GV Health

annual report 2015/16

Compassion

RESPECT

Excellence

Accountability

TEAMWORK

Ethical Behaviour

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 healthcare;
- drive innovation in healthcare provision;
- work in partnership with others to promote healthy communities;
- provide leadership in healthcare 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

Contents Annual Report 2015/16

Strategic Plan 2014-18

The **GV Health Strategic Plan 2014-2018** guides 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 2016.

Peter F. Ryan
Chair - Board of Directors
25 July 2016

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 document are presented at the Annual General Meeting and then distributed to the community.

Relevant Ministers

The responsible Ministers during the reporting period were:

The Honourable Jill Hennessy, Minister for Health and Human Services, Minister for Ambulance Services

The Honourable Martin Foley, Minister for Housing, Disability and Ageing, Minister for Mental Health

About **GV Health**

GV Health is a designated Public Health Service under the Health Services Act 1988 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 purpose, 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 Emergency services, Intensive Care, Outpatients, Medical, Surgical, Paediatric, Obstetric, Dental, Palliative, Oncology, Mental Health, Aged Care, Rehabilitation, Medical Imaging, Pathology, Pharmacy 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 higher 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%.

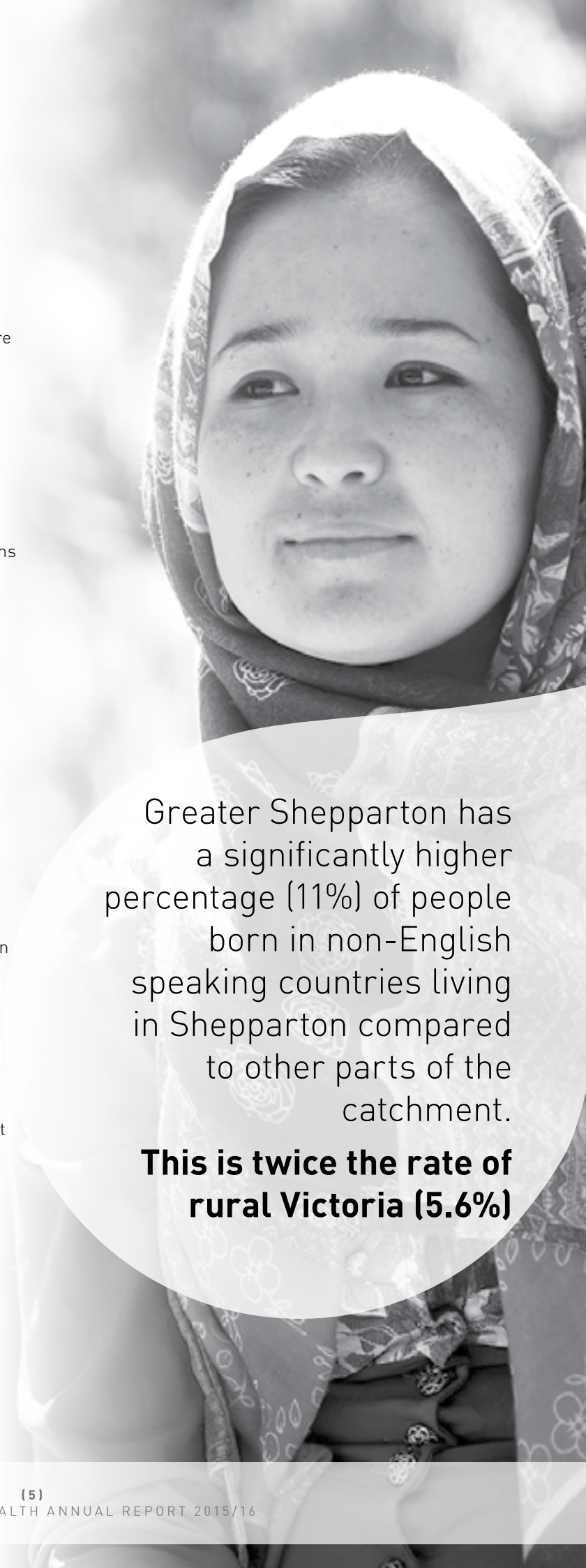
Future Challenges

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 to the community to enable 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.



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%)

Self Sufficiency

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

The Service Model

The service model for GV Health is shaped by our 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.

Total number of beds	**2013/14**	**2014/15**	**2015/16**
All Acute (includes Tatura and Waranga)	173	172	**180**
Acute (Shepparton Campus only)	153	152	**160**
Aged Care Residential	77	77	**77**
Mental Health Acute Mental Health Community	20	20	**20**
Based Beds (PARC & SRRP)	20	20	**20**
Sub-Acute	44	44	**48**

Achievements and Highlights

Above: Riley Hetherton-Dart, one of the first to receive Botulinum toxin treatment at GV Health.

July 2015

- ✓ NAIDOC Week Activities held.
- ✓ Launch of the mobile dental van service to improve access to dental care in the community.

August 2015

- ✓ Undertook the Best Practice Australia Staff Engagement Survey.
- ✓ Biggest Blokes Lunch fundraising event was held to support the GV Health prostate cancer nurse position.

September 2015

- ✓ Executive team went live on twitter.
- ✓ Report Racism initiative launched.
- ✓ The Freemasons generously donated a vehicle for the GV Health breast care nurses to use.

October 2015

- ✓ GV Health Community Advisory Group was formed, chaired by Member for Shepparton, Suzanna Sheed, to engage with the community regarding the hospital redevelopment.

November 2015

- ✓ Launch of new GV Health branding.
- ✓ GV Health Annual General Meeting.
- ✓ Medical day stay and transit lounge relocated to a new facility near the main entrance of the Graham Street, Shepparton campus.
- ✓ GV Health Dental Clinic named 2015 Public Dental Clinic of the Year, in the Dental Health Services Victoria's Public Oral Health Awards.

December 2015

- ✓ The Victorian Health Minister visited GV Health's Graham Street, Shepparton campus to launch a public teledentistry project and nocturnal dialysis service.
- ✓ A report on the GV Health Movement Disorder Nurse Rural Demonstration Project was released on successful completion of the two-year project.

January 2016

- ✓ Health Assistant in Nursing traineeship positions commenced.

February 2016

- ✓ Two new oncologists joined the oncology team at the Peter Copulos Cancer and Wellness Centre ; Dr Javier Torres and Dr Babak Tamjid.
- ✓ Launched Healthy GV program.

March 2016

- ✓ Emergency department renovations were completed.
- ✓ Research consortium concept meeting was held at GV Health.
- ✓ Developed the GV Health Fundraising Strategy 2016-2020.

April 2016

- ✓ Announcement of $168.5 million funding from the Victorian Government to rebuild GV Health's Graham Street campus.
- ✓ Chemotherapy service for children begins in the Child and Adolescent Unit.
- ✓ Staff service Recognition Awards held – recognising 10, 15, 20, 25, 30 and 35 years of service.
- ✓ Dental services start at the McCauley Champagnat School.
- ✓ Pharmacy department refurbishments were completed.

May 2016

- ✓ Botulinum toxin treatment for children with cerebral palsy begins in the Child and Adolescent Unit.
- ✓ GV Health committed to a three-year sponsorship of the Shepparton Chamber of Commerce Business Awards, for a new Health-Promoting Workplace category.

June 2016

- ✓ Give Me 5 for Kids fundraising appeal held, in partnership with 3SR FM, to raise money for the Child and Adolescent Unit and Special Care Nursery.
- ✓ Launched the redeveloped staff intranet site.

CEO and Chair Message

Mr Dale Fraser
Chief Executive Officer

Mr Peter F. Ryan
Chair - Board of Directors

This has been a year of significant achievement for GV Health.

One of the key highlights for 2015/16 was the announcement of $168.5 million from the Victorian Government to redevelop GV Health. This is a fantastic outcome that recognises the outstanding efforts of staff and the community to provide contemporary health facilities that will meet the needs of local people and improve our care. Much work was undertaken during the year in engaging with our community and developing a master plan and business case – leading to the successful funding announcement in April 2016.

Work now commences on finalising the design. The effort of the Community Advisory Group has been very important to ensure that the advocacy of the local community remains central to the proposed redevelopment. This group, under the leadership of The Hon Suzanna Sheed, continues to provide advice to the organisation on the perspective of consumers of our health services.

Our levels of service provision continued to grow, with the expansion of the emergency department and oncology services and employment of two new surgeons.

During the year, oncology inpatient services and chemotherapy services for children were introduced and prostate cancer services were enhanced locally, with a focus on preventative care.

Two oncologists, Dr Babak Tamjid and Dr Javier Torres also joined the team in the Peter Copulos Cancer and Wellness Centre, enabling more patients to be seen locally.

A nocturnal dialysis service was introduced this year, enabling an additional seven clients to receive dialysis regularly at GV Health. This service is a first for regional Victoria.

Dental telehealth services and a dedicated Palliative care service were launched during the year. A new Medical Day Stay area opened and funding for eight new beds was received. GV Health also expanded its services in the provision of drug and alcohol treatment and support, in partnership with other agencies. All of this growth in services was in line with the plans established by the GV Health Service Plan.

New trainee positions were created for Health Assistants in Nursing to help improve the patient experience and provide support for registered and enrolled nursing staff, enabling them to focus on more complex clinical aspects of patient care.

Much work was undertaken in the area of research, with GV Health playing a lead role in bringing together key health organisations, community representatives and education leaders to form a regional research consortium this year. The consortium creates a united platform for conducting world-class clinical and public health research in northern Victoria.

A Staff Reward and Recognition program was launched this year, recognising the significant efforts of staff displaying GV Health's values and demonstrating excellence. Four staff members were presented with staff excellence awards at the Annual General Meeting (AGM) in November 2015:

- Cathy Dooling in Health Information Services received the 'Living the Values' Award
- Noel Johnson in the Health Supply Shop received the 'Board Chair Award for Excellence' in Customer Service.
- The Rehabilitation Unit received the 'Patient-Centred Care' Award.
- Caroline French from headspace received the 'Excellence in Consumer Participation in Quality Improvement' Award.

At the AGM, outstanding community representatives Lorraine Riordan and Chris McPherson were presented with Companion of GV Health Awards for their significant contributions to the organisation through philanthropic and voluntary efforts.

Lorraine was the inaugural president of the GV Health Hospital Auxiliary in 1958 and only recently resigned. Lorraine has been a tireless worker for the auxiliary and has held many executive positions during the last forty eight years. Lorraine has a passion for cooking and for many years she was the regular caterer for many of the auxiliary's functions. Lorraine's husband Kevin was a City of Greater Shepparton Councillor for many years, including fulfilling the Mayoral role on several occasions. Together they were renowned for their commitment to the Shepparton community.

Sadly, Chris McPherson passed away this year. For more than 40 years, Chris was a passionate and committed advocate and a tireless leader for his community and the broader media industry. He contributed significantly to the ongoing development of the hospital and its services. His dedication to raising funds for prostate cancer resulted with fulfilling his vision for the Biggest Ever Blokes Lunch. The extraordinary legacy left by Chris was demonstrated again during the year with the Shepparton Biggest Ever Blokes Lunch Committee and the Prostate Cancer Foundation of Australia extending its funding arrangement to enable the employment of the Prostate Cancer Specialist Nurse through to 2020.

We would like to thank every one of our volunteers and members of our auxiliaries who give their time tirelessly to support the organisation and the community. Heather Halsall was awarded the Volunteer of the Year by the Greater Shepparton Council for community work this year. This award was rightly deserved by Heather due to her tireless commitment to both GV Health and the broader community.

We would also like to thank our donors for providing significant financial support – with more than $800,000 in fundraising achieved during 2015/16.

The Board composition changed this year with the addition of Dr Roger Coates, Ms Jo Breen and Ms Natalie Goodall as Directors, bringing the number of Board directors to nine.

The CEO finished working at GV Health at the end of the financial year, to take up a position as CEO at Ballarat Health Service, following three successful years in the leadership role. Fiona Brew was appointed the Interim CEO, whilst a recruitment process is undertaken.

The Board recognises that GV Health has developed significantly under Dale's leadership. Our Strategic Plan, Service Plan, CREATE Program and Values, $168.5 million hospital redevelopment project, financial management and service commitments will continue to serve the organisation well.

Dale Fraser

Chief Executive Officer

Peter F. Ryan

Chair
Board of Directors

Community Engagement

GV Health recognises the important role of communications, engagement and fundraising in relation to health services.

Significant progress was made on the implementation of *GV Health's Integrated Communications and Engagement Strategy 2014-2018*. The four-year strategy is now in its second year of implementation and aims to enhance communications, consumer engagement, fundraising efforts and partnerships. The strategy contains 120 actions and 114 are either well underway or completed. A number of actions are ongoing.

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.

Rug Up for The Kids event, Leanne Hulm, Carmel Johnson and Stefania Bellamio

This year, GV Health has undertaken the following activities:

- A fundraising strategy was developed and the target of $800,000 in fundraising by June 2016 has been achieved.
- A number of fundraising events were held, including the Mother's Day luncheon raising funds for the Special Care Nursery, Rug Up For The Kids at the Shepparton Golf Course, oncology fundraisers, fashion parades, plus numerous Give Me 5 for Kids events throughout June.
- A range of activities were undertaken, materials developed and media features organised to raise community awareness on important health issues – for prevention and education (e.g. Bowel Cancer, Parkinson's, Healthy GV program, Prostate Cancer, Breast Cancer, Quit Smoking, and more).
- A digital communications strategy is underway to enhance communication, engagement, and online services for our community.
- The new website has increased interactivity and visitation. In May 2016, there were 8,984 unique visitors, compared to 4,643 unique visitors in May 2015.
- The GV Health intranet site was redeveloped and launched providing resources for staff that will assist in the delivery of consumer services.
- Social media use and community engagement were enhanced through increased activity via Facebook and LinkedIn – plus the Executive Team launched Twitter accounts.
- New branding for GV Health was launched and a corresponding Style Guide was developed.
- A number of partnerships were formed, sponsorships made and donations received from our generous community, to support much needed GV Health services, equipment and activities. We are truly thankful for the wonderful support received from our community, donors and volunteers.

Service Directory

- Aboriginal Liaison Services
- Aged Care Assessment Service
- Alcohol and Drug Services
- Allied Health
  - Dietetics and Nutrition
  - Occupational Therapy
  - Physiotherapy
  - Podiatry
  - Social Work
  - Speech Pathology
- Ambulatory Care
- Cancer and Wellness Centre (oncology)
- 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 Team
  - Community Interlink
  - Home Nursing Services
  - Rural Allied Health Team
  - Self Management Support
  - Health Promotion
- Critical Care Unit
- Cognitive Dementia and Memory Service
- Community Rehabilitation Centre
- Continence Clinic
- Dental Services
- Diabetes Centre
- Dialysis
- Elective Admissions
- Electrodiagnostic Services
- Emergency Department
- Falls and Balance Clinic
- Grutzner House
- Healthcare Supply Shop
- Home Care Packages
- Hospital Admissions Risk Program (HARP)
- Infection Prevention and Control
- Intensive Care Unit
- Mary Coram Unit
- Medical Day Stay
- Medical Imaging
- Medical Ward
- Mental Health Services
- Movement Disorder Clinic
- Nuclear Medicine
- Outpatient Services
- Operating Theatre
- Pathology
- Pharmacy
- Residential In-Reach
- Service Access Unit
- 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 services, please visit www.gvhealth.org.au

Executive Reports
Innovation and Performance

Nursing and Midwifery Practice, Education and Research

Developing skills to meet future patient demand

GV Health is supporting it's nurses and midwives to undertake post-graduate studies, helping them build on their skills and develop the workforce to meet future patient demand.

This year more staff are engaged in Masters and Post Graduate Diploma programs than ever before. In 2016, 17 staff are participating, compared to 11 in 2015.

Staff continue to be employed while they are studying, have access to support from clinical educators and are provided additional study leave.

GV Health also strongly encourages and supports staff to apply for scholarships to assist with university and other education costs.

It is vital that GV Health has nurses and midwives prepared for new approaches to clinical care and that we increase the number of staff who are able to be part of the anticipated future growth in services.

Inter-professional Simulation Education

An increased focus on inter-professional education, using simulation, has been included as part of a number of funded programs with the Hume Simulation Alliance, PROMPT and the introduction of the Clinical Risk in the Emergency Department (CRED) programs.

The Hume Simulation Alliance program provided a coordinated approach to inter-professional simulation at GV Health, with 932 hours of simulated learning taking place during the year, including allied health, medical and nursing students and staff.

The Improving Clinical Risk in the Emergency Department (CRED) program has been used to provide simulation training for the Emergency Department.

Analysis of nursing and midwifery skills; now and future

Development of a nursing and midwifery skills matrix has helped to ensure we are providing appropriate ongoing education for nurses and midwives. A review of the skills matrix has provided direction for future education planning.

Enhanced graduate nursing and midwifery programs

To provide nurses with a greater opportunity to develop new skills, new rotations have been added to the graduate program this year in Community Nursing with the Waranga District Nursing team.

Innovative graduate selection and recruitment processes have been improved to become more efficient, enabling an increased number of candidates to be interviewed and considered in in less time, providing a larger field of potential graduates the opportunity to be considered.

Promotion of health career pathways

Strategies to promote health career pathways include work experience in nursing and midwifery settings. This is offered in one-week blocks to 54 secondary school students in the region.

Careers Day Out and the Rural Health Careers Day provide the opportunity for GV Health to promote a range of health career pathways available via interactive, hands-on sessions and activities, across a large range of disciplines.

Innovative education programs

The Drug and Alcohol Risk Education (DARE) program was developed and conducted in the Emergency Department, as a primary health initiative to educate secondary school students of the reality of drug and alcohol consumption outcomes.

GV Health has a best practice Paediatric Life Support education program. The Paediatric Liaison Nurse/ Child and Adolescent Unit Clinical Area Educator is now an Advanced Paediatric Life Support National Instructor. This has supported the implementation of Resus4kids with three super trainers now on staff.

A new pathway into a health care career

GV Health is expanding the clinical workforce and improving patient care by creating new traineeships for Health Assistants in Nursing, thanks to funding from the Victorian government.

Health Assistants in Nursing are involved with direct patient care, assisting with hygiene, nutrition, mobility and safety, working as part of a team alongside registered and enrolled nurses.

Trainees will be paid while studying toward their Certificate III in Health Services Assistance and working at GV Health. Training will be provided by GO TAFE and the traineeship is facilitated by MEGT.

The creation of these new positions will make a significant difference for staff and patients.

This forms part of a strategy to improve the patient experience via the provision of personalised care.

It is also anticipated that staff retention will improve, as a result of increased staffing.

Increased complexity, acuity and throughput in in-patient wards means that we need to provide greater support for registered and enrolled nursing staff to enable them to focus on more complex clinical tasks and better manage their workloads.

Health Assistants in Nursing

Application Systems

ICU Clinical System Upgrade

The ICU Clinical System was upgraded to a new web-enabled version and more work is underway to introduce comprehensive observation and intervention charting. Wide screens were introduced to maximise the functionality in the new charting module.

Responding To Patient Deterioration

Automating Medical Emergency Team (MET) Calls

A MET Call option was introduced on Electronic White Boards that automatically pages or sends a text message to the appropriate clinical staff to respond to calls, providing a more time-efficient system to getting a clinical response to patient deterioration.

Patient flow

An electronic bed booking system was introduced in emergency department to help streamline the flow of patients into the inpatient wards and to improve the accuracy of bed availability forecasting. This system will be implemented throughout GV Health shortly.

Quality, Innovation and Risk

Monitoring feedback

The complaints management system was reviewed and improved which has resulted in the complainant satisfaction rate improving from 31% in 2010 to 51% in 2015.

The complainant survey results also showed that in 2015, 72% of complainants were satisfied with the way a complaint was managed (an improvement from the 46% satisfied in 2010) and 93% of complainants in 2015 felt that staff listened to their complaint (an improvement from 79% in 2014).

There was a decrease in the number of complaints in the Child and Adolescent unit in the three months following the pilot program '*Speaking up for Safety*', where staff are trained to escalate care or concerns for patient safety, and to respond to complaints at the bedside.

The number of complaints decreased from six complaints in 2014/15 to no complaints in the three months following the pilot program in 2015. This highlights a significant improvement in the responsiveness to patient concerns in the Child and Adolescent Unit.

Making Speech Pathology more accessible

Referrals of patients with "at risk conditions" to speech pathology have increased by 20%; this represents an increase of 16 more patients per month seen in 2015/16 compared to 2014/15, thanks to the introduction of an innovative five-minute cartoon education tool. To ensure that Speech Pathology had the resources to manage the increased referrals, a review was undertaken on the time spent on clinical documentation. Strategies implemented have seen a reduction in the time spent on clinical documentation from 17% of a speech pathologist's time in June 2015 to only 6.5% in December 2015.

This frees the speech pathologists to spend more time with patients who need access to speech pathology services.

Executive Reports
Innovation and Performance continued

Shorter wait times for colonoscopies

Patients now have a shorter wait time to have a colonoscopy and can therefore start treatment sooner, if required, thanks to a project improving access to colonoscopies for national bowel screen patients.

Accreditation

Leading the implementation of the National Standards, GV Health participated in the pilot of version 2 of the National Standards. This involved key stakeholders completing a self assessment against all elements of the standards and the development of action plans to meet the new requirements of the draft standards. GV Health has been fully accredited across all programs.

Health, Safety and Wellbeing

Emergo Train Exercise

GV Health successfully completed the disaster response Emergo Train Practice Exercise. This exercise enabled us to practice the State Health Emergency Response Plan and GV Health's Code Brown disaster plan in response to a terrorism mass casualty incident.

Improving occupational safety in the work place

GV Health's Health, Safety and Wellbeing Department was nominated for the GV Safety Group (Worksafe Victoria) Best Workplace Safety Initiative or Best Solution to a Workplace Safety Issue Award. This award recognises excellence in developing and implementing a solution to an identified safety issue.

Focus on Safety Culture

Information sessions have been held to generate awareness of and reconfirm Section 21, 25 and 32 of the OHS Act 2004, regarding the responsibilities of the employer and employees for safety. This is in line with the GV Health goal of increasing safety awareness and safety culture throughout the organisation.

People and Organisational Development

- The Medical Workforce team and Human Resources team successfully combined to create one streamlined and efficient People and Organisational Development Department.
- The Staff Reward and Recognition Program was launched and has been well received by staff, supporting the CREATE our Future strategy.
- The Staff Engagement Survey, conducted by Best Practice Australia Survey in August 2015, attracted a 61% response rate. Managers have since developed action plans for their work units. The survey results informed the development and implementation of the Prevention of Bullying and Harassment Strategy and Culture Strategy for the organisation.
- A strategic workforce plan was developed and approved by the Board of Directors. This plan provides a blueprint for planning staffing now and in the future.
- The Transition to Retirement Program was launched to support staff by assisting with the development of new staff.
- In December 2015, GV Health implemented a probationary review framework to assist managers with on-boarding and the initial six-month period of employment of new employees. Training sessions were held for managers to better understand probationary and qualifying periods and GV Health's policies and guidelines.

Below: Chief Medical Officer, A/Prof Vasudha Iyengar speaking at the consortium meeting

Executive Reports
Chief Medical Officer

This year, the GV Health Urological surgeons have begun laser urological surgery with success; we developed the rapid response medical unit, which has decreased the pressure on physicians on the wards; we introduced newer, non-invasive technology for endometrial ablation and anti-incontinence surgery for women suffering from heavy periods and incontinence; we developed a step-down nursery on site to avoid transferring too many newborns to metro centres and to keep the mums and bubs at home. We developed innovative new ways to hold and scrutinize medical records; and we are gaining ground with peer clinical outcome reviews.

We achieved essential accreditation from the Post Graduate Medical College of Victoria for a larger number of medical intern positions at GV Health and for intern training on site; we succeeded in keeping and achieving a five-year Australian Medical Council accreditation for International Medical Graduates doing the local GV Health workplace-based assessment educational integration program. We also achieved accreditation to enroll and train rural paediatricians and anaesthetists for five years. We continue growing partnerships with GPs specialised training programs in women's health and psychiatry. The Royal Australasian College of Medical Administrators has accredited a position at GV Health to develop and engage strong medical leaders.

GV Health planned to hold an inaugural local research showcase event, sponsored by Rumabalara Aboriginal Cooperative, LaTrobe University, the University of Melbourne, Murray PHN and Tatura Milk.

The GV Health medical staff look forward to planning and engaging in the new hospital redevelopment. A sense of both relief and renewed vigor is palpable amongst the medical staff, who feel positive about the redevelopment.

Improving patient handover

ISBAR has been redeveloped to enable seamless use on all desktop computers, tablets and smart-phones, in-line with the GV Health principle of having systems that are available anywhere, anytime, anyhow.

Allied Health is now included in the ISBAR handover system to enable Allied Health disciplines to enter information about their patients, which can then be more easily viewed by medical and nursing staff.

Minimising Obstetric Risk

The VMIA-funded PROMPT program continues to build inter-professional team work across the organisation to meet obstetric emergencies.

Inhouse Antenatal IT Clinical Systems

An electronic system was developed to highlight maternity high and low risk pathways and the expected date of delivery of expectant mothers. This provides a more efficient system to match the needs of mothers with care providers.

Creation of an Electronic Mortality Review Register

An electronic register was developed to improve the system of reviewing all patient deaths at GV Health. There are many lessons to be learned from patient deaths and this register facilitates system-wide, in-depth learning.

Establishing a regional research consortium

GV Health initiated the establishment of a regional consortium to provide a united platform for conducting world-class clinical and public health research in northern Victoria.

Participants include key policy makers and clinical governance leaders from several regional health organisations, local and metropolitan universities, community health organisations and the Department of Health and Human Services.

The Goulburn Valley region is a diverse community in a vast geographical area, with a broad range of health issues to explore and address, from cancer and heart disease to mental health, obesity, drug and alcohol use.

The creation of a regional research alliance will bring together leading health experts, researchers and organisations to address critical health issues that will make a difference locally, regionally and globally.

The development of this major research consortium will help to initiate research projects and ensure local collaboration in the collection and analysis of data, while supplementing the growing demand for regional data. It is hoped that the consortium will work together to attract funding, which in turn will help create sustainable globally-significant research opportunities within our region.

Executive Reports
Planning and Resources

The Directorate of Planning and Resources includes: Health Information Services, Financial Services, Hotel Services, Information and Technology Services, Biomedical Engineering, Capital Projects and Building and Engineering Services. The Directorate continued to actively support the provision of high quality patient care throughout the organisation. Some of the major highlights were as follows:

- Achieved compliance with the relevant components of the external Food Safety Audit.
- Achieved compliance with Department of Health and Human Services (DHHS) cleaning audit requirements.
- Commenced energy reporting through the DHHS Environmental Data Management System.
- Reviewed and updated the Environmental Management Plan for 2015-2017.
- Developed the annual Environmental Sustainability performance report, which is available on the GV Health website.
- Introduced a micro-fibre cleaning system to reduce cleaning chemical usage across the Graham Street campus.
- Developed and commenced offering the Cert IV Clinical Classification course – one of two courses funded by DHHS in Victoria.
- Integrated Tatura and Waranga site scanned records into the ChartView System.
- Upgraded the 3M Clinical operating system.
- Integrated the Mental Health Information System team with the Health Information Service.
- Developed a corporate record framework for GV Health.
- Refurbished the Pharmacy to improve work flow.
- Progressed energy efficiency initiatives through the installation of LED lighting.
- Improved security with the installation of swipe access for external entry points across GV Health.
- Completed the refurbishment works in the Medical and Rehabilitation Wards, the Surgical Ward corridor and continued with painting and flooring improvements across the Graham Street campus.
- Expanded local Payroll and Supply services provision to other rural health agencies.
- Developed and introduced a financial reporting service for other rural health agencies.
- Introduced a new procurement framework and supporting procedures, training sessions and contract system improvement processes, in accordance with the mandated Procurement reform requirements.
- Completed redevelopment of the Emergency Department.
- Commenced redevelopment works in the Wanyarra Unit.
- Relocated the Medical Day Stay and Transit lounge to near the main entry of the Graham Street campus.
- Relocated and upgraded the Medical Imaging area to support new technology.
- Increased external storage capacity by relocating to a new external storage facility.
- Created a mobility garden for rehabilitation ward patients.
- Completed air-conditioning improvements for the Data Centre in Pathology.
- Implemented new balanced exchange servers, allowing for better response times, email flow, and improved user experience from our information technology.
- Implemented a domain-wide security feature to enhance anti-virus protection for our computer fleet.
- Continued to provide a high level of Biomedical Engineering expertise and support to a number of external customers across the region, and actively supported local service provision to patients.
- Met the annual year-end financial and performance reporting requirements for the year.

Executive Reports
Clinical Operations

Emergency Department renovations completed

Renovation works on the GV Health emergency department have been completed and the newly improved waiting area is now open.

The expansion was conducted in response to public feedback about the need for improved facilities for patients waiting for treatment and their families or carers.

The renovations were funded by community donations to help improve patient flow through the emergency department.

Expanding and improving the facilities within the emergency department enables us to better respond to the emergency care needs of the community in the future.

The installation of new signage in the emergency department has improved communication and ensures clear directions are provided to patients upon their arrival at the hospital.

The building works also included the re-design of three cubicles to meet the specific needs of children and families. Windows and doors made from switchable glass, instead of the traditional cubicle curtain, provide privacy and security. With the flick of a switch, the glass can turn from clear to frosted to enable observation and/or privacy.

A new access point was created from the emergency department into the imaging department to streamline the movement of patients in and out of the department.

The nursing station overlooking the short-stay beds was upgraded to offer better oversight of patients.

The waiting area for the emergency department has expanded to include 20 additional seats. A child-friendly play area has been created to entertain children with appropriate toys in a secure environment.

Executive Reports
Clinical Operations continued

Nocturnal Dialysis

To meet the significant demand for dialysis in our community, GV Health introduced nocturnal dialysis, between the hours of 8pm and 6am.

Undertaking dialysis overnight increases capacity – it means seven additional people can have dialysis here in our local community instead of having to travel to Melbourne and other areas, away from social support.

It enables people to sleep during dialysis, work during the day, and importantly... spend precious time with family and friends. Slower dialysis also means better health outcomes.

We are proud to be the first regional hospital to offer a nocturnal dialysis service.

Medical Day Stay Re-Located

A new Medical Day Stay area was created at the front of the Graham Street, Shepparton building.

Medical Day Stay was relocated and expanded to accommodate space for eight new beds – the result of additional funding announced in this year's State Budget.

The new beds will enable GV Health to provide services to 2,560 additional patients each year. The new area also has a convenient and accessible transit lounge area.

Improving access to local psychology services

GV Health is leading the provision of local specialist psychological services under the new Access to Allied Psychological Services (ATAPS) program, which has improved access to and quality of mental health care locally for people with common mental health problems such as anxiety and depression.

Psychology services are available at the Numurkah District Health Service and a variety of locations throughout the region, including GP clinics and psychology clinics in Shepparton, Cobram, Euroa and Yarrawonga. Services will be provided at no cost, following the development of a mental healthcare plan in collaboration with a General Practitioner.

Having mental health clinicians co-located with GPs, as well as psychology clinics in the Murray Primary Health Network means that people will be able to choose the easiest, best access option for them.

Improving palliative care

GV Health has introduced a new model of Palliative Care and is the lead organisation in developing a West Hume Palliative Care Service with key partners: GV Hospice, Numurkah Hospital and Seymour Hospital.

The Mary Coram Unit has added four new beds dedicated to accommodating palliative care patients.

A Palliative Care Clinical Nurse Consultant was employed in July 2015 and a Palliative Care Physician was employed in November 2015; both of these new roles travel to all locations/other hospitals and to people's homes across the region, to provide services.

Improving local care for children

High flow oxygen can now be delivered to babies in the GV Health Child and Adolescent Unit, which means fewer babies and children need to be transferred to Melbourne hospitals for care.

Thanks to a partnership with the Royal Children's Hospital, chemotherapy can also now be provided to children in the GV Health Child and Adolescent Unit.

These are welcome improvements for local families who are now able to stay in the local area, with greater support from family and friends in their local community.

Improving medical and surgical care

An additional eight medical beds have been added in the medical ward.

GV Health patients are now also able to have surgery at Numurkah, Seymour and Benalla. This unique partnership is giving patients timely access to surgery in their local communities, closer to support from family and friends.

Recruitment of medical staff

GV Health has this year welcomed several new medical specialists to support the service innovation and expansion.

They join an impressive staff cohort who continue to develop service models that expand and support the care delivered throughout GV Health.

Accreditation

The aged care facilities at Tatura Parkvilla, Waranga Aged Care Hostel and Waranga Nursing Home all successfully passed the aged care accreditation processes. This is testament to the care and dedication of staff, who continue to provide first class services to residents.

The GV Health Pathology Department, located at Echuca Regional Health, successfully passed NATA accreditation in October 2015.

Improving access to oncology services

Two new oncologists joined the team at the Peter Copulos Cancer and Wellness Centre; Dr Babak Tamjid and Dr Javier Torrres. GV Health is now also partnering with Seymour Health and Kyabram District Health to provide oncology clinics and chemotherapy, enabling patients to have treatment close to home.

New oncologists, Dr Javier Torres and Dr Babak Tamjid

Executive Reports
Community and Integrated Care

Drug and Alcohol Rehabilitation Services

The Goulburn Valley Alcohol and Drug Service received funding from the Victorian Government to provide a Therapeutic Day Rehabilitation program in the Goulburn Valley.

This much-needed service commenced in November 2015 and is led by GV Health, in partnership with Odyssey House Victoria and Salvocare.

The GV Therapeutic Day Rehabilitation program is a 10 week non-residential rehabilitation program that provides a structured group program for anyone wishing to address their substance use.

The program includes modules that focus on change strategies, relapse prevention, life skills, employment and education pathways and connections to recreation, families and communities.

An individual care plan is developed in partnership with the client to identify their recovery goals and to select rehabilitation program modules that match these goals.

The program encourages involvement of each participant's family and significant others and offers family sessions that look at how loved ones can assist and support the participant to practice what they have gained from the program.

The GV Therapeutic Day Rehabilitation Program is a non-residential rehabilitation program. Participants continue to live at home while completing the program so that connections with family, friends and community can be maintained throughout the rehabilitation period.

Healthy GV

Healthy GV was launched in August 2015, embracing the 'Healthy Together Victoria – Workplace Achievement Program', which aims to support local organisations to improve the health and wellbeing of their staff and the broader community.

A Health and Wellbeing Charter for GV Health was introduced to focus on four key areas: Healthy Culture, Healthy Physical Environment, Healthy Community Connections, and Health and Wellbeing information and opportunities to support staff.

GV Health is leading by example by integrating the charter into GV Health activities, programs and policies. To find out more about the program, visit http://www.healthytogether.vic.gov.au

GV Health has committed to a three-year sponsorship of the Shepparton Chamber of Commerce Business Awards, sponsoring the Health Promoting Workplace category.

This new category will encourage local businesses and organisations to create a health-promoting workplace, improving employee morale, improving productivity and reducing sick leave.

Improving care for local children with cerebral palsy

Local children with cerebral palsy can now receive Botulinum toxin injections at GV Health. This treatment can help manage spasticity or stiffness of muscles, which can otherwise lead to muscle shortening, spasms, changes in development of bones and joints and limitations of functional abilities. The effect of the Botulinum toxin lasts between three and six months and may then need to be repeated.

Treatment with Botulinum toxin is planned by paediatric rehabilitation doctors, physiotherapists and occupational therapists, in conjunction with the child and family.

Most children receive this treatment every six months. Post-injection therapy, including stretching and strengthening and functional activities is essential.

The Victorian Paediatric Rehabilitation Service (VPRS) currently provides rehabilitation services to 110 children throughout the Hume region, with 20 local children currently receiving treatment with Botulinum toxin injections.

Taking dental care to students of McAuley Champagnat

The GV Dental Service is extending the provision of its dental services to the McAuley Champagnat Program students of Notre Dame College.

The McAuley Champagnat Program is an innovative educational program of Notre Dame College, designed to meet the educational needs of disengaged students in the Greater Shepparton Region. The mobile GV Dental Service van travels to McAuley Champagnat at Notre Dame's Emmaus Campus on a regular basis until all students have been seen and, if need be, treated.

It was identified that some students were attending the GV Dental Clinic for treatment but then not returning to complete treatment; and many other students did not attend at all and their oral health has suffered as a result.

By taking the GV mobile dental van to the school on a regular basis, these students can receive onsite dental diagnosis and treatment, and receive complete and follow-up care, as required.

Dental clinic of the year

The GV Health Dental Clinic was named the *2015 Public Dental Clinic of the Year* at the Public Oral Health Awards.

This award recognised the GV Health Dental Clinic as a centre of excellence, responsive to the needs of the diverse community through establishment of innovative models of care and a broad service profile. The clinic also actively encourages a learning environment through undergraduate and post-graduate placements.

The annual awards, hosted by Dental Health Services Victoria, saw a competitive field of entrants vying for the title; however, GV Health dental clinic took out this year's honour.

McAuley Champagnat program director Peter Chalkley; GV Health dental assistant, Bridget Cole; GV Health dental therapist, Kim White; Year 9 student, Kylan Jones; in the mobile dental van clinic.

GV Health Board Members

Mr Peter F. Ryan (Chair)

Appointment: 2011
Term expiry: 30 June 2017

Committees
- Audit & Risk
- Quality
- Remuneration
- Facilities & Infrastructure

Mr Bill Parsons

Appointment: 2011
Term expiry: 30 June 2017

Committees
- Finance
- Audit & Risk
- Remuneration
- Facilities & Infrastructure (Chair)

Ms Roslyn Knaggs

Appointment: 2010
Term expiry: 30 June 2017

Committees
- Quality (Chair)
- Remuneration
- Facilities & Infrastructure
- Workforce

Ms Barbara Evans

Appointment: 2012
Term expiry: 30 June 2018

Committees
- Finance
- Audit & Risk (Chair)
- Quality
- Workforce
- Consumer Advisory Committee

Mr Stephen Merrylees

Appointment: 2014
Term expiry: 30 June 2017

Committees
- Quality
- Remuneration (Chair)
- Facilities & Infrastructure
- Consumer Advisory Committee
- Primary Care & Population Health (Chair)

Mr Fezi Shaholli

Appointment: 2013
Term expiry: 30 June 2016

Committees
- Finance Committee (Chair)
- Audit & Risk
- Workforce

Ms Robyne Nelson

Appointment: 1 July 2015
Resigned: 2 February 2016

Committees
- Quality
- Workforce
- Consumer Advisory
- Primary Care & Population Health

Mr Roger Coates

Appointment: 8 September 2015
Term expiry: 30 June 2018

Committees
- Finance
- Audit & Risk
- Quality
- Workforce (Chair)

Ms Natalie Goodall

Appointment: 26 April 2016
Term expiry: 30 June 2018

Committees
- Quality
- Workforce
- Primary Care & Population Health

Ms Jo Breen

Appointment: 26 April 2016
Term expiry: 30 June 2018

Committees
- Finance
- Audit & Risk
- Consumer Advisory Committee

GV Health Board Directors 2015/16 - Attendance

Board Director	Jul	Aug	Sep	Oct	Nov	Dec	Extraordinary Meeting 5 January	Jan	Feb	Mar	April	Special Meeting 23 May	May	June	TOTAL
Peter Ryan	✓	A	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	93%
Barbara Evans	✓	✓	✓	✓	✓	✓	✓	✓	A	✓	✓	✓	✓	✓	93%
Ros Knaggs	✓	✓	✓	✓	✓	✓	A	✓	✓	✓	✓	✓	✓	✓	93%
Bill Parsons	✓	✓	✓	✓	✓	A	✓	✓	✓	✓	✓	✓	✓	✓	93%
Fezi Shaholli	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	A	✓	✓	✓	93%
Stephen Merrylees	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	100%
Robyne Nelson	A	✓	Resigned												50%
Roger Coates			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	100%
Jo Breen												A	✓	✓	67%
Natalie Goodall												✓	✓	✓	100%

✓- In Attendance A- Apology

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.

Dale has resigned to take up the role of CEO at Ballarat Health Service, after three successful years as CEO at GV Health.

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.

Fiona was appointed Interim CEO, with the resignation of Dale Fraser at the end of 2015/16.

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.

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.

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).

Organisational Chart

Our People

CHIEF EXECUTIVE OFFICER

Dale Fraser
MBA, B.Bus, FCPA, FHSM

Community Engagement Director
Dr Beige Pureau
DBA (Innovation, e-Government and Communication Strategy), MMkt, BA (PR)

GV Health Foundation Director
Carmel Johnson
BA

Media and Communications Consultant
Michelle Frenkel
MCom, GradDip(PR), BCom(MktEco), IAP2 certified

Web Administrator
Darren Barnes

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

INNOVATION AND PERFORMANCE

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

Director Quality, Innovation and Risk
Kellie Thompson
BAppSc(Nursing), RN, GradDipGerontic, DipM, 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 (Acting)
Cathy Scott
RN, BNursing, Cert IV Workplace Training and Assessment

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(Information Management and Systems)

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

CHIEF MEDICAL OFFICER

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

Anaesthetics Clinical Director
Dr. Usha Kolandaivel
MBBS, MAnesth, FANZCA, MBBS

Clinical Skills HMO Educator
Dr Mark Paterson
MBBS (Hons), FACEM

Director of Intern Training
Dr Carolyn Kamenjarin
MBBS, FRACGP, FACRRM, DipObsRACOG, DipRuralMed

Director of Research
Dr Md Rafiqul Islam
MBBS, MPH, Ph.D

Freedom of Information/Medico-Legal Officer
Donna Campbell

General Surgery Clinical Director
Mr Tony Heinz
MBBS, FRACS

HMO Educator
Dr Mathew Piercy
MBBS, FANZCA, FCICM

Medical Education Officer
Jerry Tumney
BSci

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

Orthopaedic Surgery Clinical Director
Mr Aidaraus Farah
FCS (SA), FRCS

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

WBA IMG Program Educator
Dr Janith De Silva
MBBS, MD, FRACP

CLINICAL OPERATIONS

Executive Director Clinical Operations
Donna Sherringham
BNurs, DipApSci, MHlthServAdm

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

Chief Medical Imaging Technologist
Linda Truong
BAppSc(MedRad), MBA

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

Clinical Business Services, Divisional Director
Jacinta Russell
BSc, MAppSc, GradCertMgmt, GAICD

Consultant Medical Oncologist
Dr Babak Tamjid
M.D., FRACP

Consultant Medical Oncologist
Dr Javier Torres
MBBS, FRACP, DipPallMed(Clinical)

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 Unit Clinical Director
Dr Mathew Piercy

Intensive Care Unit, Nurse Unit Manager
Vincent 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

Medicine Clinical Director
Dr Mark Harris

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

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

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

Mental Health Services, Divisional Operations Director (Acting)
Anne Doherty
RPN, RGN, BHA, GAICD

Medical Imaging Clinical Director
Professor Alexander Pitman
AANMS, RANZCOR, MMed, MBBS, B(MedSci)

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

Oncology, Nurse Unit Manager
Linley Smith
RN

Pathology Operations Manager
Kathy Olorenshaw
BAppSci (Med Lab Sci)

Pharmacy Director
Liam Carter
B.Pharm(Hons), Dip Clin Pharm

Specialist Outpatient Clinics Manager
Kimberley Dagger
BNursing, Critical Care Certificate

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

Surgical, Women's and Children, Divisional Operations Director
Kim Read
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

PLANNING AND RESOURCES

Executive Director Planning and Resources
Bill Morfis
BHA, MCom, CPA

Biomedical Engineering Manager (Acting)
Paul Nowland
BEng

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

Engineering Services Manager
Patrick Ryan
BE (Mech)

Finance Director (Acting)
Peter Guy
B.Bus, CPA, GAICD

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

Hotel Services Manager
Denise Maloney
Cert III(Hospitality)

Information Technology Service Manager (Acting)
Lloyd Eldred

Payroll, Manager
Judy Robinson

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

Project Manager
Blair Ferguson
AdvDipEng, AdvDipProject Management, DipOH&S

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
Carolynne Winbanks

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 (Acting)
David Todd

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

Manager, Trauma Informed Services
Andrea Caia
RN Div 2 Cert IV Health, DipBusMgt, Cert IV OH & S, Cert IV ProjMgt

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

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

2016 Graduate Cohorts

Dental Graduates

Left to Right: Dr Adita Athale, Dentist, Dr Setareh Mokhtarani, Dentist, Dr Alan Tran, Dentist, Emily Carpenter, Dental therapist

Medical Interns

Nursing Graduates

Awards
Staff Excellence Awards

Congratulations to the winners of the 2015 GV Health Staff Excellence Awards, which were presented at the Annual General Meeting on 24 November 2015.

Board Chair For Excellence In Customer Service Award

Awarded to:
Noel Johnson – Health Supply Shop

This award is based on the recognition and feedback GV Health receives from patients and their families in relation to customer service excellence.

CEO Award For Living The Values

Awarded to:
Cathy Dooling – Health Information Services

This award is presented to an individual who has embodied the CREATE Values of Compassion, Respect, Excellence, Accountability, Teamwork and Ethical Behaviour.

Patient-Centred Care Award

Awarded to:
The Rehabilitation Unit

This award is presented by consumers for care that demonstrates two or more of the eight principles of patient-centred care. Award recipients are selected based on the recognition and feedback GV Health receives from patients and their families through "Tell us what you think" compliments.

Excellence In Consumer Participation In Quality Improvement Award

Awarded to:
Caroline French, headspace

This award is presented by consumers for quality improvement activities registered on RiskMan Q that have been completed during 2015, that demonstrate good practice in consumer participation in quality improvement.

Living the Values Awards

Living the Values Awards

GV Health appreciates the efforts of employees towards achieving the goals and fulfilling the values of the organisation. Outstanding employees deserve to be rewarded for exceptional performance and recognised as an excellent role model for others.

As part of the Staff Reward and Recognition Program, employees are recognised for modelling specific values. Nominations for the award are submitted by any employee using the nomination form available from the Staff Reward and Recognition Intranet page.

Compassion:

Abby Bell,
Associate Nurse Unit Manager, Emergency Department:

"It was a very busy night in ED (Sunday, 7 February 2016) with high occupancy and a large number presenting to triage. I witnessed Abby triaging several patients with care, compassion and genuine concern. Regardless of how minor the complaint, Abby treated all seriously and, in my opinion, set the tone for a positive experience with the ED.

Abby is an excellent role model to all she works with. She is at all times patient focussed, regardless of what else is happening. She demonstrates excellent communication skills with all those she deals with and makes patients and families feel as though she cares and that they matter."

Respect:

Meg Stonehouse,
Occupational Therapist, Community Rehabilitation Centre

"Every day that I work with Meg she conducts herself in the highest manner both as a health professional (OT) and as a valued member of our team and community. Meg's communication skills and behaviour reflect all GVH values but her respect for individuals, their needs and beliefs, are considered with high priority in all of her therapies and interventions when providing outstanding services as part of the CRC team at GVH. Meg works with complex clients, carers, agencies and professionals."

Service Recognition Awards

It is with great pleasure that we acknowledge the long-standing commitment to GV Health by our employees who are celebrating major milestones of employment with our organisation this year.

To honour those employees who have worked at GV Health for more than 30 years, a special cocktail event was held to present the awards.

To the following list of award recipients, thank you very much for your ongoing support.

35 Years Service

Dr Peter Eastaugh, Visiting Medical Officer - Paediatrician
Mr Mark Eastman, Visiting Medical Officer - General Surgeon
Wendy Johnstone, After Hours Nurse Co-ordinator
Philip Norman, Pathology Collection Services
Allison Knight, Day Procedure Unit

30 Years Service

Zelma Bale, Rehab/Geriatric Evaluation Management Unit
Marlene Coppinger, Operating Theatre
Leigh Evans, Central Sterile Supply
Mr Anthony Heinz, Visiting Medical Officer - General Surgeon
Mr Roland Hunt, Visiting Medical Officer - General Surgeon
Margaret Joyce, Ward Clerks
Janet MacFadyen, Nurse Bank/Pool
Sharon Nexhip, Pathology Analytical Services
Helen Pettifer, Maternity/Ante Natal Clinic
Kim Read, Divisional Operational Director- Womens & Children
Barbara Stansfield, District Nursing
Wendy Swan, Dietetics
Jennifer Tomkins, Central Sterile Supply
Maree Tuohey, Food Services - Waranga
Kimberley Williams, Pathology Cobram

Below: (left to right) Janet MacFadyen, Jennifer Tomkins, Kim Read, Barbara Stansfield, Helen Pettifer, Kimberley Williams, Margaret Joyce, Zelma Bale, Wendy Swan, Mr Roland Hunt

25 Years Service

Jacqueline Bell, Obstetrics Unit
Dr Ivon Burns, Visiting Medical Officer
Susan Chalker, Nursing Education
Gayle Chandler, Mental Health - Nursing Home
Jane Douglas, Primary Mental Health Services
Susan Feeney, Health Information/Medical Records
Bernadette Feldtmann, Medical Imaging
Brenda Freeman, Library Services
Dr Dan Garrick, Clinical Director of Paediatrics
Michele Hanson, District Nursing Waranga
Wendy Hunter, Rehab/Geriatric Evaluation Management Unit
Vicki Jutson, Medical Imaging
Elizabeth Lee, Hospital Admission Risk Program Disease Management
Alison Marsh, Special Care Nursery
Pamela McGrath, Womens & Children
Cameron McGregor, Withdrawal Service
Eileen McNair, Medical Imaging
John Muldeary, Environmental Services
Julie Papallo, Rehab/Geriatric Evaluation Management Unit
Teresa Sinclair, Wanyarra
Grant Walters, Intensive Care Unit
David Wilson, Rehab/Geriatric Evaluation Management Unit

20 Years Service

Kaye Betson, Main Entry/Information Desk
Lisa Burkitt, Mental Health - Nursing Home
Kathleen Cannon, Food Services
Rebecca Chaston, Obstetrics Unit
Tanya Clohesy, District Nursing
Marjorie Davies, Aged Psychiatric Assessment Treatment
Beverley Doidge, Health Information/Medical Records
Anita Evans, Nursing Education
Debra Gook, Aged Care Assessment Services
Catherine Hall, Ward Clerks
Carolyn Hargreaves, Intensive Care Unit
Paula Holland, Paediatric Unit
Sophia Holt, Nurse Bank/Pool
Mr David Kelly, Visiting Medical Officer
Jenni McCluskey, Pain Management
Gail McPherson, Central Sterile Supply
John Miksad, Clinical Community Care -Adult
Lynn Morcom, Intensive Care Unit
Dr Michael Murphy, Visiting Medical Officer
Alison Rokahr, Nursing Education
Catherine Shannon, Paediatric Unit
Noreen Smith, Regional Continence Service
Sophie Summers, Paediatric Unit
Maureen Trevena, Nursing Administration
Sadie Vale, District Nursing Waranga

15 Years Service

Steven Addams, Environmental Services
Jennifer Anderson, Mental Health - Nursing Home
Jennie Armstrong, Pathology Cobram
Annette Armstrong, District Nursing Waranga
Craig Baker, Pathology Analytical Services
Sally Belcher, Victorian Paediatric Rehabilitation Service
Lesley Braid, Surgical Unit
Cathryn Brown, Medical Imaging
Lexie Brown, Wanyarra
Belinda Brown, Medical Unit
Wendy Burness, Social Work
Pamela Case, Mental Health - Nursing Home
Susan Christie, Obstetrics Unit
Cheryle Clarke, Paediatric Unit
Fiona Cross, Post Acute Care Program
Jane Douglas, Perinatal Emotional Health Pro
Frances Formica, MHS Health Information
Jenelle Gannon, Rural Allied Health Team
Emanoil Geaboc, Emergency - Senior Medical Officer
Linda Gladman, Obstetrics Unit
Michelle Greig, Medical Imaging
Julyan Howard, Primary Care Manager
Muhammad Islam, Emergency - Hospital Medical Officer
Vicki Johnson, Hospital Admission Risk Program Disease Management
Barry Johnson, Hotel Services Administration
Ernestine Jones, Food Services - Waranga
Sherie Kealy, Waranga Hostel
Sharon Kubeil, Obstetrics Unit
Charlie Lago, Environmental Services
Lorraine Landy, Environmental Services
Dale Lehrke, Nursing Staff Development
Shirley Little, Ward Clerks
Annie Manning, Health Information/Medical Records
Janet McRae, Community Interlink
Julie Moroney, Emergency Department
Helen Murphy, Paediatric Unit
Trudi Oelfke, Medical Unit
Wendy Platt, Health Information/Medical Records
Elizabeth Scali, Food Services
Kerry Slattery, Waranga Hostel
Valerie Whitehead, Wanyarra
Jacqueline Williams, Emergency Dept. Reception

Service Recognition Awards continued

10 Years Service

Dianne Beacon, Health Information/Medical Records
Lyn Brett, Innovation & Improvement Unit
Sarah Carroll, Medical Unit
Judith Chapman, Operating Theatre
Joanne Clark, Nursing Administration
Bronwyn Cole, Paediatric Unit
Mary Crosbie, Emergency Department Reception
Susan Dahlstrom, People & Organisational Development
Kerry Down, District Nursing
Lynette Edwards, Hospital In The Home
Susan Fax, Community Interlink
Julie Fletcher, Health Information/Medical Records
Loraine Foley, Obstetrics Unit
Caroline French, Headspace
Laurinda Futter, Obstetrics Unit
Sharon Geraghty, Rehab/Geriatric Evaluation Management Unit
Jennifer Green, Surgical Unit
Anthony Jackson, Dental Services
Suresh Jayasundera, General Medical - Hospital Medical Officer - Outreach
Robyn Johnson, Dental Services
Rebecca Jones, Community Interlink
John Kilmartin, Diabetes Education
Amanda Lee, Waranga Hostel
Nathan Lemin, Waranga
Elizabeth Lindner, Payroll Services
Kerrie Logue, Aged Psychiatrics Assessment Treatment Team
Annette Macdonald, Health Information/Medical Records
Lianne Macqueen, Nursing Education
Johanna Madden, Physiotherapy
Corey Mark, Ambulatory Aged Care - Clinical
Sandra Matthews, Integrated Care Services
Rachael McAlister, Financial Accounting
Jillian Michalski, Mental Health Services
Corina Milford, Food Services
Fiona Moncrieff, Operating Theatre
Saliann Nield, Surgical Unit
Mara O'Connor, Obstetrics Unit
Emily Parker, Health Information/Medical Records
Alok Rajvanshi, Orthopaedic - Hospital Medical Officer
Salvatore Rambaldo, Pathology Administration
Christine Robey, Operating Theatre
Judith Robinson, Payroll Services
Lisa Rohde, Management Accounting
Gordon Ross, Community Interlink
Shannon Ryan, Dental Services
Gayle Sammut, Allied Health Manager
Indrani Sandanayake, Emergency Department
Kim Scott, People & Organisational Development
Sophie Scott, Surgical Unit
Karyn Sharp, Environmental Services
Marcia Shipston, Medical Unit
Belinda Simpson, Waranga
Victoria Smith, Mental Health - Nursing Home
Tania Stuart, District Nursing
Annette Thompson, Central Sterile Supply
Caroline Timmis, Obstetrics Unit
Erin Vallance, Intensive Care Unit
Jacqueline Wallace, Waranga

2015/16 Companion Awards

GV Health bestows Companion Awards annually to recognise and honour the outstanding contributions of individuals who provide support to the organisation and our local 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.

Two Companion of GV Health Awards were presented at the GV Health Annual General Meeting in November 2015:

Chris McPherson

For more than 40 years, Chris has been a passionate and committed advocate and a tireless worker for his community and the broader media industry.

His leadership has been evident in many facets of the community having served on the Boards of Goulburn Ovens Institute of TAFE, the Goulburn Valley Grammar School Foundation, the Melbourne College of Printing and Graphic Arts, and the Shepparton Apex Club. Chris was also awarded the prestigious Rotary Paul Harris Fellow Award in 2014.

In 2008, Chris was diagnosed with prostate cancer, and his dedication to raising research funds resulted with his vision for the "Biggest Ever Blokes Lunch." In 2008, the inaugural lunch was attended by 600 blokes in Shepparton and raised $144,000. Since then these annual events have raised almost $1 million. In 2015 Chris and his team donated the lunch proceeds to GV Health to enable the employment of a Prostate Cancer Support Nurse.

Sadly, Chris passed away in December 2015. His extraordinary efforts have helped to make a difference in the lives of many people – and will continue to do so as part of the legacy he created.

Lorraine Riordan

Lorraine Riordan was born 86 years ago and has been a community champion for many charities in Shepparton almost all her life. In 1967, Lorraine was appointed the inaugural President of the Goulburn Valley Hospital Ladies Auxiliary, and has continually attended meetings and functions since.

In 1998 Lorraine and her husband Kevin were recognised for their combined 81 years of continuous service to GV Health, with Kevin having served on the Hospital Board of Management for 51 years.

In 2007 Lorraine was recognised by the Auxiliary for her tireless commitment to the auxiliary, and in 2010 she was recognised by the Victorian Government's Department of Health by being awarded the Minister for Health's 2010 Volunteer of the year for her outstanding service to GV Health.

Statutory Requirements

Occupational Health and Safety

Achievements

GV Health's Health, Safety and Wellbeing Department continues to improve the safety of patients, the community and the healthcare work force in 2015/16.

A new requirement has been introduced this year to publicly report incidents of occupational violence.

During the year, the Department:

- ✓ completed the Emergo Train Exercise, enabling GV Health to implement the State Health Emergency Response Plan and the Code Brown plan, in response to a mass terrorism casualty incident.
- ✓ presented at the Metro and Regional Network OHS Forum in Melbourne on GV Health's *Approach to Occupational Violence in a Regional Hospital.*
- ✓ commenced presentation of safety culture information sessions for staff, to raise awareness of Sections 21, 25 and 32 of the *OHS Act 2004* regarding the responsibilities of the employer and employees with regard to safety.

Workcover Claims

GV Health has continued to adopt a proactive approach in managing workplace injuries and improving the health and safety of the workplace in 2015/16. We actively encourage staff to report all incidents to ensure best practice in health, safety and wellbeing throughout the organisation.

GV Health has improved its Workcover insurance premium rating from .578% to .653%, which is 34.7% better than the industry average performance of 1.244%

Total Work Cover claims by incident type

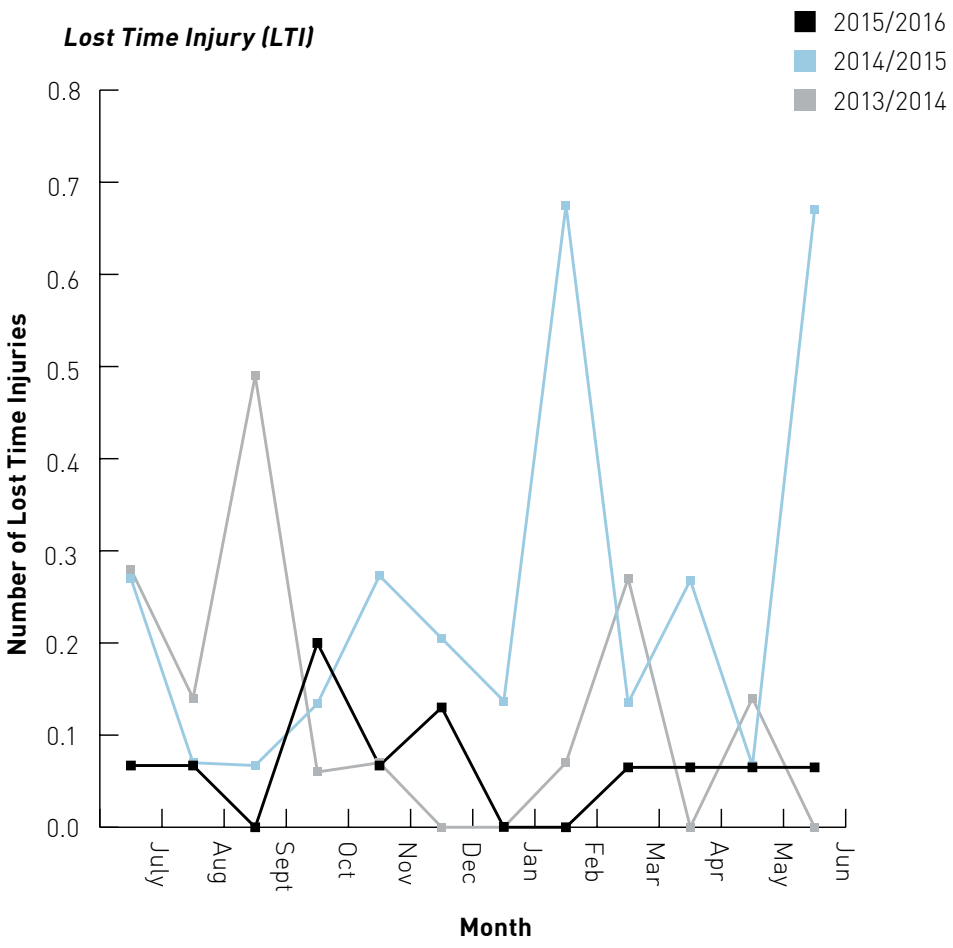
Type of Incidents	2015 / 2016	2014 / 2015	2013/2014	2012/2013
Non-Clinical Manual Handling	2	0	3	4
Clinical Manual Handling	2	3	2	1
Motor Vehicle	0	0	0	2
Work-Related Stress	8	3	0	1
Slips / Trips / Falls	1	1	3	0
Struck by Object	1	0	0	0
Other	1	3	1	0

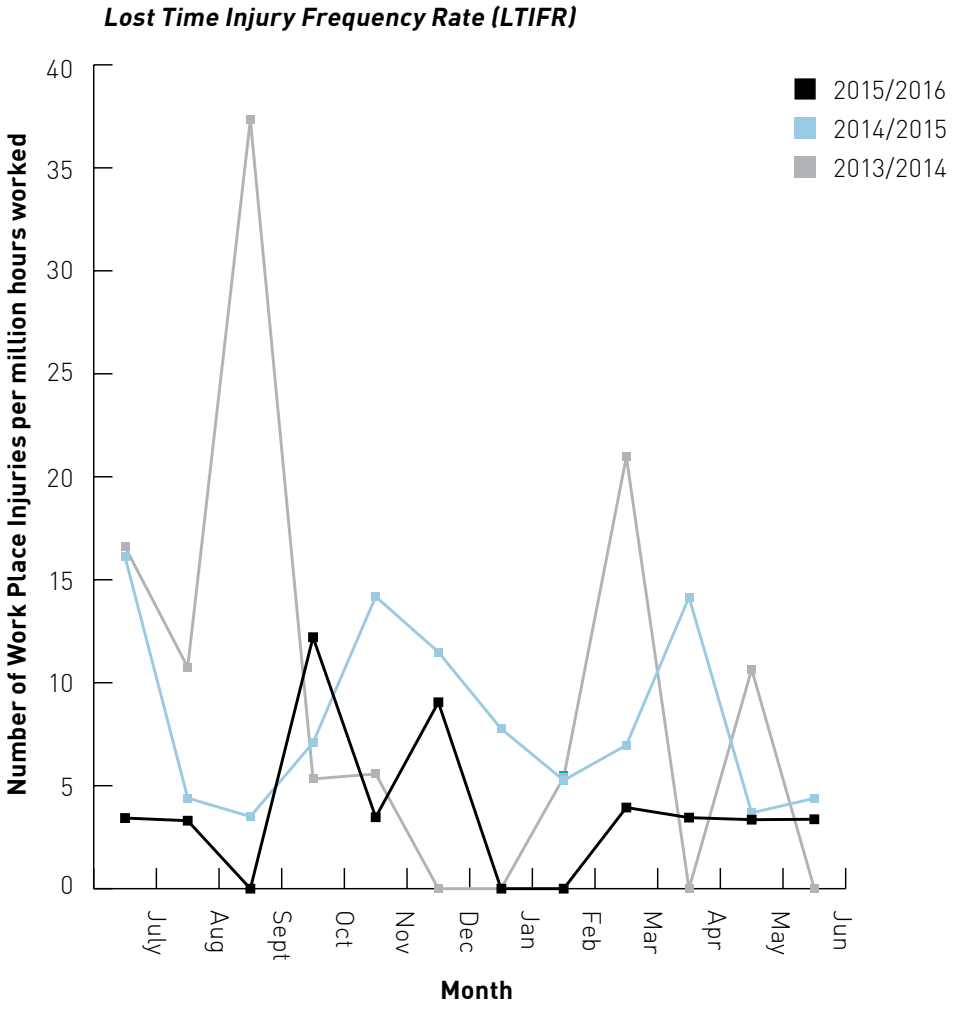
Lost Time Injuries

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

Definition: A lost time injury relates to the lodgement of a WorkCover claim for lost time.

A lost time injury relates to an employee who has had more than 10 working days lost due to a work injury and the employee has lodged a WorkCover claim, The employer pays the first 10 days for all staff injuries, plus a medical and like expenses figure, that is indexed annually.





Statutory Requirements continued

Occupational Violence and Aggression

The 2015/16 Statement of Priorities requires all health services to monitor and publicly report incidents of occupational violence. This follows the Victorian Government's commitment to addressing occupational violence in healthcare and the Victorian Auditor-General's audit report, Occupational violence against healthcare workers, released in 2015, that identified better awareness of the prevalence and reporting of occupational violence incidents was required.

As a recommendation from the Occupational Violence and Aggression Working Group, GV Health will commence formal training of "train-the-trainer" in Managing Occupational Clinical Aggression to ensure ongoing hands-on training is being conducted throughout the organisation.

As this is the first year this data is being reported, there is no benchmark for comparison.

Occupational violence statistics	2015/16
WorkCover accepted claims with an occupational violence cause per 100 FTE	0.066
Number of accepted WorkCover claims with lost time injury with an occupational violence cause per 1,000,000 hours worked.	0.385
Number of occupational violence incidents reported	245
Number of occupational violence incidents reported per 100 FTE	16.18
Percentage of occupational violence incidents resulting in a staff injury, illness or condition	4.89%

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.

Building Works

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

- Renovations to the emergency department, including expansion of the Emergency Department waiting area, triage and children's treatment rooms. A safe play area was also created in the waiting area for children.
- Refurbishment of the Pharmacy to improve the work environment and improve work flow; including upgrade of the vinyl flooring, furnishings and painting.
- Works conducted to create a gender-sensitive wing within the Wanyarra Inpatient area.
- Ongoing upgrading of the fire systems at all GV Health campuses.
- Ongoing replacement of high energy use lights with energy efficient LED lighting.
- Relocating the Medical Day Stay Unit and Transit Lounge to be near the main entry to the Graham Street campus. This also included refurbishment of the main entrance of the Graham Street campus.
- Installation of Warden Intercom Point phones throughout the Graham Street campus to improve communication during emergencies.
- Refurbishment of the Mary Coram and Medical Wards, including flooring, painting, blinds and upgrade of the ensuites.
- Upgrades were made to the air conditioning in the Graham Street campus main server room to allow improved telecommunication functions.
- A new nurse call system was installed at the Tatura Hospital and Waranga Aged Care Hostel.
- A new Emergency Power Generator was supplied and installed at the Waranga Aged Care Hostel.
- The laundry facilities were expanded and improved at the Waranga Aged Care Hostel.
- A hair salon was created at the Waranga Aged Care Hostel for residents.

Compliance with Building Act 1993

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

GV 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, GV 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 GV 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.

Competitive Neutrality

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

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 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 2015/16, there was one consultancy where the total fees payable to the consultants were $10,000 or greater. The total expenditure incurred during 2015/16 in relation to this consultancy, HealthKare Intelligence, was $10,599.02.

In 2015/16, there were no consultancies where the total fees payable to the consultants were less than $10,000.

Consultant	Purpose of Consultancy	Start Date	End Date	Total approved project (excl GST)	Expenditure 2014-2015 (excl GST)	Future expenditure (excl GST)
HealthKare Intelligence	Review and report of Biomedical Engineering Service	Dec 2014	Jan 2015	10,599.02	10,599.02	-

Statutory Requirements continued

Freedom of Information Requests

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

A total of 669 formal requests for information were received and processed under the *Act* in 2015/16.

A legislated fee of $27.20 per application is charged and a charge is applicable as a search fee. Fees collected were $9,928.00. Charges collected were $19,806, including medico-legal reports and photocopying.

Victorian Industry Participation Policy Act 2003

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

Car Parking Fees

GV Health complies with the Department of Health and Human Services hospital circular on car parking fees, effective 1 February 2016 and details of car parking fees and concession benefits can be viewed at www.gvhealth.org.au

Details of Information and Communication Technology (ICT) expenditure

The total ICT expenditure incurred during 2015/16 was $2,094,737 with the details shown below.

Business as Usual (BAU) ICT expenditure (Total) (excluding GST)	Non-Business As Usual (non-BAU) ICT expenditure	Operational expenditure (excluding GST)	Capital expenditure (excluding GST)
$2,094,737	$0	$961,417	$1,133,320

The Protected Disclosures Act 2012

GV 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.

GV Health adheres to the *Protected Disclosures Act 2012* through incorporating the protected disclosure requirements of the Act into the GV Health Whistleblowers Procedure.

Carers Recognition Act 2012

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.

Workforce Data

GV Health is committed to the application of the employment and conduct principles and all employees have been correctly classified in workforce data collections. 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	
	2015	**2016**	**2015**	**2016**
Nursing	**635.45**	**678.63**	**627.57**	**650.12**
Casual	26.04	37.34	27.00	27.60
Part Time	462.85	494.44	456.07	478.33
Full Time	146.56	146.85	144.50	144.19
Administration and Medical Support	**446.95**	**437.92**	**442.81**	**445.31**
Casual	10.48	11.43	11.74	12.96
Part Time	191.38	201.24	192.04	194.74
Full Time	245.09	225.25	239.03	237.61
Hotel and Allied Services	**151.38**	**155.97**	**150.35**	**154.58**
Casual	23.58	22.94	21.64	19.29
Part Time	88.42	95.93	89.26	97.49
Full Time	39.38	37.10	39.45	37.80
Medical Staff	**162.34**	**174.02**	**161.58**	**165.53**
Casual	1.06	0.04	1.03	0.71
Part Time	10.70	14.32	9.71	12.03
Full Time	150.58	159.66	150.84	152.79
Allied Health	**98.96**	**102.73**	**95.06**	**98.54**
Casual	2.19	2.37	1.91	2.18
Part Time	40.42	48.66	39.09	47.63
Full Time	56.35	51.70	54.06	48.73
Grand Total	**1495.08**	**1549.27**	**1477.37**	**1514.08**

PART A
Statement of Priorities 2015/16

Goulburn Valley Health Strategic Plan [2014–2018] can be read at http://www.gvhealth.org.au/publications/strategic-plan/

Strategic priorities

In 2015/16, Goulburn Valley Health contributed to the achievement of the government's commitments by:

Domain	Action	Deliverables	Outcomes
Patient experience and outcomes	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.	Develop staff skills in the use of patient experience stories and case studies to demonstrate the benefits that informed and pro-active patients can bring.	A case study template has been developed. Consumer-led Patient-Centred Care Award introduced based on analysis of consumer and carer feedback on GV Health Patient Centred Care policy principles. Award to be given by the Consumer Advisory Committee chair at the GV Health AGM.
			Patient Centred Care on-line learning module included in e-learning options.
			Staff training needs analysis reviewed; patient-centred care training priorities identified to inform 2016/17 Patient Centred Care Campaign.
			Review and re-development of the complaints framework that supports the 'responsive culture' strategy, using patient experience in the education model to drive a reduction in complaints at the bedside.
		Sign up all divisions/ departments to a: Regular cycle of patient experience data collection and analysis; and Commitment to implementing at least one improvement activity using Experience Based Design.	VHES Data is submitted and reports are circulated to key stakeholders. Patient Experience data is collected and reported monthly for ward areas via the clinical divisional meetings and through to the Board. Results are displayed to the public on the ward Quality Boards.
			Mapping study of consumer surveys completed. Consumer award for consumer participation in quality improvement established 2014/15; assessment for 2015/16 award commenced.

Domain	Action	Deliverables	Outcomes
		Lead the development and delivery of a Goulburn Valley sub-regional surgical plan.	Surgery commenced at Numurkah and expanded at Benalla and Cobram Hospitals.
			Surgery and Oncology Services at Seymour Hospital commenced.
			Oncology commenced at Kyabram Hospital.
	Strengthen the response of health services to family violence. This includes implementing interventions, processes and systems to prevent, identify and respond appropriately to family violence at an individual and community level.	Establish the role of Manager, Trauma Informed Services to lead this work, including the roll out of the *Strengthening Hospital Responses to Family Violence* initiative and related policy and practice frameworks.	GV Health staff participated in a range of training and awareness activities including: • White Ribbon events. • Family Violence included as a topic in the Hume Region Oral Health Professional Development Workshop. • Responding to Family Violence workshop presented by Royal Women's Hospital representatives.
			Trauma Informed Services Manager appointed. GV Health participating as a demonstration site for roll-out of the *Strengthening Hospital Responses to Family Violence*
			Briefing paper and presentations on Royal Commission on Family Violence recommendations presented to GV Health's Primary Care and Population Health Advisory Committee.
	Support the effective delivery of alcohol and other drug treatment services.	The Goulburn Valley non-Residential Rehabilitation Program will commence in October 2015 and will deliver services to clients over a 10 week period focusing on: • Substance use change strategies; • Relapse prevention; • Life skills, employment and education pathways; and • Connections to recreation, families and communities.	Non-residential rehabilitation staff recruited; reconfiguration of facilities at Community Health@GV Health underway to provide appropriate group rehabilitation environment.
			The first non-residential rehabilitation group program commenced with 10 participants.
	Improve the health outcomes of Aboriginal and Torres Strait Islanders by increasing accessibility and cultural responsiveness of the Victorian health system.	As described in the *Improving Care for Aboriginal Patients* plan, re-orient the role of the Aboriginal Health Transition Officer (AHTO) to provide stronger linkages and follow-up in relation to chronic illness.	Training for the AHTO completed in health coaching and mental health first aid.
			AHTO currently completing Aboriginal Health Worker training.
			Training plan for 2016-17 developed.

Domain	Action	Deliverables	Outcomes
	Trial, implement and evaluate strategies that use e-health as an enabler of better patient care.	Agree on a new Patient Administration System (PAS), including submission of a business case to the Department of Health and Human Services by end 2015.	Regional PAS Project commenced.
Governance, leadership and culture	Demonstrate an organisational commitment to Occupational Health and Safety, including mental health and wellbeing in the workplace. Ensure accessible and affordable support services are available for employees experiencing mental ill health. Work collaboratively with the Department of Health and Human Services and professional bodies to identify and address systemic issues of mental ill health amongst the medical professions.	Participation of *Wave 2 Work Health Improvement Program* as part of organisational commitment to Occupational Health and Safety, including mental health and wellbeing, as well as collaborating internally and externally with other health services to promote mental health and wellbeing support services that are accessible and affordable to all staff, including: Heads Up/Beyond Blue, R U OK and more.	GV Health has led the establishment of regional OH&S forum, including Worksafe.
			Invited to participate in a WorkSafe Hospital Pilot Program on Occupational Violence and Aggression (OVA) Incident Investigations.
			Mindfulness/Resilience Sessions for Maternity Service as part of *Wave 2 WIN* program.
			Wellbeing plan for all staff is currently being established.
		Launch the Healthy Together Victoria – Workplace Achievement Program.	Healthy GV Program and Charter launched in August 2015; self-assessment completed.
			Review commenced to improve healthy food and drink choices available through vending machines.
	Monitor and publically report incidents of occupational violence. Work collaboratively with the Department of Health and Human Services to develop systems to prevent the occurrence of occupational violence.	Occupational Violence and Aggression (OVA) incident statistics reported on monthly Occupational Health Report and tabled at Board and Management meetings and circulated throughout organisation.	Participating in the OVA Incident Investigation Tool Hospital Pilot Project.
			OVA program to commence in August 2016 in Medical, Surgical and Maternity wards. All OV incidents reported in the annual report.
		Implementation of Managing Aggression training program organisation wide to all staff in line with the introduction of Code Grey.	Program developed and dates to be confirmed.
		Formation of an Occupational Violence and Aggression (OVA) Committee to address Occupational Violence issues and provide expertise and direction with specific policies to prevent the occurrence of Occupational Violence in the workplace.	OVA committee has been established. The Violence and Aggression strategy has been developed.
			Workplace training for violence and aggression continues.

Domain	Action	Deliverables	Outcomes
			Sustainable model of training being investigated with Royal Melbourne Hospital and Ballarat Health Service. This has been identified as the next deliverable and will be done in the "Train the Trainer" Model.
			Ongoing work on OVA in line with the Occupational Health and Safety Operational Plan incorporating National Standard 15.18.
			A working group has been established.
	Promote a positive workplace culture and implement strategies to prevent bullying and harassment in the workplace. Monitor trends of complaints of bullying and harassment and identify and address organisational units exhibiting poor workplace culture and morale.	Develop and implement a strategy that addresses the prevention of bullying and harassment in the workplace.	Anti-Bullying and Harassment policy and procedures have been reviewed and updated. A prevention of bullying and harassment working group has been established to develop a strategy and interventions to address bullying and harassment in the workplace.
			Blended model of training commenced to improve staff understanding of Anti-Bullying and Harassment and improve mandatory training compliance.
			Anti-Bullying and Harassment strategy developed and launched, incorporating the March 2016 VAGO Report.
		Develop and implement a process to monitor and report all complaints of bullying and harassment.	System utilised to track and report the progress of complaints on bullying and harassment.
	Work collaboratively with the Department of Health and Human Services on service and capital planning to develop service and system capacity to deliver ambulance services where they are needed.	Progress the Master-Planning Program to reflect the service plan and clinical service plan priorities.	GVH Redevelopment Funding of $168.5M announced; the schematic design process has commenced.

Domain	Action	Deliverables	Outcomes
	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 capability framework 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.	The leadership capability framework has been completed.
	Support excellence in clinical training through productive engagement in clinical training networks and developing health education partnerships across the continuum of learning.	Develop a Learning and Development (L&D) Plan for the organisation and cascade it down to individual L&D plans to promote organisational culture.	Learning and development plan has been completed.
Safety and quality	Ensure management plans are in place to prevent, detect and contain Carbapenem Resistant Enterobacteriaceae as outlined in Hospital Circular 02/15 (issued 16 June 2015).	Develop and implement management plans that prevent, detect and contain Carbapenem Resistant Enterobacteriaceae as outlined in Hospital Circular 02/15.	Completed development and implementation of a management plan.
	Implement effective antimicrobial stewardship (AMS) practices and increase awareness of antimicrobial resistance, its implications and actions to combat it, through effective communication, education, and training.	Establish a local antimicrobial plan and implementation strategy that increases workforce awareness of antimicrobial resistance, its implications and the actions to combat it.	Anti-microbial Stewardship strategy established and audit program in process.
	Provide information and support about prevention, risk factors and early detection and management of diseases by employing a prevention and detection approach similar to the *'Supporting patients to be smoke free: an ABCD approach in Victorian health services'* model	Evaluate outcomes of the ABCD smoke free pilot and plan for roll-out of this approach across the organisation. Establish and implement ABCD Key Performance Indicators reporting cycle and responsibility.	Smoke-free project officer recommenced September 2015; training plan established and indicators established.
		Apply for membership of the Victorian Smoke-free Hospitals Network.	Application to be proposed in 2016/17.

Domain	Action	Deliverables	Outcomes
Financial sustainability	Improve cash management processes to ensure that financial obligations are met as they are due.	Improve operational and capital budgeting processes and controls.	Improvements evident.
	Work with Health Purchasing Victoria to implement procurement savings initiatives.	Goulburn Valley Health is an active participant in the Regional approach adopted by Hume Health Services to progress the Health Purchasing Victoria Reform requirements with regard to policy, plan and bulk procurements efficiencies, to further enhance the resource base available for the delivery of patient care.	Procurement reform requirements met.
	Invest in revenue optimisation initiatives to ensure maximisation of revenue from both public and private sources.	The Regional Sustainable Hospitals Program will be progressed including processing for payroll, accounts payable and receivable, supply, food as well as strengthening the current service base with a broader and wider customer base This process will include a Memorandum of Understanding with rural hospitals and other health services.	Corporate services expansion opportunities continue to be progressed across the region in payroll, finance and supply with Benalla, Seymour, Cobram and Beechworth Health Services.
	Undertake cost benchmarking and develop partnerships with peers to improve operating efficiency.	Continue to actively participate in, the Industry Finance Committees Benchmarking Initiatives.	GVH will continue to be an active member of the Department of Health and Human Services Industry Finance Committee Benchmarking Working Group.
Access	Implement integrated care approaches across health and community support services to improve access and responses for disadvantaged Victorians.	Participate in regional projects to develop new models of Community Aged Care Packages and Home and Community Care/District Nursing.	Memorandum of Understanding signed by 17 Hume health services to support a consortium model with GV Health as lead agency for provision of Home Care Packages: Aged Care Approvals Round (ACAR) submission tendered under this new governance model.
			Application submitted to the Commonwealth for transfer of packages from NEXUS Primary Care to GV Health under the regional consortium model – awaiting response from the Commonwealth.
			Applications submitted for transfer of packages from Northeast Health Wangaratta and Murrindindi Shire to GV Health.

Domain	Action	Deliverables	Outcomes
	Progress partnerships with other health services to ensure patients can access treatments as close to where they live when it is safe and effective to so, making the most efficient use of available resources across the system.	Identification of potential strategies that can assist with service gaps through partnering: • Oncology • Palliative Care • Surgery	Surgery commenced at Numurkah Hospital and expanded at Benalla and Cobram Hospitals. Planning for Palliative care commenced.
			Rumbalara Gynaecology clinic commenced.
			Oncology commenced at Kyabram and Seymour Hospitals.
			Surgery commenced at Seymour Hospital.
		Develop a community rehabilitation video case conferencing capability for linking to Cobram Health.	Complete and established.
	Optimise system capacity by ensuring that allocated points of care are implemented as per the Travis review recommendations.	Implement eight new points of care as per Travis review recommendations.	Medical Day Stay relocated and expanded.
			Eight beds open in Medical – RAPID model implemented.
	Improve access to mental health and drug and alcohol services by linking in with Aboriginal and Torres Strait Islander organisations and other drug and alcohol service providers.	The Goulburn Valley Rehabilitation Program will commence in October 2015.	Service commenced.
	Develop telehealth service models to facilitate the delivery of high quality and equitable specialist services to patients across regional Victoria.	Participate in regional telehealth initiatives to develop new 'connected care' service models through the expansion of the use of information technologies to enable more flexible service delivery and better integration of services between health providers.	Commenced at Cobram & Numurkah Hospitals; acquiring equipment for Nathalia Hospital.
			Telehealth commenced in ED in partnership with North East Health Wangaratta.
			Multi-Disciplinary team created for urology patients with St Vincent's Hospital and GVH.
			Nathalia Hospital urgent care commenced.

PART B
Performance Priorities 2015/16

Safety and quality performance

Key Performance Indicator	Target	2015/16 actuals
Compliance with NSQHS Standards accreditation	Full compliance	Full compliance
Compliance with the Commonwealth's Aged Care Accreditation Standards	Full compliance	Full compliance
Cleaning Standards	Full compliance	Full compliance
Compliance with Hand Hygiene Australia program	80%	81.9%
Percentage of healthcare workers immunised for influenza	75%	75%

Patient experience and outcomes performance

Key Performance Indicator	Target	2015/16 actuals
Victorian Healthcare Experience Survey – data submission	Full compliance	Achieved
Victorian Healthcare Experience Survey – patient experience Quarter 1	95% positive experience	Not Achieved
Victorian Healthcare Experience Survey – patient experience Quarter 2	95% positive experience	Not Achieved
Victorian Healthcare Experience Survey – patient experience Quarter 3	95% positive experience	Not Achieved
Number of patients with surgical site infection	No outliers	No outliers
ICU central line-associated blood stream infection	No outliers	No outliers
SAB rate per occupied bed days	<2/10,000	.7/10,000
Maternity - Percentage of women with prearranged postnatal home care	100%	100%
Mental Health – Percentage of seclusion events relating to an acute admission – composite seclusion rate	15%	5.9%
Mental Health – Percentage of adult inpatients who are readmitted within 28 days of discharge	14%	11%
Mental Health – Percentage of adult patients who have post discharge follow up within seven days	75%	73%
Mental Health - Rate of seclusion events relating to an adult acute admission	< 15/1,000	4.93/1000
Mental Health – Percentage of child and adolescent patients with post discharge follow up within seven days	75%	65%
Mental Health – Percentage of aged patients with post discharge follow up within seven days	75%	100%
Mental Health - Rate of seclusion events relating to an aged acute admission	< 15/1,000	0

Governance, leadership and culture performance

Key Performance Indicator	Target	2015/16 actuals
People Matter Survey – percentage of staff with a positive response to safety culture questions	80%	85%

Financial Sustainability Performance

Key Performance Indicator	Target	2015/16 actuals
Finance		
Operating result ($m)	$0.3m	($0.25m)
Trade Creditors	<60 days	46 days
Patient fee debtors	<60 days	47 days
Public & private WIES performance to target	100%	101.19%

Asset Management

Asset management plan	Full compliance	Full compliance
Adjusted current ratio	0.7	0.4
Days of available cash	14 days	8 days

Access Performance

Key Performance Indicator	Target	2015/16 actuals
Emergency Care		
Percentage of ambulance patients transferred within 40 minutes	90%	83%
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%	51%
Percentage of patients with length of stay less than 4 hours	81%	63%
Number of patients with length of stay in the emergency department greater than 24 hours	0	0

Elective Surgery

Key Performance Indicator	Target	2015/16 actuals
Percentage of elective patients removed within clinically recommended timeframes	94%	91%
Percentage of Urgency Category 1 elective patients removed within 30 days	100%	100%
10% longest waiting Category 2 and 3 removals from the elective surgery waiting list	100%	100%
Number of patients on the elective surgery waiting list	534	592
Number of Hospital Initiated Postponements per 100 scheduled admissions	8.0	5.04
Number of patients admitted from the elective surgery waiting list – annual total	3325	3429

Critical care

Adult ICU number of days below the agreed minimum operating capacity	0	30

PART C
Activity 2015/16

Funding Type

Acute Admitted	Target	2015/16 actuals
WIES Public	14,756	15,431
WIES Private	3,253	2,843
WIES (Public and Private)	18,009	18,274
WIES DVA	415	327
WIES TAC	186	174
WIES Total	18,610	18,775
Sub Acute & Non Acute Admitted		
Rehab Public	7,274	8,242
Rehab Private	2,352	2,423
Rehab DVA	283	506
GEM Public	8,964	6,387
GEM Private	2,622	2,003
GEM DVA	865	389
Palliative Care Public	2,327	1,876
Palliative Care Private	552	327
Palliative Care DVA	27	389
Transition Care - Beddays	13,140	9,969
Transition Care - Homeday	13,505	14,197
Sub Acute Non Admitted		
Health Independence Program	29,217	27,476
Aged Care		
Residential Aged Care	19,888	16,244
HACC	43,327	47,113
Mental Health and Drug Services		
Mental Health Inpatient – WoT	7,622	5,731
Mental Health Ambulatory	29,586	24,399
Mental Health Residential	7,305	6,739
Mental Health Sub Acute	7,305	4,515
Drug Services	1,044	822
Primary Health		
Community Health/Primary Care Programs	11,957	12,313

Summary of Financial Results

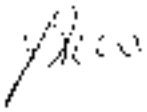
For the Financial Year Ended 30 June 2016

	2016 $'000	2015 $'000	2014 $'000	2013 $'000	2012 $'000
Total Revenue	234,619	218,275	217,074	206,609	194,209
Total Expenses	242,944	226,298	219,165	210,585	203,174
Net Result for the Year (Incl. Capital and Specific Items)	**(8,325)**	**(8,023)**	**(2,091)**	**(3,976)**	**(8,965)**
Total Assets	123,720	126,019	136,296	117,893	120,071
Total Liabilities	56,410	50,384	52,638	49,790	47,992
Net Assets	**67,310**	**75,635**	**83,658**	**68,103**	**72,079**
Property, Plant & Equipment Revaluation Surplus	63,992	63,992	63,992	46,346	46,346
General Purpose Surplus	19,475	19,206	18,557	18,526	18,538
Restricted Purpose Surplus	5,361	5,420	5,419	5,363	5,392
Contributed Capital	46,821	46,821	46,821	46,821	46,821
(Accumulated Deficits)	(68,339)	(59,804)	(51,131)	(48,953)	(45,018)
Total Equity	**67,310**	**75,635**	**83,658**	**68,103**	**72,079**

Attestations

Attestation on Data Integrity

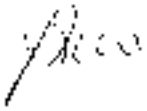
I, Fiona Brew, certify that Goulburn Valley Health has put in place appropriate internal controls and processes to ensure that reported data reasonably reflects actual performance. Goulburn Valley Health has critically reviewed these controls and processes during the year.



Fiona Brew
Interim Chief Executive Officer
25 July 2016

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

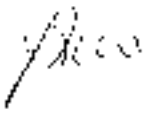
I, Fiona Brew, certify that Goulburn Valley Health has complied with Ministerial Direction change to 4.5.5 - Risk Management Framework and Processes.
The Goulburn Valley Health Audit & Risk Committee has verified this.



Fiona Brew
Interim Chief Executive Officer
25 July 2016

Compliance with DataVic Access Policy

Consistent with the DataVic Access Policy issued 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.



Fiona Brew
Interim Chief Executive Officer
25 July 2016

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.

Disclosure Index

The annual report of GV Health is prepared in accordance with all relevant Victorian legislation. This index has been prepared to facilitate identification of compliance with statutory disclosure requirements.

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	11
Management and structure	
FRD 22F Organisational structure	27
Financial and other information	
FRD 10 Disclosure Index	59
FRD 11A Disclosure Index of ex-gratia expenses	121
FRD 21B Responsible person and executive officer disclosures	120, 121
FRD 22F Application and operation of Protected Disclosure Act 2012	44
FRD 22F Application and operation of Carers Recognition Act 2012	44
FRD 22F Application and operation of Freedom of Information Act 1982	43
FRD 22F Compliance with building and maintenance provisions of Building Act 1993	43
FRD 22F Details of consultancies over $10,000	43
FRD 22F Details of consultancies under $10,000	43
FRD 22F Employment and conduct principles	45
FRD 22F Major changes or factors affecting performance	63
FRD 22F Occupational health and safety	40, 41
FRD 22F Operational and budgetary objectives and performance against objectives	63
FRD 24C Reporting of office-based environmental impacts	43
FRD 22F Significant changes in financial position during the year	63
FRD 22F Statement on National Competition Policy	43
FRD 22F Subsequent events	63
FRD 22F Summary of the financial results for the year	57
FRD 22F Workforce data disclosures, including a statement on the application of employment and conduct principles	45
FRD 25B Victorian Industry Participation Policy disclosures	44
SD 4.2(g) Workforce data disclosures	45
SD 4.2(g) Specific information requirements	4
SD 4.2(j) Sign-off requirements	3
SD 3.4.13 Attestation on data integrity	58
SD 4.5.5.1 Attestation for compliance with Ministerial Standing Direction 4.5.5 Risk Management Framework and Processes	58
Financial Statements	
Financial statements required under Part 7 of the FMA	
SD 4.2(a) Statement of changes in equity	69
SD 4.2(b) Comprehensive operating statement	67
SD 4.2(b) Balance sheet	68
SD 4.2(b) Cash flow statement	70
Other requirements under Standing Directions 4.2	
SD 4.2(a) Compliance with Australian accounting standards and other authoritative pronouncements	71
SD 4.2(c) Accountable officer's declaration	66
SD 4.2(c) Compliance with Ministerial Directions	71
SD 4.2(d) Rounding of amounts	73
Legislation	
Freedom of Information Act 1982	*43*
Protected Disclosure Act 2012	*44*
Carers Recognition Act 2012	*44*
Victorian Industry Participation Policy Act 2003	*44*
Building Act 1993	*43*
Financial Management Act 1994	*3*

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GOULBURN VALLEY HEALTH

financial report 2015/16

healthy communities

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Significant Changes in Financial Position

Our Cash and Cash Equivalent balance increased during the year, primarily due to the increase of Monies Held in Trust, which came from client funds held over from Commonwealth Community Packages and Residential Aged Care Refundable Entrance Fees. Cash held for operations was reasonably consistent with the previous year.

Provisions for employee-related benefits have increased, mainly due to increases in the annual leave liability. Long Service Leave entitlements reduced by $1.3m due to the adoption of a revised Victorian Department of Treasury and Finance LSL calculator and this was offset by an increase in salary and wage accruals increasing by $1.2m

Equity has decreased as a result of the entity deficit of $8.33m (2014/15 $8.02m deficit), which includes non-operating items and depreciation of $8.07m ($9.15m 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 surplus in financial position before capital items and depreciation for the 2015/16 year. The final result for the year was a deficit of $0.25m 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

Victorian Auditor-General's Office

Level 24, 35 Collins Street
Melbourne VIC 3000

Telephone 61 3 8601 7000
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Website www.audit.vic.gov.au

INDEPENDENT AUDITOR'S REPORT

To the Board Members, Goulburn Valley Health

The Financial Report

I have audited the accompanying financial report for the year ended 30 June 2016 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.

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, I and my 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 the Goulburn Valley Health as at 30 June 2016 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*.

Andrew Greaves
Auditor-General

MELBOURNE
27 September 2016

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 Standing Directions 4.2 of the standing Directions of the Minister for Finance under the *Financial Management Act 1994*, applicable Financial Reporting Directions, Australian Accounting Standards including Interpretations, and other mandatory professional reporting requirements.

We further state that, in our opinion, the information set out in the Comprehensive Operating Statement, Balance Sheet, Statement of Changes in Equity, Cash Flow Statement and accompanying notes, presents fairly the financial transactions during the year ended 30 June 2016 and the financial position of Goulburn Valley Health at 30 June 2016.

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 the 22 September 2016.

Peter Ryan
Board Chair
Goulburn Valley Health

Shepparton
22 September 2016

Dr Max Alexander
Accountable Officer
Goulburn Valley Health

Shepparton
22 September 2016

Bill Morfis
Chief Finance &
Accounting Officer
Goulburn Valley Health

Shepparton
22 September 2016

Goulburn Valley Health

Comprehensive Operating Statement

For the Financial Year Ended 30 June 2016

	Note	Total 2016 $'000	Total 2015 $'000
Revenue From Operating Activities	2	229,939	213,740
Revenue From Non-Operating Activities	2	518	631
Employee Expenses	3	(153,419)	(143,876)
Non Salary Labour Costs	3	(11,972)	(10,109)
Supplies and Consumables	3	(39,096)	(34,289)
Other Expenses	3	(26,223)	(24,967)
Net Result Before Capital & Specific Items		**(253)**	**1,130**
Capital Purpose Income	2	4,162	3,904
Finance Costs on Finance Leases	3	(32)	(48)
Depreciation and Amortisation	4	(10,075)	(10,516)
Capital Purpose Expenditure	3	(1,222)	(2,368)
Specific Expenses	3	(270)	(125)
Net Result After Capital & Specific Items		**(7,690)**	**(8,023)**
Other Economic Flows Included In Net Result			
Revaluation of Long Service Leave	13	(635)	-
Net Result for the Year		**(8,325)**	**(8,023)**

This statement should be read in conjunction with the accompanying notes

Goulburn Valley Health

Balance Sheet

For the Financial Year Ended 30 June 2016

	Note	Total 2016 $'000	Total 2015 $'000
Current Assets			
Cash & Cash Equivalents	**5**	10,124	8,982
Receivables	**6**	6,351	5,922
Inventories	**7**	2,011	2,366
Other Assets	**8**	817	929
Total Current Assets		**19,303**	**18,199**
Non-Current Assets			
Receivables	**6**	1,330	3,927
Property, Plant & Equipment	**9**	102,050	103,255
Intangibles	**10**	1,037	638
Total Non-Current Assets		**104,417**	**107,820**
TOTAL ASSETS		**123,720**	**126,019**
Current Liabilities			
Payables	**11**	10,587	9,986
Borrowings	**12**	953	438
Provisions	**13**	31,826	28,460
Other Current Liabilities	**15**	5,065	3,915
Total Current Liabilities		**48,431**	**42,799**
Non-Current Liabilities			
Borrowings	**12**	3,283	432
Provisions	**13**	4,696	7,153
Total Non-Current Liabilities		**7,979**	**7,585**
TOTAL LIABILITIES		**56,410**	**50,384**
NET ASSETS		**67,310**	**75,635**
EQUITY			
Property, Plant and Equipment Revaluation Surplus	**16a**	63,992	63,992
General Purpose Surplus	**16a**	19,475	19,206
Restricted Specific Purpose Surplus	**16a**	5,361	5,420
Contributed Capital	**16b**	46,821	46,821
Accumulated Deficits	**16c**	(68,339)	(59,804)
TOTAL EQUITY		**67,310**	**75,635**
Contingent Assets and Contingent Liabilities	**20**		
Commitments	**19**		

This statement should be read in conjunction with the accompanying notes

Goulburn Valley Health

Equity Statement

For the Financial Year Ended 30 June 2016

	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 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	**16(a)**	-	649	1	-	(650)	-
Balance at 30 June 2015		**63,992**	**19,206**	**5,420**	**46,821**	**(59,804)**	**75,635**
Net Result for the Year		-	-	-	-	(8,325)	(8,325)
Transfer to Accumulated Surplus	**16(a)**	-	269	(59)	-	(210)	-
Balance at 30 June 2016		**63,992**	**19,475**	**5,361**	**46,821**	**(68,339)**	**67,310**

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

Goulburn Valley Health

Cash Flow Statement

For the Financial Year Ended 30 June 2016

	Note	Total 2016 $'000	Total 2015 $'000
Cash Flows from Operating Activities			
Operating Grants from Government		195,616	180,285
Capital Grants from Government		2,416	3,753
Patient and Resident Fees Received		8,194	8,135
Diagnostic Patient Fees Received		9,017	8,267
Private Practice Fees Received		3,098	3,178
Donations Received		682	1,021
Interest Received		563	707
Other Capital Receipts		840	-
Other Receipts		14,303	15,276
GST Received from ATO		6,402	5,829
Total Receipts		**241,131**	**226,451**
Employee Expenses Paid		(150,535)	(147,163)
Non Salary Labour Costs		(12,915)	(11,121)
Payments for Supplies, Consumables and Services		(72,034)	(66,578)
Total Payments		**(235,484)**	**(224,862)**
Net Cash Inflow from Operating Activities	**17**	**5,647**	**1,589**
Cash Flows from Investing Activities			
Payments for Non Financial Assets		(9,329)	(7,591)
Proceeds from Sale of Non Financial Assets		79	1,540
Net Cash Inflow/(Outflow) from Investing Activities		**(9,250)**	**(6,051)**
Cash Flows from Financing Activities			
Proceeds from DHHS Loan		3,850	-
Proceeds from Finance Leases		232	404
Repayment of Finance Lease Liabilities		(487)	(626)
Net Cash Flows From/(Used In) Financing Activities		**3,595**	**(222)**
Net Increase/(Decrease) in Cash and Cash Equivalents Held		**(8)**	**(4,684)**
Cash & Cash Equivalents at Beginning of Financial Year		5,067	9,751
Cash & Cash Equivalents at End of Financial Year	**5**	**5,059**	**5,067**

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 2016. The report provides users with information about the Health Services' stewardship of resources entrusted to it.

a. Statement of compliance

These financial statements are general purpose financial statements which have been prepared in accordance with the *Financial Management Act 1994* and applicable 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 22nd September 2016.

Going Concern

Goulburn Valley health does not meet the criteria required to be considered as a going concern, in accordance with the Australian Accounting Standard AABS101. However, the Department of Health and Human Services will provide adequate cash flow support to enable the Health Service to meet its current and future operational obligations as and when they fall due, for a period up to October 2017, should this be required.

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 2016, and the comparative information presented in these financial statements for the year ended 30 June 2015.

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 when new indices are published by the Valuer General 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(j));
- 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(k))

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's 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 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 to 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 Goulburn Valley Health have been eliminated to reflect the extent of 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(j) 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 2 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 (f)). 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 (g);
- assets provided or received free of charge (refer to Notes 1 (f) and (g)); 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.

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. 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 2014-15).

Patient and Resident Fees

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

Donations and Other Bequests

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

Interest Revenue

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

Fair value of assets and services received free of charge or for nominal consideration

Resources received 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 Health Service or agency as a consequence of a restructuring of administrative arrangements. In the latter case, such transfer will be recognised at carrying amount. Contributions in the form of services are only recognised when a fair value can be reliably determined and the service would have been purchased if not received as a donation.

g. 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;
- fringe benefits tax;
- leave entitlements;
- term payments;
- workcover premiums; 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 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 Goulburn Valley Health are disclosed in Note 14: *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.

	2016	2015
Buildings	30 to 40 Years	30 to 40 Years
Plant & Equipment	10 Years	10 Years
Medical Equipment	5 to 8 Years	5 to 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 (j) *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.

h. Other economic flows included in the net result

Other economic flows are changes 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(j) *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.

i. 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 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(j)), 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.

j. 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.

Intangible assets

Intangible assets represent identifiable non-monetary assets without physical substance such as patents, trademarks, and computer software and development costs (where applicable).

Intangible assets are initially recognised at cost. Subsequently, intangible assets with finite useful lives are carried at cost less accumulated amortisation and accumulated impairment losses. Costs incurred subsequent to initial acquisition are capitalised when it is expected that additional future economic benefits will flow to the Health Service.

Expenditure on research activities is recognised as an expense in the period on which it is incurred.

When the recognition criteria in AASB 138 Intangible Assets are met, internally generated intangible assets are recognised and measured at cost less accumulated depreciation/amortisation and impairment.

An internally-generated intangible asset arising from development (or from the development phase of an internal project) is recognised if, and only if, all of the following are demonstrated:

a. the technical feasibility of completing the intangible asset so that it will be available for use or sale;

b. an intention to complete the intangible asset and use or sell it;

c. the ability to use or sell the intangible asset;

d. the intangible asset will generate probable future economic benefits;

e. the availability of adequate technical, financial and other resources to complete the development and to use or sell the intangible asset; and

f. the ability to measure reliably the expenditure attributable to the intangible asset during its development.

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(h) – 'other economic flows'.

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 of disposal. 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 of disposal.

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.*

k. 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.

Borrowings

All borrowings are initially recognised at fair value of the consideration received, less directly attributable transaction costs (refer also to note 1(l) Leases) The measurement basis subsequent to initial recognition depends on whether the Health Service has categorised its borrowings as either, financial liabilities designated at fair value through profit or loss, or financial liabilities at amortised cost. Any difference between the initial recognised amount and the redemption value is recognised in net result over the period of the borrowings using the effective interest method.

The classification depends on the nature and purpose of the borrowing. The Health Service determines the classification of its borrowing at initial recognition.

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 related to employee expense

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.

l. 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

Amounts due from lessees under finance leases are recorded as receivables. Finance lease receivables are initially recorded at amounts equal to the present value of the minimum lease payments receivable plus the present value of any unguaranteed residual value expected to accrue at the end of the lease term. Finance lease receipts are apportioned between periodic interest income and reduction of the lease receivable over the term of the lease in order to reflect a constant periodic rate of return on the net investment outstanding in respect of the lease.

Entity as lessee

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

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.

m. 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.

n. 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 19) 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.

o. 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.

p. 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.

q. AASs issued that are not yet effective

Certain new Australian accounting standards have been published that are not mandatory for the 30 June 2016 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 2016, 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.

Standard/ Interpretation	Summary	Applicable for annual reporting periods beginning on	Impact on public sector entity financial statements
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.
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.

Standard/ Interpretation	Summary	Applicable for annual reporting periods beginning on	Impact on public sector entity financial statements
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.
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 the investments 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.

Standard/ Interpretation	Summary	Applicable for annual reporting periods beginning on	Impact on public sector entity financial statements
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.

r. Correction of prior period error

During the review for the year ended 30 June 2015, several errors were identified as noted below:

1. *– Leases (Goulburn Valley Health)*

Goulburn Valley Health reviewed their leases under AASB 117 Leases, determined that the leases had been accounted for as Operating Leases instead of Finance Leases. This had the effect for the 2015 year, of understating the Net Result Before Capital & Specific Items. There was nil impact on the Comprehensive Result for the 2015 year.

2. *– Leases (Hume Rural Health Alliance)*

Hume Rural Health Alliance reviewed their leases under AASB 117 Leases, determined that the leases had been accounted for as Operating Leases instead of Finance Leases. This had the effect for the 2015 year, of understating the Net Result Before Capital & Specific Items. There was nil impact on the Comprehensive Result for the 2015 year.

3. – *Reclassification*

Two account codes were incorrectly classified in 2015 and were reclassified to the correct line item for 2016.

The following tables show the restatement of each line item.

(i) Comprehensive Operating Statement (extract)

	June 2015 (As Stated) $'000	Issue 1 Increase/ (Decrease) $'000	Issue 2 Increase/ (Decrease) $'000	Issue 3 Increase/ (Decrease) $'000	June 2015 (Restated) $'000
Supplies and Consumables	(34,199)	-	-	90	(34,289)
Other Expenses	(25,731)	(504)	(170)	(90)	(24,967)
Net Result Before Capital & Specific Items	**456**	**(504)**	**(170)**	**-**	**1,130**
Finance Lease Charges	-	34	14	-	(48)
Depreciation and Amortisation	(9,882)	470	156	(8)	(10,508)
Capital Purpose Expenditure	(2,376)	-	-	8	(2,368)
Net Result	**(8,023)**	**-**	**-**	**-**	**(8,023)**

Correction of prior period error (continued)

(ii) Balance Sheet (extract)

	June 2015 (As Stated) $'000	Issue 1 Increase/ (Decrease) $'000	Issue 2 Increase/ (Decrease) $'000	June 2015 (Restated) $'000
Leased Assets	-	706	164	870
Total Assets	**125,149**	**706**	**164**	**126,019**
Current Lease Liabilities	-	349	89	(438)
Non-Current Lease Liabilities	-	357	75	(432)
Total Liabilities	**49,514**	**706**	**164**	**50,384**

(iii) Restatement of Balances in the Notes to the Financial Statements

The notes affected as a result of the above changes are as follows:

- Note 3 Expenses
- Note 4 Depreciation
- Note 9 Property, Plant & Equipment
- Note 17 Reconciliation of Net Result for the year to Net Cash (Outflow) from Operating Activities
- Note 19 Commitments for Expenditure

s. Category groups

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 2016 $'000	Non-Admitted 2016 $'000	EDS 2016 $'000	Mental Health 2016 $'000	RAC Incl. Mental Health 2016 $'000	Aged Care 2016 $'000	Primary Health 2016 $'000	Other 2016 $'000	Total 2016 $'000
Government Grants	119,540	8,718	8,891	21,608	4,640	11,624	1,453	18,876	195,350
Indirect contributions by Department of Health and Human Services	44	-	-	39	3	21	6	196	309
Patient & Resident Fees	5,719	37	250	72	1,271	500	7	858	8,714
Commerical Activities	-	-	-	-	-	-	-	18,398	18,398
Other Revenue from Operating Activities	729	60	1	847	7	39	54	5,431	7,168
Transfer Pricing	16,367	-	-	-	-	-	-	(16,367)	-
Total Revenue from Operating Activities	**142,399**	**8,815**	**9,142**	**22,566**	**5,921**	**12,184**	**1,520**	**27,392**	**229,939**
Revenue from Non-Operating Activities - Interest	-	-	-	-	-	-	-	518	518
Capital Purpose Income (excluding Interest)	-	-	-	-	-	-	-	4,162	4,162
Total Revenue	**142,399**	**8,815**	**9,142**	**22,566**	**5,921**	**12,184**	**1,520**	**32,072**	**234,619**

NOTE 2: ANALYSIS OF REVENUE BY SOURCE (CONTINUED)

	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 Grants	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**

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 2016 $'000	Total 2015 $'000
Proceeds from Disposals of Non-Financial Assets		
Land	-	1,031
Buildings	-	200
Plant & Equipment	15	13
Medical Equipment	7	162
Motor Vehicles	57	127
Computers and Communication	-	-
Furniture and Fittings	-	3
Total Proceeds from Disposals of Non-Financial Assets	**79**	**1,536**
Written Down Value of Non-Financial Assets Disposed		
Land	-	1,025
Buildings	-	179
Plant & Equipment	5	10
Medical Equipment	5	958
Motor Vehicles	66	157
Total Written Down Value of Non-Current Assets Disposed	**76**	**2,329**
Net Gains/(Loss) on Disposal of Non-Financial Assets	**3**	**(793)**

NOTE 2B: ASSETS RECEIVED FREE OF CHARGE OR FOR NOMINAL CONSIDERATION

	Total 2016 $'000	Total 2015 $'000
During the reporting period the fair value of assets received free of charge was as follows:		
Plant & Equipment	18	68
	18	**68**

NOTE 3: ANALYSIS OF EXPENSES BY SOURCE

	Admitted Patients 2016 $'000	Non-Admitted 2016 $'000	EDS 2016 $'000	Mental Health 2016 $'000	RAC Incl. Mental Health 2016 $'000	Aged Care 2016 $'000	Primary Health 2016 $'000	Other 2016 $'000	Total 2016 $'000
Employee Expenses	63,299	1,941	11,396	15,664	4,196	7,488	808	48,627	153,419
Non Salary Labour Costs	6,189	25	393	561	19	74	109	4,602	11,972
Supplies & Consumables	13,597	267	686	2,342	225	2,572	39	19,368	39,096
Other Expenses	7,744	102	1,915	1,057	278	305	18	14,804	26,223
Transfer Pricing	42,806	3,595	8,248	1,837	3,664	1,657	261	(62,068)	-
Total Expenditure from Operating Activities	**133,635**	**5,930**	**22,638**	**21,461**	**8,382**	**12,096**	**1,235**	**25,333**	**230,710**
Capital Purpose Expenditure	-	-	-	-	-	-	-	1,222	1,222
Finance Costs on Finance Leases	-	-	-	-	-	-	-	32	32
Depreciation & Amortisation (refer note 4)	-	-	-	-	-	-	-	10,075	10,075
Specific Expenses (refer note 3b)	-	-	-	-	-	-	-	270	270
Total other expenses	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**11,599**	**11,599**
Total Expenses	**133,635**	**5,930**	**22,638**	**21,461**	**8,382**	**12,096**	**1,235**	**36,932**	**242,309**

NOTE 3: ANALYSIS OF EXPENSES BY SOURCE (CONTINUED)

	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	12,702	240	627	2,227	229	2,753	42	15,469	34,289
Other Expenses	6,898	68	1,601	1,069	291	331	30	14,688	24,976
Transfer Pricing	26,179	3,587	7,664	1,875	1,473	1,204	242	(42,233)	(9)
Total Expenditure from Operating Activities	**111,957**	**5,768**	**21,120**	**20,508**	**6,968**	**11,463**	**1,208**	**34,249**	**213,241**
Capital Purpose Expenditure	-	-	-	-	-	-	-	2,368	2,368
Finance Costs on Finance Leases	-	-	-	-	-	-	-	48	48
Depreciation & Amortisation (refer note 4)	-	-	-	-	-	-	-	10,516	10,516
Specific Expenses (refer note 3b)	-	-	-	-	-	-	-	125	125
Total other expenses	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**13,057**	**13,057**
Total Expenses	**111,957**	**5,768**	**21,120**	**20,508**	**6,968**	**11,463**	**1,208**	**47,306**	**226,298**

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

	Total Expense 2016 $'000	Total Expense 2015 $'000	Total Revenue 2016 $'000	Total Revenue 2015 $'000
Private Practice and Other Patient Activities	2,810	2,810	2,804	2,632
Laboratory Medicine	5,409	5,684	4,827	4,794
Diagnostic Imaging	4,614	3,191	5,096	3,922
Cafeteria and Catering Services	1,154	1,183	1,271	1,251
Patient Transport	-	-	78	78
Car Park	102	96	548	539
Regional Services	2,678	2,975	3,006	3,251
Retail Aids and Equipment Outlet	406	410	417	422
Other Activities				
Fund Raising & Community Support	45	102	873	1,020
Restricted Funds	126	57	75	57
Total	**17,344**	**16,508**	**18,995**	**17,966**

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

NOTE 3B: SPECIFIC EXPENSES

	Total 2016 $'000	Total 2015 $'000
Voluntary Departure Packages	247	45
Inventory Write-downs	23	-
Restructure of Operations	-	80
	270	**125**

NOTE 4: DEPRECIATION AND AMORTISATION

	Total 2016 $'000	Total 2015 $'000
Depreciation		
Buildings	6,560	6,411
Plant & Equipment	159	180
Computers & Communications	146	181
Furniture & Fittings	37	47
Motor Vehicles	537	652
Medical Equipment	1,100	1,365
Leased Buildings	441	419
Leased Assets	359	470
Non - Medical Equipment	311	312
Hume Rural Health Alliance	128	158
	9,778	**10,195**
Amortisation		
Software	289	314
Hume Rural Health Alliance	8	7
Total	**297**	**321**
Total Depreciation and Amortisation	**10,075**	**10,516**

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 2016 $'000	Total 2015 $'000
Cash on Hand	22	29
Cash at Bank	8,309	7,889
Short Term Deposits	1,500	1,000
Hume Rural Health Alliance	293	64
Total Cash and Cash Equivalents	**10,124**	**8,982**
Represented by:		
Total Cash for Health Service Operations (as per Cash Flow Statement)	5,059	5,067
Cash for Monies Held in Trust	5,065	3,915
Total Cash and Cash Equivalents	**10,124**	**8,982**

NOTE 6: RECEIVABLES

	Total 2016 $'000	Total 2015 $'000
Current		
Contractual		
Trade Debtors	167	1,198
Capital Debtors	-	1
Patient Fees - Health Service Agreement	2,148	1,829
Patient Fees - Hospital & Community Initiatives	896	790
Patient Fees - Private Practice	456	190
Accrued Investment Income	32	16
Other Accrued Revenue	1,646	615
Hume Rural Health Alliance	145	307
	5,490	**4,946**
Less Allowance for Doubtful Debts		
Trade Debtors	(209)	(143)
Patient Fees - Health Service Agreement	(89)	(35)
Patient Fees - Hospital & Community Initiatives	(38)	(99)
Total Current Contractual Receivables	**5,154**	**4,669**
Statutory		
Dental Health Services Victoria Accrued Grants	204	600
Department of Health and Human Services	414	-
GST Receivable	579	653
Total Current Statutory Receivables	**1,197**	**1,253**
Total Current Receivables	**6,351**	**5,922**
Non Current		
Contractual		
Trade Debtors	88	162
Statutory		
Long Service Leave - Department of Health	1,242	3,765
Total Non Current Receivables	**1,330**	**3,927**
Total Receivables	**7,681**	**9,849**

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

Balance at Beginning of Year	278	259
Amounts Written Off During the Year	(224)	(168)
Increase/(Decrease) in Allowance Recognised in Net Result	282	187
Balance at End of Year	**336**	**278**

NOTE 6(B): AGEING ANALYSIS OF RECEIVABLES

Please refer to Note 18(c) for the ageing analysis of contractual receivables

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

Please refer to Note 18(c) for the nature and extent of risk arising from contractual receivables

NOTE 7: INVENTORIES

	Total 2016 $'000	Total 2015 $'000
At Cost		
Main Store	461	448
Ward Medical & Surgical Supplies	635	854
Pathology	130	130
Engineering	45	45
Pharmaceuticals	620	847
Cafeteria Supplies	14	11
Biomedical Engineering	75	-
Retail Aids and Equipment Outlet	31	31
Total Inventories	**2,011**	**2,366**

NOTE 8: PREPAYMENTS AND OTHER ASSETS

Current	Total 2016 $'000	Total 2015 $'000
Prepayments	806	919
Hume Rural Health Alliance - Prepayment	11	10
Total Other Assets	**817**	**929**

NOTE 9: PROPERTY, PLANT & EQUIPMENT

(a) Gross Carrying Amount and Accumulated Depreciation	Total 2016 $'000	Total 2015 $'000
Land		
Land at Fair Value	10,006	7,630
Total Land	**10,006**	**7,630**
Buildings		
Buildings at Fair Value	92,963	90,080
Less Accumulated Depreciation	12,946	6,387
Building Leasehold Improvements at Cost	2,366	2,205
Less Accumulated Depreciation	1,145	704
Buildings Under Construction at Cost	1,808	375
Total Buildings	**83,046**	**85,569**
Plant and Equipment		
Plant & Non Medical Equipment at Fair Value	4,588	4,336
Less Accumulated Depreciation	2,687	2,233
Motor Vehicles at Fair Value	4,333	4,240
Less Accumulated Depreciation	2,889	2,439
Computers & Communication at Fair Value	1,768	1,524
Less Accumulated Depreciation	1,463	1,363
Furniture & Fittings at Fair Value	391	364
Less Accumulated Depreciation	282	247
Leased Assets at Fair Value	1,122	1,436
Less Accumulated Depreciation	761	729
Total Plant & Equipment	**4,120**	**4,889**
Medical Equipment at Fair Value	11,337	10,749
Less Accumulated Depreciation	6,716	5,750
Total Medical Equipment at Fair Value	**4,621**	**4,999**
Hume Rural Health Alliance Plant & Equipment		
Plant & Non Medical Equipment at Fair Value	22	22
Less Accumulated Depreciation	19	18
Leased Assets at Fair Value	500	396
Less Accumulated Depreciation	246	232
	257	**168**
Total Property, Plant and Equipment	**102,050**	**103,255**

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	Work In progress $'000	Plant & Equipment $'000	Medical Equipment $'000	Leased Assets $'000	HRHA $'000	Total $'000
Balance at 1 July 2014	8,635	91,007	59	4,160	3,460	803	294	108,418
Additions	20	6	1,506	1,488	3,734	373	32	7,159
Disposals	(1,025)	(179)	-	(167)	(958)	-	-	(2,329)
Revaluation Increments/ (Decrements)	-	-	-	-	-	-	-	-
Net Transfers between Classes	-	1,191	(1,191)	-	-	-	-	-
Assets Received Free of Charge	-	-	-	-	67	-	-	67
Depreciation (note 4)	-	(6,830)	-	(1,297)	(1,305)	(470)	(158)	(10,060)
Balance at 1 July 2015	**7,630**	**85,195**	**374**	**4,184**	**4,998**	**706**	**168**	**103,255**
Additions	2,376	1,494	3,226	839	727	14	218	8,894
Disposals	-	-	-	(72)	(5)	-	-	(77)
Revaluation Increments/ (Decrements)	-	-	-	-	-	-	-	-
Net Transfers between Classes	-	1,549	(1,549)	-	-	-	-	-
Transfers to Intangible Assets	-	-	(243)	-	-	-	-	(243)
Depreciation (note 4)	-	(7,000)	-	(1,192)	(1,100)	(359)	(128)	(9,779)
Balance at 30 June 2016	**10,006**	**81,238**	**1,808**	**3,759**	**4,620**	**361**	**258**	**102,050**

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 2016

	Carrying Amount as at 30 June 2016	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	5,886	-	5,886	-
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	**10,006**	**-**	**5,886**	**4,120**
Buildings at Fair Value				
Non-Specialised Buildings	498	-	498	-
Specialised Buildings	82,548	-	-	82,548
Total of Buildings at Fair Value	**83,046**	**-**	**498**	**82,548**
Plant and Equipment at Fair Value				
Plant, Equipment and Motor Vehicles at Fair Value				
Motor Vehicles	1,444	-	-	1,444
Plant and Equipment				
Plant and Non-Medical Equipment	1,901	-	-	1,901
Computers and Communications	305	-	-	305
Furniture and Fittings	109	-	-	109
Leased Assets	361	-	-	361
HRHA Assets	257	-	-	257
Total Plant, Equipment and Motor Vehicles at Fair Value	**4,377**	**-**	**-**	**4,377**
Total Medical Equipment at Fair Value	**4,621**	**-**	**-**	**4,621**
Total	**102,050**	**-**	**6,384**	**95,666**

(i) Classified in accordance with the fair value hierarchy, see Note 1.
There have been no transfer between levels during the year

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	161	-	-	161
Furniture and Fittings	117	-	-	117
Leased Assets	707	-	-	707
HRHA Assets	168	-	-	168
Total Plant, Equipment and Motor Vehicles at Fair Value	**5,057**	**-**	**-**	**5,057**
Total Medical Equipment at Fair Value	**4,999**	**-**	**-**	**4,999**
Total	**103,255**	**-**	**4,135**	**99,120**

(i) Classified in accordance with the fair value hierarchy, see Note 1.
There have been no transfer between levels during the year

NOTE 9: PROPERTY, PLANT AND 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 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 2016.

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

2016	Land $'000	Buildings S'000	Plant and Equipment $'000	Medical Equipment $'000	Leased Assets $'000	HRHA $'000
Opening Balance	**4,120**	**84,944**	**4,182**	**4,999**	**707**	**168**
Purchases (sales)	-	4,498	769	722	13	218
Transfers in (out) of Level 3	-	-	-	-	-	-
Gains or losses recognised in net result						
- Depreciation	-	(6,894)	(1,192)	(1,100)	(359)	(129)
- Impairment	-	-	-	-	-	-
Subtotal	-	(6,894)	(1,192)	(1,100)	(359)	(129)
Items recognised in other comprehensive income						
- Revaluation	-	-	-	-	-	-
Subtotal	-	-	-	-	-	-
Closing Balance	**4,120**	**82,548**	**3,759**	**4,621**	**361**	**257**
Unrealised gains/(losses) on non-financial assets	-	-	-	-	-	-
	4,120	**82,548**	**3,759**	**4,621**	**361**	**257**

There have been no transfers between levels during the year.

2015	Land $'000	Buildings S'000	Plant and Equipment $'000	Medical Equipment $'000	Leased Assets $'000	HRHA $'000
Opening Balance	**4,120**	**90,536**	**4,160**	**3,460**	**803**	**294**
Purchases (sales)	-	1,185	1,319	2,904	374	32
Transfers in (out) of Level 4	-	-	-	-	-	-
Gains or losses recognised in net result						
- Depreciation	-	(6,777)	(1,297)	(1,365)	(470)	(158)
- Impairment	-	-	-	-	-	-
Subtotal	-	(6,777)	(1,297)	(1,365)	(470)	(158)
Items recognised in other comprehensive income						
- Revaluation	-	-	-	-	-	-
Subtotal	-	-	-	-	-	-
Closing Balance	**4,120**	**84,944**	**4,182**	**4,999**	**707**	**168**
Unrealised gains/(losses) on non-financial assets	-	-	-	-	-	-
	4,120	**84,944**	**4,182**	**4,999**	**707**	**168**

There have been no transfers between levels during the year

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: INTANGIBLE ASSETS

	Total 2016 $'000	Total 2015 $'000
Software	2,627	1,976
Less Accumulated Amortisation	1,724	1,436
Hume Rural Health Alliance - Software	148	105
Less Accumulated Amortisation	14	7
Total Intangible Assets	**1,037**	**638**

Reconciliation of the carrying amounts of intangible assets at the beginning and end of the previous and current financial year:

	Software $'000	Software WIP $'000	HRHA $'000	Total $'000
Balance as at 1 July 2014	532	75	56	663
Additions	138	109	49	296
Disposals	-	-	-	-
Revaluation Increments/(Decrements)	-	-	-	-
Net Transfers between classes	179	(179)	-	-
Assets received free of charge	-	-	-	-
Depreciation	(314)	-	(7)	(321)
Balance as at 1 July 2015	**535**	**5**	**98**	**638**
Additions	361	47	44	452
Disposals	-	-	-	-
Revaluation Increments/(Decrements)	-	-	-	-
Transfer from Property, Plant & Equipment	-	243	-	243
Assets received free of charge	-	-	-	-
Depreciation	(288)	-	(8)	(296)
Balance at 30 June 2016	**608**	**295**	**134**	**1,037**

(i) The consumption of separately acquired intangible assets is included in the 'amortisation' line item, where the consumption of the internally generated intangible assets is included in 'net gain/(loss) on non-financial assets' line item on the comprehensive operating statement.
(ii) Impairment losses are included in the line item 'net gain/(loss) on non-financial assets' in the comprehensive operating statement.

NOTE 11: PAYABLES

	Total 2016 $'000	Total 2015 $'000
Current		
Contractual		
Trade Creditors	4,566	5,163
Accrued Expenses	4,519	3,402
Prepaid Ineligible Non Insured Patient Services	1	84
Hume Rural Health Alliance	82	140
Total Current Contractual Receivables	**9,168**	**8,789**
Statutory		
GST Payable	95	125
FBT Payable	26	29
Income In Advance - Department of Health and Human Services	1,200	931
Income In Advance - Commonwealth	98	112
Total Current Statutory Receivables	**1,419**	**1,197**
TOTAL	**10,587**	**9,986**

(a) Maturity Analysis of Payables

Please refer to Note 18(d) for ageing analysis of contractual payables

(b) Nature and Extent of Risk arising from Payables

Please refer to Note 18(d) for the nature and extent of risks arising from contractual payables

NOTE 12: BORROWINGS

	Total 2016 $'000	Total 2015 $'000
Current		
Leased Liabilities (i)	287	349
Department of Health and Human Services Loan (ii)	550	-
Hume Rural Health Alliance (i)	116	89
Total Current	**953**	**438**
Non Current		
Leased Liabilities (i)	74	357
Department of Health and Human Services Loan (ii)	3,070	-
Hume Rural Health Alliance (i)	139	75
Total Non-Current	**3,283**	**432**
Total Borrowings	**4,236**	**870**

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

(ii) They are unsecured loans which bear no interest.

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

Amount of finance costs recognised as expenses	32	48

(a) Maturity analysis of borrowings

Please refer to note 18(c) for the ageing analysis of borrowings.

NOTE 13: PROVISIONS

	Total 2016 $'000	Total 2015 $'000
Current Provisions		
Employee Benefits (i) (Note 13(a))		
Annual Leave (Note 13(a))		
- unconditional and expected to be settled within 12 months	11,144	10,441
- unconditional and expected to be settled after 12 months (ii)	987	971
Long Service Leave (Note 13(a))		
- unconditional and expected to be settled within 12 months	2,157	12,620
- unconditional and expected to be settled after 12 months (ii)	11,547	-
Accrued Days Off (Note 13(a))		
- unconditional and expected to be settled within 12 months	352	360
Accrued Salaries & Wages (Note 13(a))		
- unconditional and expected to be settled within 12 months	2,899	1,562
	29,086	**25,954**
Provisions related to employee benefit on-costs		
Unconditional and expected to be settled within 12 months	1,425	1,364
Unconditional and expected to be settled after 12 months (ii)	1,315	1,142
	2,740	**2,506**
Total Current Provisions	**31,826**	**28,460**
Non-Current Provisions		
Employee Benefits (i) (Note 13(a))	4,250	6,477
Provisions related to employee benefit on-costs (Note 13(a))	446	676
Total Non Current Provisions (ii)	**4,696**	**7,153**
Total Provisions	**36,522**	**35,613**

NOTE 13: PROVISIONS (CONTINUED)

	Total 2016 $'000	Total 2015 $'000
(a) Employee Benefits and Related On-Costs		
Current Employee Benefits and Related On-Costs		
Accrued Wages and Salaries	2,899	1,562
Accrued Days Off	389	399
Annual Leave Entitlements	13,394	12,576
Unconditional Long Service Leave Entitlements	15,144	13,923
Non-Current Employee Benefits and Related On-Costs		
Conditional Long Service Leave Entitlements	4,696	7,153
Total Employee Benefits and Related on-Costs	**36,522**	**35,613**
(b) Movement in Provisions		
Movement in Long Service Leave:		
Balance at start of year	**21,076**	**21,748**
Provision made during the year		
Revaluations	635	580*
Expense recognising employee service	2,797	645
Settlement made during the year	(4,668)	(1,897)
Balance at end of year	**19,840**	**21,076**

** this revaluation has been included as part of Employee Expenses in 2015.*

(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 14: 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 2016 $'000	**Total 2015 $'000**
Defined Benefit Plans:		
First State Super	282	340
Defined Contribution Plans:		
First State Super	6,916	7,045
HESTA Superannuation	4,352	4,008
Other	328	258
Total	**11,877**	**11,651**

There were no unpaid contributions at 30th June 2016

NOTE 15: OTHER LIABILITIES

	Total 2016 $'000	**Total 2015 $'000**
Current		
Monies Held in Trust		
Patient Monies Held in Trust	892	20
Employee Trust Funds	92	98
Accommodation Bonds (Refundable Entrance Fees)	2,632	1,819
Government Grants - Hume Region Programs	1,308	1,786
Research Funding	98	152
Community Funds	43	40
Total Current	**5,065**	**3,915**
Total Other Liabilities	**5,065**	**3,915**
Total Monies Held in Trust		
Represented by the following assets:		
Cash Assets (Refer Note 5)	5,065	3,915
Total	**5,065**	**3,915**

NOTE 16: EQUITY

	Total 2016 $'000	Total 2015 $'000
(a) Surpluses		
Property, Plant and Equipment Revaluation Reserve		
Balance at the Beginning of the Reporting Period	63,992	63,992
Increase in the Value of Land	-	-
Increase in the Value of Buildings	-	-
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	19,206	18,557
Transfer to and from Accumulated Deficit	269	649
Balance at the End of the Reporting Period	**19,475**	**19,206**
Restricted Specific Purpose Surplus		
Balance at the Beginning of the Reporting Period	5,420	5,419
Transfer to and from Accumulated Deficit	(59)	1
Balance at the End of the Reporting Period	**5,361**	**5,420**
Total Surpluses	**88,828**	**88,618**
(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	(59,804)	(51,131)
Net Result for the Year	(8,325)	(8,023)
Transfers to and from General Surplus	(269)	(649)
Transfers to and from Restricted Purpose Surplus	59	(1)
Balance at the End of the Reporting Period	**(68,339)**	**(59,804)**
(d) Total Equity at end of Financial Year	**67,310**	**75,635**

NOTE 17: RECONCILIATION OF NET RESULT FOR THE YEAR TO NET CASH INFLOW/(OUTFLOW) FROM OPERATING ACTIVITIES

	Total 2016 $'000	Total 2015 $'000
Net Result for the Period	(8,325)	(8,023)
Non-cash movements:		
Depreciation	10,075	10,516
Net (Gain)/Loss of Disposal of non Financial Physical assets	(1)	794
Assets Provided Free of Charge	(18)	(68)
Discount on Interest Free DHHS Loan	(229)	-
Movements in asset and liabilities		
Change in Operating Assets and Liabilities		
Increase/(Decrease) in Payables	601	(750)
Increase/(Decrease) in Provisions	908	(2,712)
Increase/(Decrease) in Inventory	355	(84)
Increase/(Decrease) in Prepayments	112	(229)
Increase/(Decrease) in Receivables	2,169	2,145
Net Cash Inflow/Outflow from Operating Activities	**5,647**	**1,589**

NOTE 18: FINANCIAL INSTRUMENTS

18(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)

Borrowings

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 2016 $'000**	**Carrying Amount 2015 $'000**
Cash and Cash Equivalents	10,124	8,982
Receivables	5,242	4,831
Total Financial Assets	**15,366**	**13,813**
Contractual Financial Liabilities		
At Amortised Cost		
Payables	9,168	8,789
Borrowings	4,236	870
RAC Refundable Deposits and Other Trust Funds	5,065	3,915
Total Financial Liabilities	**18,469**	**13,574**

NOTE 18: FINANCIAL INSTRUMENTS CONTINUED

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

2016	Net holding gain / (loss) $'000	Total interest income / (expense) $'000	Fee income / (expense) $'000	Total $'000
Financial Assets				
Cash & Cash Equivalents	-	518	(41)	477
Total Financial Assets	**-**	**518**	**(41)**	**477**
Financial Liabilities				
At Amortised Cost	**-**	**(32)**	**-**	**-**

2015	Net holding gain / (loss) $'000	Total interest income / (expense) $'000	Fee income / (expense) $'000	Total $'000
Financial Assets				
Cash & Cash Equivalents	-	631	(39)	592
Total Financial Assets	**-**	**631**	**(39)**	**592**
Financial Liabilities				
At Amortised Cost	**-**	**(48)**	**-**	**-**

18(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 18: FINANCIAL INSTRUMENTS (CONTINUED)

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

2016	Financial Institutions (min BBB credit rating) $'000	Other $'000	Total $,000
Financial Assets			
Cash and Cash Equivalents	10,124	-	10,124
Receivables:			
Debtors and Patient Fees	-	3,564	3,564
Other Receivables	-	1,678	1,678
Total Financial Assets	**10,124**	**5,242**	**15,366**
2015			
Financial Assets			
Cash and Cash Equivalents	8,982	-	8,982
Receivables:			
Debtors and Patient Fees	-	4,200	4,200
Other Receivables	-	631	631
Total Financial Assets	**8,982**	**4,831**	**13,813**

Ageing Analysis of Financial Assets as at 30 June

			Past Due but Not Impaired			
2016	Carrying Amount $'000	Not Past Due and Not Impaired $,000	1-3 Months $'000	3 Months - 1 Year $'000	1 - 5 Years $'000	Impaired Financial Assets $'000
Financial Assets						
Cash and Cash Equivalents	10,124	10,124	-	-	-	-
Receivables:						
Debtors and Patient Fees	3,564	1,685	806	649	88	336
Accrued Revenue	1,678	1,678	-	-	-	-
Total Financial Assets	**15,366**	**13,487**	**806**	**649**	**88**	**336**
2015						
Financial Assets						
Cash and Cash Equivalents	8,982	8,982	-	-	-	-
Receivables:						
Debtors and Patient Fees	4,200	1,928	1,010	824	162	277
Accrued Revenue	631	631	-	-	-	-
Total Financial Assets	**13,813**	**11,541**	**1,010**	**824**	**162**	**277**

NOTE 18: FINANCIAL INSTRUMENTS (CONTINUED)

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.

18(d) Liquidity

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		
2016	**Carrying Amount $'000**	**Nominal Amount $,000**	**1-3 Months $'000**	**3 Months - 1 Year $'000**	**1 - 5 Years $'000**
Financial Liabilities					
Payables	9,168	9,168	9,168	-	-
Borrowings					
- DHHS Loan	3,620	3,620	-	550	3,070
- Finance Leases	616	616	-	403	213
Other Financial Liabilities					
- RAC Refundable Accommodation Deposits	2,632	2,632	-	2,632	-
- Other Funds Held in Trust	2,433	2,433	-	2,433	-
Total Financial Liabilities	**18,469**	**18,469**	**9,168**	**6,018**	**3,283**
2015					
Financial Liabilities					
Payables	8,789	8,789	8,789	-	-
Borrowings					
- Finance Leases	870	870	-	438	432
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	**13,574**	**13,574**	**8,789**	**4,353**	**432**

18(e) Market Risk

Goulburn Valley Health's exposures to market risk are primarily through interest rate risk with only insignificant exposure to foreign 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 currencies and a short time-frame between commitment and settlement.

NOTE 18: FINANCIAL INSTRUMENTS (CONTINUED)

18(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 $4.236m. Minimisation of risk is 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		
2016	**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	2.00%	10,124	1,500	8,309	22
Receivables:					
Patient Fees and Trade Debtors	-	3,564	-	-	3,564
Other Receivables	-	1,678	-	-	1,678
Total Financial Assets		**15,366**	**1,500**	**8,309**	**5,264**
Financial Liabilities					
Payables	-	9,168	-	-	9,168
Borrowings	4.10%	4,236	-	616	3,620
Other Financial Liabilities					
- RAC Refundable Accommodation Deposits	-	2,632	-	-	2,632
- Other Funds Held in Trust	-	2,433	-	-	2,433
Total Financial Liabilities		**18,469**	**-**	**616**	**17,853**
2015					
Financial Assets					
Cash and Cash Equivalents	1.80%	8,982	1,000	7,889	29
Receivables:					
Patient Fees and Trade Debtors	-	4,200	-	-	4,200
Other Receivables	-	631	-	-	631
Total Financial Assets		**13,813**	**1,000**	**7,889**	**4,860**
Financial Liabilities					
Payables	-	8,789	-	-	8,789
Borrowings	4.75%	870	-	870	-
Other Financial Liabilities					
- RAC Refundable Accommodation Deposits	-	1,819	-	-	1,819
- Other Funds Held in Trust	-	2,096	-	-	2,096
Total Financial Liabilities		**13,574**	**-**	**870**	**12,704**

NOTE 18: FINANCIAL INSTRUMENTS (CONTINUED)

18(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%	
2016	Carrying Amount $'000	Profit $'000	Equity $'000	Profit $'000	Equity $'000
Financial Assets					
Cash & Cash Equivalents	10,124	(101)	(101)	101	101
Receivables					
- Trade Debtors	3,564	-	-	-	-
- Other Receivables	1,678	-	-	-	-
Financial Liabilities					
Payables	9,168	-	-	-	-
Borrowings	4,236	42	42	(42)	(42)
Other Financial Liabilities					
- RAC Refundable Accommodation Deposits	2,632	-	-	-	-
- Other Funds Held in Trust	2,433	-	-	-	-
		(59)	**(59)**	**59**	**59**
2015					
Financial Assets					
Cash & Cash Equivalents	8,982	(90)	(90)	90	90
Receivables					
- Trade Debtors	4,200	-	-	-	-
- Other Receivables	631	-	-	-	-
Financial Liabilities					
Payables	8,789	-	-	-	-
Borrowings	870	9	9	(9)	(9)
Other Financial Liabilities					
- RAC Refundable Accommodation Deposits	1,819	-	-	-	-
- Other Funds Held in Trust	2,096	-	-	-	-
		(81)	**(81)**	**81**	**81**

NOTE 18: FINANCIAL INSTRUMENTS (CONTINUED)

18(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 2016 $'000	Fair Value 2016 $'000	Carrying Amount 2015 $'000	Fair Value 2015 $'000
Financial Assets				
Cash and Cash Equivalents	10,124	10,124	8,982	8,982
Receivables:				
Patient Fees and Trade Debtors	3,564	3,564	4,200	4,200
Other Receivables	1,678	1,678	631	631
Total Financial Assets	**15,366**	**15,366**	**13,813**	**13,813**
Financial Liabilities				
Payables	9,168	9,168	8,789	8,789
Borrowings	4,236	4,236	870	870
Other Financial Liabilities				
- RAC Refundable Accommodation Deposits	2,632	2,632	1,819	1,819
- Other Funds Held in Trust	2,433	2,433	2,096	2,096
Total Financial Liabilities	**18,469**	**18,469**	**13,574**	**13,574**

NOTE 19: COMMITMENTS FOR EXPENDITURE

	Total 2016 $'000	Total 2015 $'000
(a) Commitments for Expenditure		
Capital Expenditure Commitments		
Buildings	1,804	2,200
Total Capital Expenditure Commitments	**1,804**	**2,200**
Lease Commitments		
Finance Lease Commitments		
Buildings	-	4,268
Medical Equipment	-	9
Non Medical Equipment	311	655
Motor Vehicles	130	103
Total Finance Lease Commitments	**441**	**5,035**
Total Commitments (Inclusive of GST)	**2,245**	**7,235**
(b) Commitments Payable		
Capital Expenditure Commitments		
Less that 1 year	**1,804**	**2,200**
Finance Lease Commitments		
Less that 1 year	310	722
Longer than 1 year and not later than 5 years	131	1,597
Later than 5 years	-	2,716
Total Finance Lease Commitments	**441**	**5,035**
Total Commitments for Expenditure (Inclusive of GST)	2,245	7,235
Less GST Recoverable from the Australian Taxation Office	(204)	(658)
Total Commitments for Expenditure (Exclusive of GST)	**2,041**	**6,577**

NOTE 20: CONTINGENT ASSETS AND CONTINGENT LIABILITIES

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

NOTE 21: OPERATING SEGMENTS

	Residential Aged Care Services		All Other Services		Total	
	2016 $'000	**2015 $'000**	**2016 $'000**	**2015 $'000**	**2016 $'000**	**2015 $'000**
REVENUE	5,921	5,883	228,177	211,761	234,098	217,644
External Segment Revenue	**5,921**	**5,883**	**228,177**	**211,761**	**234,098**	**217,644**
EXPENSES						
External Segment Expenses	4,719	5,495	238,222	220,803	242,941	226,298
Intersegment Expenses	3,664	1,473	(3,664)	(1,473)	-	-
Total Expenses	**8,383**	**6,968**	**234,558**	**219,330**	**242,941**	**226,298**
Net Result From Ordinary Activities	**(2,462)**	**(1,085)**	**(6,381)**	**(7,569)**	**(8,843)**	**(8,654)**
Interest Income	-	-	518	631	518	631
Net Result for Year	**(2,462)**	**(1,085)**	**(5,863)**	**(6,938)**	**(8,325)**	**(8,023)**
Other Information						
Segment Assets	19	9	-	-	19	9
Unallocated Assets	-	-	123,701	126,010	123,701	126,010
Total Assets	**19**	**9**	**123,701**	**126,010**	**123,720**	**126,019**
Segment Liabilities	-	-	-	-	-	-
Unallocated Liabilities	-	-	(56,410)	50,384	(56,410)	50,384
Total Liabilities	**-**	**-**	**(56,140)**	**50,384**	**(56,140)**	**50,384**

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 22A: RESPONSIBLE PERSONS 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, Minister for Health, Minister for Ambulance Services	01-07-15	30-06-16
The Honourable Martin Foley, Minister for Housing, Disability and Ageing, Minister for Mental Health	01-07-15	30-06-16
Mr. P. Ryan	01-07-15	30-06-16
Mr. W. Parsons	01-07-15	30-06-16
Ms R. Knaggs	01-07-15	30-06-16
Ms B. Evans	01-07-15	30-06-16
Mr F. Shaholli	01-07-15	30-06-16
Mr S. Merrylees	01-07-15	30-06-16
Ms R. Nelson	01-07-15	18-09-15
Mr R. Coates	01-09-15	30-06-16
Ms J. Breen	26-04-16	30-06-16
Ms N. Goodall	26-04-16	30-06-16
Accountable Officer		
Mr. D Fraser	01-07-15	30-06-16

Remuneration of Responsible Persons

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

Income Band	**2016 No.**	**2015 No.**
$0 - $9,999	3	0
$10,000 - $19,999	1	1
$20,000 - $29,999	5	7
$40,000 - $49,999	1	1
$340,000 - $349,999	0	1
$360,000 - $369,999	1	0
Total Numbers	**11**	**10**
Total remuneration received or due and receivable by Responsible Persons from the reporting entity amounted to:	**586**	**555**

Amounts relating to Responsible Ministers are reported in the financial statements of the Department of Premier and Cabinet. For information regarding related party transactions of ministers, the register of members' interests is publicly available from: www.parliment.vic.gov.au/publications/register of interests.

Other Transactions of Responsible Persons and their Related Parties

	Total 2016 $'000	**Total 2015 $'000**
Ms R. Knaggs has an association with Watter Electrical who provide electrical engineering services to the Health Service on normal commercial terms and conditions.	108	173

NOTE 22B: EXECUTIVE OFFICER DISCLOSURES

Executive Officers' Remuneration

	Total Remuneration		Base Remuneration	
	2016 No.	2015 No.	2016 No.	2015 No.
$190,000 - $199,999	2	2	2	3
$210,000 - $219,999	2	1	2	2
$220,000 - $229,999	1	1	1	-
$230,000 - $239,999	-	1	-	-
Total	**5**	**5**	**5**	**5**
Total Annualised Employee Equivalent (AEE)	**5.0**	**5.0**	**5.0**	**5.0**
Total Remuneration $'000	**1,066**	**1,045**	**1,026**	**1,006**

NOTE 23: REMUNERATION OF AUDITORS

	Total 2016 $'000	Total 2015 $'000
Victorian Auditor-General's Office	**54**	**53**
Audit of Financial Statements		

NOTE 24: EX-GRATIA EXPENSES

There were no ex-gratia payments made by Goulburn Valley Health during the 2015/2016 financial year

NOTE 25: EVENTS OCCURRING AFTER THE BALANCE SHEET DATE

There are no known significant financial events after balance date.

NOTE 26: JOINTLY CONTROLLED ENTITIES

Hume Rural Health Alliance Joint Venture

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

	Ownership Interest	
	2016 16%	**2015 16%**

The amounts included in the financial statements are as follows:

	Total 2016 $'000	**Total 2015 $'000**
Cash at Bank	293	64
Receivables	145	307
Prepayments	11	10
Plant & Equipment	22	22
Intangibles	134	98
Total Share of Assets	**605**	**501**
Payables	82	140
Borrowings	255	164
Net Assets	**337**	**304**
Operating Income	1,384	1,370
Operating Expenses	(1,234)	(1,187)
Net Result before Capital and Specific Items	**150**	**183**
Capital Purpose Income	11	(7)
Depreciation Expense	(136)	(164)
Finance Charges	(10)	(14)
Net Result after Capital and Specific Items	**15**	**(2)**

NOTE 27: ALTERNATIVE PRESENTATION OF COMPREHENSIVE OPERATING STATEMENT

	Total 2016 $'000	Total 2015 $'000
Interest	518	631
Sale of goods and services	27,112	25,202
Grants	195,659	180,353
Other Income	11,330	12,089
Total revenue	**234,619**	**218,275**
Employee Expenses	165,391	153,985
Depreciation	10,075	10,516
Other operating expenses	66,843	61,797
Total Expenses	**242,309**	**226,298**
Net Result from transactions - Net operating balance	**(7,690)**	**(8,023)**
Other gain / (losses) from other economic flows	(635)	-
Total other economic flows included in net result	**(635)**	**-**
Net result	**(8,325)**	**(8,023)**

NOTE 28: ECONOMIC DEPENDENCY

The financial performance and position of Goulburn Valley Health has declined since the prior year, with the health service reporting a deficit net result before capital and specific items of $253,000 (2015: $1,130,000 surplus) and a net current asset position of negative $29,128,000 (2015: negative $24,600,000), resulting in a current asset ratio of 0.398 (2015: 0.425).

As a result of the financial performance and position, Goulburn Valley Health has obtained a letter of support from the State Government and in particular, the Department of Health and Human Services (DHHS), confirming that the department will continue to provide Goulburn Valley Health adequate cash flow to meet its current and future obligations up to 31st October 2017. On that basis, the financial statements have been prepared on a going concern basis.

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