GOULBURN VALLEY HEALTH

annual report 2014/15

healthy communities

Vision

Healthy communities.

Mission

Goulburn Valley Health will:

- provide the highest quality care and service in prevention, diagnosis and treatment of injury, disease and other clinical conditions;
- support integrated health care;
- drive innovation in health care provision;
- work in partnership with others to promote healthy communities;
- provide leadership in health care to the region;
- provide opportunities for teaching, training and research in health care;
- attract health care professionals as an employer of choice.

Values

COMPASSION

We are caring and considerate in our dealings with others.

RESPECT

We acknowledge, value, and protect the diversity of beliefs, and support the rights of others in delivering health services.

EXCELLENCE

We act with professionalism to bring the highest quality of care to meet the needs of our patients.

ACCOUNTABILITY

We will be responsible for the care and patient outcomes provided by GV Health, and the consequences of our actions.

TEAMWORK

We work constructively and collaboratively within GV Health as well as with external partners to deliver integrated care to our patients.

ETHICAL BEHAVIOUR

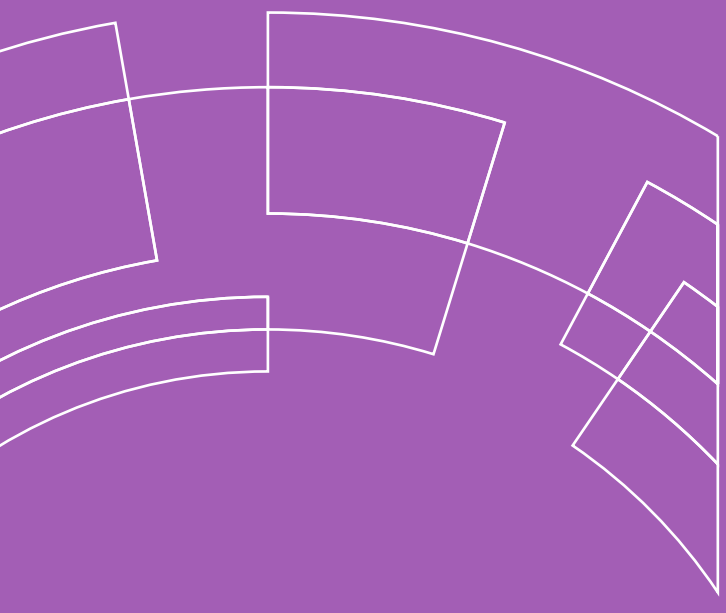
We act with integrity, professionalism, transparency, honesty and fairness to earn the trust of those we care for.

Together, we CREATE our future.

GOULBURN VALLEY HEALTH

ANNUAL REPORT 2014/15

Contents



STRATEGIC PLAN 2014-18

The GV Health Strategic Plan 2014-2018 will guide the future development of services for the community. It demonstrates our commitment to leadership and best practice, and to ensuring high quality, patient-focused care.

The plan focuses on four key areas:

1. Empowering your health

Improving the general health status of the population and supporting individuals to better manage their health.

2. Strengthening services

Continuing to deliver and improve the range of primary, secondary and tertiary level health services expected of a regional health service.

3. Developing staff

Investing in our people and fostering a vibrant and positive work culture.

4. Working with partners

Actively embracing formal and informal collaborative working relationships with health and other service providers to meet our strategic objectives.

Our service priorities

- Emergency department
- Acute inpatient – internal medicine
- Acute inpatient – surgical services
- Clinical support services
- Sub-acute services
- Maternity and children's services
- Specialist ambulatory services
- Mental health services
- Primary care and community health
- Aged care services

Introduction

In accordance with the *Financial Management Act 1994*, I am pleased to present the Report of Operations for Goulburn Valley Health, for the year ended 30 June 2015.

Peter F. Ryan
Chair - Board of Directors
25 August 2015

Annual Reporting

Goulburn Valley Health reports on its annual performance in two separate documents each year. This annual report and performance report fulfils the statutory reporting requirements to government by way of an annual report, and the Quality of Care Report, which reports on quality, risk management and performance improvement matters. Both documents are presented at the Annual General Meeting and then distributed to the community.

Relevant Ministers

The responsible Ministers during the reporting period were:

Responsible Ministers:	Period
The Honourable Jill Hennessy MLA, Minster for Health	4/12/2014 - 30/6/2015
The Honourable Martin Foley MLA, Minister for Mental Health	4/12/2014 - 30/6/2015
The Honourable Martin Foley, MLA, Minister for Housing, Disability and Ageing	4/12/2014 - 30/6/2015
The Honourable David Davis MLC, Minister for Health, Minister for Ageing	1/7/2014 - 3/12/2014
The Honourable Mary Wooldridge MLA, Minister for Mental Health	1/7/2014 - 3/12/2014
The Honourable Mary Wooldridge MLA, Minister for Community Services	1/7/2014 - 3/12/2014
The Honourable Mary Wooldridge MLA, Minister for Disability Services and Reform	1/7/2014 - 3/12/2014

ABOUT GV HEALTH

GV Health is a designated Public Health Service under the *Health Services Act* and is the main referral health service for people in the Goulburn Valley. To fulfil this role, GV Health employs more than 2,000 staff.

The objectives, functions, powers and duties of GV Health are described in the Operational Practices and By-laws of the organisation.

GV Health is a multi-campus facility providing a broad range of hospital and community-based health care services throughout the region. GV Health provides acute and sub-acute care across three key campuses.

The main campus is located at Graham Street, Shepparton, providing the Emergency Department, Intensive Care, Outpatients, Medical, Surgical, Paediatric, Obstetric, Dental, Palliative, Oncology, Mental Health, Aged Cared, Rehabilitation and related Allied Health and Community Health Care Services.

A community health facility in Corio Street, Shepparton provides a range of wellbeing programs aimed at preventative and community-based care including:

- Community Health
- Community Interlink
- Health Promotion
- Pathology Collection
- Rural Allied Health
- Self Management Support
- Home Nursing Services (District Nursing Services, Hospital in the Home and Regional Continence Service)

The Tatura campus of GV Health includes the Tatura Hospital and Parkvilla Aged Care.

The Rushworth campus includes Waranga Memorial Hospital, Waranga Nursing Home, Waranga Community Health and Waranga Aged Care Hostel.

GV Health provides administrative assistance to Yea and District Memorial Hospital, and the Nathalia District Hospital. Community programs also operate from outreach offices in Seymour, Cobram, Benalla and Wodonga.

GV Health also has an important role in teaching, training and research, and strong affiliations with Melbourne, Latrobe, Deakin, Monash and Charles Sturt universities.

Population Profile Overview

GV Health serves a population of 107,000 people and by 2021, our primary catchment is expected to increase to 116,000.

A total of 70% of our primary catchment lives in Greater Shepparton. A significant number of patients also come from our secondary catchment - Strathbogie, Moira and Campaspe Shires.

Greater Shepparton has an ageing population. Currently 40% of acute services are provided to those aged 65 years and over. In future it is expected that more than half of all acute services will be provided to those aged 70 years and over.

Greater Shepparton has a higher percentage of children under 14 years (20.9%) and a slightly higher rate of people aged 15-24 years (13.4%) compared to the rates for rural Victoria (19.1% aged under 14 and 12.6% aged 15-24).

Greater Shepparton has a significantly higher percentage (11%) of people born in non-English speaking countries living in Shepparton compared to other parts of the catchment. This is twice the rate of rural Victoria (5.6%).

Greater Shepparton has a significantly higher indigenous population at 3.8%, more than twice the rate for rural Victoria (1.4%).

Health Status

Our community has a high percentage of people with:

- Heart disease (8.1%) compared to the rate for the State of Victoria (6.9%).
- Obesity (26.4%) compared to the rate for the State of Victoria (17.3%).
- Low birth weight babies (7.9%) compared to the rate for the State of Victoria (6.6%).
- Poor diet – a total of 54.9% do not meet fruit and vegetable dietary guidelines compared to the rate for the State of Victoria 51.1%.

Self sufficiency

The current level of self sufficiency (the percentage of people from the hospital catchment area that receive services from the hospital) is low at 73%. GV Health aims to grow its level of self-sufficiency to 86% over the next ten years. This level is equivalent to self sufficiency at other regional health services. GV Health is committed to increasing its ability to provide more extensive services to the community, over the next ten years, to enable people to be treated close to home.

The Service Model

The service model for GV Health is shaped by its role, vision and values. As the designated regional referral health service, the service model has three essential elements, which are directly aligned with the policy direction of government.

GV Health will:

1. deliver patient-centred care to enhance the patient experience of their care/treatment. The patient/client will be involved in decisions about their care and treatment, and in collaboration with health professionals, will receive the right service, at the right time, in the right place.
2. operate collaboratively with other health and community service providers; with clear roles, based on clinical capability; and with services and systems that are well integrated to ensure the seamless transition of care for patients.
3. demonstrate well-developed clinical governance leadership, supported by strong structures and processes.

ABOUT GV HEALTH

Future Challenges

Demand for GV Health services continues to grow due to a rapidly growing and ageing population. More services and increased capacity will be needed to meet the growing needs of our community.

GV Health is committed to expanding services enabling more people to be treated locally. To achieve this, GV Health needs increased clinical capabilities, through training, recruitment and partnerships and increased infrastructure capacity.

A snapshot of the key priorities and service directions includes:

- introducing local cardiac (heart) services and broadening the range of associated services available.
- providing specialised surgery services by attracting more surgeons to address elective surgery waiting lists and performing more complex surgery, particularly orthopaedics, ear, nose and throat, urology, gynaecology and endoscopy.
- increasing emergency department capacity by doubling the treatment spaces and enhancing patient flow.
- providing access to a broader range of cancer treatment services locally.
- expansion of mental health services, to focus on recovery of clients and increasing capacity and services to meet demand.
- enhancing and expanding maternity services, high dependency newborn services and children's services.
- increasing palliative care services.
- co-locating the hospital and aged care hostel at Rushworth.
- providing a broader range of renal (kidney) services, including increasing the number of dialysis chairs.

Donna Sherringham, Executive Director Clinical Operations at the emergency department construction site.

ACHIEVEMENTS AND HIGHLIGHTS

July 2014

- Mental Health Triage - centralised service began
- NAIDOC Week activities held

August 2014

- Launch of Strategic Plan 2014-2018
- *CREATE our Future* organisational development program and values launched
- Prostate Cancer Nurse funded

September 2014

- New stroke service was launched

October 2014

- New GV Alcohol and Drug Service (GVADS) commenced in partnership with Odyssey House and SalvoCare.

November 2014

- New MRI and Imaging area opened
- GV Health Companion Awards were introduced

December 2014

- Opening of Rosewood – women's health services

January 2015

- GV Health Masterplan process began

February 2015

- Staff Service Recognition Awards held – recognising 10, 15, 20, 25, 30 and 35 years of service

March 2015

- Minister Visit – Mental Health Announcement and appointment of consultants for redevelopment of Wanyarra Unit
- Cultural Diversity Week activities
- *My Health In Shepparton* – local health services guide launched

April 2015

- ANZAC Event 100 years (Nurses at War)
- Cardiology service launched

May 2015

- Emergency Department expansion works began
- New GV Health website launched
- Volunteer team wins Shepparton Council award
- Opening of mobility scooter parking bays at Community Health@GV Health

June 2015

- Launch of 10-year Service Plan
- *Give Me 5 For Kids* Fundraising appeal held in partnership with 3SR FM

GV HEALTH CEO AND CHAIR REPORT

This year has marked the first full year of the implementation of the GV Health Strategic Plan. The plan has guided decision-making and has already achieved significant changes and benefits for the organisation.

Some of the most significant changes have included the introduction of the *CREATE our Future program* - an organisation wide program to embed values, accountability and cultural change; the completion and launch of the GV Health Service Plan - guiding the development of clinical services over the next 10 years; and the completion of the GV Health Masterplan – covering capital priorities and needs for the organisation.

These initiatives along with a myriad of other achievements have delivered real benefits to the organisation, and will continue to guide our organisation for many years to come.

The organisation finished the year with a modest operating surplus consistent with the Board approved budget. Clinical gains made in the previous financial year have been sustained, despite a substantial increase in demand and higher performance expectations.

The organisation finished the year with a modest operating surplus consistent with the Board approved budget. Clinical gains made in the previous financial year have been sustained, despite a substantial increase in demand and higher performance expectations.

It is pleasing to note that all category 1 and 3 surgery patients are within national guidelines for service timelines and category 2 has increased markedly over the previous year, due to the dedicated efforts of our surgical teams and our regional service partners. Our performance for emergency patients continues to improve.

GV Health launched a new, easy-to-use website during the year, making it simpler and faster to locate information and engage with the community.

Substantial work on staff engagement and empowerment was undertaken during the year. The number of staff participating in the bi-annual State Services Authority People Matter Survey more than doubled, with our employee engagement index (measuring such things as job satisfaction, organisational commitment and willingness to contribute) increasing by more than 5%. The organisation's efforts were also profiled in a Victorian Public Service Commissioner report – Creating Great Places to Work guide, which highlighted our organisation as a leader in creating and sustaining a great workplace culture.

We hosted a number of events to recognise staff service once again this year. In total we recognised 165 staff with between 10 and 35 years of services from all campuses - Shepparton, Rushworth and Tatura.

Staff excellence awards were also presented, following the introduction of these special awards in the previous year. The recipients this year were presented with their awards at the Annual General Meeting in November. The CEO Values Award was presented to Dr Greg Dalley and the Board Chair Customer Service Award was awarded to Kim Read. These recipients were truly worthy of the recognition of their staff and peers.

This year also saw the introduction of the GV Health Companion Awards. The Companion Award recognises individuals who have made a significant contribution to GV Health, through their voluntary, philanthropic or professional efforts. This is the highest award conferred by GV Health. Inaugural winners of the Companion of GV Health Award were: Mr Sam Renato, Mr Paul Archer and Mr Simon Furphy. Each recipient has made a significant difference to the community of GV Health.

Mr Dale Fraser
Chief Executive Officer

Mr Peter F. Ryan
Chair - Board of Directors

Sadly, Simon passed away shortly after receiving his award. Simon Furphy's name is synonymous with GV Health having served on the Board of GV Health for 25 years, from 1982 to 2007 and which included three years as President from 1984 to 1987. Simon was an active and enthusiastic community representative on the Board and was a great advocate for increasing the health and education services across the region. Simon was acknowledged as the key driver for the establishment of The University of Melbourne's Rural Clinical School and was instrumental in helping to secure the necessary funding for the buildings and the medical student accommodation.

We must also express our sincerest appreciation for the generosity of our community which continues to support our organisation with donations and the volunteers who give their time so generously. We have had incredible support for many years from our donors and volunteers and we would not have achieved many of our goals without it. The tireless efforts of the GV Health volunteer team were acknowledged in the Greater Shepparton City Council Volunteer Recognition Awards program this year.

The Board composition changed at the end of the year, with the completion of board terms for Mr Ian McKinnon, Mr Rod Schubert and Mr Bryan Gurry. Ian, Rod and Bryan have made significant contributions to the organisation during their time as directors, in a variety of governance leadership positions.

We would like to express our appreciation to the Board, Executive staff, and the Department of Health and Human Services for their hard work, dedication, professionalism and continued support of the organisation over the past year.

We would also like to thank the many supporters of GV Health, our staff and our community, for your efforts over the past 12 months. Great people make great health services and we have a fantastic health service. We look forward to working with you into the future.

Mr Dale Fraser
Chief Executive Officer

Mr Peter F. Ryan
Chair – Board of Directors

STRATEGIC DIRECTION

Implementation of the Strategic Plan 2014-2018 is underway and much work has been undertaken over the last year focusing on four strategic areas:

Empowering Your Health

Empowering Your Health – is about improving the current general health status of the population and supporting individuals to better manage their health.

We will achieve this by encouraging self-care and resilience through:

- Increasing health literacy amongst our patients, our staff and the broader community.
- Ensuring that our services focus on a continuum of care from prevention, assessment, early intervention and treatment of established conditions.
- Delivering service commitments in relation to the Koolin Balit action plan for Aboriginal and Torres Strait Islanders, and emerging issues for refugee/migrant health care in collaboration with specialist service organisations.
- Partnering with others to deliver a range of integrated health promotion programs that are tailored to the health improvement priorities of the community.
- Adopting a "No wrong door" model, to ensure that our health services remain flexible and adaptive to meet the needs of the individual.
- Planning for a Shepparton Health and Well-Being precinct in partnership with the community to:
  - Provide a strong focus on healthy lifestyle initiatives;
  - Consider the health of the community as a measure of success; and
  - Look to develop precincts of health services on and around the Shepparton hospital site.

Strengthening Services

Strengthening Services – is at the core of GV Health's role. We will continue to deliver and improve the range of primary, secondary and tertiary level health services expected of a regional health service.

In relation to our services, GV Health will:

- Improve service access for our communities by increasing the overall level of self-sufficiency.
- Progressively develop specific high priority acute services.
- Develop adaptive and affordable service models suited to rural settings to improve patient access, including:
  - Integrated service teams that potentially span different hospitals and health partners; and
  - Information communication technology to support new service models.
- Sustain high quality, safe and responsive services through a robust clinical governance framework. This will be achieved through:
  - Embedding a quality ethos within GV Health that ingrains a 'safety-first' culture, where quality becomes an automatic part of day-to-day activity in both clinical and corporate services; and
  - Further developing clinical leadership that facilitates continuous clinical improvement within GV Health, and improves appropriate clinical referrals, secondary consultations, and best practice across the catchment.
- Develop critical infrastructure that strengthens service delivery through:
  - Better integration of service planning with infrastructure improvement; and
  - Purpose-built facilities that incorporate contemporary clinical practice and teaching.
- Place a high priority on developing the necessary information and communications technology as a critical enabler to establish new services, and improve clinical and management information for more timely and better quality decision-making.

Developing Staff

Developing Staff – recognises that an important part of the future is to invest in our people and foster a vibrant and positive work culture. It underpins our future capability to deliver on our role.

In relation to our staff, GV Health will:

- Identify the skill requirements needed to deliver on the services to be developed/consolidated over the next decade as part of a proactive workforce plan.
- Maximise our capabilities through learning and retaining high performing staff by:
  - Fostering a learning and research culture;
  - Adapting our health care delivery to incorporate consumer feedback and changes in best practice health care; and
  - Strengthening relationships with external organisations, including universities and other educational organisations.
- Nurture an 'achievement culture' throughout the organisation by:
  - Developing values-driven care and service provision;
  - Developing a staff accountability framework; and
  - Effective communication and engagement with staff.
- Develop highly collaborative teams within GV Health and also with partner organisations.

GV Health values a positive corporate culture and will take active steps to develop/maintain a high level of internal cohesion, capability, and positive efforts to achieve organisational goals that are internally and externally set.

Working with Partners

Working with Partners – recognises that no healthcare organisation is able to deliver on its role in isolation. GV Health will actively embrace formal and informal collaborative working relationships with health and other service providers to meet our strategic objectives.

In relation to our partners, GV Health will:

- Develop a regional leadership role in health care by:
  - Leading the development of a sub-regional service plan;
  - Engaging the community with regard to health development and health system improvement; and
  - Auspicing the development of clinical and organisational networks.
- Collaboratively develop new 'connected care' service models through:
  - Partnering with other health care providers; and
  - Expansion of the use of information technologies to enable more flexible service delivery and better integration of services between health providers.
- Empower and engage consumers and volunteers by actively:
  - Involving consumers and volunteers in governance frameworks; and
  - Seeking avenues for input into service provision and service satisfaction.

GV HEALTH SERVICE PLAN

GV Health launched a 10-year Service Plan, which outlines the future direction of health services at Goulburn Valley Health and builds upon the Strategic Plan 2014-2018. It contains a number of exciting initiatives and identifies the key priorities for the future, together with a plan of how services can be delivered to meet significant increases in community demand.

Improved Access to Services

GV Health will increase the range of health care services provided to treat patients locally and enable the provision of specialised care closer to home. To achieve this, GV Health requires increased clinical capability (through training, recruitment and partnerships) to deliver high level services, and improved infrastructure capacity.

The Service Plan identifies the following key service priorities that will enable GV Health to meet community needs:

Cardiac (Heart) Services

GV Health will introduce cardiac (heart) services in the local area and will broaden the range of associated treatments to ensure we address the growing needs of our community.

Specialised Surgery Services

GV Health aims to attract more surgeons and strengthen surgical services through the recruitment of specialised surgeons and training of theatre nurses to support services. Enhanced surgery services will include a program to address elective surgery waiting lists for a range of specialities including orthopaedics, ear, nose and throat, urology, gynaecology and endoscopy amongst others.

Increased Emergency Department Capacity

The level of community demand for Emergency Department services has significantly increased and will continue to grow. GV Health aims to improve timely access to emergency care and enhance patient experience through strengthening services and doubling the treatment space capacity.

Local Cancer Services

There is growing demand for cancer services. GV Health will develop an integrated cancer model for the region that minimises patient inconvenience and travel, and provides treatment locally. Access to medical, surgical and a range of cancer treatment services will be enhanced. No person from our catchment should have limited access to the full range of treatment options.

Expansion of Mental Health Services

Access to Mental Health Services will continue to increase in response to growing demand. Services will be integrated and will focus on a recovery-oriented model of care for clients.

Enhanced Maternity Services

GV Health will enhance regional maternity services and continue to support other hospitals in our region. Capacity to deliver high dependency newborn services will be increased and children's services (specialised paediatric services) will continue to grow.

Increased Palliative Care

GV Health will increase palliative care services to meet the needs of our growing, ageing community and to provide specialist care for patients at their most vulnerable, end-of-life stages.

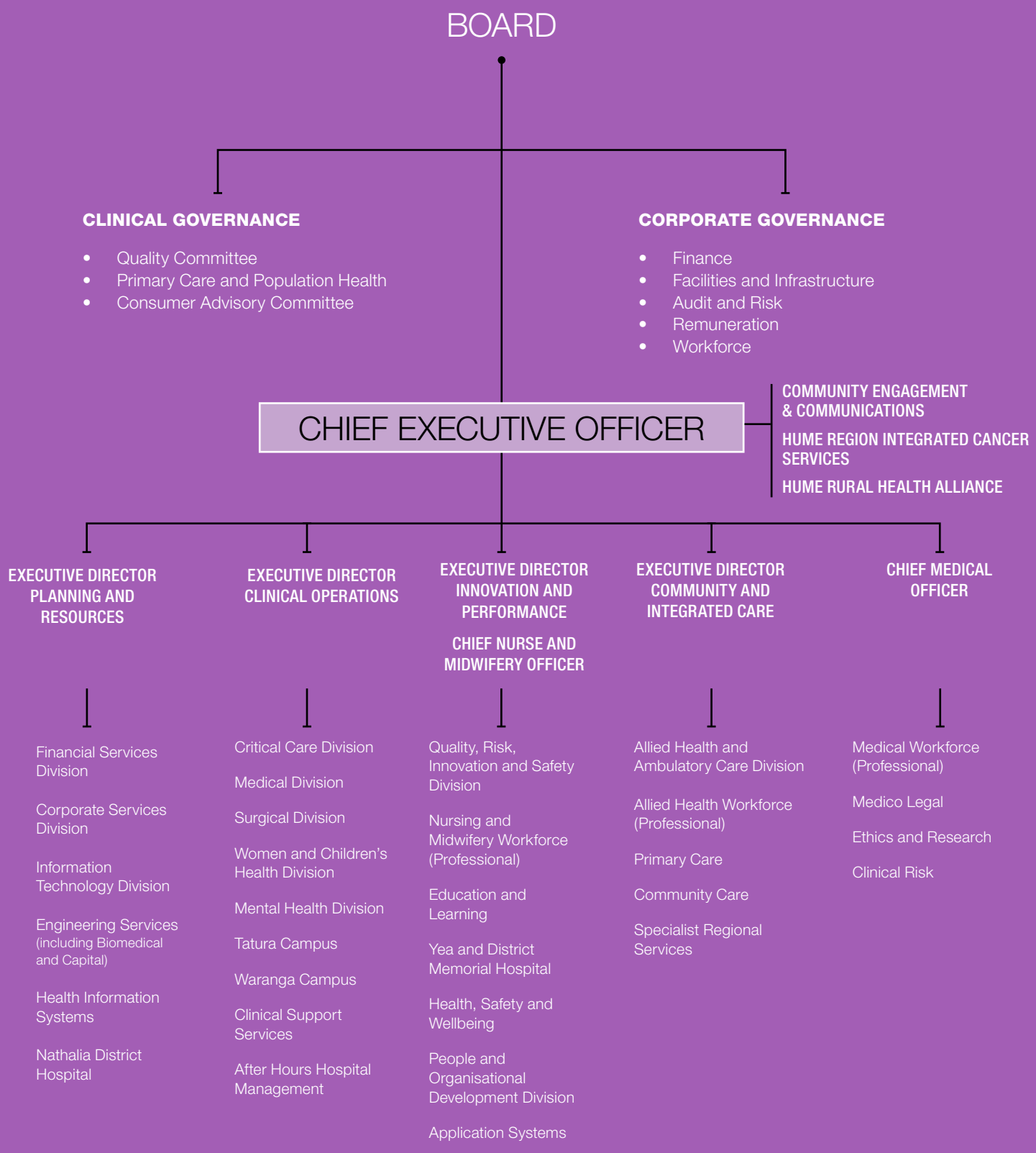
Greater Dialysis Capacity

There is an increased demand for renal (kidney) services and an associated need to expand our capacity to deliver this vital service for our community. To meet growth, GV Health will deliver a broader range of renal services and will increase the number of dialysis chairs from seven to 16 over the next 10 years.

Improving Rushworth's Services

The hospital and hostel sites will be co-located, consolidated and redeveloped to broaden and enhance services for the region.

ORGANISATIONAL CHART



SERVICE DIRECTORY

Services offered by GV Health include:

Aboriginal Health

Aged Care Assessment Service

Alcohol and Drug Services

Allied Health
- Dietetics and Nutrition
- Occupational Therapy
- Physiotherapy
- Podiatry
- Social Work
- Speech Pathology

Cancer and Wellness Centre

Care Coordination Team

Centre Against Sexual Assault

Child and Adolescent Unit

Chronic Pain Clinic

Cognitive Assessment and Dementia Management Service

Community Health @ GV Health

Community Health Services

Community Health Team

Community Interlink

Critical Care Unit

Home Nursing Services

Rural Allied Health Team

Self Management Support

Cognitive Dementia and Memory Service

Community Rehabilitation Centre

Continence Clinic

Dental

Diabetes Centre

Dialysis

Emergency Department

Falls and Balance Clinic

Grutzner House

Health Promotion

Healthcare Supply Shop

Home Care Packages

Hospital Admissions Risk Program (HARP)

Intensive Care Unit

Mary Coram Unit

Medical Day Stay

Medical Imaging

Medical Ward

Mental Health Services

Movement Disorder Clinic

Outpatient Services

Operating Theatre

Pathology

Pharmacy

Residential In-Reach

Service Access

Surgical Ward

Tatura Campus
- Tatura Hospital
- Parkvilla Aged Care Facility

Waranga Campus
- Waranga Aged Care Hostel
- Waranga Community Health
- Waranga Memorial Hospital
- Waranga Nursing Home

Women's and Children's Health
- Antenatal Clinic
- Child and Adolescent Services
- Gynaecology
- Maternity Services
- Paediatric services

For more information about our services, please visit www.gvhealth.org.au

SENIOR OFFICERS

Dale Fraser

Chief Executive Officer

MBA, FCPA, B.Bus, FHSM

The Chief Executive Officer is responsible to the Board of Directors for the efficient and effective management of GV Health. Prime responsibilities include the development and implementation of operational and strategic planning, maximising service efficiency and quality improvement, and minimising risk.

Dale Fraser has worked within the healthcare sector in regional Victoria for more than 20 years.

He commenced his health career with Lakeside Psychiatric Hospital, and progressed through executive roles at Ballarat Health Services and Barwon Health. During this time, Dale held senior executive roles, primarily in the finance area of health services, but has also had extensive experience in managing clinical care services.

Dale is a passionate advocate for consumer engagement, and believes that health care delivery should always be considered from the patient's perspective.

Dale holds an MBA, and is a graduate of the Department of Health's Executive Link program.

Bill Morfis

Executive Director of Planning and Resources

BHA (UNSW), MCom (UNSW), CPA

Bill Morfis joined GV Health in 2012 as Executive Director Planning and Resources, where he is responsible for Financial Services, Corporate Services, Information and Technology Services, Health Information Systems, Biomedical Engineering and Capital Projects.

He has more than 20 years of extensive financial and corporate services experience, in various senior roles in the NSW Health system, with metropolitan and rural health services.

He began his career in health after completing his undergraduate university studies at the University of New South Wales with acceptance into the NSW Health Management Training Scheme, where he spent four years in the program, including placements with a number of metropolitan and rural health services.

He is a Certified Practicing Accountant (CPA) and an Associate Fellow of the Australian College of Health Service Management.

SENIOR OFFICERS

Donna Sherringham

Executive Director, Clinical Operations

RN, Dip App Sci, B Nursing, MHA, FACSHM

Donna Sherringham is the Executive Director Clinical Operations. This role manages the clinical operations of GV Health, including medical, surgical, critical care, women's and children's, mental health, pathology, pharmacy and radiology at all campuses. The role is responsible for clinical operations at Tatura and Rushworth. This role also provides strategic and operational direction and support to the clinicians to provide high quality care.

Donna Sherringham grew up in country NSW and started her career as a division 1 nurse at Westmead Hospital, Sydney. Later, she moved to nurse at various hospitals in Melbourne.

Donna earned her Bachelor of Nursing from Monash University. She also earned her Diploma of Applied Science from Mitchell College of Advanced Education – Bathurst, NSW.

Donna made the transition to work in rural health at Echuca Regional Health from 2004 to 2008.

From 2008 to 2013, Donna Served as Director of Nursing and Manager of Clinical Operations – Medicine and Critical Care at Bendigo Health.

Donna earned a Master of Health Services Administration at Monash University and is a Fellow of the Australian College of Health Service Executives.

Donna joined the GV Health team in early 2013 as Executive Director Clinical Operations.

A/Prof Vasudha Iyengar

Chief Medical Officer

Divisional Clinical Director Women's and Children's Health

MBBS, FRANZCOG, FRCOG

Vasu Iyengar is a senior consultant whose specialised area of clinical work has been complex laparoscopic gynaecological pelvic floor surgery. She has practiced in this area for more than 15 years now. Her area of basic specialty training is Obstetrics and Gynaecology and she continues to maintain that profile. She trained in India, the United Kingdom and eventually pursued a busy career for 11 years in New Zealand before relocating to Australia. Vasu spent a year in Western Australia before taking up the position at GV Health.

During the three years Vasu has been with GV Health, she has contributed significantly to the clinical organisational objectives and goals and successfully focused on specialised medical skill recruitment for the community.

Vasu enjoys bringing in change that improves, innovates and adds value to health services for the community. She remains a passionate advocate of quality, integrated and skilled medical care delivered in a variety of ways.

Trained in Inclusive Leadership Skills, Vasu continues to be a participant in ongoing medical education at every opportunity.

Fiona Brew

Executive Director Innovation and Performance, Chief Nurse and Midwifery Officer

RN, Perioperative Cert.,
Grad Dip Acute Care, MBA, GAICD

Fiona Brew is the Executive Director Innovation and Performance, Chief Nurse and Midwifery Officer at Goulburn Valley Health. The position has overall accountability for: Nursing and Midwifery; Safety, Quality, Innovation and Risk; Redesign – Hospital Improvement; Education and learning; Human Resources; Occupational Health and Safety; and Yea and District Memorial Hospital.

Fiona is a Registered Nurse who completed her nursing qualifications in the mid-1980s, with a clinical background in perioperative nursing.

Fiona is an advocate for strong partnerships and collaboration in meeting the health needs of all clients. With a long-standing interest and passion for service improvement and hospital performance, the role incorporates closer links with the hospital improvement program, quality and redesign.

Fiona is a passionate advocate of education for health professionals and workforce innovation to meet the changing needs of the health environment.

Work is also focused on enhancing a “safety culture” for both patients and staff in the various healthcare settings.

Leigh Rhode

Executive Director of Community and Integrated Care

RPN, B.HlthSc (Nursing),
Dip. Business

Leigh Rhode joined GV Health’s executive team in 1998 as Executive Director of Community and Integrated Care.

Born and raised in rural Victoria, Leigh has lived in Shepparton since the 1970s. She holds a Diploma of Business and a Bachelor of Health Sciences (Nursing) from Latrobe University. She spent her early career working in management roles in community-based organisations.

Leigh has a special interest in population health improvement and has driven a range of rural health innovations in the Goulburn Valley including expansion of the community dental program, chronic disease self-management support programs and health promotion initiatives.

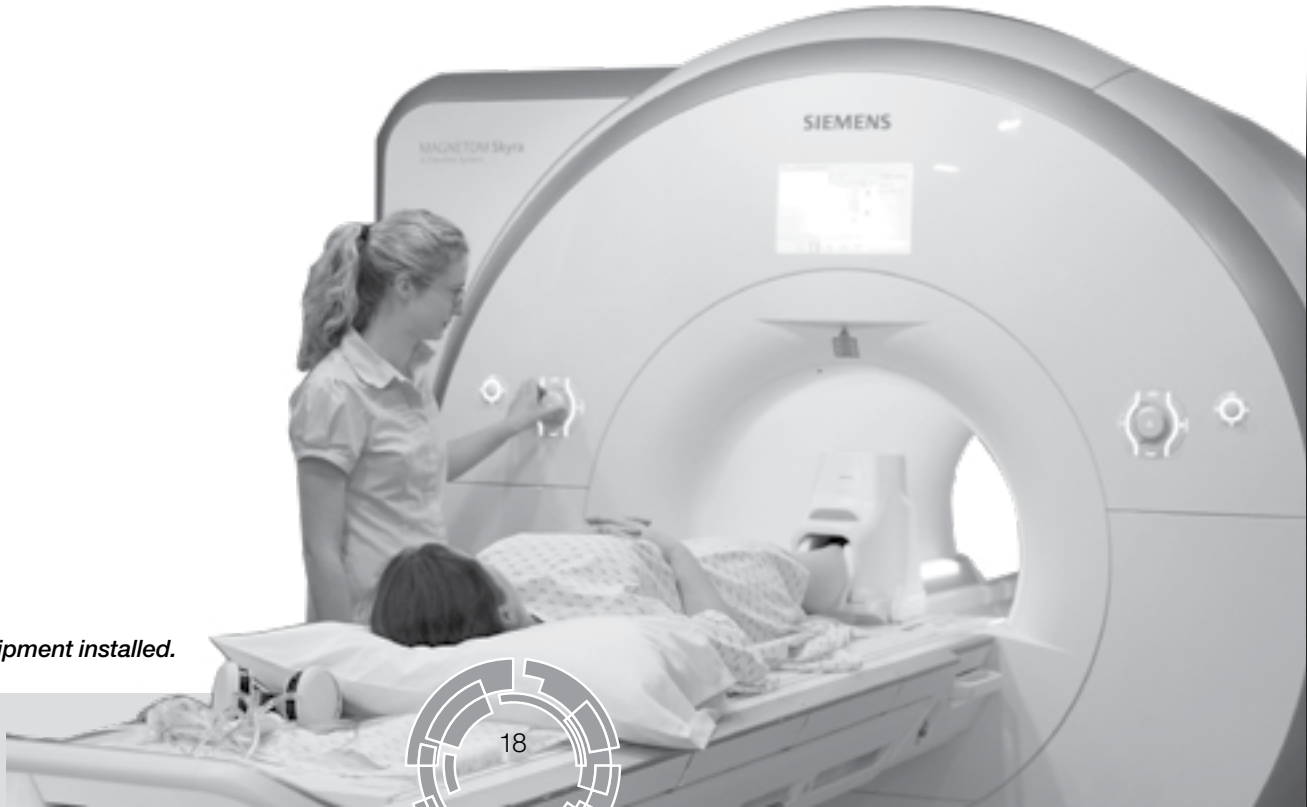
Leigh provides executive support to GV Health’s Primary Care and Population Health Advisory Committee and Consumer Advisory Committee.

She is a member of several professional associations, including the Australasian College of Health Service Management (ACHSM); International Society for Quality in Health Care (ISQUA), and the Australian Health Promotion Association (AHPA).

EXECUTIVE REPORTS

Planning and Resources

- Enhancements were made to our infrastructure including the commissioning of new air conditioning chillers, ongoing refinements to local fire and safety systems and the installation of new MRI and CT equipment.
- Works were also completed to enhance consulting and procedural capacity for Women's Health Services with co-located access to Obstetric, Family Planning, Gynaecology and Midwifery Services for women including a Maternal and Fetal Assessment Unit as well as Colposcopy Services.
- Work began on improvements to the infrastructure of the Emergency Department and palliative care facilities, and planning began for improvements to the Wanyarra Unit. Investment in information technology and communications infrastructure remained a high priority to support the ever-increasing technological demands required to support patient care.
- All legislative requirements were complied with for cleaning standards and food safety, supporting the provision of high quality, safe patient care. The ChefMax system was introduced this year to ensure our patients get the right food at the right time. Menu monitors use tablet technology in place of paper-based menus for patients to order food. The system enables more accurate reporting and financial data, leading to greater efficiencies in food management.
- Refinements were made to systems and processes that support clinical information requirements, enhance functionality and promote effective records management, ensuring clinicians have timely access to documentation to support patient care.
- The service continued to provide biomedical engineering support internally and to external customers throughout the region.
- A close working relationship was developed with Health Purchasing Victoria to assist with the adoption of the new Victorian Government procurement policy requirements.
- The Statement of Priorities, Financial Operating Target and Performance Targets for the year were met, in an operating environment of constantly increasing levels of patient demand and ongoing pressure on expenditure.
- The People and Organisational Development service, including the Medical Workforce Unit, transferred to the Directorate of Innovation and Performance in the latter stages of 2014/15.



New MRI equipment installed.

Clinical Operations

- Renovations have been completed in both the Medical Unit and Mary Coram Unit, providing updated ensuites to both the units to improve patient comfort.
- A third oncologist has been recruited to provide increased patient care in Oncology.
- Renovations have been completed in the Medical Imaging Department and outdated CT and MRI machines have been replaced with new, state-of-the-art equipment.
- The Living Longer Living Better Project has been implemented in the Aged Care sectors, enabling greater choice for families regarding care and additional options for contributing to the costs, with caps in place to ensure there are no longer any excessive costs.
- The new *Mental Health Act 2014* has been implemented throughout the organisation. This Act governs how we assess and treat people with mental illness. It also provides the framework and guidelines to enable us to protect and support those living with mental illness.
- Accreditation was successfully achieved in our Pathology and Radiology Departments and at Grutzner House, highlighting our focus on quality and safety for patients and residents.
- A weekly cardiology service has started, with cardiologists visiting weekly from St Vincent's Hospital. The cardiologists are also able to offer additional services to Electro Diagnostic Services and can provide additional support for medical staff.
- Emergency Department presentations have increased by 1.6% during the last year. This has presented challenges to ensure patients are seen and treated in a timely manner. GV Health remains committed to ensuring all patients are seen and treated within allocated timeframes to minimise discomfort to patients and their families.
- Current service relationships with outlying hospitals, including Benalla, Cobram and Kyabram, have resulted in more than 400 GV Health patients having surgery at these organisations. The need to offer services at additional outlying hospitals, including Numurkah and Seymour, is currently being explored as options.
- GV Health has started the Victorian Stroke Telemedicine program with the Florey Institute. This excellent program enables clinicians to deliver the best possible care to stroke patients, without the restrictions of location.
- Developments in surgery have enabled the introduction of the endoscopic retrograde cholangiopancreatography (ERCP) technique. This technique is performed by clinicians to aid in the diagnosis and treatment of various conditions.

New cardiology service started.
L-R Arup Bhattacharya, Andrew MacIsaac, David Prior and Donna Sherringham

EXECUTIVE REPORTS

Innovation and Performance

Nursing and Midwifery Practice, Education and Research

- Nursing and Midwifery Graduate Programs have expanded with an intake of 37 new graduates for 2015, across general and mental health nursing and midwifery, three more positions than last year. This growth has ensured that the nursing and midwifery graduates from our local region have an opportunity to work and consolidate their practice at GV Health. This year a coordinated orientation program was held, including graduates from Cobram, Numurkah and Nathalia who will spend time at GV Health during the year.

Application Systems

- The Clinician Current Patient Portal and the Electronic Whiteboards continue to provide great efficiencies for clinicians. These applications allow clinicians to quickly and easily move from system to system, without reselecting patients or re-authenticating, greatly speeding up their tasks, improving security and reducing keying and patient selection errors.
- The electronic ISBAR Handover system continues to provide increased clinical functionality. A key development this year has been the redeployment of the system into a Tablet (iPad) style presentation, enabling clinicians to more easily view and update information on mobile devices. This is a key component of our strategy to make information systems *available anywhere, anytime, anyhow.*

Quality, Innovation and Risk Unit

- The Quality, Innovation and Risk Unit has coordinated the accreditation programs that ensure stringent standards are met throughout the organisation.
- The clinical auditing program was reviewed and moved to a custom-built program, which meets the specific needs of our community.
- Bedside handover processes have been improved for patients in hospital. This has been measured through feedback from consumers to the 'patient experience' questions our volunteers ask patients in hospital.
- The consumer feedback system for complaints, compliments and comments has been reviewed. We are actively working to reduce the response time to consumers.
- Innovation and redesign projects are underway to improve patient experience and efficiency throughout the organisation.

Health, Safety and Wellbeing

Priority areas during 2014/15 were:

Implementation of Code Grey Emergency Response

- GV Health is rolling out the Code Grey emergency response code for unarmed physical / verbal threat, effective 1 July 2015.

Occupational Violence and Aggression Working Party

- This working party was established to proactively address the issues contributing to violence and aggression in the workplace. Work has been focused on improving the physical environment, governance and training to build resilience in managing aggressive behaviour.

Workforce Initiative Network (WIN)

- Participation in the WIN program is an initiative of WorkSafe Victoria in conjunction with Department of Health and Human Services to improve the health and wellbeing of public hospital employees by promoting an integrated approach to Occupational Health & Safety, Health Promotion and Human Resources. GV Health Maternity Services are the active participants.

Emergency Management

- Mandatory fire and emergency training is undertaken, with annual testing of procedures to ensure all staff, patients, clients and visitors are safe.

2015 graduate nurses

Human Resources

- GV Health has embraced the newly identified values and is investing in a cultural change program - *CREATE* our future. The program was launched in August 2014 with managers attending a workshop, committing to the change program.

  All departments have engaged in generating actions to address identified opportunities for improvement, recognising we can all influence change.

- Human Resources has continued to strengthen automation of processes by rolling out of the E-3 Learning online Management System, upgrading the current E-Recruitment System and delivering graduate nurse and organisational orientation programs online.

- More work continues on the development of a workforce plan and reward and recognition frameworks. An organisational training needs analysis will be the next step to inform future education and training.

- The restructure of the Human Resources and Medical Workforce and Education Departments will provide more efficient and effective service provision to the organisation.

EXECUTIVE REPORTS

Community and Integrated Care

Supporting the Rural Dental Workforce

- The GV Health Dental Service supported two newly graduated dentists and one new graduate dental therapist to complete 12 months supervised practice through the Graduate Year Dental Program. This Commonwealth funded program encourages new graduate dentists to start and continue their careers in rural settings.
- Commonwealth grant funding has also supported the purchase and fit-out of a mobile dental van. The van is fully equipped to enable treatment to be provided on site at residential aged care facilities throughout the region for patients who would otherwise have difficulty in travelling to the Shepparton-based dental clinic.

Drug and Alcohol Service Expansion

- GV Health, in partnership with Odyssey House and Salvo Care, started a new drug and alcohol treatment service in the Goulburn Valley, as part of Victoria's redevelopment of drug treatment services in September 2014. The new service provides non-residential withdrawal, counselling and care and recovery support.

A new approach to home care packages

- Staff of the GV Health Community Interlink program have been working with clients and carers to prepare for the introduction of Consumer Directed Care. Consultation with clients across the region has provided information on Consumer Directed Care and what it means for them under new Commonwealth arrangements, which began in July 2015.

Movement Disorder Nurse

- Evaluation of the two-year Movement Disorder Nurse Demonstration Project has clearly demonstrated the benefits of the role and the factors critical to the success of such a program in a rural setting. The program has been jointly funded by GV Health, Parkinson's Victoria and the Shepparton Parkinson's Support Group. The position will continue to be funded as an ongoing role through GV Health's Community Rehabilitation Centre.

1,000 Turtles

- GV Health staff participated in workshops, led by Aboriginal community elders and artists from Kaiela Gallery, to construct and decorate clay turtles as part of a community arts project aimed at raising awareness of the importance of the long-neck turtle to Yorta Yorta people. A follow-up project is underway to construct an art installation made up of the turtles made by staff at Community Health @ GV Health.

My Health In Shepparton

- The *My Health In Shepparton* booklet supports newly arrived refugees to understand and find their way around local health services. The resource has been developed in collaboration with a number of services throughout the region, including community members and organisations such as Kildonan UnitingCare, Primary Care Connect and Red Cross Australia. The booklet includes information about the Australian health care system, medications, the emergency department, support and wellbeing. The resource is available online and in hard copy, and has been distributed to various locations throughout Shepparton. It has been translated and is available in a number of languages, including Swahili, Dari and Arabic. Work is also underway to convert the resource into an audio visual format to help promote health literacy.

The launch of the new mobility scooter parking bays at Community Health@GV Health

Community Health @ GV Health

- Relocation of a range of community programs to the new Community Health@GV Health site in Corio Street Shepparton has presented new opportunities for collaborative practice and working more closely with the community.
- In a first for Shepparton, four parking bays for mobility scooters were constructed, along with two accessible car parks at the front entry of the building.

EXECUTIVE REPORTS

Chief Medical Officer

The medical staff at GV Health have contributed some exciting and significant achievements in the past year to the organisation and community.

- Successful accreditation for General Surgical, Advanced Gynaecological, Advanced Physicians and Advanced Paediatric training were all achieved with many significant commendations from the accrediting Australasian Royal Medical Higher Specialty Colleges.
- Higher level senior registrar and fellow training positions were approved to be on site at GV Health. The Post Graduate Medical Council of Victoria recently accredited GV Health for an extra intern post in Surgery and the Department of Health and Human Services has added an additional Post Graduate Year 2 house officer post for other areas.
- GV Health's medical training and education has reached a new status of significance in the world of skilled medical care in three short years. As a result, our national and statewide reputation as a growing regional centre committed to high level medical healthcare delivery will be enhanced. Our reputation for 'growing our own doctors' and our dedication to medical training will also be enhanced.
- GV Health has cemented its dedication to clinical best practice by thoroughly reviewing and refreshing patient clinical outcome led recommendations for practice improvement. The Clinical Outcome Review Committee, the doctors in leadership forums such as the Clinical Directors and Divisional Clinical Directors Committee and the Specialist Medical Credentialling Committee have all raised the stakes in medical clinical engagement with GV Health's patient outcomes, patient management and clinical governance models. We can proudly claim that few other regional centres have GV Health's visible and tangible level of VMO and salaried senior specialist doctors' investment in their hospital's every day running and success stories. They have learnt to be part of this journey for the patients and their community and this has brought out many mutual rewards for all parties involved.
- GV Health doctors and clinical business systems staff have created world leading, cutting edge patient handover systems which have gained nationwide recognition this past year. There is focus now on enhancing clinical systems and databases with other critically important patient registries at GV Health, including the sad but necessary reality of investigating deaths in acute inpatient care settings. GV Health understands the need to investigate patient outcomes on an individual basis with sincerity and an intent to learn key lessons and messages from every event. The aim is always to nurture and foster better patient care every day.
- GV Health doctors have been working on procedural and surgical practice improvements through high level local workshops at GV Health. Internationally renowned speakers and surgical specialists have held forums, operated at GV Health to highlight best surgical care and discussed updates and clinical debriefs with the wider GV Health patient care teams. This opens the eyes of clinical staff to learning and to the wider world outside our region. Such high level transfers of knowledge between skilled people from all over the world means we upgrade our local skill base and maintain our skills to a high standard.
- The newly created GV Health research division is generating a diverse and excellent quality of valuable research work.

GV HEALTH BOARD DIRECTORS 2014/15

ATTENDANCE

Board Director	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	April	May	June	Total
Peter F. Ryan	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	100%
Barbara Evans	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	100%
Bryan Gurry	✓	A	✓	✓	✓	✓	✓	✓	✓	✓	✓	A	83%
Ros Knaggs	✓	A	✓	✓	✓	✓	✓	✓	✓	✓	✓	A	83%
Ian McKinnon	A	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	92%
Bill Parsons	✓	✓	A	✓	✓	✓	✓	A	✓	✓	✓	✓	83%
Rod Schubert	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	100%
Fezi Shaholli	✓	✓	✓	✓	✓	✓	✓	✓	A	✓	✓	✓	92%
Stephen Merrylees	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	100%

✓ - In Attendance A - Apology

Board Chair

Mr Peter F. Ryan

Appointed: 2011

Term Expires: 30 June 2017

- Quality Committee
- Remuneration Committee
- Audit and Risk Committee
- Facilities and Infrastructure

Director

Mr Bryan Gurry

Appointed: 2008

Term Expired: 30 June 2015

- Quality Committee
- Remuneration Committee
- Finance Committee
- Audit and Risk Committee
- Facilities and Infrastructure Committee
- Workforce Committee (Chair)

Director

Mr Rod Schubert

Appointed: 2012

Term Expired: 30 June 2015

- Remuneration Committee (Chair)
- Audit and Risk Committee
- Workforce Committee
- Primary Care and Population Health

Director

Mr Bill Parsons

Appointed: 2011

Term Expires: 30 June 2017

- Remuneration Committee
- Finance Committee
- Facilities and Infrastructure (Chair)

Director

Ms Roslyn Knaggs

Appointed: 2010

Term Expires: 30 June 2017

- Quality Committee (Chair)
- Remuneration Committee
- Consumer Advisory Committee

Director

Ms Barbara Evans

Appointed: 2012

Term Expired: 30 June 2015

- Finance Committee (Chair)
- Audit and Risk Committee
- Consumer Advisory Committee

Director

Mr Ian McKinnon

Appointed: 2009

Term Expired: 30 June 2015

- Quality Committee
- Finance Committee
- Workforce Committee
- Primary Care and Population Health (Chair)

Director

Mr Fezi Shaholli

Appointed: 2013

Term Expires: 30 June 2016

- Finance Committee
- Audit and Risk Committee (Chair)
- Workforce Committee
- Consumer Advisory Committee

Director

Mr Stephen Merrylees

Appointed: 2014

Term Expires: 30 June 2017

- Quality Committee
- Facilities and Infrastructure
- Consumer Advisory Committee
- Primary Care and Population Health

OUR PEOPLE

CHIEF EXECUTIVE OFFICER

Dale Fraser
MBA, B.Bus, FCPA, FHSM

Community Engagement Director
Dr Beige Pureau
DBA, MMkt, BA (PR)

GV Health Foundation Director
Carmel Johnson
BA

Media and Communications Consultant
Michelle Frenkel
MCom, GradDip(PR), BCom(Mkt Eco)

Web Administrator
Darren Barnes

Governance and Projects Officer
Melissa Bennett
BComm(HR and Mgmt), GradDip Teaching and Learning, Dip Project Mgmt

CLINICAL OPERATIONS

Executive Director Clinical Operations
Donna Sherringham
BNurs, DipApSci, MHlthServAdm

Acute Emergency and Intensive Critical Care, Divisional Clinical Director
Manny Geaboc
MBBS, MD, MCEM

Child and Adolescent Unit, Nurse Unit Manager
Linda Riddell
DipHE Nursing (Child Health), GradCertEd

Clinical Business Manager
Jacinta Russell
BSc, MAppSc, GradCertMgmt, MAICD, MACHSM, MAIM, MASM

Grutzner House, Nurse Unit Manager
Helen Sell
BNurs, BMentHlth

Haemodialysis Nurse Unit Manager
Natalie Sheehan *(Acting from March 2015)*
GradDipBScNurs, BNURS RN, GCN (Renal), GDipRenN, Imm Cert.

Infection Control
Phillip Brittain
MadvancedNursPrac, BParamedicSc, BNurs

Intensive Care Nurse Unit Manager
Vin White
BNurs, Hospital Certificate Critical Care, BComm

Mary Coram Unit, Nurse Unit Manager
Patricia Collier
RN, CCRN

Maternity, Nurse Unit Manager
Carmel Brophy *(Acting from September 2014 - Current)*
RN, RM

Medical and Critical Care, Divisional Operations Director
Anne Robinson
GDipHM, GradCertOrth, RN, CertWA

Medical Imaging Manager
Linda Truong
BAppSc(MedRad), MBA

Mental Health Divisional Clinical Director
A/Prof Ravi Bhat
DPM, MD, FRANZCP, MFPOA

Mental Health Services, Divisional Operations Director
Bill Brown
RN, MMan

Oncology, Nurse Unit Manager
Linley Smith *(until March 2015)*
RN

Nicole Grimmer *(Acting from March 2015 – Current)*
RN, PGradCertCanc&PallCare

Pathology Operations Manager
Chris Barnard
BAppSc, MAppSc

Pharmacy Director
Bill Burgess
BPharm, MSHPA

Specialist Outpatient Clinics Manager
Carla Jewell
RN

Surgical, Women's and Children, Divisional Operations Director
Kim Read *(Acting from April 2015 - Current)*
RN

Surgical Unit, Nurse Unit Manager
Sophie Scott *(Acting from March 2015 – Current)*
BNurs RN, GCN (Renal), BNursGradCertNursSpecialisation (Renal)

Tatura Campus, Manager/Director of Nursing, Waranga Campus, Acting Manager/Director of Nursing
Jayne French
RN, DipB

Theatre Services Manager
Andrea Stevens
DipRN, Perioperative Course, DipManagement, BNurs

CHIEF MEDICAL OFFICER

Chief Medical Officer
A/Prof Vasudha Iyengar
MBBS, MD, FRCOG, FRANZCOG, CCST

Accident and Emergency & Intensive Critical Care Divisional Clinical Director
Dr Emanoil Geaboc
MB, BS, MD, MCEM

Anaesthetics Clinical Director
Dr Arnold Beeton

Clinical Research Coordinator
Dr Md Rafiqul Islam
PhD(Community Medicine and Clinical Epidemiology), MPH(Epidemiology and Biostatistics) MBBS(BMedicine and Surgery)

Consultant Medical Oncologist
Dr Mahesh Iddawela
MBBS, MRCP, PhD, FRACP

General Surgery Clinical Director
Mr Tony Heinz

Intensive Care Unit Clinical Director
Dr Mathew Piercy

Medicine Clinical Director
Dr Mark Harris

Medico Legal
Donna Campbell

Medical, Divisional Clinical Director
Arup Bhattacharya
MBBS, MRCP (UK), FRCP (Lond), FRCP (Edin), FRCP (Glasg), FRACP. CCT in General (Internal) Medicine and Geriatric Medicine

Mental Health Services, Divisional Clinical Director
Ravi Bhat
DPM, MD, FRANZCP, MFPOA

Obstetrics & Gynaecology Clinical Director
Dr Bruno Giorgio
MB, BS, MRCOG, FRANZCOG

Oncology Clinical Director
Dr Zee Wan Wong
MBBS, MRCP, FRCP, FAMS (Medical Oncology), GDA, FRACP

Orthopaedic Surgery Clinical Director
Mr Arshad Barmare
MBBS, DNB, MMed, FRACS

Paediatrics Clinical Director
Dr Dan Garrick
MBBS, FRACP (Paediatrics), GradDipMental Health Sc(Infant & Parent Mental Health)

Pathology Clinical Director
Dr Sam Rambaldo
BMedSc (Hons) MBBS FRCPA

Pathology Director
Sam Rambaldo
BMedSc(Hons), MBBS, FRCPA

Rehabilitation Services Director
Dr Christopher Wijesingha
FAFRM, RACP, MD, MBBS

COMMUNITY AND INTEGRATED CARE

Executive Director
Leigh Rhode
RN, BHlthSci(Nurs), DipBus(Impact)

Allied Health & Ambulatory Care, Divisional Director
Gayle Sammut
DipPhys, DipFrontlineMgt, Cert Mgt, Cert IV OH&S, DipProjMgt, MAPA

Ambulatory Aged Care, Manager
Loretta Barnes
RN Div 1

Community Care, Divisional Director
Gordon Ross
BA, Dip App Ch Psych, Dip App Sc, DipBus(CommServMgt)

Care Coordination Manager
Alynda Wayman
MHlthServMgt, Grad Dip Intensive care

Community Health Manager
Anne-Louise Bence
BPhys, PGradCertMuscPhys, PGradCertPaedPhys, DipBus (Impact Leadership)

Corporate Services Manager (Community Care)
Shaun Holzheimer
DipBus (Impact Leadership), Dip Public Safety, Cert IV Bus, Ad Cert Personnel Admin

Dental Services Clinical Director
David Whelan
BDSc

Dental Services Practice Manager
Merrin Tonks
DipBus (Impact Leadership), Cert IV Practice Management

Disease Management Team and Specialist Clinics Manager
Angela Burns
BSW, MBusMgt

Diabetes Centre Manager
Gloria Kilmartin
RN, MN, Nurse Practitioner (Acute and Supportive Care)

GV Alcohol & Other Drug Services Manager
Lisa Pearson
BA Community Dev and Psych, GradDipOrgPsych, Cert IV Proj Mgt, Dip QA

OUR PEOPLE

GV CASA Manager
Dr. Judy McHugh
BSW (Hons), PhD SW

Health Promotion Coordinator
Jessica Orr
BPubHlth

Home Nursing Services Manager
Raelene Wilson
BNurs, PGradDipRuralCritCare, Cert IV TAE

Hume Regional Aged Care Assessment Service (ACAS) – Shepparton, Manager
Deb Gook
BNurs, RN Division 1, DipBus (Impact Leadership)

Nutrition & Dietetics Manager
Wendy Swan
Advanced Accredited Dietitian, BSci, Dip Nutr & Diet, MRuralHlth, Dip Leadership and Mgt

Occupational Therapy Manager
Mohan Bodhankar
BSci (OT), AHPRA Registered Occupational Therapist, Associate Member AHTA

Performance Analyst
Georgia Whiting
BA Social Science, Post Grad Dip Urban Research & Policy, MA(Hons) Social Policy, PhD Sociology

Physiotherapy & Community Rehabilitation Centre Manager
Johanna Madden
BPhys, GradDip (Clinical Rehab), DipMgt, Cert IV Proj Mgt

Primary Care, Divisional Director
Julyan Howard
RN Div 1, BNurs, DipBus (Impact Leadership)

Program Manager, Community Interlink Duty Intake and Coordinated Care
Jan McRae
BSW, DipBus (Impact Leadership)

Program Manager, Community Interlink East Hume
Tanya Reid
Grad Cert Family Therapy, Dip Disability, Dip Bus (Mgt) Dip Bus (Comm Serv), Cert IV Bus Admin, Cert IV Ass & Training

Program Manager, Community Interlink Shepparton
David Harcoan
DipBus (Impact Leadership), Cert IV (Access Consulting)

Program Manager, Community Interlink Shepparton
Keith Downing
BSW, DipBus (Impact Leadership)

Rural Allied Health Team Manager
Jenelle Gannon
BAppSci (Hons), MNut&Diet, Cert Enteral Therapy, DipBus (Impact Leadership), Cert IV Proj Mgt

Service Access Unit, Practice Manager
Andrea Caia
RN Div 2 Cert IV Health, DipBusMgt, Cert IV OH & S, Cert IV ProjMgt

Social Work Manager
Karen Dyer
BSW, MAASW (AASW)

Speech Pathology Manager
Tammy Phelps
BHlthSci (SpPath)

VPRS Regional Coordinator
Sally Belcher
B App Sci (Phys), MAPA

INNOVATION AND PERFORMANCE

Executive Director Chief Nurse and Midwifery Officer
Fiona Brew
RN, MBA, GAICD, GradDip(Acute Care), Perioperative Cert

Director Quality, Innovation and Risk
Kellie Thompson
BAppSc(Nursing), RN, GradDipGerontic, DipM, Cert IV(Workplace Training and Assessment), M(Quality and Safety in Healthcare), GradCert(Health Systems Mgmt)

Director People and Organisational Development
Joanne Matsoukas
BCom, Cert IV(Training and Assessment)

Director Nursing and Midwifery Practice, Education and Research
Dr Carole Maddison
RN, B(Nursing), M(Nursing), Dr(Educ)

Health, Safety and Wellbeing Manager
Sue Christie
AdDip(Mgmt), Dip(OH&S), Cert IV(OH&S), Cert IV(Training and Assessment)

Application Systems
Rob Sands
BSc, M (Info Mgmt Systems & Assessment)

Jeremy Fowler
B(Computing)Hons, M(Sc)

PLANNING AND RESOURCES

Executive Director
Bill Morfis
BHA, MCom, CPA

Biomedical Engineering
Ray Bowles
DipElecEng, BEng (Elec)MelbUni

Building and Engineering Services Manager
John McCloskey
AdvDip(Engineering Technology)

Engineering Services, Manager
Patrick Ryan
BE (Mech)

Finance Manager
Peter Dwyer
BCA, CA

Health Information Services Manager
Cathy Dooling
BAppSc (Medical record administration)

Hotel Services Manager
Denise Maloney
Cert III(Hospitality)

Payroll, Manager
Judy Robinson

Procurement and Contracts Manager
Ken Baxter
CertBus(Acc), CertBus(Procurement)

Project Manager
Blair Ferguson
AdvDipEng, AdvDipProject Management, DipOH&S *(9 months completed)*

CREATE
OUR FUTURE PROGRAM

The CREATE Our Future program was introduced in 2014/15 to enhance a culture of clinical, service and operational excellence, where our employees are valued; clinicians see patients receiving great care; and patients see the service and quality of care they receive as extraordinary. The program directly links to the GV Health Strategic Plan 2014-2018, the new values and vision.

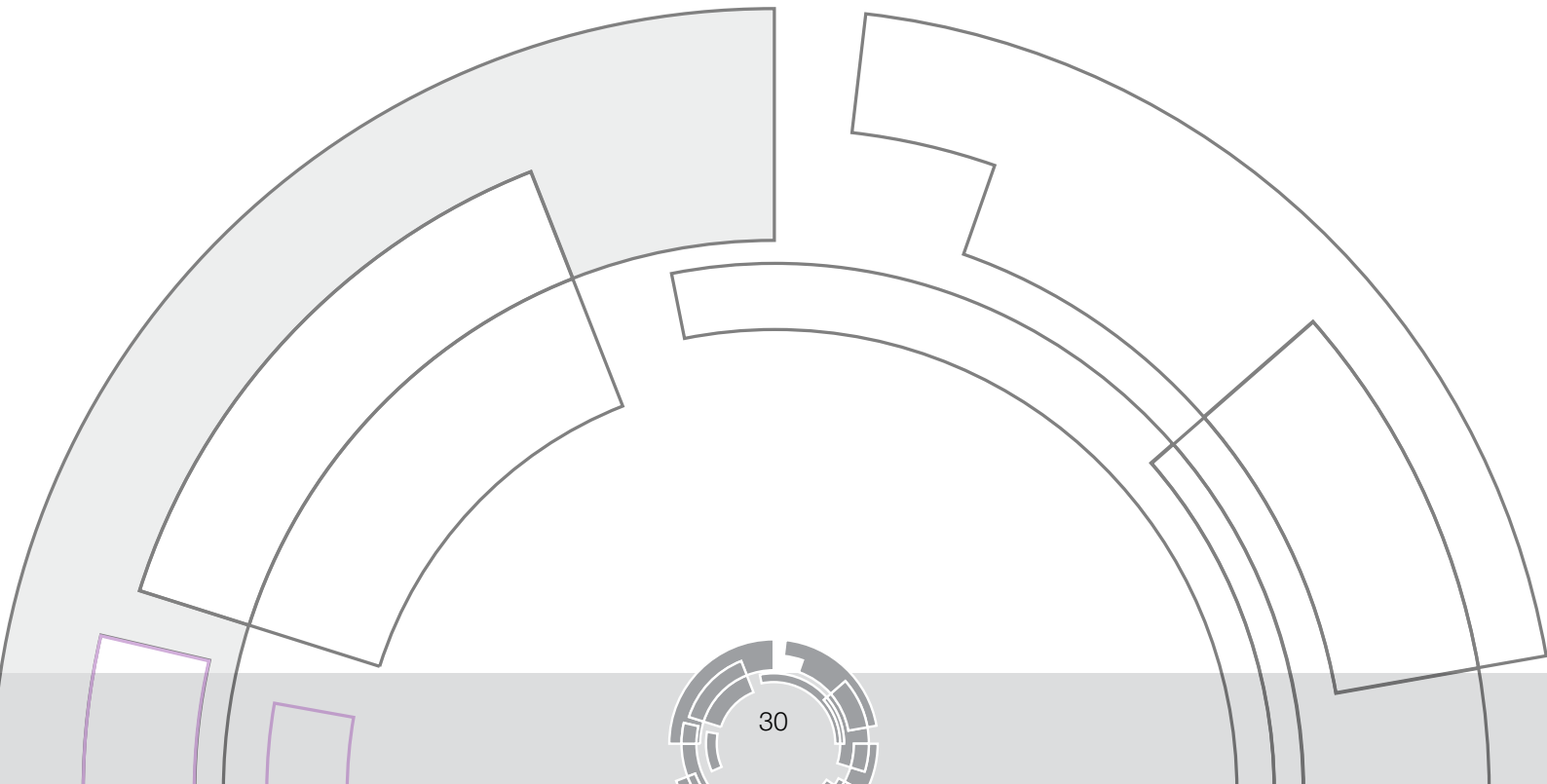
The program was launched in August 2014 with a leadership workshop for around 60 leaders from GV Health.

The new program aims to:

- identify what is critical to GV Health's success
- align measures of performance with GV Health's organisational vision, values and goals;
- embed accountability throughout the organisation;
- provide the tools and methods to lift performance across clinical, service and operational dimensions;
- assist and develop leaders through coaching to achieve enhanced levels of performance;
- provide GV Health with the tools to instill sustainable change over the long-term; and
- develop an organisational culture which is performance oriented and customer focused.

Successful implementation of this program aligns to the values of GV Health.

GV Health's efforts were profiled in a Victorian Public Service Commissioner report – Creating Great Places to Work, highlighting our organisation as a leader in creating and sustaining a great workplace culture.



COMPANION AWARDS

Companion Awards - recognising outstanding community contributions

GV Health introduced a new award this year to recognise the significant contributions of individuals who provide support to the organisation.

The Companion of GV Health award is the modern version of the Life Governorship, which was conferred by GV Health from the early 1900s until 2011.

The last person to be acknowledged with a Life Governorship was Clem Furphy for his significant contributions to GV Health, and in particular the Waranga Memorial Hospital.

We are fortunate to have tremendous support from our local community. Local people provide support to GV Health in many ways. The new Companion award recognises and honours people who have made an outstanding contribution to GV Health and the community. .

The award may be conferred by the GV Health Board of Directors, in consultation with the Chief Executive Officer.

Examples include: excellence/length of service as a volunteer, significant philanthropy, outstanding professional service or a significant contribution to innovation and research.

Nominations may be made by any voluntary organisation, community leader, CEO, Board Director or GV Health staff member and must be affirmed by a seconder.

Three Companion of GV Health Awards were presented at the GV Health annual general meeting on 13 November 2014.

The awardees included:

- **Paul Archer**
- **Simon Furphy**
- **Sam Renato**

Paul Archer

Paul has been an enthusiastic and successful fundraiser for GV Health through his involvement and commitment to the 3SR FM annual Give Me 5 for Kids program, which raises funds for GV Health's Child and Adolescent Unit each year.

In 2011, Paul proposed the idea of collecting and selling batteries, and donating the proceeds to the Give Me 5 for Kids program. This initiative has been enormously successful. In the last four years, he and Future Metals have contributed a staggering $109,187 to the annual fundraising effort. Paul often attends many of the other related events during June each year and always offers a greeting of 'what can I do to help?'

His community spirit is also extended to others in their time of need. He has provided emergency shelter and food for pets, wildlife and stock in times of crisis and was particularly generous with support of those affected by the Black Saturday bush fires and the floods in Queensland, Kerang and locally. He continually collects soft drink cans to contribute to fundraising at the Yea Animal Hospital.

Paul is a hard worker and selfless, generous person. He has a great love for John WIliamson and the Deni Ute Muster. Paul's ute is very distinctive and easily identifiable with the large white letters "Victorians helping others" printed across the top of his windscreen.

Paul is a quiet, humble person who does not talk about himself but is always thinking about his family and others, and asking what he can do next to help out.

He has made, and continues to make, an extraordinary contribution to the lives of many children and families.

COMPANION AWARDS

The Late Simon Furphy

Simon Furphy served on the then GV Health Committee of Management for 25 years, from 1982 to 2007, including three years as President from 1984 to 1987.

Simon was an active and enthusiastic community representative on the committee and was a great advocate for increasing the health and education services across the region.

He was acknowledged as the key driver for the establishment of the University of Melbourne Rural Clinical School and was instrumental in helping to secure the necessary funding for the buildings and the medical student accommodation pods.

As a lawyer, Simon's skills were highly valued by the hospital and, following his retirement from the Board, he continued to support the hospital in many ways and continues to take a keen interest in GV Health.

He was a proud servant of the Goulburn Valley community and served in senior roles with many organisations, including the Goulburn Valley Law Association, the Shepparton South Technical School (now Maguire College), Cameron's Secured Investments and Statewide Secured Investments, and as a senior lecturer in Company Law and Corporate Governance at Latrobe University.

Sadly, Simon Furphy passed away shortly after receiving his award.

Sam Renato

Known universally and affectionately as "Sam the Flower Man', Sam Renato has been a generous and loyal supporter of GV Health as long as he has been known as the "flower man" in the Goulburn Valley.

Sam was born at UNA House, educated in Shepparton and, apart from a few short months when he and his wife Josie were in Melbourne, Sam and his flowers have been synonymous with GV Health.

Before becoming a florist, Sam was a respected employee of the Woolworths Corporation and was an integral member of the project team that transitioned small Woolworths stores into the big stores we know today.

With a young family and continually being away from home, Sam and Josie decided to return home to Shepparton and together they opened Renato's Florist in Wyndham Street in 1981.

Establishing the business required an enormous amount of effort for Sam and Josie, including travelling long distances to pick up and deliver flowers across the area. However, they continue to run the business with the same smile and great attitude; nothing is every too much trouble for any member of the Renato's team.

Sam donates the magnificent floral arrangements that greet GV Health visitors and patients on a daily basis at the front reception of the hospital. These outstanding arrangements have been provided for almost 30 years.

The Renato family has not only donated these arrangements, but they supply GV Health on a daily basis with a wide array of flowers for visitor purchase, and generously assist with every GV Health fundraising event.

STAFF EXCELLENCE AWARDS

The annual GV Health Staff Excellence Awards recognise customer service excellence and the qualities that best illustrate the GV Health values.

BOARD CHAIR AWARD

Kim Read

Elective Surgery Access Co-ordinator

Kim demonstrates excellence in customer service at GV Health. She goes above and beyond on a daily basis to communicate and follow through at all times. Kim is called upon from all departments to solve various customer enquiries and work through complex situations. She epitomises excellence in customer service.

CEO AWARD FOR MODELLING VALUES

Dr Greg Dalley

Rehabilitation consultant and member of the preventing falls and harm from falls working group.

Greg takes a person-centred approach to his work with patients. He is compassionate, has a genuine commitment to improving care delivery, has respect for team members and is absolutely ethical. Patients regularly report feeling reassured by his expertise. He is a terrific example of all the values to which our organisation aspires.

The Board Chair Award is given for Customer Service Excellence, to an employee who provides excellent service to clients, customers, internal and external stakeholders and the community.

Executive Directors may nominate an employee who routinely and regularly displays behaviour and personal qualities that model, uphold and demonstrate excellence in customer service. The nomination is then forwarded to the Chief Executive Office for consideration. Judging is undertaken by the *Living the Values Committee.*

The award criteria include:

Respectful and Approachable Manner

The staff member acts in a friendly and polite manner with genuine caring interest.

Meeting Client/Customer Needs

The staff member allows the client/customer to speak without interruption and then seeks clarity to ensure that underlying need is understood.

Following through until reaching a solution

The staff member resolves the client/customer request in a timely and professional manner.

Executive Directors may nominate an employee who routinely and regularly displays behaviour and personal qualities that model, uphold and demonstrate GV Health's stated values and Code of Conduct. The nomination is then forwarded to the Chief Executive Office for consideration.

The award criteria include:

Compassion:

We are caring and considerate in our dealings with others

Respect:

We acknowledge, value, and protect the diversity of beliefs, and support the rights of others in delivering health services

Excellence:

We act with professionalism to bring the highest quality of care to meet the needs of our patients

Accountability:

We will be responsible for the care and patient outcomes provided by GV Health, and the consequences of our actions

Teamwork:

We work constructively and collaboratively within GV Health as well as with external partners to deliver integrated care to our patients

Ethical Behaviour:

We act with integrity, professionalism, transparency, honesty and fairness

Judging is undertaken by the *Living the Values Committee.*

GV HEALTH RESEARCH

Goulburn Valley Health established a research unit this year to provide opportunities for teaching, training and research in health care, demonstrating leadership and innovation in solving local and global health issues.

The Research Unit has initiated a number of academic and research collaborations with Australian rural, regional and metropolitan universities. Contact is also being made with international organisations to plan for future research collaboration.

A number of Memorandii of Understanding (MoU) are being developed with scholarly research bodies. Regional and rural area health services and philanthropic organisations will be contacted to create a regional research consortium.

Process, structure and ethics procedures for the research unit have been discussed and formalised. Liaison has begun with regional policy makers to request research grants and seek funding from the GV Health Foundation.

Important foundation documents have been developed for the new research centre, such as a research and publication policy, the research unit structure and several human research ethics forms.

The Unit is working closely with Goulburn Valley Health staff to help them initiate their own research and audits. A number of collaborative and innovative research study projects are underway and a number of quality improvement audits are in progress.

As of June 2015, the Research Unit at Goulburn Valley Health, alone or in collaboration with other organisations, is conducting 20 research and audit activities. Five additional study projects and audit applications are in the process of Human Research Ethics Committee (HREC) approval.

This year, a total of nine posters were presented at different conferences and two research findings were selected for oral presentation. Two full scientific papers and one personal view were also submitted to peer-reviewed journals for publication.

Several Human Research Ethics Committee meetings and one Human Research Ethics Sub-committee meeting have been held during this year.

COMMUNITY ENGAGEMENT

GV Health recognises the important role communications and engagement play with our local community, partners and staff.

An integrated Communications and Engagement Strategy was developed with staff and community consultation in 2014. A total of 215 consumer surveys were undertaken, 211 staff surveys were completed, and workshops were held with the Consumer Advisory Committee and various other GV Health committees. A total of nine individual interviews were held executive and senior staff and research was drawn from ABS data and a communications audit.

The four-year strategy is aligned to the GV Health strategic plan 2014-18, to enhance communications, consumer engagement, fundraising efforts and partnerships. The first year of implementation is underway.

The strategy contains 110 actions and 29 are underway or completed.

The plan addresses the following key topics: Leadership; Community Engagement; External Communications; Media and Advertising; Website, Digital Communications, Social Media and e-Health Services; Publications, Exhibitions, Visual Communications; Events; Internal Communications and Engagement; Partnerships; Volunteers, Fundraising, Sponsorship; Advocacy; Customer Service; Health Information and Promotion; and Accessibility.

This year, GV Health has undertaken the following activities:

- A new Community Engagement department was created to integrate communications, engagement, fundraising and website services.
- A community engagement plan and toolkit is being developed.
- A fundraising strategy is being developed.
- A digital communications plan is being developed.
- A new website was developed and launched.
- Social media use and community engagement was enhanced through presence on Facebook and LinkedIn.
- A number of events and activities have been held, materials developed and media features organised to raise community awareness on important health issues – for prevention and education (e.g. heart, cancer and stroke information).
- Eleven editions of the *Health Matters* community newsletter were produced in the Shepparton News and localised newsletters were also featured in the Waranga News and Tatura Guardian.
- A total of 33 publications were produced with consumer engagement, to provide essential information on health procedures, programs and services.
- More than 20 fundraising activities and events were held.

PEOPLE MATTER SURVEY

GV Health staff participated in the 2014 *People Matter Survey*, conducted by the Victorian Public Sector Commission, to share information about their beliefs, attitudes and insights about working at GV Health.

The survey measured employee perceptions on a range of topics, including leadership, change management, job satisfaction, employee wellbeing and engagement. A total of 46% of staff participated, which was double the number of participants from the previous survey.

The results of the survey indicate staff at GV Health are working together in a collaborative way. There is adherence to Human Rights and Equal Employment Opportunity Legislation through GV Health Policies and Procedures. Staff believe they have a sufficient workload and are making a meaningful contribution to GV Health.

The results also indicated that staff identified an opportunity for improvement around how change management processes are conducted at GV Health.

The top scoring themes include awareness of organisational results, values, employee principles and patient safety. The lowest scoring results were reflected in the themes of job satisfaction, engagement and your experiences.

An Engagement Index was developed from the survey, to enable benchmarking against other similar organisations. This index is considered to be a useful measure of important factors, such as advocacy, willingness to contribute to the goals of the organisation, commitment and job satisfaction.

In 2014, GV Health achieved a three point increase to its engagement percentage, compared to the 2013 result of 63 per cent. GV Health is now within one point of reaching the comparative organisation results for similar health organisations.

A number of organisational initiatives are underway or completed to address the issues raised in the 2014 People Matters Survey. These include:

- ✓ the launch of the GV Health Strategic Plan 2014-2018.
- ✓ the delivery of the Managers' Leadership Development Day, a three-year program which provided nine principles to leadership and is aligned to the organisation's strategic pillars and values.
- ✓ development of a staff and leadership capability plan.
- ✓ undertaking an organisational training needs analysis to inform future learning and development initiatives.
- ✓ implementation of a staff reward and recognition plan, aligned to GV Health values.
- ✓ development of a wellbeing program for GV Health employees.
- ✓ implementation of a communications and engagement strategy.

A Best Practice Staff Engagement Survey will be conducted in 2015 to monitor progress.

WORKFORCE DATA

GV Health has policies and procedures in place to promote a high standard of employment and conduct principles. These include policies on employment and Human Resources practices, and are complemented by a Code of Conduct which provides more detailed guidance on the rights, responsibilities, accountabilities and delegations as well as matters of ethics and transparency expected of employees and representatives of the Health Service.

The Health Service upholds and adheres to the *Code of Conduct of Public Sector Employees* issued by the Public Sector Standard Commissioner made under the *Public Administration Act 2004.*

LABOUR CATEGORY	June Current Month FTE		June YTD FTE	
	2014	2015	2014	2015
Nursing	**611.40**	**635.45**	**608.18**	**627.57**
Casual	26.83	26.04	28.41	27.00
Part Time	441.59	462.85	429.73	456.07
Full Time	142.98	146.56	150.04	144.50
Administration and Medical Support	**439.79**	**446.95**	**435.47**	**442.81**
Casual	9.15	10.48	10.21	11.74
Part Time	196.27	191.38	189.91	192.04
Full Time	234.36	245.09	235.35	239.03
Hotel and Allied Services	**148.95**	**151.38**	**145.30**	**150.35**
Casual	18.85	23.58	17.17	21.64
Part Time	89.13	88.42	87.46	89.26
Full Time	40.97	39.38	40.67	39.45
Medical Staff	**164.66**	**162.34**	**159.66**	**161.58**
Casual	0.99	1.06	1.33	1.03
Part Time	10.03	10.70	7.47	9.71
Full Time	153.64	150.58	150.86	150.84
Allied Health	**100.90**	**98.96**	**89.22**	**95.06**
Casual	3.46	2.19	2.97	1.91
Part Time	41.46	40.42	37.65	39.09
Full Time	55.97	56.35	48.60	54.06
Grand Total	**1,465.70**	**1,495.08**	**1,437.83**	**1,477.37**

STATUTORY REQUIREMENTS

Occupational Health and Safety

Achievements

Goulburn Valley Health's Occupational Health and Safety (OHS) Department has been striving to improve the safety of patients, the community and the healthcare work force in 2014/15. Priority areas for the OHS Department during the year were:

- Enhancing and extending processes to ensure organisational legislative compliance and Occupational Health and Safety performance.
- Reporting monthly organisational performance to the Board of Directors and management.
- Ensuring processes are in place to identify changes in Occupational Health and Safety requirements and practice from Victoria Auditor General's reports that have the potential to impact upon GV Health's operations.
- Developing and improving strategies for identifying and managing higher Occupational Health and Safety risks and building internal capability to address complex hazard management or incident investigation tasks.
- Ensuring that consistent and legally compliant hazard controls and risk mitigation strategies are applied across GV Health to improve the safety culture.
- Improving the level of training for all staff and management in relation to managing aggression.

Regional OHS Forum with WorkSafe

GV Health instigated the development of a Regional OHS Forum, in partnership with WorkSafe, to network with other regional health services regarding occupational health and safety matters.

WorkSafe North Region in Wangaratta and Shepparton will host future quarterly forums and provide advice and guidance to the health services involved in the forum.

WorkSafe values any feedback from participants of the forum. This forum will continue to strengthen relationships with WorkSafe and help maintain a focus on occupational safety and health in the workplace.

Implementation of Code Grey Emergency Response

GV Health will implement a Code Grey emergency response code for unarmed physical/verbal threat effective from 1 July 2015. The introduction of this emergency response, as per the decisions from the Department of Health and Human Services, will be implemented across all Victorian Health Services as a result of increased occupational violence and aggression in the workplace.

Occupational Violence and Aggression Working Party

With occupational violence and aggression increasing in all health services, GV Health has taken steps to proactively address the issues contributing to the increase of these incidents within the organisation.

The Occupational Violence and Aggression Working Party, formed late 2014, will focus on improving safety and security across the health service by:

- Approving the implementation of *Code Grey Emergency Response* (unarmed verbal/physical aggression).
- Increasing security in the Emergency Department to ensure the ongoing safety of patients, staff and visitors.
- *Providing Managing Aggression* training to all staff.

Emergency Management

Emergency Management involves mandatory fire and emergency training for all staff with annual testing of procedures to ensure all staff, patients, clients and visitors are safe.

As part of the Emergency Management portfolio of the OHS Department, GV Health Waranga Hostel conducted a full evacuation drill this year.

External agencies such as the local Country Fire Authority, police and ambulance plus GV Health staff were involved in a very successful exercise.

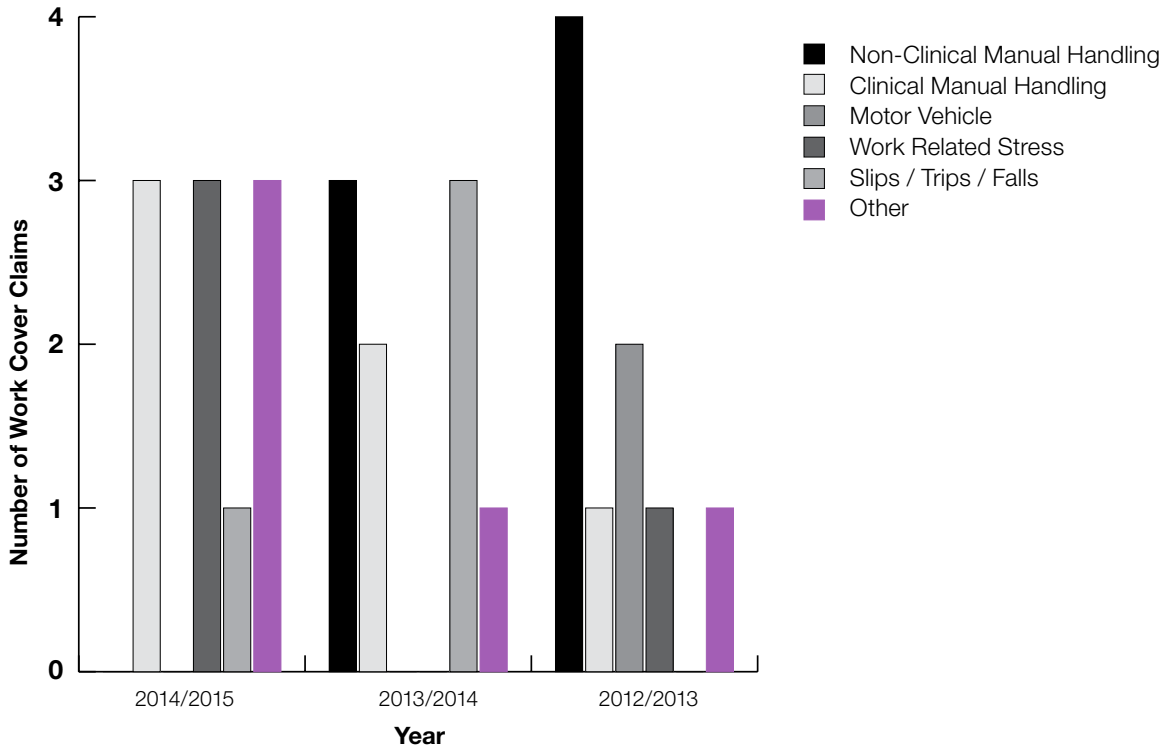
Workcover Claims

Goulburn Valley Health has continued to adopt a proactive approach in managing workplace injuries and improving the health and safety of the workplace in 2014/15. There has been a significant increase in the reporting of workplace incidents over the past 12 months due to the delivery of additional occupational health and safety training for managers and staff.

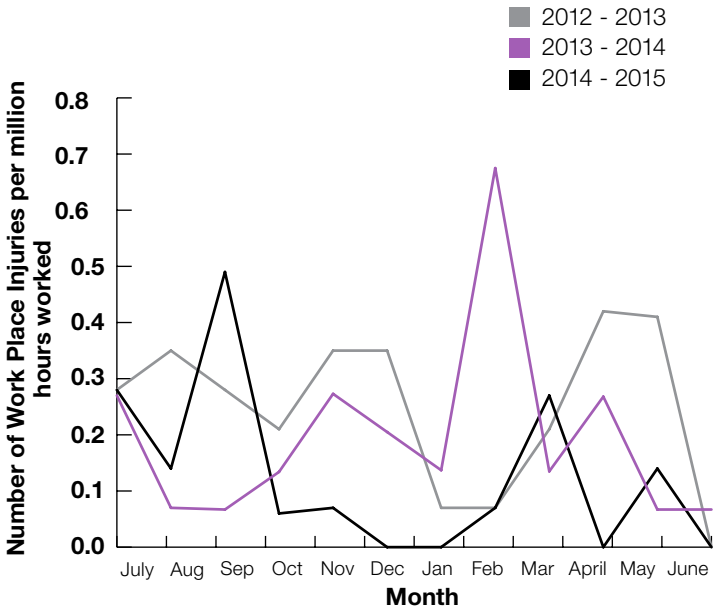
Goulburn Valley Health maintained a three-year performance rating of .578% which is 41.26% better than the industry performance average of 1.187%.

By monitoring our Work Cover Claims history, we are able to determine lost time injury data and benchmark it against other regional hospitals.

Total Work Cover Claims by Type

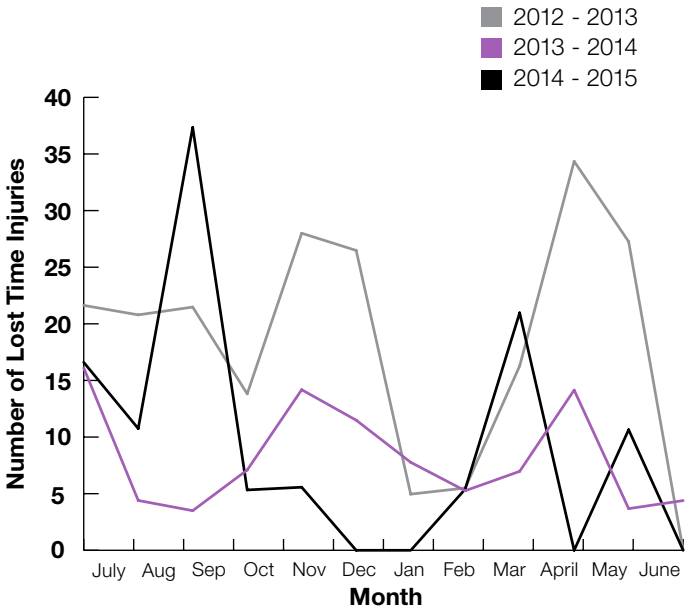


Lost Time Frequency Rate Comparison



The above table shows the number of Work Place Injuries per million hours worked, per month.

Lost Time Injury (LTI)



The above table shows the all injuries that cause an employee to lose one or more full day's work, other than the day on which the injury ocurred, and results in a Work Cover Claim.

STATUTORY REQUIREMENTS

Counselling Services

GV Health actively promotes the provision of confidential professional short term counselling for up to two sessions per calendar year for employees. This service is provided by independent providers and is accessible through the Staff Support Consultant.

In addition to counselling services, GV Health also offers access to many services available in the community to assist staff with specific needs; a list of these is accessible on the intranet.

117 accessed 2013/14

145 accessed 2014/15

Building Works

A variety of building works were conducted this year, with the assistance of the engineering department, including:

- The completion of building works to accommodate women's health services at Rosewood.
- The installation of a new emergency generator at the Waranga Aged Care Hostel to supply full electricity coverage in case of external power failure by mid-September 2015.
- The addition of a new ensuite to the Palliative Care room at the Graham Street campus, and the upgrade of nine ensuites in the Medical and Mary Coram units.
- Painting and the replacement of the vinyl flooring in the Medical and Mary Coram units.
- An upgrade of the Waranga Aged Care Hostel laundry to enlarge the footprint and replace the washing machine and dryer.
- An upgrade to the Waranga Memorial Hospital laundry to assist with work flow guidelines.
- Creation of a new medical imaging precinct to provide better services for clients. A new CT scanner and new MRI equipment were installed. Major electrical infrastructure works were required to enable the re-design of the medical imaging precinct.
- Upgrading the GV Health Building Management System to achieve greater energy efficiencies which to reduce our carbon footprint.
- Renovations to the emergency department, expected to be completed September 2015.
- The addition of extra security staff within the emergency department to provide enhanced safety for clients, visitors and staff.

Building works proposed for next year include:

- Upgrading the vinyl flooring, furnishings and painting in the Pharmacy department.
- Creation of a gender sensitive wing within the Wanyarra Inpatient area.
- Ongoing upgrading of the fire systems at all GV Health campuses.

Compliance with Building Act

GV Health complied fully with the building and maintenance provisions of the *Building Act 1993- Guidelines*, issued by the Minister for Finance for publicly owned buildings.

Occupancy permits/certificates of final inspection

GV Health Occupancy Permits and Certificates of Final Inspection are all current.

Essential safety measures

Goulburn Valley Health buildings constructed after 1994 have been designed to conform to The Building Act 1993 and its regulations, as well as to meet other statutory regulations that relate to health and safety matters. All have been issued with Occupancy Permits.

Buildings constructed prior to July 1994 were not subject to issue of Occupancy Permits. However, irrespective of the age of each building, Goulburn Valley Health is obliged to maintain essential safety measures, so far as is practicable, in accordance with the *Building Regulations 2006.*

Compliance involves ensuring that all essential safety measures covered by the Regulations are being maintained to fulfil their purpose. It also involves keeping records of maintenance checks, completing an Annual Essential Safety Measures Report, and retaining records and reports on the premises for inspection by the Municipal Building Surveyor or the Chief Fire Officer on request. Essential Safety Measures Reports are prepared annually for properties owned by Goulburn Valley Health to confirm that all of the essential safety services are operating at the required level of performance.

Fire audit compliance

All buildings are compliant with the fire safety standards.

Environmental Report

GV Health monitors and reports on environmental and sustainability practices to help us better integrate and gain strategic value from existing sustainability efforts, identify gaps and opportunities in products and processes, develop communications and incorporate innovative practices.

GV Health monitors and reports on:

- ✓ energy use
- ✓ waste production
- ✓ paper use
- ✓ water consumption
- ✓ transportation fuel consumption
- ✓ greenhouse gas emissions
- ✓ sustainable procurement and associated information relevant to understanding and reducing its office-based environmental impacts

The stand-alone environmental sustainability reports are available to view on the GV Health website.

We look forward to sharing future reports, as we continue to expand efforts to become a more environmentally sustainable health service.

Consultancies

In 2014/15, there was two consultancies where the total fees payable to the consultants were $10,000 or greater. The total expenditure incurred during 2014/15 in relation to these consultancies is $118,399 (excluding GST).

In 2014/15, there was two consultancies where the total fees payable to the consultants were less than $10,000. The total expenditure incurred during 2014/15 in relation to these consultancies is $10,000 (excluding GST).

Freedom of Information Requests

GV Health is an agency subject to the *Freedom of Information Act (Victoria) 1982*.

A total of 315 formal requests for information were received under the Act in 2014/15.

A legislated fee of $26.50 per application is charged and a charge is applicable as a search fee.

Competitive Neutrality

GV Health complied with all the government policies regarding competitive neutrality.

Victorian Industry Participation Policy Act 2003

GV Health has complied with the *Victorian Industry Participation Policy Act 2003.*

The Protected Disclosures Act 2012

Goulburn Valley Health is subject to the Protected Disclosure Act 2012 that replaced the former *Whistleblowers Protection Act 2001.* The Act came into effect on 10 February 2013 with a purpose to facilitate disclosures of improper conduct by public officers, public bodies and to provide the appropriate level of protection for people who make disclosures without fear of reprisal. Goulburn Valley Health adheres to the *Protected Disclosures Act 2012* through incorporating the protected disclosure requirements of the Act into the Goulburn Valley Health Whistleblowers Procedure.

Carers Recognition Act

In accordance with the *Carers Recognition Act 2012,* GV Health has complied with the provisions through ensuring that all staff and volunteers respect and recognise carers, support them as individuals, recognise their efforts and dedication, take into account their views and cultural identity, recognise their social wellbeing and provide due consideration of the effect of being a carer on matters of employment and education.

Individual consultancies (valued at $10,000 or greater)

Consultant	Purpose of consultancy	Start Date	End Date	Total approved project fee (excl. GST)	Expenditure 2014/15 (excl. GST)	Future expenditure (excl. GST)
Health-e Workforce Solutions	Workforce objectives review	February 2015	May 2015	$107,854	$107,854	-
Vic Tripp Consulting	Seymour mental health review	March 2015	March 2015	$10,545	$10,545	-

PART A: STRATEGIC PRIORITIES 2014/15

The Victorian Government's priorities and policy directions are outlined in the *Victorian Health Priorities Framework 2012–2022.*

In 2014–15, Goulburn Valley Health contributed to the achievement of these priorities as outlined:

Priority	Action	Deliverable	Outcome
Developing a system that is responsive to people's needs	Develop an organisational policy for the provision of safe, high quality end-of-life care in acute and subacute settings, with clear guidance about the role of, and access to, specialist palliative care.	Update Goulburn Valley Health's Chronic Illness Strategy that promotes understanding of the continuum from well population to end-of-life care.	A revised Chronic Illness Strategy was prepared for consultation commencing July 2015.
		Develop and implement an organisation-wide policy to support quality end of life care.	A working group was established and a draft policy was prepared.
	Work collaboratively with Ambulance Victoria to achieve timely transfer of patients.	Work with Ambulance Victoria to decrease Ambulance Transfers with particular targets in Special Care Nursery, and cardiac Diagnosis Related Groups.	Monthly meetings have been held and Terms of Reference are in place. The Arrivals Board project has started. A triage review has commenced via the Redesign Project. A Cardiology service began May 2015.
	Implement formal advance care planning structures and processes, including putting into place a system for preparing and/or receiving, and documenting advance care plans in partnership with patients, carers and substitute decision makers.	Support a regional implementation strategy to promote up-take of Advance Care Planning (ACP) with relevant catchment health services and an increased number of patients treated who have an advanced care plan in place.	An Advance Care Planning working group has achieved the following Clinical Practice Guidelines: - Records design - Staff training - Consumer information - GP Training - Consumer testing - Audit processes in place - Development of an advance care planning intranet page

Priority	Action	Deliverable	Outcome
Developing a system that is responsive to people's needs *(continued)*	Develop opportunities for greater private sector collaboration, coordination and integration.	Develop partnerships and collaborative working with relevant health services to creatively enhance service outcomes within fiscal parameters.	A Memorandum Of Understanding was made with Kyabram on Obstetrics and Gynaecology. A contract is in place with Echuca Regional Health on rehabilitation consultant phone access. Infection Control, Occupational Health and Safety and corporate opportunities are being pursued.
	Progress partnerships with other services to improve outcomes for regional and rural patients.	Develop seamless transition for patient between levels of care (Rural/ General Practitioner → Goulburn Valley Health → Metro → Goulburn Valley Health → Rural/ General Practitioner) along with strengthening and broadening partnerships into private sector (eg. private aged care providers).	A Memorandum Of Understanding with St Vincent's was signed.
			A Cardiology service began in May 2015.
			The Pathology Service at Numurkah District Hospital began in June 2015.
		Continue to progress the regional surgical strategy.	A small rural hospital supervision program began for registered nurse supervision of extremity imaging.
		Contribute actively to the Strengthening Health Services projects.	A Memorandum Of Understanding was developed with Benalla and Kyabram. Surgery began at Cobram.
			A Memorandum Of Understanding is under development with Seymour.
			An Oncology Hub with Seymour and Kyabram is being developed
			A sub-regional model for palliative care is under development. Palliative Care service for West Hume will start in July 2015 with GV Health leading the process.
	Support the effective implementation of reforms to alcohol and other drug treatment services.	Develop capacity for on-line self-assessment for the Drug and Alcohol Program.	A new GV Alcohol and Drug Service (GVADS) started September 2014, in partnership with Odyssey House and SalvoCare.
		Implement Goulburn Valley Health's role in recommissioning of Alcohol and Other Drug services.	Development of a Goulburn Valley Drug and Alcohol Action Plan continued; to be completed by August 2015.
	Improve outcomes for people with heart disease by addressing the strategic directions of the Heart Health Strategy.	Develop links with tertiary health providers to deploy enhanced local cardiac service models and appropriate cardiac clinical pathways.	A Memorandum of Understanding with St Vincent's Hospital was signed and draft service model was developed for review.

Priority	Action	Deliverable	Outcome
Improving every Victorian's health status and experiences	Use consumer feedback to improve person and family centred care, health service practice and patient experience.	Utilise patient co-design and co-production methodology to roll out Patient Centred Care policy and resources to support embedding of patient centred care practices and principles at the department/team level.	Significant expansion of consumer representative roles and recruitment of consumers to undertake these roles was conducted conducted with four new representatives recruited.
			A Working with Consumers training plan was designed with consumer input and a range of activities were conducted during the year.
			"Teach Back" training was promoted as a key tool in health literacy and patient centred care. It is now included as part of the e3 online learning programs.
			Criteria and methodology were designed in partnership with consumers for the introduction of Patient Centred Care and Consumer Participation awards as part of the GV Health staff recognition program.
		Development of an Acute Service Plan that will inform the future service direction at Goulburn Valley Health, as well as for acute services across the sub–region as well as a service plan for Waranga.	A consultation process was completed. The Acute Service Plan was launched 19 June 2015.
		Development of a Masterplan in liaison with Department of Health and Human Services.	The process has started with the asset assessments phase almost complete and a local committee has been established.
	Reduce unplanned readmissions.	Through Dr Foster data, joint replacements have been identified as high readmission rates. Work focussed on reducing this Diagnosis Related Group set.	Data in the Dr Foster system continues to be reviewed.
	Identify service users who are marginalised or vulnerable to poor health, and develop interventions that improve their outcomes relative to other groups, for example, Aboriginal people, people affected by mental illness, people at risk of elder abuse, people with disability, homeless people, refugees and asylum seekers.	As described in the *Improving Care for Aboriginal Patients* plan, re-orient the role of the Aboriginal Health Transition Officer to provide stronger linkages and follow-up in relation to chronic illness.	The Aboriginal Health Transition Officer has completed training in chronic illness self management support.

Priority	Action	Deliverable	Outcome
Improving every Victorian's health status and experiences *(continued)*	Support local implementation of the Victorian Health and Wellbeing Plan 2011–2015 through collaboration with key partners such as Local Government, Medicare Locals, community health services and other agencies (for example Women's Health Victoria and VACCHO).	Identify and adopt a set of staff health and wellbeing measures and targets to guide planning and evaluation of the initiative as well as ensure alignment of Healthy Lifestyle initiatives with Goulburn Valley Health's Chronic Illness and Better Rural Health strategies, and with the City of Greater Shepparton Municipal Public Health and Wellbeing Plan.	GV Health has registered with the Healthy Together Victoria Workplace Achievement Program. A Working Group and Work Plan has been established. A staff engagement strategy has begun.
	Improve health literacy and support informed choice and shared decision-making by responding to the health information needs of service users.	Formally adopt and disseminate the Health Literacy Universal Precautions Toolkit, and raise staff awareness of the Health Literacy Universal Precautions Toolkit through training.	
		A Health Literacy intranet page.	The Health literacy intranet page was updated to include a link to the Health Literacy Universal Precautions toolkit.
		Empowering Your Health e-newsletter.	The *Empowering Your Health* e-newsletter was introduced quarterly.
Expanding service, workforce and system capacity	Develop and implement a workforce immunisation plan that includes pre-employment screening and immunisation assessment for existing staff that work in high-risk areas, to align with Australian infection control and immunisation guidelines.	Develop an immunisation plan to be implemented by GV Health infection control practitioners within 2014-15.	A Fluvax plan was developed, an immunisation database was developed and an overall immunisation plan is being developed.
	Build workforce capability and sustainability by supporting formal and informal clinical education and training for staff and health students, in particular inter-professional learning.	Develop a leadership and staff skills capability plan, including toolkits to enhance organisational culture, accountability and performance levels and ensure managers are provided with the necessary skills and information to carry out their roles and responsibilities.	Data analysis from a skills matrix process will assist with informing the Leadership Capability plan. A draft Leadership Capability plan will be available for comment and review in the first quarter of 2015/16. A draft workforce plan was developed.

Priority	Action	Deliverable	Outcome
Expanding service, workforce and system capacity *(continued)*	Support excellence in clinical training through productive engagement in clinical training networks and developing health education partnerships across the continuum of learning.	Active participation and leadership in Clinical Training Network. Continue to enhance relationships with University and TAFE education providers.	A Memorandum of Understanding is under development.
			GV Health is working in partnership with GOTAFE to develop training opportunities and course curriculum for staff development.
	Optimise workforce productivity through identification and implementation of workforce models that enhance individual and team capacity and support flexibility.	Complete workflow reviews on operating theatre and psychiatric ward configurations.	Change management and data collection processes have begun for mental health and operating theatres.
	Increase employment of Aboriginal people in mainstream health services in line with the strategic objectives of *Koolin Balit: Victorian Government strategic directions for Aboriginal Health 2012–2022 and Karreeta Yirramboi* workforce participation targets.	Development and implementation of the Goulburn Valley Health Aboriginal Employment Plan (AEP), in keeping with the principles outlined in Kareeta Yirramboi.	The GV Health Aboriginal Employment Plan was developed, launched and is being implemented. Additional funding has been obtained from the Department of Health and Human Services to ensure the ongoing implementation of the Aboriginal Employment Plan for 2015/16.
		Appointment of Aboriginal Employment Plan (AEP) Project Officer.	An Aboriginal Employment Officer has been appointed.
Increasing the system's financial sustainability and productivity	Identify and Implement practice change to enhance asset management.	Implement GV Health asset management plans.	The Basic Asset Management Plan was reviewed and updated as at June 2015
		Complete a master planning project to guide capital investment.	A Master planning process has begun with input from the Department of Health and Human Services.
	Reduce health service administrative costs.	Continue to actively participate in the Department of Health and Human Services residential aged care benchmarking working group with industry finance committee members to improve efficiency.	GV Health is actively participating in a working group.

Priority	Action	Deliverable	Outcome
Implementing continuous improvements and innovation	Develop a focus on 'systems thinking' to drive improved integration and networking across health care settings.	Continue to develop the regional surgical strategy.	A Memorandum Of Understanding (MoU) is in place with Benalla and Kyabram. Surgery began at Cobram.
		Contribute actively to the Strengthening Health Services projects.	An e-credentialing system is being progressed and a project officer appointed in May 2015.
		Continue to deploy medical specialists across sub-region.	Rehabilitation –a Memorandum of Understanding with Cobram and case conferencing is being progressed, as well as Cobram rheumatology initiatives.
	Drive improved health outcomes through a strong focus on patient-centred care in the planning, delivery and evaluation of services, and the development of new models for putting patients first.	Utilise patient co-design and co-production methodology to roll out Patient Centred Care policy and resources to support embedding of patient centred care practices and principles at the department/team level.	National Ageing Research Institute (NARI) consultation on the *Guide to Patient and Family Engagement* was undertaken with consumer and staff groups to test potential for roll out of this resource. The Health Issue Centre provided training to staff and consumers on patient and family-centred care.
Increasing accountability and transparency	Undertake an annual board assessment to identify and develop board capability to ensure all board members are well equipped to effectively discharge their responsibilities.	All annual assessments undertaken and improvements agreed.	A self-assessment action plan process has begun.
	Demonstrate a strategic focus and commitment to aged care by responding to community need, as well as the Commonwealth Living Longer Living Better reforms (applicable to health services administering aged care services).	Implement *Living Longer Living Better* (LLLB) reforms, and provide website information on services, streamlined information packages available for potential residents and families.	Living Longer Living Better reforms continue to be progressed including relevant website information uploaded and marketing packages developed. A regional collaborative approach to Home Care Packages is being developed, with GV Health as the lead agency.
	Ensure that gender sensitivity and women's safety are key principles in the delivery of mental health and alcohol and drug services.	Assess options and opportunities for gender sensitive facilities in Mental Health.	The Wanyarra Unit upgrade planning has begun, with a Project Control Group convened for the infrastructure redevelopment project to progress.

Priority	Action	Deliverable	Outcome
Improving utilisation of e-health and communications technology.	Trial, implement and evaluate strategies that use e-health as an enabler of better patient care.	Develop a healthy community interactive e-health strategy through Community Health@GV Health.	Stage 1 redevelopment of GV Health's website was completed. A project proposal for stage 2 development has been prepared.
		Explore options for the replacement of the 'end of life' Patient Administration System.	GV Health is an active member of the Hume Steering Committee and project team, which is exploring options to replace the 'end-of-life' Patient Administration System.
	Utilise telehealth to better connect service providers and consumers to appropriate and timely services.	The formation of an aggregated service model that: • develops a strong governance and funding model to manage and deliver telehealth services. • implements sharing of technical video conferencing components, consistent with current communication infrastructure strategies. • introduces clinical coordination across the regions to support clinical work flow and service need.	A telehealth working group was established with broader alliance representation, including consumer representation.
			A governance process was established.
			Telehealth opportunities are to be incorporated, including service plan implementation.
			A plan is in place to pilot telehealth opportunities including agency programs.
			A new Chief Medical Informatics Officer Role was appointed.
			GV Health participated in the development of the sub-regional capability plan.

PART B: PERFORMANCE PRIORITIES 2014/15

Operating Result	Target	2014/15 actuals
Annual Operating result ($m)	$0.3m	$0.456m
WIES activity performance	**Target**	**2014-15 actuals**
Percentage of WIES (public and private) performance to target	100	101.6
Cash management	**Target**	**2014-15 actuals**
Creditors	<60 days	47
Debtors	<60 days	52
Asset management	**Target**	**2014-15 actuals**
Basic Asset Management Plan	Full Compliance	Met

Access Performance

Emergency Care	Target	2014/15 actuals
Percentage of ambulance patients transferred within 40 minutes	90%	83%
NEAT – Percentage of all emergency patients with a length of stay in the emergency department of within four hours	81%	68%
Number of patients with length of stay in the emergency department greater than 24 hours	0	0
Percentage of Triage Category 1 emergency patients seen immediately	100%	100%
Percentage of Triage Category 1 to 5 emergency patients seen within clinically recommended times	80%	64%
Elective Surgery	**Target**	**2014/15 actuals**
Percentage of Urgency Category 1 elective patients admitted within 30 days	100%	100%
NEST – Percentage of Urgency Category 2 elective surgery patients admitted within 90 days	88%	75%
NEST – Percentage of Urgency Category 3 elective surgery patients admitted within 365 days	97%	98%
Number of patients on the elective surgery waiting list	520	534
Number of Hospital Initiated Postponements per 100 scheduled admissions	8.0	4.7

Note: waiting list as at 30 June 2015

Service Performance

Elective Surgery	Target	2014/15 actuals
Number of patients admitted from the elective surgery waiting list - quarter 1	855	809
Number of patients admitted from the elective surgery waiting list - quarter 2	832	745
Number of patients admitted from the elective surgery waiting list - quarter 3	855	718
Number of patients admitted from the elective surgery waiting list - quarter 4	858	876
Number of patients admitted from the elective surgery waiting list - annual total	3,400	3,148

Critical Care	Target	2014/15 actuals
Number of days operating below agreed Adult ICU minimum operating capacity	0	2

Quality and Safety	Target	2014/15 actuals
Health service accreditation	Full compliance	Full compliance
Residential aged care accreditation	Full compliance	Full compliance
Cleaning standards (Overall)	Full compliance	Full compliance
Cleaning standards (AQL-A)	90%	Achieved
Cleaning standards (AQL-B)	85%	Achieved
Cleaning standards (AQL-C)	85%	Achieved
Health care worker immunisation – influenza (1 March 14 – 31 July 14)	75%	75%
Hospital acquired infection surveillance	No outliers	No outliers
ICU central line associated blood stream infections (ICU CLABSI)	No outliers	No outliers
Hand Hygiene (rate) - Quarter 2	75%	79%
Hand Hygiene (rate) - Quarter 3	77%	77%
Hand Hygiene (rate) – Quarter 4	80%	81%
SAB rate per occupied bed days	<2/10,000	0.4/10,000
Patient Experience based on compliance with VHES	Full compliance	Full compliance
People Matter Survey safety culture responses	80%	86.63%

Maternity	Target	2014/15 actuals
Percentage of women with prearranged postnatal home care	100	100

Mental Health	Target	2014/15 actuals
Mental Health 28 day readmission rate - percentage	14%	10%
Adult Mental Health post-discharge follow-up rate – percentage	75%	92%
Adult Mental Health seclusion rate per occupied bed days	<15/1,000	9
Aged Mental Health post-discharge follow-up rate – percentage	75%	100%
Aged Mental Health seclusion rate per occupied bed days – Quarter 3	<15/1,000	0
CYMHS post-discharge follow-up rate – percentage – Quarter 3	75%	100%
CYMHS seclusion rate per occupied bed days	<15/1,000	0

PART C: ACTIVITY FUNDING 2014/15

Funding Type

Acute Admitted	2014/15 Activity Achievement
WIES Public	14,345
WIES Private	2,875
Total PPWIES (Public and Private)	17,220
WIES DVA	451
WIES TAC	174
WIES TOTAL	17,845
Sub Acute and Non Acute Admitted	
GEM DVA	742
GEM Private	2,419
GEM Public	9,241
Palliative Care DVA	29
Palliative Care Private	67
Palliative Care Public	692
Rehab DVA	598
Rehab Private	2,343
Rehab Public	7,518
Transition Care - Bed days	10,852
Transition Care - Home days	14,149
Aged Care	
Residential Aged Care	19,062
HACC	37,401
Mental Health and Drug Services	
Mental Health Inpatient	6,216
Mental Health Ambulatory	24,853
Mental Health Residential	7,223
Mental Health Sub acute	2,751
Primary Health	
Community Health / Primary Care Programs	11,726

ATTESTATIONS

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

I, Dale Fraser, certify that Goulburn Valley Health has risk management processes in place consistent with the AS/NZS ISO 31000:2009 (or equivalent designated standard) and an internal control system in place that enables the executive to understand, manage and satisfactorily control risk exposures. Goulburn Valley Health verifies this assurance and that the risk profile of Goulburn Valley Health has been critically reviewed within the last 12 months.

Dale Fraser
Chief Executive Officer
25 August 2015

Attestation on Data Integrity

I, Dale Fraser, certify that Goulburn Valley Health has put in place appropriate internal controls and processes to ensure that reported data reasonably reflects actual performance. Goulburn Valley Health has critically reviewed these controls and processes during the year.

Dale Fraser
Chief Executive Officer
25 August 2015

Attestation for compliance with the Ministerial Standing Direction 4.5.5 Risk management framework and processes

I, Dale Fraser, certify that Goulburn Valley Health has complied with Ministerial Direction change to 4.5.5 Risk management framework and processes.

The Goulburn Valley Health Audit Committee verifies this.

Dale Fraser
Chief Executive Officer
25 August 2015

Additional Information

In compliance with the requirements of the Standing Directions of the Minister for Finance, details in respect of the items listed below have been retained by GV Health and are available to the relevant Minister, Members of Parliament and the public on request.

a. Declarations of pecuniary interests have been completed.

b. Details of shares held by senior officers as nominee or held beneficially.

c. Details of publications produced by the Department about the activities of the Health Service and where they can be obtained.Details of changes in prices, fees, charges, rates and levies charged by the Health Service.

d. Details of any major external reviews carried out on the Health Service.

e. 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.

f. Details of overseas visits undertaken including a summary of the objectives and outcomes of each visit.

g. Details of major promotional, public relations and marketing activities undertaken to develop community awareness of GV Health and its services.

h. Details of assessments and measures undertaken to improve occupational health and safety of GV Health employees.

i. General statement on industrial relations within GV Health and details of time lost through industrial accidents and disputes.

j. A list of major committees sponsored by GV Health, the purpose of each committee and the extent to which the purposes have been achieved.

k. Details of all consultancies and contractors, including consultants/contractors engaged, services provided and expenditure committed for each engagement.

Compliance with DataVic Access Policy

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

SUMMARY OF FINANCIAL RESULTS

For the Financial Year Ended 30 June 2015

	2015 $'000	2014 $'000	2013 $'000	2012 $'000	2011 $'000
Total Revenue	218,275	217,074	206,609	194,209	185,564
Total Expenses	226,298	219,165	210,585	203,174	194,019
Net Result for the Year (Incl. Capital and Specific Items)	**(8,023)**	**(2,091)**	**(3,976)**	**(8,965)**	**(8,455)**
Total Assets	125,149	136,296	117,893	120,071	123,202
Total Liabilities	49,514	52,638	49,790	47,992	42,158
Net Assets	**75,635**	**83,658**	**68,103**	**72,079**	**81,044**
Property, Plant & Equipment Revaluation Surplus	63,992	63,992	46,346	46,346	46,346
General Purpose Surplus	19,206	18,557	18,526	18,538	18,753
Restricted Purpose Surplus	5,420	5,419	5,363	5,392	5,324
Contributed Capital	46,821	46,821	46,821	46,821	46,821
(Accumulated Deficits)	(59,804)	(51,131)	(48,953)	(45,018)	(36,200)
Total Equity	**75,635**	**83,658**	**68,103**	**72,079**	**81,044**

DISCLOSURE INDEX

Legislation Requirement	Page reference
Ministerial Directions	
Report of Operations	
Charter and purpose	
FRD 22F Manner of establishment and the relevant Ministers	3, 4
FRD 22F Purpose, functions, powers and duties	4
FRD 22F Initiatives and key achievements	7
FRD 22F Nature and range of services provided	4
Management and structure	
FRD 22F Organisational structure	13
Financial and other information	
FRD 10 Disclosure Index	54
FRD 11A Disclosure Index of ex-gratia expenses	113
FRD 12A Disclosure of major contracts	N/A
FRD 21B Responsible person and executive officer disclosures	112, 113
FRD 22F Application and operation of *Protected Disclosure Act 2012*	41
FRD 22F Application and operation of *Carers Recognition Act 2012*	41
FRD 22F Application and operation of *Freedom of Information Act 1982*	41
FRD 22F Compliance with building and maintenance provisions of *Building Act 1993*	40
FRD 22F Details of consultancies over $10,000	41
FRD 22F Details of consultancies under $10,000	41
FRD 22F Employment and conduct principles	37
FRD 22F Major changes or factors affecting performance	57
FRD 22F Occupational health and safety	38, 39
FRD 22F Operational and budgetary objectives and performance against objectives	57
FRD 24C Reporting of office-based environmental impacts	41
FRD 22F Significant changes in financial position during the year	57
FRD 22F Statement of availability of other information	52
FRD 22F Statement on National Competition Policy	41
FRD 22F Subsequent events	57
FRD 22F Summary of the financial results for the year	53
FRD 22F Workforce data disclosures, including a statement on the application of employment and conduct principles	37
FRD 25B Victorian Industry Participation Policy disclosures	41
SD 4.2(g) Workforce data disclosures	37
SD 4.2(g) Specific information requirements	65
SD 4.2(j) Sign-off requirements	60
SD 3.4.13 Attestation on data integrity	52
SD 4.5.5 Risk management framework and processes	54
Financial Statements	
Financial statements required under Part 7 of the FMA	
SD 4.2(a) Statement of changes in equity	63
SD 4.2(b) Comprehensive operating statement	61
SD 4.2(b) Balance sheet	62
SD 4.2(b) Cash flow statement	64
Other requirements under Standing Directions 4.2	
SD 4.2(a) Compliance with Australian accounting standards and other authoritative pronouncements	65
SD 4.2(c) Accountable officer's declaration	60
SD 4.2(c) Compliance with Ministerial Directions	65
SD 4.2(d) Rounding of amounts	68
Legislation	
Freedom of Information Act 1982	41
Protected Disclosure Act 2012	41
Carers Recognition Act 2012	41
Victorian Industry Participation Policy Act 2003	41
Building Act 1993	40
Financial Management Act 1994	3

GOULBURN VALLEY HEALTH

financial report 2014/15

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Significant Changes in Financial Position

Our Cash and Cash Equivalent balance decreased during the year primarily as a reflection of the operating surplus decreased employee benefit accruals and provisions. Provisions for non-current and current employee-related benefits have increased, mainly due to increases in the long-service leave liability. Equity has decreased as a result of the entity deficit of $8.024m (2013/14 $2.091m deficit), which includes non-operating items and depreciation ($9.882m in 2014/15).

Operational and Budgetary Objectives and Factors Affecting Performance

As a public health service, GV Health is required to negotiate a Statement of Priorities with the Department of Health and Human Services each year. This document is a key accountability agreement between GV Health and the Minister of Health. It recognises that resources are limited and that the allocation of these scarce resources needs to be prioritised. The Statement incorporates both system-wide priorities set by the Government and locally generated agency-specific priorities.

The Board budgeted for a $1m surplus (Statement of Priorities was for a $300k surplus) in financial position before capital items and depreciation for the 2014/15 year. The final result for the year was a surplus of $1.02m before capital items and depreciation.

Both this organisation and the Department of Health and Human Services focus on the result before capital and depreciation, as depreciation is not a funded item. Funding for capital redevelopment and major equipment purchases are sourced from the Department of Health and Human Services; such funding is allocated according to need and after consideration of a supporting submission.

Events Subsequent to Balance Date

There have been no events subsequent to balance date that will have a significant effect on the operations of the health service in subsequent years.

VAGO

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INDEPENDENT AUDITOR'S REPORT

To the Board Members, Goulburn Valley Health

The Financial Report

The accompanying financial report for the year ended 30 June 2015 of Goulburn Valley Health which comprises comprehensive operating statement, balance sheet, statement of changes in equity, cash flow statement, notes comprising a summary of significant accounting policies and other explanatory information, and the Board Member's, Accountable Officer's and Chief Finance & Accounting Officer's declaration has been audited.

The Board Members' Responsibility for the Financial Report

The Board Members of Goulburn Valley Health are responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards, and the financial reporting requirements of the *Financial Management Act 1994*, and for such internal control as the Board Members determine is necessary to enable the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

As required by the *Audit Act 1994*, my responsibility is to express an opinion on the financial report based on the audit, which has been conducted in accordance with Australian Auditing Standards. Those standards require compliance with relevant ethical requirements relating to audit engagements and that the audit be planned and performed to obtain reasonable assurance about whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The audit procedures selected depend on judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, consideration is given to the internal control relevant to the entity's preparation and fair presentation of the financial report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of the accounting policies used and the reasonableness of accounting estimates made by the Board Members, as well as evaluating the overall presentation of the financial report.

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

Independent Auditor's Report (continued)

Independence

The Auditor-General's independence is established by the *Constitution Act 1975*. The Auditor-General is not subject to direction by any person about the way in which his powers and responsibilities are to be exercised. In conducting the audit, the Auditor-General, his staff and delegates complied with all applicable independence requirements of the Australian accounting profession.

Opinion

In my opinion, the financial report presents fairly, in all material respects, the financial position of Goulburn Valley Health as at 30 June 2015 and of its financial performance and its cash flows for the year then ended in accordance with applicable Australian Accounting Standards, and the financial reporting requirements of the *Financial Management Act 1994*.

MELBOURNE
27 August 2015

John Doyle
Auditor-General

Goulburn Valley Health

Board Member's, Accountable Officer's and Chief Finance & Accounting Officer's Declaration

The attached financial statements for Goulburn Valley Health have been prepared in accordance with Standing Direction 4.2 of the *Financial Management Act 1994,* applicable Financial Reporting Directions, Australian Accounting Standards, Australian Accounting Interpretations and other mandatory professional reporting requirements.

We further state that, in our opinion, the information set out in the Comprehensive Operating Statement, Balance Sheet, Statement of Changes in Equity, Cash Flow Statement and accompanying notes, presents fairly the financial transactions during the year ended 30 June 2015 and the financial position of Goulburn Valley Health at 30 June 2015.

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

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

Bill Parsons
Acting Board Chair

Shepparton
25 August 2015

Dale Fraser
Accountable Officer

Shepparton
25 August 2015

Bill Morfis
Chief Finance &
Accounting Officer

Shepparton
25 August 2015

Goulburn Valley Health

Comprehensive Operating Statement

For the Financial Year Ended 30 June 2015

	Note	Total 2015 $'000	Total 2014 $'000
Revenue From Operating Activities	**2**	213,740	210,681
Revenue From Non-Operating Activities	**2**	631	625
Employee Expenses	**3**	(143,876)	(138,640)
Non-Salary Labour Costs	**3**	(10,109)	(9,255)
Supplies and Consumables	**3**	(34,199)	(35,567)
Other Expenses	**3**	(25,731)	(26,060)
Net Result Before Capital & Specific Items		**456**	**1,784**
Capital Purpose Income	**2**	3,904	5,768
Depreciation and Amortisation	**4**	(9,882)	(8,593)
Capital Purpose Expenditure	**3**	(2,376)	(922)
Specific Expenses	**3**	(125)	(128)
NET RESULT FOR THE YEAR		**(8,023)**	**(2,091)**
Other Comprehensive Income Items thatwill not be Reclassified to Net Result			
Changes in Physical Asset Revaluation Surplus	**14**	-	17,646
Comprehensive Result		**(8,023)**	**15,555**

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

Goulburn Valley Health

Balance Sheet

For the Financial Year Ended 30 June 2015

	Note	Total 2015 $'000	Total 2014 $'000
Current Assets			
Cash & Cash Equivalents	**5**	8,918	13,287
Receivables	**6**	5,615	5,809
Inventories	**7**	2,366	2,282
Other Assets	**8**	1,402	1,096
Total Current Assets		**18,301**	**22,474**
Non-Current Assets			
Receivables	**6**	3,927	5,894
Property, Plant & Equipment	**9**	102,921	107,928
Total Non-Current Assets		**106,848**	**113,822**
TOTAL ASSETS		**125,149**	**136,296**
Current Liabilities			
Payables	**10**	9,846	10,648
Provisions	**11**	28,460	29,493
Other Current Liabilities	**13**	4,055	3,665
Total Current Liabilities		**42,361**	**43,806**
Non-Current Liabilities			
Provisions	**11**	7,153	8,832
Total Non-Current Liabilities		**7,153**	**8,832**
TOTAL LIABILITIES		**49,514**	**52,638**
NET ASSETS		**75,635**	**83,658**
EQUITY			
Property, Plant and Equipment Revaluation Surplus	**14a**	63,992	63,992
General Purpose Surplus	**14a**	19,206	18,557
Restricted Specific Purpose Surplus	**14a**	5,420	5,419
Contributed Capital	**14b**	46,821	46,821
Accumulated Deficits	**14c**	(59,804)	(51,131)
TOTAL EQUITY		**75,635**	**83,658**
Contingent Assets and Contingent Liabilities	**20**		
Commitments	**17**		

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

Goulburn Valley Health

Equity Statement

For the Financial Year Ended 30 June 2015

	Note	Property, Plant & Equipment Revaluation Surplus $'000	General Purpose Surplus $'000	Restricted Specific Purpose Surplus $'000	Contributions by Owners $'000	Accumulated Surpluses/ (Deficits) $'000	Total $'000
Balance at 1 July 2013		**46,346**	**18,526**	**5,363**	**46,821**	**(48,953)**	**68,103**
Net Result for the Year		-	-	-	-	(2,091)	(2,091)
Transfer to Accumulated Surplus	14(a), (c)	-	31	56	-	(87)	-
Other Comprehensive Income for the Year	14(a)	17,646	-	-	-	-	17,646
Balance at 30 June 2014		**63,992**	**18,557**	**5,419**	**46,821**	**(51,131)**	**83,658**
Net Result for the Year		-	-	-	-	(8,023)	(8,023)
Transfer to Accumulated Surplus	14(a), (c)	-	649	1	-	(650)	-
Balance at 30 June 2015		**63,992**	**19,206**	**5,420**	**46,821**	**(59,804)**	**75,635**

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

Goulburn Valley Health

Cash Flow Statement

For the Financial Year Ended 30 June 2015

	Note	Total 2015 $'000	Total 2014 $'000
Cash Flows from Operating Activities			
Operating Grants from Government		180,285	178,350
Patient and Resident Fees Received		8,135	7,147
Diagnostic Patient Fees Received		8,267	9,290
Private Practice Fees Received		3,178	2,660
Donations Received		453	424
Interest Received		707	669
Other Receipts		13,886	12,021
GST Received from ATO		5,829	5,607
Total Receipts		**220,740**	**216,168**
Employee Expenses Paid		(147,161)	(135,673)
Non Salary Labour Costs		(11,121)	(10,179)
Payments for Supplies, Consumables and Services		(65,887)	(66,823)
Total Payments		**(224,169)**	**(212,675)**
Cash Generated from Operations		**(3,429)**	**3,493**
Capital Grants from Government		3,753	5,090
Capital Donations Received		568	295
Other Capital Revenue		-	140
Net Cash Inflow from Operating Activities	**15**	**892**	**9,018**
Cash Flows from Investing Activities			
Payments for Non Financial Assets		(7,139)	(5,152)
Proceeds from Sale of Non Financial Assets		1,540	77
Net Cash Inflow/(Outflow) from Investing Activities		**(5,599)**	**(5,075)**
Net Increase/(Decrease) in Cash and Cash Equivalents Held		**(4,707)**	**3,943**
Cash & Cash Equivalents at Beginning of Financial Year		9,710	5,767
Cash & Cash Equivalents at End of Financial Year	**5**	**5,003**	**9,710**

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

NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

These annual financial statements represent the audited general purpose financial statements for Goulburn Valley Health for the period ending 30 June 2015. The purpose of the report is to provide 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 AASs, 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 and 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 Goulburn Valley Health on 25th August 2015.

b. Basis of accounting preparation and measurement

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

The accounting policies set out below have been applied in preparing the financial statements for the year ended 30 June 2015, and the comparative information presented in these financial statements for the year ended 30 June 2014.

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

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

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

The financial statements are prepared in accordance with the historical cost convention, except for:

- non-current physical assets, which subsequent to acquisition, are measured at a revalued amount being their fair value at the date of the revaluation less any subsequent accumulated depreciation and subsequent impairment losses. Revaluations are made and are re-assessed with sufficient regularity to ensure that the carrying amounts do not materially differ from their fair values;
- the fair value of assets other than land is generally based on their depreciated replacement value.

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

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 AASs 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 1(k));
- 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 1(l)); an

Consistent with AASB 13 *Fair Value Measurement,* Goulburn Valley Health determines the policies and procedures for both recurring fair value measurements such as property, plant and equipment, investment properties and financial instruments, and for non-recurring fair value measurements such as non-financial physical assets held for sale, in accordance with the requirements of AASB 13 and the relevant FRDs.

All assets and liabilities for which fair value is measured or disclosed in the financial statements are categorised within the fair value hierarchy, described as follows, based on the lowest level input that is significant to the fair value measurement as a whole:

- Level 1 – Quoted (unadjusted) market prices in active markets for identical assets or liabilities
- Level 2 – Valuation techniques for which the lowest level input that is significant to the fair value measurement is directly or indirectly observable
- Level 3 – Valuation techniques for which the lowest level input that is significant to the fair value measurement is unobservable.

For the purpose of fair value disclosures, Goulburn Valley Health 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, Goulburn Valley Health 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 Goulburn Valley Health independent valuation agency.

Goulburn Valley Health in conjunction with VGV monitors the changes in the fair value of each asset and liability through relevant data sources to determine whether revaluation is required.

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

c. Reporting entity

The financial statements include all the controlled activities of the Goulburn Valley Health.

Its principal address is:

Graham Street
Shepparton
Victoria 3630.

A description of the nature of Goulburn Valley Health'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

Goulburn Valley Health's overall objective is:

Healthy Communities, as well as improve the quality of life for Victorians.

Goulburn Valley Health is predominantly funded by accrual based grant funding for the provision of outputs.

d. Principles of consolidation

Intersegment Transactions

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

Associates and joint ventures

Associates and joint ventures are accounted for in accordance with the policy outlined in Note 1(f) changes in accounting policy, and 1(k) financial assets.

e. Scope and presentation of financial statements

Fund Accounting

Goulburn Valley Health operates on a fund accounting basis and maintains three funds: Operating, Specific Purpose and Capital Funds. Goulburn Valley Health's Capital and Specific Purpose Funds include unspent capital donations and receipts from fund-raising activities conducted solely in respect of these funds.

Services Supported By Health Services Agreement and Services Supported By Hospital and Community Initiatives

Activities classified as *Services Supported by Health Services Agreement* (HSA) are substantially funded by the Department of Health and Human Services and includes Residential Aged Care

Services (RACS) and are also funded from other sources such as the Commonwealth, patients and residents, while *Services Supported by Hospital and Community Initiatives* (H&CI) are funded by Goulburn Valley Health's own activities or local initiatives and/or the Commonwealth.

Residential Aged Care Service

The Goulburn Valley Health's Residential Aged Care Service operations are an integral part of the entity and shares its resources. The results of the two operations have been segregated based on actual revenue earned and expenditure incurred by each operation in Note 2b to the financial statements.

The Goulburn Valley Health's Residential Aged Care Service does not have a separate Committee of Management and is substantially funded from Commonwealth bed-day subsidies.

Comprehensive operating statement

The comprehensive operating statement includes the subtotal entitled 'net result before capital & specific items' to enhance the understanding of the financial performance of Goulburn Valley Health. This subtotal reports the result excluding items such as capital grants, assets received or provided free of charge, depreciation, expenditure using capital purpose income and items of an unusual nature and amount such as specific income and expenses. The exclusion of these items is made to enhance matching of income and expenses so as to facilitate the comparability and consistency of results between years and Victorian Public Health Services. The 'net result before capital & specific items' is used by the management of Goulburn Valley Health, the Department of Health and Human Services and the Victorian Government to measure the ongoing operating performance of Health Services.

Capital and specific items, which are excluded from this sub-total, comprise:

- capital purpose income, which comprises all tied grants, donations and bequests received for the purpose of acquiring non-current assets, such as capital works, plant and equipment or intangible assets. It also includes donations of plant and equipment (refer Note 1 (g)). Consequently the recognition of revenue as capital purpose income is based on the intention of the provider of the revenue at the time the revenue is provided.
- specific income/expense, comprises the following items, where material:
    - Voluntary departure packages
    - Restructuring of operations (disaggregation/aggregation of Health Services)
    - Litigation settlements
- depreciation and amortisation, as described in Note 1 (h);
- assets provided or received free of charge (refer to Notes 1 (g) and (h)); and
- expenditure using capital purpose income, comprises expenditure which either falls below the asset capitalisation threshold or doesn't meet asset recognition criteria and therefore does not result in the recognition of an asset in the balance sheet, where funding for that expenditure is from capital purpose income.

Other economic flows; are changes arising from market remeasurements. They include:

- gains and losses from disposals of non-financial assets;
- revaluations and impairments of non-financial physical and intangible assets; and
- fair value changes of financial instruments.

Balance sheet

Assets and liabilities are categorised either as current or non-current (non-current being those assets or liabilities expected to be recovered/ settled more than 12 months after reporting period), are disclosed in the notes where relevant.

The net result is equivalent to profit or loss derived in accordance with AASs.

Statement of changes in equity

The statement of changes in equity presents reconciliations of each non-owner and owner changes in equity from opening balance at the beginning of the reporting period to the closing balance at the end of the reporting period. It also shows separately changes due to amounts recognised in the comprehensive result and amounts recognised in other comprehensive income.

Cash flow statement

Cash flows are classified according to whether or not they arise from operating activities, investing

activities, or financing activities. This classification is consistent with requirements under AASB 107 *Statement of Cash Flows.*

For the cash flow statement presentation purposes, cash and cash equivalents includes bank overdrafts, which are included as current borrowings in the balance sheet.

Rounding

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

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

f. Change in accounting policies

Subsequent to the 2013-14 reporting period, the following new and revised Standards have been adopted for the first time in the current period with their financial impacts disclosed.

AASB 10 Consolidated financial statements

AASB 10 provides a new approach to determine whether an entity has control over another entity, and therefore must present consolidated financial statements. The new approach requires the satisfaction of **all three** criteria for control to exist over an entity for financial reporting purposes:

a. The investor has power over the investee;

b. The investor has exposure, or rights to variable returns from its involvement with the investee; and

c. The investor has the ability to use its power over the investee to affect the amount of investor's returns.

Based on the new criteria prescribed in AASB 10, Goulburn Valley Health has reviewed the existing arrangements to determine if there are any additional entities that need to be consolidated into the group.

The standard has no impact on Goulburn Valley Health.

AASB 11 Joint Arrangements

In accordance with AASB 11, there are two types of joint arrangements, i.e. joint operations and joint ventures. Joint operations arise where the investors have rights to the assets and obligations for the liabilities of an arrangement. A joint operator accounts for its share of the assets, liabilities, revenue and expenses. Joint ventures arise where the investors have rights to the net assets of the arrangement; joint ventures are accounted for under the equity method. Proportionate consolidation of joint ventures is no longer permitted.

Goulburn Valley Health has reviewed its existing contractual arrangements with other entities to ensure they are aligned with the new classifications under AASB 11.

Goulburn Valley Health's treatment of its joint arrangement with Hume Rural Health Alliance is now treated as a joint operation under the revised standard.

AASB 2015-7 Amendments to Australian Accounting Standards

The Australian Accounting Standards Board issued an amending accounting standard AASB 2015-7 Amendments to Australian Accounting Standards - Fair Value disclosures of Not-for-Profit Public Sector Entities on 13 July 2015. In accordance with FRD 7A Early adoption of authoritative accounting pronouncements, the Minister for Finance has approved the option for Victorian not-for-profit public sector entities to early adopt the amending accounting standard to enable them to benefit from some limited exemption in relation to fair value disclosures for the 2014-15 reporting period. The limited exemption is available to those entities whose assets are held primarily for their current service potential rather than to generate net cash inflows.

Goulburn Valley Health meets the criteria specified in AASB 2015-7 to benefit from the reduced disclosure requirements, so it has chosen to early adopt the amendments to Fair Value disclosure of Not-for- profit-public sector entities

g. Income from transactions

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 Goulburn Valley Health 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 05/2013 (update for 2013-14).

Patient and Resident Fees

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

h. Expense recognition

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

Cost of goods sold

Costs of goods sold are recognised when the sale of an item occurs by transferring the cost or value of the item/s from inventories.

Employee expenses

Employee expenses include:

- wages and salaries;
- annual leave;
- sick leave;
- long service leave; and
- superannuation expenses which are reported differently depending upon whether employees are members of defined benefit or defined contribution plans.

Defined contribution superannuation plans

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

Defined benefit superannuation plans

The amount charged to the comprehensive operating statement in respect of defined benefit superannuation plans represents the contributions made by the 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.

Employees of the Goulburn Valley Health are entitled to receive superannuation benefits and the Goulburn Valley Health contributes to both the defined benefit and defined contribution plans.The defined benefit plan(s) provide benefits based on years of service and final average salary.

The name and details of the major employee superannuation funds and contributions made by the Goulburn Valley Health are disclosed in Note 12: *Superannuation*.

Depreciation

All infrastructure assets, buildings, plant and equipment and other non-financial physical assets that have finite useful lives are depreciated (i.e. excludes land assets held for sale, and investment properties). Depreciation begins when the asset is available for use, which is when it is in the location and condition necessary for it to be capable of operating in a manner intended by management.

Intangible produced assets with finite lives are depreciated as an expense from transactions on a systematic basis over the asset's useful life. Depreciation is generally calculated on a straight line basis, at a rate that allocates the asset value, less any estimated residual value over its estimated useful life. Estimates of the remaining useful

lives, residual value and depreciation method for all assets are reviewed at least annually, and adjustments made where appropriate. This depreciation charge is not funded by the Department of Health and Human Services. Assets with a cost in excess of $1,000 are capitalised and depreciation has been provided on depreciable assets so as to allocate their cost or valuation over their estimated useful lives.

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

	2015	2014
Buildings	30 to 40 Years	30 to 40 Years
Plant & Equipment	10 Years	10 Years
Medical Equipment	5-8 Years	5-8 Years
Computers & Communications	3 Years	3 Years
Furniture & Fittings	5 Years	5 Years
Motor Vehicles	7 Years	7 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.

Grants and other transfers

Grants and other transfers to third parties (other than contribution to owners) are recognised as an expense in the reporting period in which they are paid or payable. They 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:

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.

Bad and doubtful debts

Refer to Note 1 (k) *Impairment of financial assets.*

Fair value of assets, services and resources provided free of charge or for nominal consideration

Contributions of resources provided free of charge or for nominal consideration are recognised at their fair value when the transferee obtains control over them, irrespective of whether restrictions or conditions are imposed over the use of the contributions, unless received from another agency as a consequence of a restructuring of administrative arrangements. In the latter case, such a transfer will be recognised at its carrying value.

Contributions in the form of services are only recognised when a fair value can be reliably determined and the services would have been purchased if not donated.

i. Other comprehensive income

Other comprehensive income measures the change in 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 1(k) *Revaluations of non-financial physical assets.*

Net gain/ (loss) on disposal of non-financial assets

Any gain or loss on the disposal of non-financial assets is recognised at the date of disposal and is the difference between the proceeds and the carrying value of the asset at the time.

j. Financial instruments

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

not meet the definition of financial instruments as they do not arise under contract.

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

The following refers to financial instruments unless otherwise stated.

Categories of non-derivative financial instruments

Receivables

Receivables are financial instrument assets with fixed and determinable payments that are not quoted on an active market. These assets are initially recognised at fair value plus any directly attributable transaction costs. Subsequent to initial measurement, receivables are measured at amortised cost using the effective interest method, less any impairment.

Receivables category includes cash and deposits (refer to Note 1(k)), trade receivables, and other receivables, but not statutory receivables.

Financial liabilities at amortised cost

Financial instrument liabilities 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.

Financial instrument liabilities measured at amortised cost include all of the Health Service's contractual payables, deposits held and advances received, and interest-bearing arrangements other than those designated at fair value through profit or loss.

k. Assets

Cash and Cash Equivalents

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

Receivables

Receivables consist of:

- contractual receivables, which includes mainly 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.

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.

Inventories

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

Inventories held for distribution are measured at cost, adjusted for any loss of service potential.

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

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

obsolescence occurs when an item no longer functions the way it did when it was first acquired.

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

Property, plant and equipment

All non-current physical assets are measured initially at cost and subsequently revalued at fair value less accumulated depreciation and impairment. Where an asset is acquired for no or nominal cost, the cost is its fair value at the date of acquisition. Assets transferred as part of a merger/ machinery of government are transferred at their carrying amount.

More details about the valuation techniques and inputs used in determining the fair value of non-financial physical assets are discussed in Note 9 *Property, plant and equipment.*

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 impairment.

Plant, equipment and vehicles are recognised initially at cost and subsequently measured at fair value less accumulated depreciation and impairment.Depreciated historical cost is generally a reasonable proxy for fair value because of the short lives of the assets concerned.

Leasehold improvements

The cost of a leasehold improvement is capitalised as an asset and depreciated over the shorter of the remaining term of the lease or the estimated useful life of the improvements.

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 at least every five years, based upon the asset's Government Purpose Classification, but may occur more frequently if fair value assessments indicate material changes in values. Independent valuers are used to conduct these scheduled revaluations and any interim revaluations are determined in accordance with the requirements of the FRDs. Revaluation increments or decrements arise from differences between an asset's carrying value and fair value.

Revaluation increments are recognised in 'other comprehensive income' and are credited directly in equity 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 normally transferred to accumulated funds on derecognition of the relevant asset.

In accordance with FRD 103F, Goulburn Valley Health 's non-current physical assets were assessed to determine whether revaluation of the non-current physical assets was required and did not identify any significant movement that would require a revaluation.

Prepayments

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

Disposal of non-financial assets

Any gain or loss on the sale of non-financial assets is recognised in the comprehensive operating statement. Refer to note 1(i) – 'other comprehensive income'.

Impairment of non-financial assets

All non-financial assets are assessed annually for indications of impairment, except for :

- inventories;
- assets arising from construction contracts.

If there is an indication of impairment, the assets concerned are tested as to whether their carrying value exceeds their possible recoverable amount. Where an asset's carrying value exceeds its recoverable amount, the difference is written-off as an expense except to the extent that the write-down can be debited to an asset revaluation surplus amount applicable to that same class of asset.

If there is an indication that there has been a reversal in the estimate of an asset's recoverable amount since the last impairment loss was recognised, the carrying amount shall be increased to its recoverable amount. This reversal of the impairment loss occurs only to the extent that the asset's carrying amount does not exceed the carrying amount that would have been determined, net of depreciation or amortisation, if no impairment loss had been recognised in prior years.

It is deemed that, in the event of the loss or destruction of an asset, the future economic benefits arising from the use of the asset will be replaced unless a specific decision to the contrary has been made.The recoverable amount for most assets is measured at the higher of depreciated replacement cost and fair value less costs to sell. Recoverable amount for assets held primarily to generate net cash inflows is measured at the higher of the present value of future cash flows expected to be obtained from the asset and fair value less costs to sell.

Investments accounted for using the equity method

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 Goulburn Valley Health, 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.

Impairment of financial assets

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

Receivables are assessed for bad and doubtful debts on a regular basis. Bad debts considered as written off and allowances for doubtful receivables are expensed. Bad debt written off by mutual consent and the allowance for doubtful debts are classified as 'other comprehensive income' in the net result.

The amount of the allowance is the difference between the financial asset's carrying amount and the present value of estimated future cash flows, discounted at the effective interest rate.

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

I. Liabilities

Payables

Payables consist of:

- contractual payables which consist predominantly of accounts payable representing liabilities for goods and services provided to the Health Service prior to the end of the financial year that are unpaid, and arise when the Health Service becomes obliged to make future payments in respect of the purchase of those goods and services. The normal credit terms for accounts payable are usually Nett 30 days.
- statutory payables, such as goods and services tax and fringe benefits tax payables.

Contractual payables are classified as financial instruments and are initially recognised at fair value,

and then subsequently carried at amortised cost. Statutory payables are recognised and measured similarly to contractual payables, but are not classified as financial instruments and not included in the category of financial liabilities at amortised cost, because they do not arise from a contract.

Provisions

Provisions are recognised when the 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. Where a provision is measured using the cash flows estimated to settle the present obligation, its carrying amount is the present value of those cash flows, using a discount rate that reflects the time value of money and risks specific to the provision.

When some or all of the economic benefits required to settle a provision are expected to be received from a third party, the receivable is recognised as an asset if it is virtually certain that recovery will be received and the amount of the receivable can be measured reliably.

Employee benefits

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, including non-monetary benefits, annual leave, and accumulating sick leave 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.

The components of this current LSL liability are measured at:

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

Conditional LSL is disclosed as a non-current liability. There is an unconditional right to defer the settlement of the entitlement until the employee has completed the requisite years of service. This non-current LSL liability is measured at present value.

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. Benefits falling due more than 12 months after the end of the reporting period are discounted to present value.

On-costs

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

Superannuation liabilities

Goulburn Valley Health does not recognise any unfunded defined benefit liability in respect of the superannuation plans because the Health Service has no legal or constructive obligation to pay future benefits relating to its employees; its only

obligation is to pay superannuation contributions as they fall due.

m. Leases

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.

For service concession arrangements, the commencement of the lease term is deemed to be the date the asset is commissioned.

All other leases are classified as operating leases.

Finance leases

The Health Service does not hold any finance lease arrangements with other parties.

Operating leases

Entity as lessee

Operating lease payments, including any contingent rentals, are recognised as an expense in the comprehensive operating statement on a straight line basis over the lease term, except where another systematic basis is more representative of the time pattern of the benefits derived from the use of the leased asset. The leased asset is not recognised in the balance sheet.

Leasehold Improvements

The cost of leasehold improvements are capitalised as an asset and depreciated over the remaining term of the lease or the estimated useful life of the improvements, whichever is the shorter.

n. Equity

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.

Property, plant & equipment revaluation surplus

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

General purpose surplus

These are accumulated funds of surplus revenue over expenditure from fund raising activities and community support programs.

Specific restricted purpose surplus

A specific restricted purpose surplus is established where the Health Service has possession or title to the funds but has no discretion to amend or vary the restriction and/or condition underlying the funds received.

o. Commitments

Commitments for future expenditure include operating and capital commitments arising from contracts. These commitments are disclosed by way of a note (refer to note 17) at their nominal value and are inclusive of the 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.

p. Contingent assets and contingent liabilities

Contingent assets and contingent liabilities are not recognised in the balance sheet, but are disclosed by way of note and, if quantifiable, are measured at nominal value. Contingent assets and contingent liabilities are presented inclusive of GST receivable or payable respectively.

q. Goods and Services Tax ("GST")

Income, expenses and assets are recognised net of the amount of associated GST, unless the GST incurred is not recoverable from the taxation authority. In this case, 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 taxation authority is included with other receivables or payables in the balance sheet.

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

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

r. AASs issued that are not yet effective

Certain new Australian accounting standards have been published that are not mandatory for the 30 June 2015 reporting period.DTF assesses the impact of all these new standards and advises the Health Service of their applicability and early adoption where applicable.

As at 30 June 2015, 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. Goulburn Valley Health has not and does not intend to adopt these standards early.

Standard/ Interpretation	***Summary***	***Applicable for annual reporting periods beginning on***	***Impact on public sector entity financial statements***
AASB 9 *Financial Instruments*	The key changes include the 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 2018	The assessment has identified that the financial impact of available for sale (AFS) assets will now be reported through other comprehensive income (OCI) and no longer recycled to the profit and loss. While the preliminary assessment has not identified any material impact arising from AASB 9, it will continue to be monitored and assessed.
AASB 14 *Regulatory Deferral Accounts #*	AASB 14 permits first-time adopters of Australian Accounting Standards who conduct rate-regulated activities to continue to account for amounts related to rate regulation in accordance with their previous GAAP.	1 Jan 2016	The assessment has indicated that there is no expected impact , as those that conduct rate-regulated activities have already adopted Australian Accounting Standards.

AASs issued that are not yet effective (continued)

Standard/ Interpretation	***Summary***	***Applicable for annual reporting periods beginning on***	***Impact on public sector entity financial statements***
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.	1 Jan 2017 (Exposure Draft 263 – potential deferral to 1 Jan 2018)	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. A potential impact will be the upfront recognition of revenue from licenses that cover multiple reporting periods. Revenue that was deferred and amortised over a period may now need to be recognised immediately as a transitional adjustment against the opening returned earnings if there are no former performance obligations outstanding.
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 as a consequence of Chapter 6 Hedge Accounting, and to amend reduced disclosure requirements.	1 Jan 2018	This amending standard will defer the application period of AASB 9 to the 2018-19 reporting period in accordance with the transition requirements.
AASB 2014-4 *Amendments to Australian Accounting Standards – Clarification of Acceptable Methods of Depreciation and Amortisation [AASB 116 & AASB 138*	Amends *AASB 116 Property, Plant and Equipment* and *AASB 138 Intangible Assets* to: establish the principle for the basis of depreciation and amortisation as being the expected pattern of consumption of the future economic benefits of an asset; prohibit the use of revenue-based methods to calculate the depreciation or amortisation of an asset, tangible or intangible, because revenue generally reflects the pattern of economic benefits that are generated from operating the business, rather than the consumption through the use of the asset.	1 Jan 2016	The assessment has indicated that there is no expected impact as the revenue-based method is not used for depreciation and amortisation.

AASs issued that are not yet effective (continued)

Standard/ Interpretation	***Summary***	***Applicable for annual reporting periods beginning on***	***Impact on public sector entity financial statements***
AASB 2014-9 *Amendments to Australian Accounting Standards – Equity Method in Separate Financial Statements [AASB 1, 127 & 128]*	Amends *AASB 127 Separate Financial Statements* to allow entities to use the equity method of accounting for investments in subsidiaries, joint ventures and associates in their separate financial statements.	1 Jan 2016	The assessment indicates that there is no expected impact as the entity will continue to account for theinvestments in subsidiaries, joint ventures and associates using the cost method as mandated if separate financial statements are presented in accordance with FRD 113A
AASB 2014-10 *Amendments to Australian Accounting Standards – Sale or Contribution of Assets between an Investor and its Associate or Joint Venture [AASB 10 & AASB 128]*	AASB 2014-10 amends *AASB 10 Consolidated Financial Statements and AASB 128 Investments in Associates* to ensure consistent treatment in dealing with the sale or contribution of assets between an investor and its associate or joint venture. The amendments require that: • a full gain or loss to be recognised by the investor when a transaction involves a business (whether it is housed in a subsidiary or not); and • a partial gain or loss to be recognised by the parent when a transaction involves assets that do not constitute a business, even if these assets are housed in a subsidiary.	1 Jan 2016	The assessment has indicated that there is limited impact, as the revisions to AASB 10 and AASB 128 are guidance in nature.
AASB 2015-6 *Amendments to Australian Accounting Standards – Extending Related Party Disclosures to Not-for-Profit Public Sector Entities [AASB 10, AASB 124 & AASB 1049]*	The Amendments extend the scope of *AASB 124 Related Party Disclosures* to not-for-profit public sector entities.A guidance has been included to assist the application of the Standard by not-for-profit public sector entities.	1 Jan 2016	The amending standard will result in extended disclosures on the entity's key management personnel (KMP), and the related party transactions.

In addition to the new standards and amendments above, the AASB has issued a list of other amending standards that are not effective for the 2014-15 reporting period (as listed below). In general, these amending standards include editorial and references changes that are expected to have insignificant impacts on public sector reporting.

AASB 2010-7 *Amendments to Australian Accounting Standards arising from AASB 9 (December 2010).*

AASB 2013-9 *Amendments to Australian Accounting Standards – Conceptual Framework, Materiality and Financial Instruments*

AASB 2014-1 *Amendments to Australian Accounting Standards [PART D – Consequential Amendments arising from AASB 14 Regulatory Deferral Accounts only] #*

AASB 2014-3 *Amendments to Australian Accounting Standards – Accounting for Acquisitions of Interests in Joint Operations [AASB 1 & AASB 11]*

AASB 2014-5 *Amendments to Australian Accounting Standards arising from AASB 15*

AASB 2014-7 *Amendments to Australian Accounting Standards arising from AASB 9 (December 2014)*

AASB 2014-8 *Amendments to Australian Accounting Standards arising from AASB 9 (December 2014) – Application of AASB 9 (December 2009) and AASB 9 (December 2010) [AASB 9 (2009 & 2010)]*

AASB 2015-2 *Amendments to Australian Accounting Standards – Disclosure Initiative: Amendments to AASB 101 [AASB 7, AASB 101, AASB 134 & AASB 1049]*

AASB 2015-3 *Amendments to Australian Accounting Standards arising from the Withdrawal of AASB 1031 Materiality*

AASB 2015-5 *Amendments to Australian Accounting Standards – Investment Entities: Applying the Consolidation Exception [AASB 10, AASB 12, AASB 128] #*

Note:

#This Standard or Amendment may not be relevant to Victorian not-for-profit entities when operative.

s. Category groups

The Goulburn Valley Health 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.

Mental Health Services (Mental Health) comprises all specialised mental health services providing a range of inpatient, community based residential, rehabilitation and ambulatory services which treat and support people with a mental illness and their families and carers. These services aim to identify mental illness early, and seek to reduce its impact through providing timely acute care services and appropriate longer-term accommodation and support for those living with a mental illness.

Non-Admitted Services (Non Admitted) comprises acute and subacute non admitted services, where services are delivered in public hospital clinics and provide models of integrated community care, which significantly reduces the demand for hospital beds and supports the transition from hospital to home in a safe and timely manner.

Emergency Department Services (EDS) comprises all emergency department services.

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, Community and Dental Health comprises a range of home based, community based, community, primary health and dental services including health promotion and counselling, physiotherapy, speech therapy, podiatry and occupational therapy and a range of dental health services

Residential Aged Care including Mental Health (RAC incl. Mental Health) referred to in the past as psychogeriatric residential services, comprises those Commonwealth-licensed residential aged care services in receipt of

supplementary funding from 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.

Other Services not reported elsewhere - (Other) comprises services not separately classified above, including: Public Health Services including laboratory testing, blood borne viruses / sexually transmitted infections clinical services, Kooris liaison officers, immunisation and screening services, drugs services including drug withdrawal, counselling and the needle and syringe program, Disability services including aids and equipment and flexible support packages to people with a disability, Community Care programs including sexual assault support, early parenting services, parenting assessment and skills development, and various support services.Health and Community Initiatives also falls in this category group.

NOTE 2: ANALYSIS OF REVENUE BY SOURCE

	Admitted Patients 2015 $'000	Non-Admitted 2015 $'000	EDS 2015 $'000	Mental Health 2015 $'000	RAC Incl. Mental Health 2015 $'000	Aged Care 2015 $'000	Primary Health 2015 $'000	Other 2015 $'000	Total 2015 $'000
Government Grant	112,057	8,539	8,722	20,569	4,599	11,824	1,439	14,457	182,206
Indirect contributions by Department of Health and Human Services	51	-	-	47	3	25	7	(1,986)	(1,853)
Patient & Resident Fees	5,276	34	273	(1)	1,280	290	8	786	7,946
Commerical Activities	-	-	-	-	-	-	-	17,256	17,256
Other Revenue from Operating Activities	1,095	61	6	710	-	44	55	6,214	8,185
Total Revenue from Operating Activities	**118,479**	**8,634**	**9,001**	**21,325**	**5,882**	**12,183**	**1,509**	**36,727**	**213,740**
Revenue from Non-Operating Activities - Interest	-	-	-	-	-	-	-	631	631
Capital Purpose Income (excluding Interest)	-	-	-	-	-	-	-	3,904	3,904
Total Revenue	**118,479**	**8,634**	**9,001**	**21,325**	**5,882**	**12,183**	**1,509**	**41,262**	**218,275**

NOTE 2: ANALYSIS OF REVENUE BY SOURCE (continued)

	Admitted Patients 2014 $'000	Non-Admitted 2014 $'000	EDS 2014 $'000	Mental Health 2014 $'000	RAC Incl. Mental Health 2014 $'000	Aged Care 2014 $'000	Primary Health 2014 $'000	Other 2014 $'000	Total 2014 $'000
Government Grant	107,756	8,497	8,118	20,283	4,696	11,580	1,464	15,397	177,791
Indirect contributions by Department of Health and Human Services	42	-	-	39	3	20	6	609	719
Patient & Resident Fees	5,232	49	271	11	1,287	276	10	307	7,443
Commerical Activities	-	-	-	-	-	-	-	18,226	18,226
Other Revenue from Operating Activities	1,159	62	1	365	8	13	99	4,795	6,502
Total Revenue from Operating Activities	**114,189**	**8,608**	**8,390**	**20,698**	**5,994**	**11,889**	**1,579**	**39,334**	**210,681**
Revenue from Non-Operating Activities - Interest	-	-	-	-	-	-	-	625	625
Capital Purpose Income (excluding Interest)	-	-	-	-	-	-	-	5,768	5,768
Total Revenue	**114,189**	**8,608**	**8,390**	**20,698**	**5,994**	**11,889**	**1,579**	**45,727**	**217,074**

Indirect contributions by Department of Health (1 July 2014 - 31 Dec 2014) / Department of Health and Human Services (1 Jan 2015 - 30 June 2015)

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

NOTE 2A: NET GAIN/(LOSS) ON DISPOSAL OF NON-FINANCIAL ASSETS

	Total 2015 $'000	Total 2014 $'000
Proceeds from Disposals of Non-Financial Assets		
Land	1,031	-
Buildings	200	-
Plant & Equipment	13	-
Medical Equipment	162	2
Motor Vehicles	127	43
Furniture and Fittings	3	-
Total Proceeds from Disposals of Non-Financial Assets	1,536	45
Written Down Value of Non-Financial Assets Disposed		
Land	1,025	-
Buildings	179	-
Plant & Equipment	10	5
Medical Equipment	958	21
Motor Vehicles	157	60
Furniture and Fittings	-	-
Total Written Down Value of Non-Current Assets Disposed	2,329	86
Net Gains/(Loss) on Disposal of Non-Financial Assets	(793)	(41)

NOTE 2B: ASSETS RECEIVED FREE OF CHARGE

	Total 2015 $'000	Total 2014 $'000
During the reporting period the fair value of assets received free of charge was as follows:		
Plant & Equipment	68	-

NOTE 3: ANALYSIS OF EXPENSES BY SOURCE

	Admitted Patients 2015 $'000	Non-Admitted 2015 $'000	EDS 2015 $'000	Mental Health 2015 $'000	RAC Incl. Mental Health 2015 $'000	Aged Care 2015 $'000	Primary Health 2015 $'000	Other 2015 $'000	Total 2015 $'000
Employee Expenses	60,002	1,850	10,677	14,967	4,975	7,175	785	43,445	143,876
Non-Salary Labour Costs	6,176	23	551	370	-	-	109	2,880	10,109
Supplies & Consumables	12,616	240	623	2,227	229	2,753	46	15,465	34,199
Other Expenses	6,985	68	1,605	1,069	291	330	480	14,913	25,741
Transfer Pricing	26,179	3,587	7,664	1,875	1,473	1,204	149	(42,141)	(10)
Total Expenditure from Operating Activities	**111,958**	**5,768**	**21,120**	**20,508**	**6,968**	**11,462**	**1,569**	**34,562**	**213,915**
Capital Purpose Expenditure	-	-	-	-	-	-	-	2,376	2,376
Depreciation & Amortisation (refer note 4)	-	-	-	-	-	-	-	9,882	9,882
Specific Expenses (refer note 3b)	-	-	-	-	-	-	-	125	125
Total other expenses	-	-	-	-	-	-	-	12,383	12,383
Total Expenses	**111,958**	**5,768**	**21,120**	**20,508**	**6,968**	**11,462**	**1,569**	**46,945**	**226,298**

NOTE 3: ANALYSIS OF EXPENSES BY SOURCE

	Admitted Patients 2014 $'000	Non-Admitted 2014 $'000	EDS 2014 $'000	Mental Health 2014 $'000	RAC Incl. Mental Health 2014 $'000	Aged Care 2014 $'000	Primary Health 2014 $'000	Other 2014 $'000	Total 2014 $'000
Employee Expenses	55,973	1,641	9,980	14,695	5,791	6,729	740	43,091	138,640
Non-Salary Labour Costs	5,208	100	185	395	18	15	108	3,226	9,255
Supplies & Consumables	13,197	228	562	2,869	229	2,933	47	15,502	35,567
Other Expenses	7,571	78	1,484	1,137	294	326	110	15,080	26,080
Transfer Pricing	25,683	3,139	8,154	1,607	1,449	1,037	237	(41,326)	(20)
Total Expenditure from Operating Activities	**107,632**	**5,186**	**20,365**	**20,703**	**7,781**	**11,040**	**1,242**	**35,573**	**209,522**
Capital Purpose Expenditure	-	-	-	-	-	-	-	922	922
Depreciation & Amortisation (refer note 4)	-	-	-	-	-	-	-	8,593	8,593
Specific Expenses (refer note 3b)	-	-	-	-	-	-	-	128	128
Total other expenses	-	-	-	-	-	-	-	9,643	9,643
Total Expenses	**107,632**	**5,186**	**20,365**	**20,703**	**7,781**	**11,040**	**1,242**	**45,216**	**219,165**

NOTE 3A: ANALYSIS OF EXPENSES BY INTERNALLY MANAGED AND RESTRICTED SPECIFIC PURPOSE FUNDS

	Total Expense 2015 $'000	Total Expense 2014 $'000	Total Revenue 2015 $'000	Total Revenue 2014 $'000
2015				
Private Practice and Other Patient Activities	2,810	2,877	2,632	2,613
Laboratory Medicine	5,684	5,548	4,794	5,590
Diagnostic Imaging	3,191	2,621	3,922	4,047
Cafeteria and Catering Services	1,183	1,221	1,251	1,240
Patient Transport	(78)	(78)	-	-
Car Park	96	106	539	538
Regional Services	2,975	3,228	3,251	3,461
Retail Aids and Equipment Outlet	410	320	422	319
Other Activities				
Fund Raising & Community Support	102	93	1,020	880
Restricted Funds	57	106	57	162
Total	**16,430**	**16,042**	**17,888**	**18,850**

Expenses Includes Tranfer Pricing Costs and Recoveries. Revenue Includes Interest on Cash Deposits

NOTE 3B: SPECIFIC EXPENSES

	Total 2015 $'000	Total 2014 $'000
Voluntary Departure Packages	45	128
Restructure of Operations	80	-
	125	**128**

NOTE 4: DEPRECIATION

	Total 2015 $'000	Total 2014 $'000
Buildings	6,411	6,391
Plant & Equipment	492	318
Computers & Communications	496	296
Furniture & Fittings	47	29
Motor Vehicles	652	441
Medical Equipment	1,365	955
Leased Buildings	419	163
Total	**9,882**	**8,593**

NOTE 5: CASH AND CASH EQUIVALENTS

For the purposes of the Cash Flow Statement, cash assets includes cash on hand and in banks, and short-term deposits which are readily convertible to cash on hand, and are subject to an insignificant risk of change in value, net of outstanding bank overdrafts.

	Total 2015 $'000	Total 2014 $'000
Cash on Hand	29	22
Cash at Bank	7,889	3,665
Short Term Deposits	1,000	9,600
Total Cash and Cash Equivalents	**8,918**	**13,287**
Represented by:		
Total Cash for Health Service Operations (as per Cash Flow Statement)	5,003	9,710
Cash for Monies Held in Trust	3,915	3,577
Total Cash and Cash Equivalents	**8,918**	**13,287**

In accordance with Standing Direction 4.5.6, the Health Service is required to invest surplus funds with TCV/ VFMC. At 30 June 2015, the Health Service is compliant with this Standing Direction.

NOTE 6: RECEIVABLES

	Total 2015 $'000	Total 2014 $'000
Current		
Contractual		
Trade Debtors	1,198	1,400
Capital Debtors	1	5
Patient Fees - Health Service Agreement	1,829	2,144
Patient Fees - Hospital & Community Initiatives	790	751
Patient Fees - Private Practice	190	171
Accrued Investment Income	16	20
Other Accrued Revenue	615	658
	4,639	**5,149**
Less Allowance for Doubtful Debts		
Trade Debtors	(143)	(135)
Patient Fees - Health Service Agreement	(35)	(84)
Patient Fees - Hospital & Community Initiatives	(99)	(40)
Total Current Contractual Receivables	**4,362**	**4,890**
Statutory		
Dental Health Services Victoria Accrued Grants	600	387
Commonwealth Government Grants	-	5
GST Receivable	653	527
Total Current Statutory Receivables	**1,253**	**919**
Total Current Receivables	**5,615**	**5,809**
Non Current		
Contractual		
Trade Debtors	162	129
Statutory		
Long Service Leave - Department of Health and Human Services	3,765	5,765
Total Non-Current Receivables	**3,927**	**5,894**
Total Receivables	**9,542**	**11,703**

NOTE 6(A): MOVEMENT IN THE ALLOWANCE FOR DOUBTFUL DEBTS

	Total 2015 $'000	Total 2014 $'000
Balance at Beginning of Year	259	283
Amounts Written Off During the Year	(168)	(196)
Increase/(Decrease) in Allowance Recognised in Net Result	187	172
Balance at End of Year	**278**	**259**

NOTE 6(B): AGEING ANALYSIS OF RECEIVABLES

Please refer to Note 16(c) for the ageing analysis of contractual receivables.

NOTE 6(C): NATURE AND EXTENT OF RISK ARISING FROM RECEIVABLES

Please refer to Note 16(c) for the nature and extent of risk arising from contractual receivables.

NOTE 7: INVENTORIES

	Total 2015 $'000	Total 2014 $'000
At Cost		
Main Store	448	456
Ward Medical & Surgical Supplies	854	845
Pathology	130	152
Engineering	45	45
Pharmaceuticals	847	737
Cafeteria Supplies	11	12
Retail Aids and Equipment Outlet	31	35
Total Inventories	**2,366**	**2,282**

NOTE 8: OTHER ASSETS

Current	Total 2015 $'000	Total 2014 $'000
Prepayments	919	694
Hume Rural Health Alliance	483	402
Total Other Assets	**1,402**	**1,096**

NOTE 9: PROPERTY, PLANT & EQUIPMENT

(a) Gross Carrying Amount and Accumulated Depreciation

	Total 2015 $'000	Total 2014 $'000
Land		
Land at Fair Value	7,630	8,635
Total Land	**7,630**	**8,635**
Buildings		
Buildings at Fair Value	90,080	89,196
Less Accumulated Depreciation	6,387	-
Building Leasehold Improvements at Cost	2,205	2,096
Less Accumulated Depreciation	704	285
Buildings Under Construction at Cost	375	58
Total Buildings	**85,569**	**91,065**
Plant and Equipment		
Plant & Non-Medical Equipment at Fair Value	4,336	3,544
Less Accumulated Depreciation	2,233	1,778
Motor Vehicles at Fair Value	4,240	3,933
Less Accumulated Depreciation	2,439	1,936
Computers & Communication at Fair Value	3,496	3,342
Less Accumulated Depreciation	2,798	2,558
Under Construction at Cost		
Software Implementation Costs	4	76
Furniture & Fittings at Fair Value	364	350
Less Accumulated Depreciation	247	205
Total Plant & Equipment	**4,723**	**4,768**
Medical Equipment at Fair Value	10,749	9,839
Less Accumulated Depreciation	5,750	6,379
Total Medical Equipment at Fair Value	**4,999**	**3,460**
Total Property, Plant and Equipment	**102,921**	**107,928**

NOTE 9: PROPERTY, PLANT & EQUIPMENT (continued)

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

	Land $'000	Buildings $'000	Plant & Equipment $'000	Medical Equipment $'000	Total $'000
Balance at 1 July 2013	8,559	77,353	4,402	3,493	93,807
Additions	-	3,285	925	943	5,153
Disposals	-	-	(65)	(21)	(86)
Revaluation Increments/(Decrements)	76	17,571	-	-	17,647
Net Transfers between Classes	-	(590)	590	-	-
Assets Received Free of Charge	-	-	-	-	-
Depreciation (note 4)	-	(6,554)	(1,084)	(955)	(8,593)
Balance at 1 July 2014	**8,635**	**91,065**	**4,768**	**3,460**	**107,928**
Additions	20	1,513	1,809	3,794	7,136
Disposals	(1,025)	(179)	(167)	(958)	(2,329)
Revaluation Increments/(Decrements)	-	-	-	-	-
Net Transfers between Classes	-	-	-	-	-
Assets Received Free of Charge	-	-	-	68	68
Depreciation (note 4)	-	(6,830)	(1,687)	(1,365)	(9,882)
Balance at 30 June 2015	**7,630**	**85,569**	**4,723**	**4,999**	**102,921**

Land and buildings carried at valuation

An independent valuation of the Health Service's land and buildings was performed by the Valuer-General Victoria to determine the fair value of the land and buildings.The valuation, which conforms to Australian Valuation Standards, was determined by reference to the amounts for which assets could be exchanged between knowledgeable willing parties in an arm's length transaction. The valuation was based on independent assessments. The effective date of valuation was 30th June 2014.

NOTE 9: PROPERTY, PLANT & EQUIPMENT (continued)

(c) Fair value measurement hierarchy for assets as at 30 June 2015

	Carrying Amount as at 30 June 2015	Fair value measurement at end of reporting period using:		
		Level 1 (i)	Level 2 (i)	Level 3 (i)
Land at Fair Value	**$'000**	**$'000**	**$'000**	**$'000**
Non-Specialised Land	3,510	-	3,510	-
Specialised land				
- GVH, Graham St, Shepparton	3,620	-	-	3,620
- Tatura Hospital/Nursing Home	240	-	-	240
- Waranga Hospital/Nursing Home	135	-	-	135
- Waranga Hostel	125	-	-	125
Total of Land at Fair Value	**7,630**	**-**	**3,510**	**4,120**
Buildings at Fair Value				
Non-Specialised Buildings	625	-	625	-
Specialised Buildings	84,944	-	-	84,944
Total of Buildings at Fair Value	**85,569**	**-**	**625**	**84,944**
Plant and Equipment at Fair Value				
Plant, Equipment and Motor Vehicles at Fair Value				
Motor Vehicles	1,801	-	-	1,801
Plant and Equipment				
Plant and Non-Medical Equipment	2,103	-	-	2,103
Computers and Communications	702	-	-	702
Furniture and Fittings	117	-	-	117
Total Plant, Equipment and Motor Vehicles at Fair Value	**4,723**	**-**	**-**	**4,723**
Total Medical Equipment at Fair Value	**4,999**	**-**	**-**	**4,999**
Total	**102,921**	**-**	**4,135**	**98,786**

(i) Classified in accordance with the fair value hierarchy , see Note 1.

There have been no transfers between levels during the year.

NOTE 9: PROPERTY, PLANT & EQUIPMENT (continued)

(c) Fair value measurement hierarchy for assets as at 30 June 2014

	Carrying Amount as at 30 June 2014	Fair value measurement at end of reporting period using:		
		Level 1 (i)	Level 2 (i)	Level 3 (i)
Land at Fair Value	**$'000**	**$'000**	**$'000**	**$'000**
Non-Specialised Land	4,515	0	4,515	0
Specialised land				
- GVH, Graham St, Shepparton	3,620	0	0	3,620
- Tatura Hospital/Nursing Home	240	0	0	240
- Waranga Hospital/Nursing Home	135	0	0	135
- Waranga Hostel	125	0	0	125
Total of Land at Fair Value	**8,635**	**0**	**4,515**	**4,120**
Buildings at Fair Value				
Non-Specialised Buildings	625	0	625	0
Specialised Buildings	90,440	0	0	90,440
Total of Buildings at Fair Value	**91,065**	**0**	**625**	**90,440**
Plant and Equipment at Fair Value				
Plant, Equipment and Motor Vehicles at Fair Value				
Motor Vehicles	1,997	0	0	1,997
Plant and Equipment				
Plant and Non-Medical Equipment	1,766	0	0	1,766
Computers and Communications	860	0	0	860
Furniture and Fittings	145	0	0	145
Total Plant, Equipment and Motor Vehicles at Fair Value	**4,768**	**0**	**0**	**4,768**
Total Medical Equipment at Fair Value	**3,460**	**0**	**0**	**3,460**
Total	**107,928**	**0**	**5,140**	**102,788**

(i) Classified in accordance with the fair value hierarchy , see Note 1.

NOTE 9: PROPERTY PLANT & EQUIPMENT (continued)

Non-specialised land and 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 independent valuers, Victorian Valuer General, 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.

To the extent that non-specialised land and non-specialised buildings do not contain significant, unobservable adjustments, these assets are classified as Level 2 under the market approach.

Specialised land and specialised buildings

The market approach is also used for specialised land and specialised buildings 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 the health services, 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 the 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.

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 value (depreciated cost).

Plant and equipment, and Medical Equipment

Plant and equipment is held at carrying value (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 value.

There were no changes in valuation techniques throughout the period to 30 June 2015.

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

NOTE 9: PROPERTY, PLANT & EQUIPMENT (CONTINUED)

(d) Reconciliation of Level 3 fair value

2015	Land $'000	Buildings S'000	Plant and Equipment $'000	Medical Equipment $'000
Opening Balance	**4,120**	**88,378**	**4,768**	**3,460**
Purchases (sales)	-	1,047	1,642	2,904
Transfers in (out) of Level 3	-	-	-	-
Gains or losses recognised in net result				
- Depreciation	-	(6,357)	(1,687)	(1,365)
- Impairment	-	-	-	-
Subtotal	-	(6,357)	(1,687)	(1,365)
Items recognised in other comprehensive income				
- Revaluation	-	-	-	-
Subtotal	-	-	-	-
Closing Balance	**4,120**	**83,068**	**4,723**	**4,999**
Unrealised gains/(losses) on non-financial assets	**-**	**-**	**-**	**-**
	4,120	**83,068**	**4,723**	**4,999**

There have been no transfers between levels during the year.

2014	Land $'000	Buildings S'000	Plant and Equipment $'000	Medical Equipment $'000
Opening Balance	3,761	74,669	4,420	3,492
Purchases (sales)	-	2,638	842	944
Transfers in (out) of Level 3	-	-	590	(21)
Gains or losses recognised in net result				
- Depreciation	-	(6,346)	(1,084)	(955)
- Impairment	-	-	-	-
Subtotal	-	(6,346)	(1,084)	(955)
Items recognised in other comprehensive income				
- Revaluation	359	17,417	-	-
Subtotal	359	17,417	-	-
Closing Balance	**4,120**	**88,378**	**4,768**	**3,460**
Unrealised gains/(losses) on non-financial assets	**-**	**-**	**-**	**-**
	4,120	**88,378**	**4,768**	**3,460**

NOTE 9: PROPERTY, PLANT & EQUIPMENT (Continued)

(e) Description of significant unobservable inputs to Level 3 valuations

	Valuation technique [i]	Significant unobservable inputs [i]
Specialised land		
Graham Street Shepparton Campus Tatura Campus Rushworth Hospital and Nursing Home Waranga Hostel	Market approach	Community Service Obligation (CSO) adjustment
Specialised buildings		
Graham Street Shepparton Campus Tatura Campus Rushworth Hospital and Nursing Home Waranga Hostel Ambermere Orr Street Shepparton Site	Depreciated replacement cost	Direct cost per square metre Useful life of specialised buildings
Plant and equipment at fair value		
Plant and Non Medical Equipment Computers and Communication Furniture and Fittings	Depreciated replacement cost	Cost per unit Useful life of PPE
Vehicles		
Motor Vehicles	Depreciated replacement cost	Cost per unit Useful life of vehicles
Medical equipment at fair value		
Medical Equipment	Depreciated replacement cost	Cost per unit Useful life of medical equipment

(i) CSO adjustments of 20% were applied to reduce the market approach value for the Department's specialised land.

NOTE 10: PAYABLES

	Total 2015 $'000	Total 2014 $'000
Current		
Contractual		
Trade Creditors	5,163	3,322
Accrued Expenses	3,402	4,341
Prepaid Ineligible Non Insured Patient Services	84	3
	8,649	7,666
Statutory		
GST Payable	125	93
FBT Payable	29	31
Income In Advance - Department of Health	931	2,755
Income In Advance - Commonwealth	112	103
	1,197	2,982
TOTAL	**9,846**	**10,648**

(a) Maturity Analysis of Payables

Please refer to Note 16d for ageing analysis of contractual payables

(b) Nature and Extent of Risk arising from Payables

Please refer to Note 16d for the nature and extent of risks arising from contractual payables

NOTE 11: PROVISIONS

	Total 2015 $'000	Total 2014 $'000
Current Provisions		
Employee Benefits (i) (Note 11(a))		
Annual Leave (Note 11(a))		
- unconditional and expected to be settled within 12 months	10,441	9,918
- unconditional and expected to be settled after 12 months (ii)	971	947
Long Service Leave (Note 11(a))		
- unconditional and expected to be settled within 12 months	2,200	3,984
- unconditional and expected to be settled after 12 months (ii)	10,420	7,734
Accrued Days Off (Note 11(a))		
- unconditional and expected to be settled within 12 months	360	354
Accrued Salaries & Wages (Note 11(a))		
- unconditional and expected to be settled within 12 months	1,562	4,321
	25,954	**27,258**
Provisions related to employee benefit on-costs		
Unconditional and expected to be settled within 12 months	1,364	1,744
Unconditional and expected to be settled after 12 months (ii)	1,142	491
	2,506	**2,235**
Total Current Provisions	**28,460**	**29,493**
Non-Current Provisions		
Employee Benefits (i) (Note 11(a))	6,476	8,013
Provisions related to employee benefit on-costs (Note 11(a))	677	819
Total Non-Current Provisions (ii)	**7,153**	**8,832**
Total Provisions	**35,613**	**38,325**
(a) Employee Benefits and Related On-Costs		
Current Employee Benefits and Related On-Costs		
Accrued Wages and Salaries	1,562	4,321
Accrued Days Off	399	392
Annual Leave Entitlements	12,576	11,864
Unconditional Long Service Leave Entitlements	13,923	12,916
Non-Current Employee Benefits and Related On-Costs		
Conditional Long Service Leave Entitlements	7,153	8,832
Total Employee Benefits and Related on-Costs	**35,613**	**38,325**
(b) Movement in Provisions		
Movement in Long Service Leave:		
Balance at start of year	21,748	19,775
Provision made during the year		
Revaluations	580	42
Expense recognising employee service	645	3,624
Settlement made during the year	(1,896)	(1,693)
Balance at end of year	**21,076**	**21,748**

(i) Provisions for employee benefits consist of amounts for annual leave and long service leave accrued by employees.
(ii) The amounts disclosed are discounted to present value

NOTE 12: SUPERANNUATION

Employees of the Health Services 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.

The Health Service does not recognise any defined benefit liability in respect of the plan because the entity 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 the Health Service. The name, details and amounts expensed in relation to the major employee superannuation funds and contributions made by the Health Service are as follows:

	Paid Contribution for the Year	
	Total 2015 $'000	**Total 2014 $'000**
Defined Benefit Plans:		
First State Super	340	339
Defined Contribution Plans:		
First State Super	7,045	6,675
HESTA Superannuation	4,008	3,371
Other	258	216
Total	**11,651**	**10,601**

There were no unpaid contributions at 30th June 2015

NOTE 13: OTHER LIABILITIES

	Total 2015 $'000	**Total 2014 $'000**
Current		
Monies Held in Trust		
Patient Monies Held in Trust	20	3
Employee Trust Funds	98	108
Accommodation Bonds (Refundable Entrance Fees)	1,819	1,538
Government Grants - Hume Region Programs	1,786	1,644
Research Funding	152	248
Community Funds	40	36
Total Monies Held in Trust	**3,915**	**3,577**
Hume Rural Health Alliance (Refer Note 18)	140	88
Total Other Liabilities	**4,055**	**3,665**
Total Monies Held in Trust Represented by the following assets:		
Cash Assets (Refer Note 5)	3,915	3,577
Total	**3,915**	**3,577**

NOTE 14: EQUITY

	Total 2015 $'000	Total 2014 $'000
(a) Surpluses		
Property, Plant and Equipment Revaluation Reserve		
Balance at the Beginning of the Reporting Period	63,992	46,346
Increase in the Value of Land	-	75
Increase in the Value of Buildings	-	17,571
Balance at the End of the Reporting Period	**63,992**	**63,992**
Represented by:		
Land	5,293	5,293
Buildings	58,699	58,699
Total	**63,992**	**63,992**
General Purpose Surplus		
Balance at the Beginning of the Reporting Period	18,557	18,526
Transfer to and from Accumulated Deficit	649	31
Balance at the End of the Reporting Period	**19,206**	**18,557**
Restricted Specific Purpose Surplus		
Balance at the Beginning of the Reporting Period	5,419	5,363
Transfer to and from Accumulated Deficit	1	56
Balance at the End of the Reporting Period	**5,420**	**5,419**
Total Surpluses	**88,618**	**87,968**
(b) Contributed Capital		
Balance at the Beginning of the Reporting Period	46,821	46,821
Capital Contributions received from Victorian Government	-	-
Balance at the End of the Reporting Period	**46,821**	**46,821**
(c) Accumulated (Deficits)		
Balance at the Beginning of the Reporting Period	(51,131)	(48,953)
Net Result for the Year	(8,023)	(2,091)
Transfers to and from General Surplus	(649)	(31)
Transfers to and from Restricted Purpose Surplus	(1)	(56)
Balance at the End of the Reporting Period	**(59,804)**	**(51,131)**
(d) Total Equity at end of Financial Year	**75,635**	**83,658**

NOTE 15: RECONCILIATION OF NET RESULT FOR THE YEAR TO NET CASH INFLOWS FROM OPERATING ACTIVITIES

	Total 2015 $'000	Total 2014 $'000
Net Result for the Period	(8,023)	(2,091)
Non-cash movements:		
Depreciation	9,882	8,593
Net (Gain)/Loss from disposal of non-financial physical assets	793	41
Assets Provided Free of Charge	(68)	-
Hume Rural Health Alliance Net Result	(29)	(37)
Movements in assets and liabilities:		
Change in Operating Assets and Liabilities		
Increase/(Decrease) in Payables	(802)	1,219
Increase/(Decrease) in Provisions	(2,712)	3,082
(Increase)/Decrease in Inventory	(84)	(402)
(Increase)/Decrease in Prepayments	(225)	69
(Increase)/Decrease in Receivables	2,160	(1,456)
Net Cash Inflow/Outflow from Operating Activities	**892**	**9,018**

NOTE 16: FINANCIAL INSTRUMENTS

16(a) Financial Risk Management Objectives and Policies

Goulburn Valley Health's principal financial instruments comprise of:

- Cash Assets
- Term Deposits
- Receivables (excluding statutory receivables)
- Payables (excluding statutory Payables)
- RAC Refundable Accommodation Deposits and Other Trust Funds

Details of the significant accounting policies and methods adopted, including the criteria for recognition, the basis of measurement and the basis on which income and expenses are recognised, with respect to each class of financial asset, financial liability and equity instrument are disclosed in note 1 to the financial statements.

The Health Service's main financial risks include credit risk, liquidity risk and interest rate risk.The Health Service manages these financial risks in accordance with its financial risk management policy.

The Health Service uses different methods to measure and manage the different risks to which it is exposed. Primary responsibility for the identification and management of financial risks rests with the financial risk management committee of the Health Service.

The main purpose in holding financial instruments is to prudentially manage Goulburn Valley Health's financial risks within the government policy parameters.

Categorisation of Financial Instruments

Contractual Financial Assets - Loans & Receivables	**Carrying Amount 2015 $'000**	**Carrying Amount 2014 $'000**
Cash and Cash Equivalents	8,918	13,287
Receivables	4,524	5,019
Total Financial Assets	**13,442**	**18,306**
Contractual Financial Liabilities		
At Amortised Cost		
Payables	8,649	7,666
RAC Refundable Deposits and Other Trust Funds	3,915	3,577
Total Financial Liabilities	**12,564**	**11,243**

NOTE 16: FINANCIAL INSTRUMENTS (continued)

16(b) Net holding gain/(loss) on financial instruments by category

2015 Financial Assets	Net holding gain / (loss) $'000	Total interest income / (expense) $'000	Fee income / (expense) $'000	Total $'000
Cash & Cash Equivalents	-	631	(39)	592
Total Financial Assets	**-**	**631**	**(39)**	**592**
Financial Liabilities				
At Amortised Cost	-	-	-	-

2014 Financial Assets	Net holding gain / (loss) $'000	Total interest income / (expense) $'000	Fee income / (expense) $'000	Total $'000
Cash & Cash Equivalents	-	628	(37)	591
Total Financial Assets	**-**	**628**	**(37)**	**591**
Financial Liabilities				
At Amortised Cost	-	-	-	-

16(c) Credit Risk

Credit risk arises from the contractual financial assets of the Health Service, which comprise cash and deposits and non-statutory receivables.The Health Service's exposure to credit risk arises from the potential default of a counter party on their contractual obligations resulting in financial loss to the Health Service.Credit risk is measured at fair value and is monitored on a regular basis.

Credit risk associated with the Health Service's contractual financial assets is minimal because the main debtor is the Victorian Government.For debtors other than the Government, it is the Health Service's obligation to provide services, and private patient fees are recoverable from the patient or their health fund. These are unsecured debts.

In addition, the Health Service does not engage in hedging for its contractual financial assets and mainly obtains contractual financial assets that are on fixed interest, except for cash assets, which are mainly cash at bank. The Health Service's policy is to only deal with banks with high credit ratings.

Provision of impairment for contractual financial assets is recognised when there is objective evidence that the Health Service will not be able to collect a receivable.Objective evidence includes financial difficulties of the debtor, default payments, debts which are more than 60 days overdue, and changes in debtor credit ratings.

Except as otherwise detailed in the following table, the carrying amount of contractual financial assets recorded in the financial statements, net of any allowances for losses, represents Goulburn Valley Health's maximum exposure to credit risk without taking account of the value of any collateral obtained.

NOTE 16: FINANCIAL INSTRUMENTS (continued)

16(c) Credit Risk (continued)

Credit Quality of contractual financial assets that are neither past due nor impaired.

2015	Government Agencies (AAA Credit Rating) $'000	Financial Institutions (min BBB credit rating) $'000	Other $'000	Total $,000
Financial Assets				
Cash and Cash Equivalents	4,500	4,418	-	8,918
Receivables:				
Debtors and Patient Fees		-	3,893	3,893
Other Receivables		-	631	631
Total Financial Assets	**4,500**	**4,418**	**4,524**	**13,442**

2014				
Financial Assets				
Cash and Cash Equivalents	-	13,287	-	13,287
Receivables:				
Debtors and Patient Fees		-	4,341	4,341
Other Receivables		-	678	678
Total Financial Assets	**-**	**13,287**	**5,019**	**18,306**

NOTE 16: FINANCIAL INSTRUMENTS (continued)

16(c) Credit Risk (continued)

Ageing Analysis of Financial Assets as at 30 June

2015	Carrying Amount $'000	Not Past Due and Not Impaired $,000	Past Due but Not Impaired: 1-3 Months $'000	Past Due but Not Impaired: 3 Months - 1 Year $'000	Past Due but Not Impaired: 1 - 5 Years $'000	Impaired Financial Assets
Financial Assets						
Cash and Cash Equivalents	8,918	8,918	-	-	-	
Receivables:						
Debtors and Patient Fees	3,893	1,775	926	753	162	277
Accrued Revenue	631	631	-	-	-	
Total Financial Assets	**13,442**	**11,324**	**926**	**753**	**162**	**277**
2014						
Financial Assets						
Cash and Cash Equivalents	13,287	13,287	-	-	-	
Receivables:						
Debtors and Patient Fees	4,341	2,214	958	782	129	259
Accrued Revenue	678	678	-	-	-	
Total Financial Assets	**18,306**	**16,179**	**958**	**782**	**129**	**259**

Contractual financial assets that are either past due or impaired

There are no material financial assets which are individually determined to be impaired.Currently Goulburn Valley Health does not hold any collateral as security nor credit enhancements relating to any of its financial assets.

There are no financial assets that have had their terms renegotiated so as to prevent them from being past due or impaired, and they are stated at their carrying amounts as indicated.The ageing analysis table above discloses the ageing only of contractual financial assets that are past due but not impaired.

NOTE 16: FINANCIAL INSTRUMENTS (continued)

16(d) Liquidity Risk

Liquidity risk is the risk that Goulburn Valley Health would be unable to meet its financial obligations as and when they fall due.Goulburn Valley Health operates under the Government's fair payments policy of settling financial obligations within 30 days and in the event of a dispute, making payments within 30 days from the date of resolution.

The Health Service continuously projects its forward cash out flow commitments and measures it against projected forward cash inflows and current reserves.

Goulburn Valley Health's maximum exposure to liquidity risk is the carrying amounts of financial liabilities as disclosed in the face of the balance sheet.

The following table discloses the contractual maturity analysis for Goulburn Valley Health'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

			Maturity Dates		
2015	**Carrying Amount $'000**	**Nominal Amount $,000**	**1-3 Months $'000**	**3 Months - 1 Year $'000**	**1 - 5 Years $'000**
Financial Liabilities					
Payables	8,649	8,649	8,649	-	-
Other Financial Liabilities					
- RAC Refundable Accommodation Deposits	1,819	1,819	-	1,819	-
- Other Funds Held in Trust	2,096	2,096	-	2,096	-
Total Financial Liabilities	**12,564**	**12,564**	**8,649**	**3,915**	**-**
2014					
Financial Liabilities					
Payables	7,666	7,666	7,666	-	-
Other Financial Liabilities					
- RAC Refundable Accommodation Deposits	1,538	1,538	-	1,538	-
- Other Funds Held in Trust	2,039	2,039	-	2,039	-
Total Financial Liabilities	**11,243**	**11,243**	**7,666**	**3,577**	**-**

16(e) Market Risk

Goulburn Valley Health's exposures to market risk are primarily through interest rate risk with only insignificant exposure toforeign currency and other price risks.Objectives, policies and processes used to manage each of these risks are disclosed in the paragraph below.

Currency Risk

Goulburn Valley Health is exposed to insignificant foreign currency risk through its payables relating to purchases of supplies and consumables from overseas.This is because of a limited amount of purchases denominated in foreign currenciesand a short time-frame between commitment and settlement.

NOTE 16: FINANCIAL INSTRUMENTS (continued)

16(e) Market Risk (continued)

Interest Rate Risk

Exposure to interest rate risk might arise primarily through Goulburn Valley Health's interest bearing liabilities, which at 30 June amount to Nil.Minimisation of riskis achieved by mainly undertaking fixed rate or non-interest bearing financial instruments.For financial liabilities, the health service mainly undertake financial liabilities with relatively even maturity profiles.

Cash flow interest rate risk is the risk that the future cash flows of a financial instrument will fluctuate because of changes in the market interest rates. The Health Service has minimal exposure to cash flow interest rate risks through its cash and deposits, term deposits and bank overdrafts that are at floating rate.

The Health Service manages this risk by mainly undertaking fixed rate or non-interest bearing financial instruments with relatively even maturity profiles, with only insignificant amounts of financial instruments at floating rate.Management has concluded for cash at bank, as financial assets that can be left at floating rate without necessarily exposing the Health Service to significant bad risk, management monitors movement in interest rates on a daily basis.

Interest Rate Exposure of Financial Assets and Liabilities as at 30 June

			Interest Rate Exposure		
2015	**Weighted Average Effective Interest Rate (%)**	**Carrying Amount $'000**	**Fixed Interest Rate $'000**	**Variable Interest Rate $'000**	**Non Interest Bearing $'000**
Financial Assets					
Cash and Cash Equivalents	1.80%	8,918	1,000	7,889	29
Receivables:					
Patient Fees and Trade Debtors	-	3,893	-	-	3,893
Other Receivables	-	631	-	-	631
Total Financial Assets		**13,442**	**1,000**	**7,889**	**4,553**
Financial Liabilities					
Payables	-	8,649	-	-	8,649
Other Financial Liabilities					
- RAC Refundable Accommodation Deposits	-	1,819	-	-	1,819
- Other Funds Held in Trust	-	2,096	-	-	2,096
Total Financial Liabilities		**12,564**	**-**	**-**	**12,564**
2014					
Financial Assets					
Cash and Cash Equivalents	2.88%	13,287	9,600	3,665	22
Receivables:					
Patient Fees and Trade Debtors	-	4,341	-	-	4,341
Other Receivables	-	678	-		678
Total Financial Assets		**18,306**	**9,600**	**3,665**	**5,041**
Financial Liabilities					
Payables	-	7,666	-	-	7,666
Other Financial Liabilities					
- RAC Refundable Accommodation Deposits	-	1,538	-	-	1,538
- Other Funds Held in Trust	-	2,039	-	-	2,039
Total Financial Liabilities		**11,243**	**-**	**-**	**11,243**

NOTE 16: FINANCIAL INSTRUMENTS (continued)

16(e) Market Risk (continued)

Sensitivity Disclosure Analysis

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

Goulburn Valley Health believes the following movements are 'reasonably possible' over the next 12 months (Base rates are sourced from the Reserve

Bank of Australia)

- A Shift of +1% and -1% in markets interest rates (AUD) from year-end rates of 3.42%;
- A parallel shift of +1% and -1% in inflation rate from year-end rates of 2%;

The following table discloses the impact on net operating result and equity for each category of financial instrument held by Goulburn Valley Health at year end as presented to key management personnel, if changes in the relevant risk occur.

		Interest Rate Risk			
		-1%		+1%	
2015	**Carrying Amount $'000**	**Profit $'000**	**Equity $'000**	**Profit $'000**	**Equity $'000**
Financial Assets					
Cash & Cash Equivalents	8,918	(89)	(89)	89	89
Receivables					
- Trade Debtors	3,893	-	-	-	-
- Other Receivables	631	-	-	-	-
Financial Liabilities					
Payables	8,649	-	-	-	-
Other Financial Liabilities					
- RAC Refundable Accommodation Deposits	1,819	-	-	-	-
- Other Funds Held in Trust	2,096	-	-	-	-
		(89)	**(89)**	**89**	**89**
2014					
Financial Assets					
Cash & Cash Equivalents	13,287	(133)	(133)	133	133
Receivables					
- Trade Debtors	4,341	-	-	-	-
- Other Receivables	678	-	-	-	-
Financial Liabilities					
Payables	7,666	-	-	-	-
Other Financial Liabilities					
- RAC Refundable Accommodation Deposits	1,538	-	-	-	-
- Other Funds Held in Trust	2,039	-	-	-	-
		(133)	**(133)**	**133**	**133**

NOTE 16: FINANCIAL INSTRUMENTS (continued)

16(f) Fair Value

The fair values and net fair values of financial instrument assets and liabilities are determined as follows:

*Level 1 - the fair value of financial instrument assets and liabilities with standard terms and conditions and traded in active liquid markets are determined with reference to quoted market prices;

* Level 2 - the fair value is determined using inputs other than quoted prices that are observable for the financial asset or liability, either directly or indirectly; and

* Level 3 - the fair value is determined in accordance with generally accepted pricing models based on discounted cash flow analysis using unobservable market inputs.

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

The following table shows that the fair values of most of the contractual financial assets and liabilities are the same as the carrying amounts.

Comparison between carrying amount and fair value

	Carrying Amount 2015 $'000	Fair Value 2015 $'000	Carrying Amount 2014 $'000	Fair Value 2014 $'000
Financial Assets				
Cash and Cash Equivalents	8,918	8,918	13,287	13,287
Receivables:				
Patient Fees and Trade Debtors	3,893	3,893	4,341	4,341
Other Receivables	631	631	678	678
Total Financial Assets	**13,442**	**13,442**	**18,306**	**18,306**
Financial Liabilities				
Payables	8,649	8,649	7,666	7,666
Other Financial Liabilities				
- RAC Refundable Accommodation Deposits	1,819	1,819	1,538	1,538
- Other Funds Held in Trust	2,096	2,096	2,039	2,039
Total Financial Liabilities	**12,564**	**12,564**	**11,243**	**11,243**

NOTE 17: COMMITMENTS FOR EXPENDITURE

	Total 2015 $'000	Total 2014 $'000
(a) Commitments for Expenditure		
Capital Expenditure Commitments		
Buildings	2,200	1,661
Plant & Equipment	-	3,857
Total Capital Expenditure Commitments	**2,200**	**5,518**
Lease Commitments		
Operating Lease Commitments		
Buildings	4,268	4,578
Medical Equipment	9	18
Non Medical Equipment	655	994
Motor Vehicles	103	125
Total Lease Commitments	**5,035**	**5,715**
Total Commitments (Inclusive of GST)	**7,235**	**11,233**
(b) Commitments Payable		
Capital Expenditure Commitments		
Commitments due not later than one year	**2,200**	**5,518**
Lease Commitments		
Not later than one year	722	960
Later than one year and not later than 5 years	1,597	1,728
Later than 5 years	2,716	3,026
Total Lease Commitments	**5,035**	**5,714**
Total Commitments for Expenditure (Inclusive of GST)	7,235	11,232
Less GST Recoverable from the Australian Taxation Office	(658)	(1,021)
Total Commitments for Expenditure (Exclusive of GST)	**6,577**	**10,211**

NOTE 18: JOINTLY CONTROLLED ENTITIES

Hume Rural Health Alliance Joint Venture	**Ownership Interest**	
Goulburn Valley Health controls 16% of Hume Rural Health Alliance whose principle activity is to provide information technology services to the Department of Health and Human Services Hume Region Agencies.	**2015 16%**	**2014 16%**

The amounts included in the financial statements are as follows:

	Total 2015 $'000	**Total 2014 $'000**
Share of Assets Included in Other Assets (Refer Note 8)		
Cash at Bank	64	41
Receivables	307	296
Prepayments	10	4
Plant, Equipment and Intangibles	102	61
Total Share of Assets	**483**	**402**
Share of Liabilities Included in Other Liabilities (Refer Note 13)		
Payables	140	88
Total Share of Liabilities	**140**	**88**
Net Assets	**343**	**314**
Total Income from Transactions	1,401	1,011
Total Expenses	1,372	974
Net Result	**29**	**37**

Contingent Liabilities and Capital Commitments

The jointly controlled operation has no known contingent liabilities or capital commitments

Goulburn Valley Health's financial accounts for year ending 30th June 2015 have been based on the unaudited accounts of Hume Rural Health Alliance

NOTE 19A: RESPONSIBLE PERSON RELATED DISCLOSURES

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

	Period	
Responsible Ministers:	**From**	**To**
The Honourable Jill Hennessy MLA, Minster for Health	4/12/2014	30/06/2015
The Honourable Martin Foley, Minister for Housing, Disability and Ageing	4/12/2014	30/06/2015
The Honourable Martin Foley MLA, Minister for Mental Health	4/12/2014	30/06/2015
The Honourable David Davis, MLC, Minister for Health and Ageing	1/07/2014	3/12/2014
The Honourable Mary Wooldridge, MLA, Minister for Mental Health	1/07/2014	3/12/2014
The Honourable Mary Wooldridge MLA, Minister for Community Services	1/07/2014	3/12/2014
The Honourable Mary Wooldridge MLA, Minister for Disability Services and Reform	1/07/2014	3/12/2014
Board of Directors		
Mr. P. Ryan	1/07/2014	30/06/2015
Mr. W. Parsons	1/07/2014	30/06/2015
Mr. I. McKinnon	1/07/2014	30/06/2015
Ms R. Knaggs	1/07/2014	30/06/2015
Mr. B. Gurry	1/07/2014	30/06/2015
Ms B. Evans	1/07/2014	30/06/2015
Mr R. Schubert	1/07/2014	30/06/2015
Mr F. Shaholli	1/07/2014	30/06/2015
Mr. S. Merrylees	1/07/2014	30/06/2015
Accountable Officer		
Mr. D Fraser	1/07/2014	30/06/2015

Remuneration of Responsible Persons

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

Income Band	**2015 No.**	**2014 No.**
$10,000 - $19,999	1	8
$20,000 - $29,999	7	0
$30,000- $39,999	0	1
$40,000- $49,999	1	0
$280,000 - $289,999	0	1
$340,000 - $349,999	1	0
Total Numbers	**10**	**10**

	Total 2015 $'000	**Total 2014 $'000**
Total remuneration received or due and receivable by Responsible Persons from the reporting entity amounted to:	**555**	**507**

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

Other Transactions of Responsible Persons and their Related Parties	**Total 2015 $'000**	**Total 2014 $'000**
Ms R. Knaggs has an association with Watters Electrical who provide electrical engineering services to the Health Service on normal commercial terms and conditions.	**173**	**13**

NOTE 19B: EXECUTIVE OFFICER DISCLOSURES

Executive Officers' Remuneration

The number of executive officers, other than Ministers and Accountable Officers, and their total remuneration during the reporting period are shown in the first two columns in the table below in their relevant income bands. The base remuneration of executive officers is shown in the third and fourth columns. Base remuneration is exclusive of bonus payments, long-service leave payments, redundancy payments and retirement benefits.

	Total Remuneration		Base Remuneration	
	2015	2014	2015	2014
	No.	No.	No.	No.
$180,000 - $189,999	-	1	-	1
$190,000 - $199,999	2	1	3	1
$200,000 - $209,999	-	2	-	2
$210,000 - $219,999	1	1	2	1
$220,000 - $229,999	1	-	-	-
$230,000 - $239,999	1	-	-	-
Total	**5**	**5**	**5**	**5**
Total Annualised Employee Equivalent (AEE)	**5.0**	**4.1**	**5.0**	**4.1**
Total Remuneration $'000	**1,045**	**1,005**	**1,006**	**1,005**

NOTE 20: CONTINGENT ASSETS AND LIABILITIES

There are no known contingent liabilities or assets at the date of this report.

NOTE 21: EX-GRATIA PAYMENTS

There were no ex-gratia payments made by Goulburn Valley Health during the 2014/2015 financial year.

NOTE 22: REMUNERATION TO AUDITORS

	Total 2015 $'000	Total 2014 $'000
Victorian Auditor-General's Office	53	52
Audit of Financial Statements		

NOTE 23: SEGMENT REPORTING

	Residential Aged Care Services		All Other Services		Total	
	2015 $'000	2014 $'000	2015 $'000	2014 $'000	2015 $'000	2014 $'000
REVENUE						
External Segment Revenue	**5,883**	**5,993**	**211,761**	**210,456**	**217,644**	**216,449**
EXPENSES						
External Segment Expenses	5,495	6,332	220,804	212,832	226,299	219,164
Intersegment Expenses	1,473	1,449	(1,473)	(1,449)	-	-
Total Expenses	**6,968**	**7,781**	**219,331**	**211,383**	**226,299**	**219,164**
Net Result From Ordinary Activities	(1,085)	(1,788)	(7,570)	(927)	(8,655)	(2,715)
Interest Income	-	-	631	625	631	625
Net Result for Year	**(1,085)**	**(1,788)**	**(6,939)**	**(302)**	**(8,024)**	**(2,090)**
Other Information						
Segment Assets	9	22	-	-	9	22
Unallocated Assets	-	-	125,139	136,274	125,139	136,274
Total Assets	**9**	**22**	**125,139**	**136,274**	**125,148**	**136,296**
Segment Liabilities	-	-	-	-	-	-
Unallocated Liabilities	-	-	49,514	52,637	49,514	52,637
Total Liabilities	**-**	**-**	**49,514**	**52,637**	**49,514**	**52,637**

The major services from which the above segments derive income are:
Residential Aged Care Services
Other HSA & H&CI Services - Acute and Community Services

Pricing between inter-segments is at cost

Geographical Segment
Goulburn Valley Health operates predominantly in Shepparton, Victoria. More than 90% of revenue, net surplus from ordinary activities and segment assets relate to operations in Shepparton, Victoria.

NOTE 24: EVENTS OCCURRING AFTER BALANCE SHEET DATE

There are no known significant financial events after balance date.

The following is for information purposes and is not part of the audited financial statements.

APPENDIX A: ALTERNATIVE PRESENTATION OF COMPREHENSIVE OPERATING STATEMENT

	2015 $'000	2014 $'000
Interest	631	625
Sales of Goods and Services	25,204	25,668
Grants	180,351	178,509
Other Income	12,090	12,271
Total Revenue	**218,276**	**217,073**
Employee Expenses	154,668	148,138
Depreciation	9,882	8,593
Interest Expense	22	8
Grants and Other Transfers	3,395	3,316
Other Operating Expenses	58,332	59,109
Total Expenses	**226,299**	**219,164**
Net Result from transactions - Net Operating Balance	**(8,023)**	**(2,091)**
Items that may be reclassified subsequently to net result		
Changes to financial assets available-for-sale revaluation surplus	-	17,646
Total other economic flows included in net result	**-**	**17,646**
Net result	**(8,023)**	**15,555**

This alternate presentation reflects the format required for reporting to the Department of Treasury and Finance.

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GOULBURN VALLEY
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