 2018 $'000	Published Fair Value 2017 $'000
Jointly Controlled Entities						
Southern Grampians/Glenelg Shire PCP [(a)(b)]	Primary Health	Australia	45	45	118	97

(a) As at 30 June 2018, the fair value of the agency's interest in Southern Grampians/Glenelg Shire Primary Care Partnership was $118,162 based on the fair value measurement approach of AASB 13 Fair Value Measurement.
(b) The financial year end date of Southern Grampians/Glenelg Shire Primary Care Partnership is 30 June. This was the reporting date established when that Partnership was established. For the purpose of applying the equity method of accounting, the unaudited financial statements of Southern Grampians/Glenelg Shire PCP have been used, and appropriate adjustments have been made for the effects of significant transactions between that date and 30 June 2018.

Note 4.2: Investments Accounted for Using the Equity Method (Cont.)

Summarised financial information in respect of the agency's material associate is set out below. The summarised financial information below represents amounts shown in the associate's financial statements prepared in accordance with AASBs, adjusted by the agency for equity accounting purposes

	2018 $'000	2017 $'000
Summarised Financial Information of Joint Venture:		
Current Assets	465	415
Total Assets	**465**	**415**
Current Liabilities	150	156
Non-Current Liabilities	52	42
Total Liabilities	**202**	**198**
Net Assets	**263**	**217**
Share of Joint Venture's Net Assets	**118**	**97**
Summarised operating statement		
Total income from transaction	509	479
Net result from continuing operation	**21**	**4**
Net Result	**21**	**4**
Total comprehensive income	**21**	**4**
Share of Jointly Controlled Entities' Net Result After Income Tax	**21**	**4**

Movements in carrying amount of interests in the Joint Venture	2018 $'000	2017 $'000
Carrying amount at the beginning of the year	97	93
Share of associate's net result after tax	21	4
Carrying amount at the end of the year	**118**	**97**

Dividends Received from Associates and Joint Ventures

During the 2018 financial year, Western District Health Service received dividends of $0 (2016/2017: $0) from its associates.

Contingent Liabilities and Capital Commitments

There are no contingent liabilities and capital commitments arising from associates.
The investment in the associate is accounted for using the equity method of accounting. Under the equity method of accounting, the investment in the associate is recognised at cost on initial recognition, and the carrying amount is increased or decreased in subsequent years to recognise Western District Health Service's share of the profits or losses of the associates after the date of acquisition. Western District Health Service's share of the associate's profit or loss is recognised in Western District Health Service's net result as 'other economic flows'. The share of post-acquisition changes in revaluation surpluses and any other reserves, are recognised in both the comprehensive operating statement and the statement of changes in equity. The cumulative post acquisition movements are adjusted against the carrying amount of the investment, including dividends received or receivable from the associate.

Joint control is the contractually agreed sharing of control of an arrangement, which exists only when decisions about the relevant activities require the unanimous consent of the parties sharing control. Joint ventures are joint arrangements whereby Western District Health Service, via its joint control of the arrangement, has rights to the net assets of the arrangements.
Interests in joint ventures are accounted for in the financial statements using the equity method, as applied to investments in associates and are disclosed as required by AASB 12.

Note 4.3: Property, Plant & Equipment

(a) Gross Carrying Amount and Accumulated Depreciation

	Total 2018 $'000	Total 2017 $'000
Land		
Land at Fair Value	4,837	4,837
Total Land	**4,837**	**4,837**
Buildings		
Buildings Under Construction at cost	1,739	279
Buildings at Fair Value	115,542	124,805
Less Acc'd Depreciation	-	(15,126)
Leasehold Improvements at cost	1,730	1,897
Less Acc'd Depreciation	-	(149)
Total Buildings	**119,011**	**111,706**
Plant and Equipment		
Plant and Equipment at Fair Value	6,712	6,327
Less Acc'd Depreciation	(2,695)	(2,452)
Total Plant and Equipment	**4,017**	**3,875**
Medical Equipment		
Medical Equipment at Fair Value	8,565	8,267
Less Acc'd Depreciation	(5,865)	(5,388)
Total Medical Equipment	**2,700**	**2,879**
Computers and Communication		
Computers and Communication at Fair Value	1,341	1,243
Less Acc'd Depreciation	(1,059)	(1,015)
Total Cultural Assets	**282**	**228**
Furniture and Fittings		
Furniture and Fittings at Fair Value	1,368	1,326
Less Acc'd Depreciation	(1,067)	(964)
Total Cultural Assets	**301**	**362**
Motor Vehicles		
Motor Vehicles at Fair Value	1,938	1,973
Less Acc'd Depreciation	(1,149)	(1,196)
Total Cultural Assets	**789**	**777**
Leased Assets		
Computers and Communication	1,771	1,912
Less Acc'd Amortisation	(1,450)	(1,215)
Total Leased Assets	**321**	**697**
TOTAL	**132,258**	**125,361**

Note 4.3: Property, Plant & Equipment (Cont.)

(b) Reconciliations of the Carrying Amounts of Each Class of Asset

	Land $'000	Buildings $'000	Plant and equipment $'000	Medical equipment $'000	Computers & Communications $'000	Furniture and Fittings $'000	Motor Vehicles $'000	Leasesd Assets $'000	Assets Under Construction $'000	TOTAL $'000
Balance at 1 July 2016	**4,837**	**116,522**	**3,938**	**3,101**	**274**	**464**	**1,035**	**903**	**53**	**131,127**
Additions	-	-	180	389	72	34	120	264	226	1,285
Assets transferred as Capital Contributions	-	-	-	-	-	-	-	-	-	-
Disposals	-	-	-	(1)	(2)	-	(28)	-	-	(31)
Net Transfers between Classes	-	-	-	-	-	-	-	-	-	-
Depreciation (Note 4.4)	-	(5,095)	(243)	(610)	(116)	(136)	(350)	(470)	-	(7,020)
Balance at 1 July 2017	**4,837**	**111,427**	**3,875**	**2,879**	**228**	**362**	**777**	**697**	**279**	**125,361**
Additions	-	50	389	411	145	42	427	-	1,543	3,007
Revaluation	-	10,807	-	-	-	-	-	-	-	10,807
Net Transfers between Classes	-	83	-	-	-	-	-	-	(83)	-
Disposals	-	-	-	(6)	-	-	(101)	(142)	-	(249)
Depreciation (Note 4.4)	-	(5,095)	(247)	(584)	(91)	(103)	(314)	(234)	-	(6,668)
Balance at 30 June 2018	**4,837**	**117,272**	**4,017**	**2,700**	**282**	**301**	**789**	**321**	**1,739**	**132,258**

Land and buildings and leased assets carried at valuation

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

The effective date of the valuation is 30 June 2014.

In compliance with FRD 103F, in the year ended 30 June 2018, Western District Health Service's management conducted an annual assessment of the fair value of land and buildings and leased buildings. To facilitate this, management obtained from the Department of Treasury and Finance the Valuer General Victoria indices for the financial year ended 30 June 2018.

The latest indices required a managerial revaluation of building assets in 2018. The indexed value was then compared to individual assets written down book value as at 30 June 2018 to determine the change in their fair values. The Department of Health and Human Services approved a managerial revaluation of the buildings asset class of $10.8m ($0 in 2017).

Note 4.3: Property, Plant & Equipment (Cont.)

(c) Fair Value Measurement Hierarchy for Assets

	Carrying amount as at 30 June 2018 $'000	Fair value measurement at end of reporting period using: Level 1 (i) $'000	Level 2 (i) $'000	Level 3 (i) $'000
Land at fair value				
Non-specialised land	618	-	618	-
Specialised land	4,219	-	-	4,219
Total of Land at fair value	**4,837**	**-**	**618**	**4,219**
Buildings at fair value				
Assets under Construction	1,739	-	-	1,739
Non-specialised buildings	585	-	585	-
Specialised buildings	116,319	-	-	116,319
Heritage assets	368	-	-	368
Total of Building at fair value	**119,011**	**-**	**585**	**118,426**
Plant and Equipment at fair value				
- Vehicles	789	-	-	789
- Plant and equipment	4,017	-	-	4,017
Total of plant, equipment and vehicles at fair value	**4,806**	**-**	**-**	**4,806**
Medical Equipment at fair value				
Medical equipment at fair value	2,700	-	-	2,700
Total medical equipment at fair value	**2,700**	**-**	**-**	**2,700**
Computers and Communication at fair value				
Computers and Communication at fair value	282	-	-	282
Total Computers and Communication at fair value	**282**	**-**	**-**	**282**
Furniture and Fittings at fair value				
Furniture and Fittings at fair value	301	-	-	301
Total Furniture and Fittings at fair value	**301**	**-**	**-**	**301**
Leased Assets at fair value				
Leased Assets at fair value	321	-	-	321
Total Leased Assets at fair value	**321**	**-**	**-**	**321**
TOTAL	**132,258**	**-**	**1,203**	**131,055**

	Carrying amount as at 30 June 2017 $'000	Fair value measurement at end of reporting period using: Level 1 (i) $'000	Level 2 (i) $'000	Level 3 (i) $'000
Land at fair value				
Non-specialised land	618	-	618	-
Specialised land	4,219	-	-	4,219
Total of Land at fair value	**4,837**	**-**	**618**	**4,219**
Buildings at fair value				
Assets under Construction	279	-	-	279
Non-specialised buildings	585	-	585	-
Specialised buildings	110,508	-	-	110,508
Heritage assets	334	-	-	334
Total of building at fair value	**111,706**	**-**	**585**	**111,121**
Plant and Equipment at fair value				
- Vehicles	777	-	-	777
- Plant and equipment	3,875	-	-	3,875
Total of plant, equipment and vehicles at fair value	**4,652**	**-**	**-**	**4,652**
Medical Equipment at fair value				
Medical equipment at fair value	2,879	-	-	2,879
Total medical equipment at fair value	**2,879**	**-**	**-**	**2,879**
Computers and Communication at fair value				
Computers and Communication at fair value	228	-	-	228
Total Computers and Communication at fair value	**228**	**-**	**-**	**228**
Furniture and Fittings at fair value				
Furniture and Fittings at fair value	362	-	-	362
Total Furniture and Fittings at fair value	**362**	**-**	**-**	**362**
Leased Assets at fair value				
Leased Assets at fair value	697	-	-	697
Total Leased Assets at fair value	**697**	**-**	**-**	**697**
TOTAL	**125,361**	**-**	**1,203**	**124,158**

Note: (i) Classified in accordance with the fair value hierarchy. There have been no transfers between levels during the period.

Note 4.3: Property, Plant & Equipment (Cont.)

(d) Reconciliation of Level 3 Fair Value

30 June 2018	Land $'000	Buildings $'000	Plant and Equipment $'000	Medical Equipment $'000	Computers & Communications $'000	Furniture and Fittings $'000	Motor Vehicles $'000	Leases Assets $'000
Opening Balance	**4,219**	**111,121**	**3,875**	**2,879**	**228**	**362**	**777**	**697**
Purchases (sales)	-	1,593	389	411	145	42	427	-
Gains or losses recognised in net result	-	10,807	-	(6)	-	-	(101)	(142)
- Depreciation	-	(5,095)	(247)	(584)	(91)	(103)	(314)	(234)
Subtotal	**4,219**	**118,426**	**4,017**	**2,700**	**282**	**301**	**789**	**321**
Closing Balance	**4,219**	**118,426**	**4,017**	**2,700**	**282**	**301**	**789**	**321**

30 June 2017	Land $'000	Buildings $'000	Plant and Equipment $'000	Medical Equipment $'000	Computers & Communications $'000	Furniture and Fittings $'000	Motor Vehicles $'000	Leases Assets $'000
Opening Balance	**4,219**	**115,990**	**3,938**	**3,101**	**274**	**464**	**1,035**	**903**
Purchases (sales)	-	226	180	388	70	34	92	264
Transfers in (out) of Level 3	-	-	-	-	-	-	-	-
Gains or losses recognised in net result								
- Depreciation	-	(5,095)	(243)	(610)	(116)	(136)	(350)	(470)
Subtotal	**4,219**	**111,121**	**3,875**	**2,879**	**228**	**362**	**777**	**697**
Closing Balance	**4,219**	**111,121**	**3,875**	**2,879**	**228**	**362**	**777**	**697**

Classified in accordance with the fair value hierarchy, refer Note 4.3(c).

Note 4.3: Property, Plant & Equipment

(e) Fair Value Determination

Asset class	Examples of types of assets	Expected fair value level	Likely valuation approach	Significant inputs (Level 3 only)
Non-specialised land	In areas where there is an active market: - Vacant land - Land not subject to restrictions as to use or sale	Level 2	Market approach	n.a.
Specialised Land (Crown / Freehold)	- Land subject to restriction as to use and/or sale - Land in areas where there is not an active market	Level 3	Market approach	Community Service Obligations Adjustments
Non-specialised buildings	For general/commercial buildings that are just built	Level 2	Market approach	n.a.
Specialised buildings	Specialised buildings with limited alternative uses and/or substantial customisation e.g. prisons, hospitals and schools	Level 3	Depreciated replacement cost approach	- Cost per square metre - Useful life
Heritage assets	Heritage buildings	Level 3	Depreciated replacement cost approach (b)	- Cost per square metre - Useful life
Vehicles	If there is an active resale market available	Level 2	Market approach	n.a.
Plant and equipment	Specialised items with limited alternative uses and/or substantial customisation	Level 3	Depreciated replacement cost approach	- Cost per item - Useful life

AASB 13 Fair Value Measurement provides an exemption for not for profit public sector entities from disclosing the sensitivity analysis relating to 'unrealised gains/(losses) on non-financial assets' if the assets are held primarily for their current service potential rather than to generate net cash inflows.

CSO adjustment of 20% was applied to reduce the market approach value for Western District Health Service's specialised land.

There were no changes in valuation techniques throughout the period to 30 June 2018.

Note 4.3: Property, plant & equipment (cont.)

Initial Recognition

Items of property, plant and equipment are measured initially at cost and subsequently revalued at fair value less accumulated depreciation and impairment loss. Where an asset is acquired for no or nominal cost, the cost is its fair value at the date of acquisition.

The initial cost for non-financial physical assets under finance lease (refer to Note 6.1) is measured at amounts equal to the fair value of the leased asset or, if lower, the present value of the minimum lease payments, each determined at the inception of the lease.

Crown land is measured at fair value with regard to the property's highest and best use after due consideration is made for any legal or physical restrictions imposed on the asset, public announcements or commitments made in relation to the intended use of the asset. Theoretical opportunities that may be available in relation to the asset(s) are not taken into account until it is virtually certain that any restrictions will no longer apply. Therefore, unless otherwise disclosed, the current use of these non-financial physical assets will be their highest and best uses.

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

Subsequent Measurement

Consistent with AASB 13 Fair Value Measurement, Western District Health Service determines the policies and procedures for recurring property, plant and equipment fair value measurements, in accordance with the requirements of AASB 13 and the relevant FRDs.

All property, plant and equipment for which fair value is measured or disclosed in the financial statements are categorised within the fair value hierarchy.

For the purpose of fair value disclosures, Western District Health Service has determined classes of assets on the basis of the nature, characteristics and risks of the asset and the level of the fair value hierarchy as explained above.

In addition, Western District Health Service determines whether transfers have occurred between levels in the hierarchy by reassessing categorisation (based on the lowest level input that is significant to the fair value measurement as a whole) at the end of each reporting period.

For the purpose of fair value disclosures, Western District Health Service has determined classes of assets and liabilities on the basis of the nature, characteristics and risks of the asset or liability and the level of the fair value hierarchy as explained above.

In addition, Western District Health Service determines whether transfers have occurred between levels in the hierarchy by re-assessing categorisation (based on the lowest level input that is significant to the fair value measurement as a whole) at the end of each reporting period.

The Valuer-General Victoria (VGV) is Western District Health Service's independent valuation agency.

The estimates and underlying assumptions are reviewed on an ongoing basis.

Fair value measurement

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

Note 4.3: Property, plant & equipment (cont.)

Consideration of highest and best use (HBU) for non-financial physical assets

Judgements about highest and best use must take into account the characteristics of the assets concerned, including restrictions on the use and disposal of assets arising from the asset's physical nature and any applicable legislative/contractual arrangements.

In accordance with paragraph AASB 13.29, Health Services can assume the current use of a non-financial physical asset is its HBU unless market or other factors suggest that a different use by market participants would maximise the value of the asset.

Therefore, an assessment of the HBU will be required when the indicators are triggered within a reporting period, which suggest the market participants would have perceived an alternative use of an asset that can generate maximum value. Once identified, Health Services are required to engage with VGV or other independent valuers for formal HBU assessment.

These indicators, as a minimum, include:

External factors:

- Changed acts, regulations, local law or such instrument which affects or may affect the use or development of the asset;
- Changes in planning scheme, including zones, reservations, overlays that would affect or remove the restrictions imposed on the asset's use from its past use;
- Evidence that suggest the current use of an asset is no longer core to requirements to deliver a Health Service's service obligation;
- Evidence that suggests that the asset might be sold or demolished at reaching the late stage of an asset's life cycle.

Valuation hierarchy

Health Services need to use valuation techniques that are appropriate for the circumstances and where there is sufficient data available to measure fair value, maximising the use of relevant observable inputs and minimising the use of unobservable inputs.

All assets and liabilities for which fair value is measured or disclosed in the financial statements are categorised within the fair value hierarchy.

Identifying unobservable inputs (level 3) fair value measurements

Level 3 fair value inputs are unobservable valuation inputs for an asset or liability. These inputs require significant judgement and assumptions in deriving fair value for both financial and non-financial assets.

Unobservable inputs shall be used to measure fair value to the extent that relevant observable inputs are not available, thereby allowing for situations in which there is little, if any, market activity for the asset or liability at the measurement date. However, the fair value measurement objective remains the same, i.e., an exit price at the measurement date from the perspective of a market participant that holds the asset or owes the liability. Therefore, unobservable inputs shall reflect the assumptions that market participants would use when pricing the asset or liability, including assumptions about risk.

Assumptions about risk include the inherent risk in a particular valuation technique used to measure fair value (such as a pricing risk model) and the risk inherent in the inputs to the valuation technique. A measurement that does not include an adjustment for risk would not represent a fair value measurement if market participants would include one when pricing the asset or liability i.e., it might be necessary to include a risk adjustment when there is significant measurement uncertainty. For example, when there has been a significant decrease in the volume or level of activity when compared with normal market activity for the asset or liability or similar assets or liabilities, and the Health Service has determined that the transaction price or quoted price does not represent fair value.

A Health Service shall develop unobservable inputs using the best information available in the circumstances, which might include the Health Service's own data.

In developing unobservable inputs, a Health Service may begin with its own data, but it shall adjust this data if reasonably available information indicates that other market participants would use different data or there is something particular to the Health Service that is not available to other market participants. A Health Service need not undertake exhaustive efforts to obtain information about other market participant assumptions. However, a Health Service shall take into account all information about market participant assumptions that is reasonably available. Unobservable inputs developed in the manner described above are considered market participant assumptions and meet the object of a fair value measurement.

Non-Specialised Land, Non-Specialised Buildings

Non-specialised land and non-specialised buildings are valued using the market approach. Under this valuation method, the assets are compared to recent comparable sales or sales of comparable assets which are considered to have nominal or no added improvement value.

For non-specialised land and non-specialised buildings, an independent valuation was performed by the Valuer-General Victoria to determine the fair value using the market approach. Valuation of the assets was determined by analysing comparable sales and allowing for share, size, topography, location and other relevant factors specific to the asset being valued. An appropriate rate per square metre has been applied to the subject asset. The effective date of the valuation is 30 June 2014.

In June 2018 a managerial valuation was carried out in accordance with FRD 103F to revalue the buildings to its fair value.

Specialised Land and Specialised Buildings

Specialised land includes Crown Land which is measured at fair value with regard to the property's highest and best use after due consideration is made for any legal or physical restrictions imposed on the asset, public announcements or commitments made in relation to the intended use of the asset. Theoretical opportunities that may be available in relation to the assets are not taken into account until it is virtually certain that any restrictions will no longer apply. Therefore, unless otherwise disclosed, the current use of these non-financial physical assets will be their highest and best use.

During the reporting period, Western District Health Service held Crown Land. The nature of this asset means that there are certain limitations and restrictions imposed on its use and/or disposal that may impact their fair value.

The market approach is also used for specialised land although it is adjusted for the community service obligation (CSO) to reflect the specialised nature of the assets being valued. Specialised assets contain significant, unobservable adjustments; therefore these assets are classified as Level 3 under the market based direct comparison approach.

The CSO adjustment is a reflection of the valuer's assessment of the impact of restrictions associated with an asset to the extent that is also equally applicable to market participants. This approach is in light of the highest and best use consideration required for fair value measurement, and takes into account the use of the asset that is physically possible, legally permissible and financially feasible. As adjustments of CSO are considered as significant unobservable inputs, specialised land would be classified as Level 3 assets.

For Western District Health Service, the depreciated replacement cost method is used for the majority of specialised buildings, adjusting for the associated depreciation. As depreciation adjustments are considered as significant and unobservable inputs in nature, specialised buildings are classified as Level 3 for fair value measurements.

An independent valuation of Western District Health Service 's specialised land and specialised buildings was performed by the Valuer-General Victoria. The valuation was performed using the market approach adjusted for CSO. The effective date of the valuation is 30 June 2014.

In June 2018 a managerial valuation was carried out in accordance with FRD 103F to revalue the land to its fair value.

Vehicles

The Health Service acquires new vehicles and at times disposes of them before completion of their economic life. The process of acquisition, use and disposal in the market is managed by the Health Service who set relevant depreciation rates during use to reflect the consumption of the vehicles. As a result, the fair value of vehicles does not differ materially from the carrying amount (depreciated cost).

Plant and Equipment

Plant and equipment (including medical equipment, computers and communication equipment and furniture and fittings) are held at carrying amount (depreciated cost). When plant and equipment is specialised in use, such that it is rarely sold other than as part of a going concern, the depreciated replacement cost is used to estimate the fair value. Unless there is market evidence that current replacement costs are significantly different from the original acquisition cost, it is considered unlikely that depreciated replacement cost will be materially different from the existing carrying amount.

There were no changes in valuation techniques throughout the period to 30 June 2018.

For all assets measured at fair value, the current use is considered the highest and best use.

Revaluations of Non-Current Physical Assets

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

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

Revaluation decrements are recognised in 'Other Comprehensive Income' to the extent that a credit balance exists in the asset revaluation surplus in respect of the same class of property, plant and equipment.

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

Revaluation surplus is not transferred to accumulated funds on de-recognition of the relevant asset, except where an asset is transferred via contributed capital.

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

Note 4.4: Depreciation

	Total 2018 $'000	Total 2017 $'000
Depreciation		
Buildings	5,095	5,095
Plant & Equipment	247	243
Medical Equipment	584	610
Leased Assets	234	470
Computers & Communication	91	116
Furniture & Fittings	103	136
Motor Vehicles	314	350
Total Depreciation	**6,668**	**7,020**

Depreciation Recognition

All buildings, plant and equipment and other non-financial physical assets (excluding items under operating leases, assets held for sale, land and investment properties) that have finite useful lives are depreciated. Depreciation is generally calculated on a straight-line basis at rates that allocate the asset's value, less any estimated residual value over its estimated useful life.

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

	2018	2017
Buildings		
- Structure Shell Building Fabric	20 to 50 years	20 to 50 years
- Site Engineering Services and Central Plant	20 to 40 years	20 to 40 years
Central Plane		
- Fit Out	10 to 25 years	10 to 25 years
- Trunk Reticulated Building systems	20 to 25 years	20 to 25 years
Plant and Equipment	10 to 40 years	10 to 40 years
Medical Equipment	5 to 20 years	5 to 20 years
Computers and Communication	4 to 20 years	4 to 20 years
Furniture and Fittings	4 to 20 years	4 to 20 years
Motor Vehicles	5 to 20 years	5 to 20 years
Land Improvements	10 to 50 years	10 to 50 years

As part of the buildings valuation, building values were separated into components and each component assessed for its useful life which is represented above.

Note 5: Other Assets and Liabilities

This section sets out those assets and liabilities that arose from the Health Service's operations.

Structure

5.1 Receivables
5.2 Inventories
5.3 Other liabilities
5.4 Prepayments and other assets
5.5 Payables

Note 5.1: Receivables

	Total 2018 $'000	Total 2017 $'000
CURRENT		
Contractual		
Inter Hospital Debtors	29	184
Trade Debtors	525	2,681
Patient Fees	732	1,129
Accrued Revenue	466	427
Less Allowance for Doubtful Debts		
Trade Debtors	(15)	(27)
Patient Fees	(7)	(31)
	1,730	**4,363**
Statutory		
GST Receivable	234	175
Accrued Revenue Department of Health and Human Services	343	-
	577	**175**
TOTAL CURRENT RECEIVABLES	**2,307**	**4,538**
Statutory		
Long Service Leave - Department of Health and Human Services	1,657	1,463
TOTAL NON-CURRENT RECEIVABLES	**1,657**	**1,463**
TOTAL RECEIVABLES	**3,964**	**6,001**

Note 5.1(a): Movement in the Allowance for Doubtful Debts

	Total 2018 $'000	Total 2017 $'000
Balance at beginning of year	58	84
Amounts written off during the year	(140)	(41)
Increase/(decrease) in allowance recognised in net result	104	15
Balance at end of year	**22**	**58**

Receivables Recognition

Receivables consist of:

- contractual receivables, which includes debtors in relation to goods and services and accrued investment income; and
- statutory receivables, which includes predominantly amounts owing from the Victorian Government and Goods and Services Tax ("GST") input tax credits recoverable.

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

Receivables are recognised initially at fair value and subsequently measured at amortised cost less any accumulated impairment.

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

Trade debtors are carried at nominal amounts due and are due for settlement within 30 days from the date of recognition. Collectability of debts is reviewed on an ongoing basis, and debts which are known to be uncollectible are written off. A provision for doubtful debts is recognised when there is objective evidence that the debts may not be collected and bad debts are written off when identified.

Doubtful Debts

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

Note 5.2: Inventories

	Total 2018 $'000	Total 2017 $'000
Pharmaceuticals		
At cost	58	146
Engineering Stores		
At Cost	22	5
Administration Stores		
At Cost	10	3
TOTAL INVENTORIES	**90**	**154**

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

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

Inventories acquired for no cost or nominal considerations are measured at current replacement cost at the date of acquisition.

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

Cost for all inventory is measured on the basis of weighted average cost.

Note 5.3: Other Liabilities

	Total 2018 $'000	Total 2017 $'000
CURRENT		
Monies Held in Trust*		
- Patient Monies Held in Trust*	455	318
- Accommodation Bonds (Refundable Entrance Fees)*	13,694	10,851
Other - Income Received in Advance	943	582
Total Current	**15,092**	**11,751**
TOTAL OTHER LIABILITIES	**15,092**	**11,751**
*** Total Monies Held in Trust Represented by the following assets:**		
Investments and other Financial Assets (refer to Note 4.1)	14,149	11,169
TOTAL	**14,149**	**11,169**

Note 5.4: Prepayments and Other Non-Financial Assets

	Total 2018 $'000	Total 2017 $'000
CURRENT		
Prepayments	193	325
TOTAL OTHER ASSETS	**193**	**325**

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

Note 5.5: Payables

	Total 2018 $'000	Total 2017 $'000
CURRENT		
Contractual		
Trade Creditors	1,837	4,039
Accrued Expenses	463	497
	2,300	**4,536**
Statutory		
GST Payable	26	37
Department of Health and Human Services	-	255
	26	**292**
TOTAL CURRENT	**2,326**	**4,828**
TOTAL PAYABLES	**2,326**	**4,828**

Payables consist of:

- contractual payables, classified as financial instruments and measured at amortised cost. Accounts payable represent liabilities for goods and services provided to the Department prior to the end of the financial year that are unpaid; and
- statutory payables, that are recognised and measured similarly to contractual payables, but are not classified as financial instruments and not included in the category of financial liabilities at amortised cost, because they do not arise from contracts.

Note 5.5 (a): Payables and Borrowings Maturity Analysis

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

Maturity analysis of Financial Liabilities as at 30 June

2018	Carrying Amount $'000	Nominal Amount $'000	Maturity Dates			
			Less than 1 month $'000	1-3 months $'000	3 months - 1 year $'000	1-5 years $'000
Financial Liabilities						
At amortised cost						
Payables	2,300	2,300	2,300	-	-	-
Borrowings	354	354	-	-	354	-
Other Financial Liabilities (i)						
- Accommodation Bonds	13,694	13,694	-	-	3,938	9,756
- Other	1,398	1,398	600	652	146	-
Total Financial Liabilities	**17,746**	**17,746**	**2,900**	**652**	**4,438**	**9,756**
2017						
Financial Liabilities						
At amortised cost						
Payables	4,536	4,536	4,536	-	-	-
Borrowings	748	748	-	-	338	410
Other Financial Liabilities (i)						
- Accommodation Bonds	10,851	10,851	-	-	3,010	7,841
- Other	900	900	582	260	58	-
Total Financial Liabilities	**17,035**	**17,035**	**5,118**	**260**	**3,406**	**8,251**

(i) Ageing analysis of financial liabilities excludes the types of statutory financial liabilities (i.e GST payable)

Note 6: How We Finance Our Operations

This section provides information on the sources of finance utilised by the Health Service during its operations, along with interest expenses (the cost of borrowings) and other information related to financing activities of the Health Service.

This section includes disclosures of balances that are financial instruments (such as borrowings and cash balances). Note: 7.1 provides additional, specific financial instrument disclosures.

Structure

6.1 Borrowings

6.2 Cash and cash equivalents

6.3 Commitments for expenditure

Note 6.1: Borrowings

	Total 2018 $'000	Total 2017 $'000
CURRENT		
– Finance Lease Liability (i)	354	338
Total Current	**354**	**338**
NON CURRENT		
Australian Dollar Borrowings		
– Finance Lease Liability	-	410
Total Non-Current	**-**	**410**
Total Borrowings	**354**	**748**

(i) Secured by the assets leased. Finance leases are effectively secured as the rights to the leased assets revert to the lessor in the event of default.

The approved Bank Overdraft limit is $0.5m, none of which has been utilised during 2017-2018

Finance costs of the Health Service incurred during the year are accounted for as follows:

Amount of finance costs recognised as expenses	$'000
	20

(a) Maturity analysis of borrowings

Please refer to Note 5.5 for the ageing analysis of borrowings.

(b) Defaults and breaches

During the current and prior year, there were no defaults and breaches of any of the borrowings.

Note 6.1: Borrowings (Cont.)

(c) Finance Lease Liabilities

	Minimum future lease payments (i)		Present value of minimum future lease payments	
	2018 $'000	2017 $'000	2018 $'000	2017 $'000
Other finance lease liabilities payable				
Not longer than one year	354	338	354	338
Longer than one year but not longer than five years	-	410	-	410
Minimum future lease payments	**354**	**748**	**354**	**748**
Present value of minimum lease payments	**354**	**748**	**354**	**748**
Included in the financial statements as:				
Current borrowings lease liabilities	354	338	354	338
Non-current borrowing lease liabilities	-	410	-	410
	354	**748**	**354**	**748**

The weighted average interest rate implicit in the finance lease is 5.27% (2017: 5.52%).

Minimum future lease payments include the aggregate of all base payments and any guaranteed residual.

Other finance lease liabilities include obligations that are recognised on the balance sheet.

Borrowing Recognition

A lease is a right to use an asset for an agreed period of time in exchange for payment. Leases are classified at their inception as either operating or finance leases based on the economic substance of the agreement so as to reflect the risks and rewards incidental to ownership.

Leases of property, plant and equipment are classified as finance leases whenever the terms of the lease transfer substantially all the risks and rewards of ownership to the lessee. All other leases are classified as operating leases, in the manner described in Note 6.3 Commitments

Finance leases

Entity as lessee

Finance leases are recognised as assets and liabilities at amounts equal to the fair value of the lease property or, if lower, the present value of the minimum lease payment, each determined at the inception of the lease. If there is certainty that the health service will obtain the ownership of the lease asset by the end of the lease term, the asset shall be depreciated over the useful life of the asset. If there is no reasonable certainty that the lessee will obtain ownership by the end of the lease term, the asset shall be fully depreciated over the shorter of the lease term and its useful life. Minimum lease payments are apportioned between reduction of the outstanding lease liability, and the periodic finance expense which is calculated using the interest rate implicit in the lease, and charged directly to the Comprehensive Operating Statement. Contingent rentals associated with finance leases are recognised as an expense in the period in which they are incurred.

Note 6.2: Cash and Cash Equivalents

	Total 2018 $'000	Total 2017 $'000
Cash on hand	23	23
Cash at bank	12,634	8,934
Total Cash and Cash Equivalents	**12,657**	**8,957**
Represented by:		
Cash for Health Service Operations (as per Cash Flow Statement) [i]	12,657	8,957
Total Cash and Cash Equivalents	**12,657**	**8,957**

[i] Cash and cash equivalents include salary packaging.

Cash and cash equivalents recognised on the balance sheet comprise cash on hand and in banks, deposits at call and highly liquid investments (with an original maturity date of three months or less), which are held for the purpose of meeting short term cash commitments rather than for investment purposes, which are readily convertible to known amounts of cash and are subject to insignificant risk of changes in value.

For cash flow statement presentation purposes, cash and cash equivalents include bank overdrafts, which are included as liabilities on the balance sheet.

Note 6.3: Commitments for Expenditure

(a) Commitments

	Total 2018 $'000	Total 2017 $'000
Capital expenditure commitments		
Payable:		
Plant and Equipment	656	-
Buildings	1,432	94
Total capital expenditure commitments	2,088	94
Lease commitments		
Commitments in relation to leases contracted for at the reporting date:		
Finance leases	354	748
Total lease commitments	354	748
Finance Leases		
Commitments in relation to finance leases are payable as follows:		
Current	354	338
Non-current	-	410
Minimum Lease Payments	354	748
Total finance lease commitments	354	748
Total lease commitments	354	748
Total Commitments (inclusive of GST)	2,442	842

All amounts shown in the commitments note are nominal amounts inclusive of GST.

Commitments for future expenditure include operating and capital commitments arising from contracts. These commitments are disclosed by way of a note at their nominal value and are inclusive of the GST payable. In addition, where it is considered appropriate and provides additional relevant information to users, the net present values of significant individual projects are stated. These future expenditures cease to be disclosed as commitments once the related liabilities are recognised on the balance sheet.

Note 6.3: Commitments (Cont.)

(b) Commitments Payable

Nominal Values	Total 2018 $'000	Total 2017 $'000
Capital expenditure commitments payable		
Less than 1 year	2,088	94
Total capital expenditure commitments	**2,088**	**94**
Lease commitments payable		
Less than 1 year	354	338
Longer than 1 year but not longer than 5 years	-	410
Total lease commitments	**354**	**748**
Total commitments (inclusive of GST)	**2,442**	**842**
Less GST recoverable from the Australian Tax Office	(190)	(9)
Total commitments (exclusive of GST)	**2,252**	**833**

Future finance lease payments are recognised on the balance sheet, refer to Note 6.1 Borrowings.

Note 7: Risks, Contingencies and Valuation Uncertainties

Introduction

The Health Service is exposed to risk from its activities and outside factors. In addition, it is often necessary to make judgements and estimates associated with recognition and measurement of items in the financial statements. This section sets out financial instrument specific information, (including exposures to financial risks) as well as those items that are contingent in nature or require a higher level of judgement to be applied, which for the Health Service is related mainly to fair value determination.

Structure

7.1 Financial instruments

7.2 Contingent assets and contingent liabilities

Note 7.1: Financial Instruments

Financial risk management objectives and policies

Financial instruments arise out of contractual agreements that give rise to a financial asset of one entity and a financial liability or equity instrument of another entity. Due to the nature of Western District Health Service's activities, certain financial assets and financial liabilities arise under statute rather than a contract. Such financial assets and financial liabilities do not meet the definition of financial instruments in AASB 132 *Financial Instruments: Presentation*

(a) Financial instruments: categorisation

2018	Contractual financial assets - loans and receivables $'000	Contractual financial assets - available for sale $'000	Contractual financial liabilities at amortised cost $'000	Total $'000
Contractual Financial Assets				
Cash and cash equivalents	12,657	-	-	12,657
Receivables				
- Trade Debtors	539	-	-	539
- Other Receivables	1,191	-	-	1,191
Other Financial Assets				
- Term Deposit	24,569	-	-	24,569
- Shares in Other Entities	-	1,995	-	1,995
Total Financial Assets i	**38,956**	**1,995**	**-**	**40,951**
Financial Liabilities				
Payables	-	-	2,300	2,300
Borrowings	-	-	354	354
Other Financial Liabilities				
- Accommodation bonds	-	-	13,694	13,694
- Other	-	-	1,398	1,398
Total Financial Liabilities i	**-**	**-**	**17,746**	**17,746**

2017	Contractual financial assets - loans and receivables $'000	Contractual financial assets - available for sale $'000	Contractual financial liabilities at amortised cost $'000	Total $'000
Contractual Financial Assets				
Cash and cash equivalents	8,957	-	-	8,957
Receivables				
- Trade Debtors	2,838	-	-	2,838
- Other Receivables	1,525	-	-	1,525
Other Financial Assets				
- Term Deposit	25,086	-	-	25,086
- Shares in Other Entities	-	1,880	-	1,880
Total Financial Assets i	**38,406**	**1,880**	**-**	**40,286**
Financial Liabilities				
Payables	-	-	4,536	4,536
Borrowings	-	-	748	748
Other Financial Liabilities				
- Accommodation bonds	-	-	10,851	10,851
- Other	-	-	900	900
Total Financial Liabilities i	**-**	**-**	**17,035**	**17,035**

i The carrying amount excludes statutory receivables (i.e. GST receivable and DHHS receivable) and statutory payables (i.e. Revenue in Advance and DHHS payable).

Note 7.1: Financial Instruments (Cont.)

(b) Net Holding Gain/(Loss) on Financial Instruments by Category

2018	Net holding gain/(loss) $'000	Total interest income / (expense) $'000	Impairment loss $'000	Total $'000
Financial Assets				
Cash and Cash Equivalents [i]	-	611	-	611
Financial Assets Available for Sale [i]	(82)	1	-	(81)
Total Financial Assets	**(82)**	**612**	**-**	**530**
Financial Liabilities				
Financial Liabilities at Amortised Cost [ii]	-	20	-	20
Total Financial Liabilities	**-**	**20**	**-**	**20**
2017	**Net holding gain/(loss) $'000**	**Total interest income / (expense) $'000**	**Impairment loss $'000**	**Total $'000**
Financial Assets				
Cash and Cash Equivalents [i]	-	684	-	684
Financial Assets Available for Sale [i]	(29)	2	(5)	(32)
Total Financial Assets	**(29)**	**686**	**(5)**	**652**
Financial Liabilities				
Financial Liabilities at Amortised Cost [ii]	-	108	-	108
Total Financial Liabilities	**-**	**108**	**-**	**108**

[i] For cash and cash equivalents, loans or receivables and financial assets available-for-sale, the net gain or loss is calculated by taking the movement in the fair value of the asset, the interest revenue, plus or minus foreign exchange gains or losses arising from revaluation of the financial assets, and minus any impairment recognised in the net result

[ii] For financial liabilities measured at amortised cost, the net gain or loss is calculated by taking the interest expense measured at amortised cost.

Note 7.1: Financial Instruments (cont.)

Categories of financial instruments

Loans and receivables and cash are financial instrument assets with fixed and determinable payments that are not quoted on an active market. These assets and liabilities are initially recognised at fair value plus any directly attributable transaction costs. Subsequent to initial measurement, loans and receivables are measured at amortised cost using the effective interest method (and for assets, less any impairment).
Western District Health Service recognises the following assets in this category:

- cash and deposits;
- receivables (excluding statutory receivables); and
- term deposits

Available-for-sale financial instrument assets are those designated as available-for-sale or not classified in any other category of financial instrument asset. Such assets are initially recognised at fair value. Subsequent to initial recognition, they are measured at fair value with gains and losses arising from changes in fair value, recognised in 'Other economic flows – other comprehensive income' until the investment is disposed. Movements resulting from impairment and foreign currency changes are recognised in the net result as other economic flows. On disposal, the cumulative gain or loss previously recognised in 'Other economic flows – other comprehensive income' is transferred to other economic flows in the net result.

Financial liabilities at amortised cost are initially recognised on the date they are originated. They are initially measured at fair value plus any directly attributable transaction costs. Subsequent to initial recognition, these financial instruments are measured at amortised cost with any difference between the initial recognised amount and the redemption value being recognised in profit and loss over the period of the interest bearing liability, using the effective interest rate method. Western District Health Service recognises the following liabilities in this category:

- payables (excluding statutory payables); and
- borrowings (including finance lease liabilities).

Offsetting financial instruments: Financial instrument assets and liabilities are offset and the net amount presented in the Balance Sheet when, and only when, Western District Health Service has a legal right to offset the amounts and intend either to settle on a net basis or to realise the asset and settle the liability simultaneously.

Some master netting arrangements do not result in an offset of balance sheet assets and liabilities. Where Western District Health Service does not have a legally enforceable right to offset recognised amounts, because the right to offset is enforceable only on the occurrence of future events such as default, insolvency or bankruptcy, they are reported on a gross basis.

Derecognition of financial assets: A financial asset (or, where applicable, a part of a financial asset or part of a group of similar financial assets) is derecognised when:

- the rights to receive cash flows from the asset have expired; or
- Western District Health Service retains the right to receive cash flows from the asset, but has assumed an obligation to pay them in full without material delay to a third party under a 'pass through' arrangement; or
- Western District Health Service has transferred its rights to receive cash flows from the asset and either:
  - has transferred substantially all the risks and rewards of the asset; or
  - has neither transferred nor retained substantially all the risks and rewards of the asset, but has transferred control of the asset.

Where Western District Health Service has neither transferred nor retained substantially all the risks and rewards or transferred control, the asset is recognised to the extent of Western District Health Service's continuing involvement in the asset.

Impairment of financial assets: At the end of each reporting period, Western District Health Service assesses whether there is objective evidence that a financial asset or group of financial assets is impaired. All financial instrument assets, except those measured at fair value through profit or loss, are subject to annual review for impairment.

The allowance is the difference between the financial asset's carrying amount and the present value of estimated future cash flows, discounted at the effective interest rate. In assessing impairment of statutory (non-contractual) financial assets, which are not financial instruments, professional judgement is applied in assessing materiality using estimates, averages and other computational methods in accordance with AASB 136 *Impairment of Assets*.

Reclassification of financial instruments: Subsequent to initial recognition and under rare circumstances, non-derivative financial instruments assets that have not been designated at fair value through profit or loss upon recognition, may be reclassified out of the fair value through profit or loss category, if they are no longer held for the purpose of selling or repurchasing in the near term.

Financial instrument assets that meet the definition of loans and receivables may be reclassified out of the fair value through profit and loss category into the loans and receivables category, where they would have met the definition of loans and receivables had they not been required to be classified as fair value through profit and loss. In these cases, the financial instrument assets may be reclassified out of the fair value through profit and loss category, if there is the intention and ability to hold them for the foreseeable future or until maturity.

Available-for-sale financial instrument assets that meet the definition of loans and receivables may be reclassified into the loans and receivables category if there is the intention and ability to hold them for the foreseeable future or until maturity.

Derecognition of financial liabilities: A financial liability is derecognised when the obligation under the liability is discharged, cancelled or expires.

When an existing financial liability is replaced by another from the same lender on substantially different terms, or the terms of an existing liability are substantially modified, such an exchange or modification is treated as a derecognition of the original liability and the recognition of a new liability. The difference in the respective carrying amounts is recognised as an 'other economic flow' in the comprehensive operating statement.

Note 7.2: Contingent assets and contingent liabilities

As at balance date, the Board of Directors is unaware of the existence of any financial obligation that may have a material effect on the Balance Sheet as a result of any future event which may or may not happen. (2017-Nil)

Note 8: Other Disclosures

This section includes additional material disclosures required by accounting standards or otherwise, for the understanding of this financial report.

Structure

8.1 Equity
8.2 Reconciliation of net result for the year to net cash inflow/(outflow) from operating activities
8.3 Responsible persons disclosures
8.4 Remuneration of Executives
8.5 Related parties
8.6 Remuneration of auditors
8.7 Events occurring after the balance sheet date
8.8 AASBs issued that are not yet effective
8.9 Jointly controlled operations
8.10 Economic dependency
8.11 Alternative presentation of comprehensive operating statement

Note 8.1: Equity

	Total 2018 $'000	Total 2017 $'000
(a) Surpluses.		
Property, Plant & Equipment Revaluation Surplus [i]		
Balance at the beginning of the reporting period	67,366	67,366
Revaluation Increment - Buildings (Refer Note 4.3b)	10,807	-
Balance at the end of the reporting period*	**78,173**	**67,366**
*Represented by:		
- Land	3,688	3,688
- Buildings	74,109	63,302
- Plant and Equipment	376	376
Surplus	**78,173**	**67,366**
Financial Assets Available for Sale Surplus		
Balance at the beginning of the reporting period	59	88
Cumulative (gain)/loss transferred to Operating Statement on Sale of Financial Assets	82	(34)
Cumulative (gain)/loss transferred to Operating Statement on Impairment of Financial Assets	-	5
Balance at end of the reporting period	**141**	**59**
Restricted Specific Purpose Surplus		
Balance at the beginning of the reporting period	10,413	7,566
Transfer from/(to) Accumulated Surplus/Deficit	1,404	2,847
Balance at the end of the reporting period	**11,817**	**10,413**
Total Surpluses	**90,131**	**77,838**
(b) Contributed Capital		
Balance at the beginning of the reporting period	49,535	49,535
Balance at the end of the reporting period	**49,535**	**49,535**
(c) Accumulated Surpluses/(Deficits)		
Balance at the beginning of the reporting period	11,791	17,108
Net Result for the Year	(4,024)	(2,470)
Transfers from/(to) Restricted Specific Purpose Surplus	(1,404)	(2,847)
Balance at the end of the reporting period	**6,363**	**11,791**
(d) Total Equity at end of financial year	**146,029**	**139,164**

[i] Represents the revaluation of Property, Plant and Equipment.

Equity Recognition

Contributed capital

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

Transfers of net assets arising from administrative restructurings are treated as contributions by owners. Transfers of net liabilities arising from administrative restructures are to go through the Comprehensive Operating Statement.

Property, plant & equipment revaluation surplus

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

Financial asset available-for-sale revaluation surplus

The available-for-sale revaluation surplus arises on the revaluation of available-for-sale financial assets. Where a revalued financial asset is sold that portion of the surplus which relates to that financial asset is effectively realised, and is recognised in the comprehensive operating statement. Where a revalued financial asset is impaired that portion of the surplus which relates to that financial asset is recognised in the comprehensive operating statement.

Note 8.2: Reconciliation of Net Result for the Year to Net Cash Inflow/(Outflow) from Operating Activities

	Total 2018 $'000	Total 2017 $'000
Net result for the period	(4,024)	(2,470)
Non-cash movements:		
Depreciation	6,668	7,020
Impairment of financial and non financial assets	-	(5)
Provision for doubtful debts	104	15
(Increase)/decrease in share of joint venture	(21)	(4)
Movements included in investing and financing activities		
Net (gain)/loss from disposal of non-financial physical assets	(97)	(50)
Net (gain)/loss from disposal of financial assets	82	34
Movements in assets and liabilities:		
Change in operating assets and liabilities		
(Increase)/decrease in receivables	2,427	(594)
(Increase)/decrease in other assets	(152)	41
(Increase)/decrease in prepayments	134	964
Increase/(decrease) in payables	(2,896)	(525)
Increase/(decrease) in provisions	673	491
Increase/(decrease) in other liabilities	18	115
Change in inventories	64	(1)
NET CASH INFLOW/(OUTFLOW) FROM OPERATING ACTIVITIES	**2,980**	**5,031**

Note 8.3: Responsible Persons Disclosures

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

Responsible Ministers:	Period
The Honourable Jill Hennessy, Minister for Health, Minister for Ambulance Services	1/7/2017 - 30/6/2018
The Honourable Martin Foley, Minister for Housing, Disability and Ageing, Minister for Mental Health	1/7/2017 - 30/6/2018
Governing Boards	
Mr H Macdonald (Chair of the Board)	1/7/2017 - 30/6/2018
Mr D Barber	1/7/2017 - 30/6/2018
Mr P Besgrove	1/7/2017 - 30/6/2018
Ms M Kruger	1/7/2017 - 30/6/2018
Ms C Coggins	1/7/2017 - 30/6/2018
Ms J Hutton	1/7/2017 - 30/6/2018
Ms A Kenneally	1/7/2017 - 30/6/2018
Mr N Hurria	1/7/2017 - 30/6/2018
Mr I Whiting	1/7/2017 - 30/6/2018
Mr G Walcott	1/7/2017 - 30/6/2018
Accountable Officers	
Mr R. Fitzgerald (Chief Executive)	1/7/2017 - 30/6/2018

Remuneration of Responsible Persons

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

	Total 2018	Total 2017
Income Band		
$0 - $9,999	10	9
$300,000 - $309,999	-	1
$330,000 - $339,999	1	-

Amounts relating to Responsible Ministers are reported in the financial statements of the Department of Parliamentary Services.

Note 8.4: Remuneration of Executives

The number of executive officers, other than Accountable Officers, and their total remuneration during the reporting period are shown in the table below. Total annualised employee equivalent provides a measure of full time equivalent executive officers over the reporting period.

Remuneration comprises employee benefits in all forms of consideration paid, payable or provided in exchange for services rendered, and is disclosed in the following categories.

Short-term employee benefits

Salaries and wages, annual leave or sick leave that are usually paid or payable on a regular basis, as well as non-monetary benefits such as allowances and free or subsidised goods or services.

Post-employment benefits

Pensions and other retirement benefits paid or payable on a discrete basis when employment has ceased.

Other long-term benefits

Long service leave, other long-service benefit or deferred compensation.

Termination benefits

Termination of employment payments, such as severance packages.

Total remuneration payable to executives during the year included additional executive officers and a number of executives who received bonus payments during the year. These bonus payments depend on the terms of individual employment contracts.

Several factors affected total remuneration payable to executives over the year. A number of employment contracts were completed and renegotiated and an executive officers resigned in the past year. This has had a significant impact on remuneration figures for the termination benefits category.

	2018 $'000	2017 $'000
Remuneration		
Short-term benefits	1,104	1,034
Post-employment benefits	92	101
Other long-term benefits	113	109
Total remuneration [i]	**1,309**	**1,244**
Total number of executives	**8**	**7**
Total annualised employee equivalent [ii]	**6.65**	**7**

Notes:

[i] The total number of executive officers includes persons who meet the definition of Key Management Personnel (KMP) of the entity under AASB 124 Related Party Disclosures and are also reported within related parties note disclosure (Note 8.5).

[ii] Annualised employee equivalent is based on the time fraction worked over the reporting period. This is calculated as the total number of days the employee is engaged to work during the week by the total number of full-time working days per week (this is generally five full working days per week).

Note 8.5: Related Parties

The health service is a wholly owned and controlled entity of the State of Victoria. Related parties of the hospital include:

- all key management personnel (KMP) and their close family members;
- all cabinet ministers and their close family members;
- all hospitals and public sector entities that are controlled and consolidated into the whole of state consolidated financial statements; and
- Jointly Controlled Operation - A member of the South West Alliance of Rural Health

KMPs are those people with the authority and responsibility for planning, directing and controlling the activities of Western District Health Service, directly or indirectly.

The Board of Directors and the Executive Directors of Western District Health Service are deemed to be KMPs.

Compensation KMPs	2018 $'000	2017 $'000
Short-term benefits	1,380	1,304
Post-employment benefits	116	123
Other long-term benefits	147	117
Total [i]	**1,643**	**1,544**

[i] KMPs are also reported in Note 8.3 Responsible Persons at Note 8.4 Remuneration of Executives

Significant Transactions with Government Related Entities

Western District Health Service received funding from the Department of Health and Human Services of $48,095,866 (2017: $46,259,603).

During the year, Western District Health Service had the following other government-related entity transactions:

- Commonwealth Government funding received for health related programs totalling $12,289,319 (2017 $13,243,558).

Expenses incurred by Western District Health Service in delivering services and outputs are in accordance with Health Purchasing Victoria requirements. Goods and services including procurement, diagnostics, patient meals and multi-site operational support are provided by other Victorian Health Service Providers on commercial terms.

Professional medical indemnity insurance and other insurance products are obtained from a Victorian Public Financial Corporation.

Treasury Risk Management Directions require Western District Health Service to hold cash (in excess of working capital) and investments, and source all borrowings from Victorian Public Financial Corporations.

Transactions with KMPs and other related parties

Given the breadth and depth of State government activities, related parties transact with the Victorian public sector in a manner consistent with other members of the public e.g. stamp duty and other government fees and charges. Further employment of processes within the Victorian public sector occur on terms and conditions consistent with the Public Administration Act 2004 and Codes of Conduct and Standards issued by he Victorian Public Sector Commission. Procurement processes occur on terms and conditions consistent with the Victorian Government Procurement Board requirements.

Outside of normal citizen type transactions with the Department of Health and Human Services, all other related party transactions that involved KMPs and their close family members have been entered into on an arm's length basis. Transactions are disclosed when they are considered material to the users of the financial report in making and evaluation decisions about the allocation of scarce resources.

There were no related party transactions with Cabinet Ministers required to be disclosed in 2018.

There were no related party transactions required to be disclosed for Western District Health Service Board of Directors and Executive Directors in 2018.

Note 8.6: Remuneration of Auditors

	2018 $'000	2017 $'000
Victorian Auditor-General's Office		
Audit of financial statement	35	34
Total Paid and Payable	**35**	**34**

Note 8.7: Events Occurring after the Balance Sheet Date

There were no events occurring after reporting date which require additional information to be disclosed.

Note 8.8: AASBs Issued That Are Not Yet Effective

Certain new Australian accounting standards have been published that are not mandatory for the 30 June 2018 reporting period. Department of Treasury and Finance assesses the impact of all these new standards and advises Western District Health Services of their applicability and early adoption where applicable.

As at 30 June 2018, the following standards and interpretations had been issued by the AASB but were not yet effective. They become effective for the first financial statements for reporting periods commencing after the stated operative dates as detailed in the table below. Western District Health Services has not and does not intend to adopt these standards early.

Topic	Key requirements	Effective date	Impact on financial statements
AASB 9 Financial Instruments	The key changes introduced by AASB 9 include simplified requirements for the classification and measurement of financial assets, a new hedging accounting model and a revised impairment loss model to recognise impairment losses earlier, as opposed to the current approach that recognises impairment only when incurred.	1-Jan-18	The assessment has identified the amendments are likely to result in earlier recognition of impairment losses and at more regular intervals. The initial application of AASB 9 is not expected to significantly impact the financial position however there will be a change to the way financial instruments are classified and new disclosure requirements.
AASB 2014-1 Amendments to Australian Accounting Standards [Part E Financial Instruments]	Amends various AASs to reflect the AASB's decision to defer the mandatory application date of AASB 9 to annual reporting periods beginning on or after 1 January 2018, and to amend Reduced Disclosure requirements.	1-Jan-18	This amending standard will defer the application period of AASB 9 to the 2018-19 reporting period in accordance with the transition requirements.
AASB 2014-7 Amendments to Australian Accounting Standards arising from AASB 9	Amends various AASs to incorporate the consequential amendments arising from the issuance of AASB 9.	1-Jan-18	The assessment has indicated there will be no significant impact for the public sector.
AASB 15 Revenue from Contracts with Customers	The core principle of AASB 15 requires an entity to recognise revenue when the entity satisfies a performance obligation by transferring a promised good or service to a customer. Note that amending standard AASB 2015-8 Amendments to Australian Accounting Standards – Effective Date of AASB 15 has deferred the effective date of AASB 15 to annual reporting periods beginning on or after 1 January 2018, instead of 1 January 2017.	1-Jan-18	The changes in revenue recognition requirements in AASB 15 may result in changes to the timing and amount of revenue recorded in the financial statements. The standard will also require additional disclosures on service revenue and contract modifications.

AASB 2014-5 Amendments to Australian Accounting Standards arising from AASB 15	Amends the measurement of trade receivables and the recognition of dividends as follow:
	• Trade receivables, that do not have a significant financing component, are to be measured at their transaction price, at initial recognition.
	• Dividends are recognised in the profit and loss only when:
	  • the entity's right to receive payment of the dividend is established;
	  • it is probable that the economic benefits associated with the dividend will flow to the entity; and
	  • the amount can be measured reliably.
		1 January 2018, except amendments to AASB 9 (Dec 2009) and AASB 9 (Dec 2010) apply 1 January 2018.	The assessment has indicated there will be no significant impact for the public sector.

AASB 2015-8 Amendments to Australian Accounting Standards – Effective Date of AASB 15	This standard defers the mandatory effective date of AASB 15 from 1 January 2017 to 1 January 2018.	1-Jan-18	The amending standard will defer the application period of AASB 15 for for-profit entities to the 2018-19 reporting period in accordance with the transition requirements.
AASB 2016-3 Amendments to Australian Accounting Standards – Clarifications to AASB 15	This Standard amends AASB 15 to clarify requirements for identifying performance obligations, principal versus agent considerations and the timing of recognising revenue from granting a licence. The amendments require: • a promise to transfer to a customer a good or service that is 'distinct' to be recognised as a separate performance obligation; • for items purchased online, the entity is a principal if it obtains control of the good or service prior to transferring to the customer; and • for licences identified as being distinct from other goods or services in a contract, entities need to determine whether the licence transfers to the customer over time (right to use) or at a point in time (right to access).	1-Jan-18	The amending standard will defer the application period of AASB 15 for for-profit entities to the 2018-19 reporting period in accordance with the transition requirements.
AASB 2016-7 Amendments to Australian Accounting Standards – Deferral of AASB 15 for Not-for-Profit Entities	This standard defers the mandatory effective date of AASB 15 for not-for-profit entities from 1 January 2018 to 1 January 2019.	1-Jan-19	The amending standard will defer the application period of AASB 15 for not-for-profit entities to the 2019-20 reporting period.
AASB 2016-8 Amendments to Australian Accounting Standards - Australian Implementation Guidance for Not-for-Profit Entities	This Standard amends AASB 9 and AASB 15 to include requirements and implementation guidance to assist not-for-profit entities in applying the respective standards to particular transactions and events. The amendments: • require non-contractual receivable arising from statutory requirements (i.e. taxes, rates and fines) to be initially measured and recognised in accordance with AASB 9 as if those receivables are financial instruments; and • clarifies circumstances when a contract with a customer is within the scope of AASB 15.	1-Jan-19	This standard clarifies the application of AASB 15 and AASB 9 in a not-for-profit context. The areas within these standards that are amended for not-for-profit application include: AASB 9 - Statutory receivables are recognised and measured similarly to financial assets. AASB 15 - The ""customer"" does not need to be the recipient of goods and/or services; - The ""contract"" could include an arrangement entered into under the direction of another party; - Contracts are enforceable if they are enforceable by legal or ""equivalent means""; - Contracts do not have to have commercial substance, only economic substance; and - Performance obligations need to be ""sufficiently specific"" to be able to apply AASB 15 to these transactions.
AASB 16 Leases	The key changes introduced by AASB 16 include the recognition of most operating leases (which are currently not recognised) on balance sheet which has an impact on net debt.	1-Jan-19	The assessment has indicated that most operating leases, with the exception of short term and low value leases will come on to the balance sheet and will be recognised as right of use assets with a corresponding lease liability. In the operating statement, the operating lease expense will be replaced by depreciation expense of the asset and an interest charge. There will be no change for lessors as the classification of operating and finance leases remains unchanged.
AASB 1058 Income of Not-for-Profit Entities	This standard will replace AASB 1004 Contributions and establishes principles for transactions that are not within the scope of AASB 15, where the consideration to acquire an asset is significantly less than fair value to enable not-for-profit entities to further their objectives. The restructure of administrative arrangement will remain under AASB 1004.	1-Jan-19	The current revenue recognition for grants is to recognise revenue up front upon receipt of the funds. This may change under AASB 1058, as capital grants for the construction of assets will need to be deferred. Income will be recognised over time, upon completion and satisfaction of performance obligations for assets being constructed, or income will be recognised at a point in time for acquisition of assets. The revenue recognition for operating grants will need to be analysed to establish whether the requirements under other applicable standards need to be considered for recognition of liabilities (which will have the effect of deferring the income associated with these grants). Only after that analysis would it be possible to conclude whether there are any changes to operating grants. The impact on current revenue recognition of the changes is the phasing and timing of revenue recorded in the profit and loss statement.

The following accounting pronouncements are also issued but not effective for the 2017-18 reporting period. At this stage, the preliminary assessment suggests they may have insignificant impacts on public sector reporting.
- AASB 2016-5 Amendments to Australian Accounting Standards – Classification and Measurement of Share based Payment Transactions
- AASB 2016-6 Amendments to Australian Accounting Standards – Applying AASB 9 Financial Instruments with AASB 4 Insurance Contracts
- AASB 2017-1 Amendments to Australian Accounting Standards – Transfers of Investment Property, Annual Improvements 2014-2016 Cycle and Other Amendments
- AASB 2017-3 Amendments to Australian Accounting Standards – Clarifications to AASB 4
- AASB 2017-4 Amendments to Australian Accounting Standards – Uncertainty over Income Tax Treatments
- AASB 2017-5 Amendments to Australian Accounting Standards – Effective Date of Amendments to AASB 10 and AASB 128 and Editorial Corrections
- AASB 2017-6 Amendments to Australian Accounting Standards – Prepayment Features with Negative Compensation
- AASB 2017-7 Amendments to Australian Accounting Standards – Long-term Interests in Associates and Joint Ventures
- AASB 2018-1 Amendments to Australian Accounting Standards – Annual Improvements 2015 – 2017 Cycle
- AASB 2018-2 Amendments to Australian Accounting Standards – Plan Amendments, Curtailment or Settlement

Note 8.9: Jointly controlled operations

		Ownership Interest	
Name of Entity	**Principal Activity**	**2018 %**	**2017 %**
South West Alliance of Rural Health	Information Systems	9.42	12.80

Western District Health Service's interest in the above jointly controlled operations are detailed below. The amounts are included in the consolidated financial statements under their respective categories:

	2018 $'000	2017 $'000
South West Alliance of Rural Health		
Current Assets		
Cash at Bank	694	671
Receivables	178	2,360
Inventories	8	2
Other Current Assets	8	-
Total Current Assets	**888**	**3,033**
Non Current Assets		
Property, Plant and Equipment	49	71
Leased Assets	321	697
Total Non Current Assets	**370**	**768**
Total Assets	**1,258**	**3,801**
Current Liabilities		
Payables	494	2,559
Leased Liabilities	354	338
Employee Benefits	148	220
Deferred Income	74	142
Total Current Liabilities	**1,070**	**3,259**
Non Current Liabilities		
Employee Benefits	27	38
Leased Liabilities	-	410
Total Non Current Liabilities	**27**	**448**
Total Liabilities	**1,097**	**3,707**
Net Assets	**161**	**94**

Western District Health Service's interest in revenues and expenses resulting from jointly controlled operations are detailed below:

	2018 $'000	2017 $'000
South West Alliance of Rural Health		
Revenues		
Revenue from Operating Activities	2,215	2,888
Revenue from Non Operating Activities	14	8
Capital Purpose Income	57	64
Other Economic Flows	1	5
Total Revenue	**2,287**	**2,965**
Expenses		
Employee Benefits	745	833
Maintenance Contract & IT Support	480	1,008
Operating Lease Costs	15	59
Other Expenses from Ordinary Activities	679	454
Finance Costs	20	108
Impairment of Non Financial Assets	-	9
Depreciation	255	470
Total Expenses	**2,194**	**2,941**
Net Result	**93**	**24**

Contingent Liabilities and Capital Commitments

There are no known contingent liabilities or capital commitments held by the jointly controlled operations at balance date.

Note 8.10: Economic Dependency

Western District Health Service is dependent on the Department of Health and Human Services for the majority of its revenue used to operate the entity. At the date of this report, the Board of Directors has no reason to believe the Department will not continue to support Western District Health Service.

Note 8.11: Alternate Presentation of Comprehensive Operating Statement
For the Year Ended 30 June 2018

	Note	2018 $'000	2017 $'000
Grants			
Operating	2.1	60,676	57,317
Capital	2.1	857	1,368
Interest and Dividends	2.1	612	684
Sales of Goods and Services	2.1	11,495	11,038
Other income	2.1	94	763
Other capital income	2.1	1,734	3,358
Revenue from Transactions		**75,468**	**74,528**
Employee Expenses	3.1	(50,132)	(48,072)
Operating Expenses			
Supplies and consumables	3.1	(7,051)	(7,686)
Non salary labour costs	3.1	(5,058)	(4,731)
Other	3.1	(10,528)	(9,301)
Non-Operating Expenses			
Impairment of financial assets	3.1	-	(5)
Finance Costs - Other	3.3	(20)	(108)
Expenditure for Capital Purpose	3.1	(224)	(37)
Share of net result of associates and joint ventures accounted for using the Equity Method	4.2	21	4
Depreciation and Amortisation	4.4	(6,668)	(7,020)
Expenses from Transactions		**(79,660)**	**(76,956)**
Net Result from Transactions - Net Operating Balance		**(4,192)**	**(2,428)**
Other economic flows included in net result			
Net Gain/(Loss) on Non-Financial Assets	2.1	98	3
Other Gain/(Loss) from Other Economic Flows	3.4b	70	(45)
Total other economic flows included in net result		**168**	**(42)**
Net result from continuing operations		**(4,024)**	**(2,470)**
NET RESULT FOR THE YEAR		**(4,024)**	**(2,470)**
Items that will not be reclassified to net result			
Changes in property, plant and equipment revaluation surplus	8.1	10,807	-
Items that may be reclassified subsequently to net result			
Changes to financial assets available-for-sale revaluation surplus	8.1	82	(29)
Total other comprehensive income		**10,889**	**(29)**
Comprehensive result		**6,865**	**(2,499)**

This alternative presentation reflects the format required for reporting to the Department of Treasury and Finance, which differs to the disclosures of certain transactions, in particular revenue and expenses, in the health service's annual report.

Glossary of Terms

AHSSQA
Australian Health Service Safety and Quality Accreditation

ACFI
Aged Care Funding Instrument

ACHSE
Australian College of Health Service Executives

AFPHM
Australasian Faculty of Public Health Medicine

Best Practice
The way leading edge organisations deliver world class performance

BOD
Board of Directors

BRICC
Ballarat Regional Integrated Cancer Centre

C4YB
Community 4 Youth Board

CDHS
Coleraine District Health Service

CE
Chief Executive

CSSD
Central Sterile Supply Department

DHHS
Department of Health and Human Services

DON
Director of Nursing

DRG
Diagnostic Related Grouper; a means by which hospitals define and measure case mix

DVA
Department of Veterans Affairs

EBA
Enterprise Bargaining Agreement

ECG
Electrocardiograph

ED
Emergency Department

EN
Enrolled Nurse

ENT
Ear, Nose and Throat

FHCC
Frances Hewett Community Centre

FMIS
Financial Management Information System

FOI
Freedom of Information

FRD
Financial Reporting Directions

FReeZA
Alcohol and drug free activities for youth

GCAHM
Graduate Certificate of Agricultural Health and Medicine

GEM
Geriatric Evaluation Management

GP
General Practitioner

GS
Glenelg Shire

HACC
Home and Community Care

HBH
Hamilton Base Hospital

HCP
Home Care Package

HMG
Hamilton Medical Group

HMMC
Hamilton Midwifery Model of Care

HMO
Hospital Medical Officer

HR
Human Resources

ICT
Information, Communication and Technology

ICU
Intensive Care Unit

ILU
Independent Living Unit

IMG
International Medical Graduates

IT
Information Technology

KPI
Key Performance Indicator

LGBTI
Lesbian, Gay, Bisexual, Transgender and / or Intersex

NCFH
National Centre for Farmer Health

NHMRC
National Health and Medical Research Council

NSQHS Standards
National Safety and Quality Health Service Standards

OH&S
Occupational Health and Safety

OT
Occupational Therapy

PDHS
Penshurst & District Health Service

PPH
Primary & Preventative Health

QI
Quality Improvement

RN
Registered Nurse

Separation
Process by which a patient is discharged from care

SFF
Sustainable Farm Families

SGGPCP
Southern Grampians and Glenelg Primary Care Partnership

SGSC
Southern Grampians Shire Council

SWARH
South West Alliance of Rural Health

VET
Vocational Education and Training

VHA
Victorian Healthcare Association Ltd

VICNISS
Victorian Hospital Acquired Infection Surveillance System

VMIA
Victorian Managed Insurance Authority

VMO
Visiting Medical Officer

VPSM
Victorian Patient Satisfaction Monitor

VST
Victorian Stroke Telemedicine

WDHS
Western District Health Service

WIES
Weighted Inlier Equivalent Separations; allocated resource weight for a patient's episode of care. A formula is applied to the resource weight to determine the WIES for recovery of funding.

Inside back cover photos (L-R from top of page):

1. Medicine Ball Committee members, Rohan Fitzgerald, Jill Whiting, Mark McGinnity (Chair), Sue McGinnity, Jim Bailey, Jen Hutton, Laurie Cogger, Leonie Sharrock, John Hedley and Stephen Jones.
2. Community for Youth Board Members and student representatives at their first meeting of the year in 2018.
3. WDHS Electrician Julian Gardner with Jordan Frost and Associate Professor School of Biosciences at Melbourne University, Ed Newbigin installing a pollen counter at Hamilton Base Hospital as part of a state-wide pollen monitoring project.
4. The Western Bulldogs visit one of their biggest local fans, Jesse Godwin in the Medical Ward at Hamilton Base Hospital.
5. Senior Sergeant Gerard Kelly, Southern Grampians Shire Council CEO, Michael Tudball and WDHS CE Rohan Fitzgerald join forces to promote White Ribbon Day.
6. Felicity Gordon (pictured here with family, friends and WDHS CE, Rohan Fitzgerald) was awarded a Southern Grampians Youth Achievement Award at WDHS for her courage, determination and for inspiring and supporting other patients and their families during her long recovery from a brain aneurysm.
7. Coleraine District Health Service Manager, Bronwyn Roberts, with 'Gathering of Kindness' guest speakers, Roger Thompson OAM, Sybil Braybrook and WDHS Customer Service Officer, Paige Cross.
8. Fox and Lillie Rural field over 50 staff to participate in a range of events at the 2017 Fox and Lillie Rural Vitality Fun Run at Lake Hamilton.
9. Birches Leisure and Lifestyle Co-ordinator, Margie Bilston assists resident Katie Rees as she helps paint the 'creating healthier communities' mural in the Allied Health Building.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