

Annual Financial & Performance Report 2007/2008



Northeast
Health Wangaratta

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Front Cover Image: Aerial image of Northeast Health Wangaratta's Green Street campus taken in 2008

Introduction

The 2007/08 Northeast Health Wangaratta (NHW) Annual Financial and Performance Report is an adjunct to the Quality of Care Report and fulfils the statutory reporting requirements of the Victorian Government.

Close scrutiny of both reports evidences the continued development of our organisation to support the health needs of Wangaratta and its environs, and demonstrates how the cohesiveness of the Community, Board, Visiting Medical Officers and Staff can deliver appropriate services while resources remain scarce.

This year has yielded a number of highlights:

- A large community cohort witnessed the opening of the Illoura Residential Aged Care Facility on 21st May by the Hon Kaye Darveniza, Member for Northern Victoria, and was treated to morning tea and a tour of the facility.
- The Primary Mental Health Team was highly commended in the Victorian Public Healthcare Awards in the "Innovation in Models of Care" category for their efforts in working with other providers to streamline and expand service provision.
- Significant progress has been made with our mental health partners, Beechworth Health Service and Wodonga Regional Health Service, to ensure clients in the North East receive a consistent service independent of location.
- To build and develop the capacity and capability of the health workforce we continue to review innovative models and now have eight nurse practitioner candidates in the areas of aged care, mental health and critical care.
- For the second year the results of the Victorian Patient Satisfaction Survey indicate that NHW is the leader in its group, in all measured categories.
- Additional State and Commonwealth elective surgery funding has assisted to reduce our waiting list and the number of patients who wait longer than 365 days (category three) for their surgery.
- The Minister for Health, the Hon Daniel Andrews attended Wangaratta on 14th February to announce targeted equipment funding which has enabled NHW to update its diathermy units and birthing beds. In addition, Commonwealth funding has assisted with the purchase of additional items of theatre equipment to aid elective surgery.

The organisation continues to deliver services to the levels funded by the Department of Human Services. 2007/08 has seen an increase in overall inpatient separations across the acute, sub acute and mental health streams. While there were record admissions in the acute setting of 14,514, we fell short of our Weighted Inlier Equivalent Separations (WIES) target due to changes in the cost weights and fewer complex admissions. The sub acute program was fortunate to receive additional bed day funding in its Rehabilitation and Geriatric Evaluation and Management programs to provide services in excess of the published targets.

Of concern to the Board of Management is the continuing deficit position of NHW, and this year was no exception. Before capital items, depreciation and financing costs, the 2007/08 deficit was \$861,000. This includes an additional revenue contribution from the Department of Human Services of \$1.2 million. The overall deficit was \$2.067 million. However, the equity position continues to improve due to the Victorian Government capital contribution for the completion of the Illoura Residential Aged Care facility (\$4.637 million).

In closing, we would like to thank the Board of Management, Staff and Visiting Medical Officers for their continued support in the delivery of quality health services to our community.



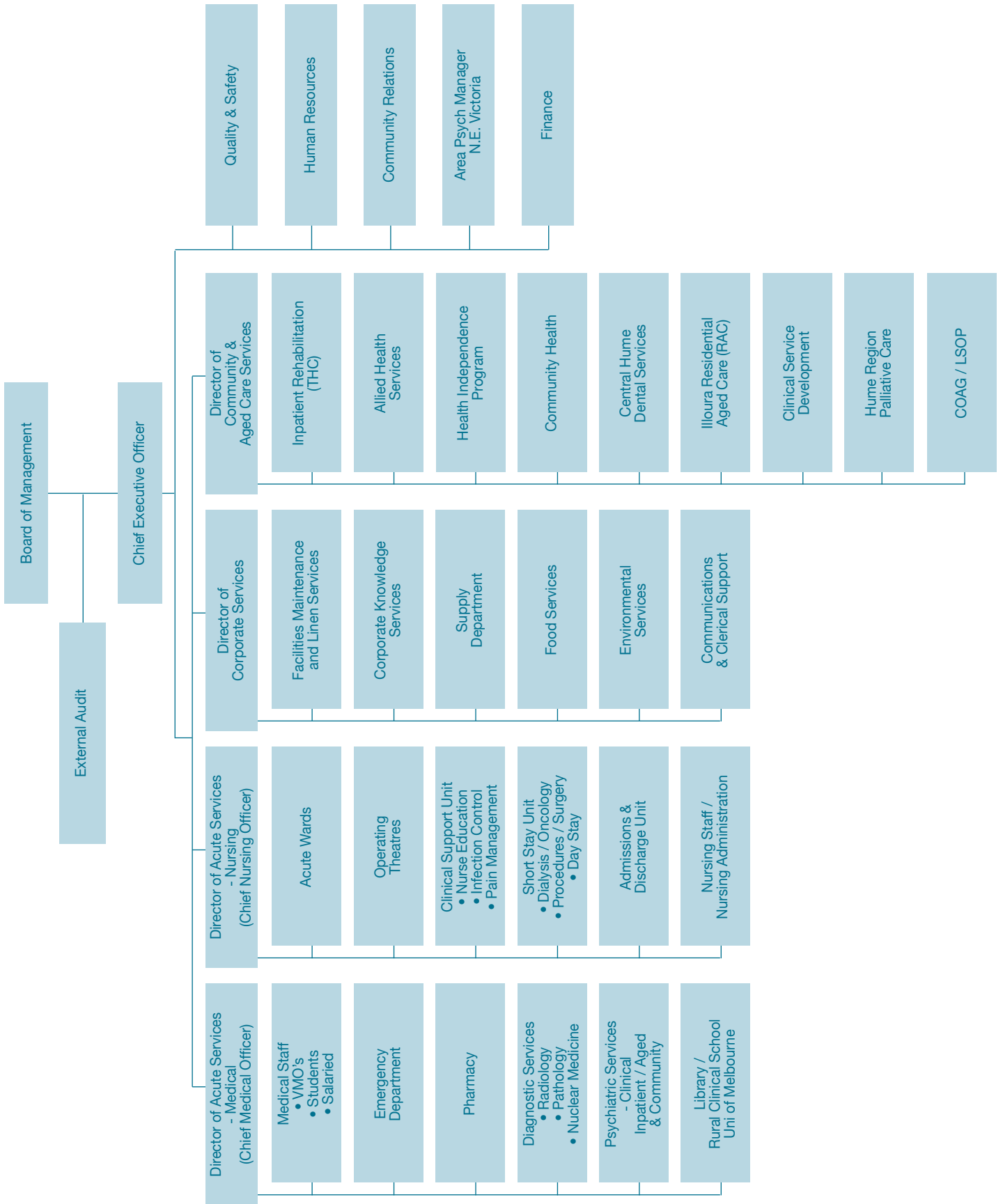
Lisette Wilson
Chief Executive Officer



Allan Wills
President
Board of Management



Organisational Structure



Board of Management



Allan Wills
President



Chris Cunningham
Vice-President



Geoff Dinning



David Lawson



Janeen Milne



Stephen Oxley



Michelle Smith-Tamaray



Lorna Williamson

Executive Directors



Lis Wilson
Chief Executive
Officer



Dr John M Elcock
Director of
Medical Services



Chris Giles
Chief Nursing Officer
Director of Acute
Services



Janine Holland
Director of Community
& Aged Care Services



Ross Waddington
Director of
Corporate Services

Responsible Bodies Declaration

In accordance with the Financial Management Act 1994, we are pleased to present the Report of Operations for Northeast Health Wangaratta for the year ending 30 June 2008.

Attestation on Compliance with Australian/New Zealand Risk Management Standard

We, Allan Wills (President) and Lisette Wilson (CEO) certify that Northeast Health Wangaratta has risk management processes in place consistent with the Australian/New Zealand Risk Management Standard and an internal control system is in place that enables the Executives to understand, manage and satisfactorily control risk exposures. The Audit Committee verifies this assurance and that the risk profile of Northeast Health Wangaratta has been critically reviewed within the last 12 months.

Lisette Wilson
Chief Executive Officer

Allan Wills
President
Board of Management

Organisational Staff

EXECUTIVE MANAGEMENT

Chief Executive Officer

Ms L Wilson, B Comm (Auck), Grad Cert Comm, CA (NZ), CPA, AFCHSE, CHE

Director of Corporate Services

Mr R Waddington, BBus (Economics & Mgmt), Grad Dip (Quality Mgmt Hlthcare), MHA, ACHSE

Director of Medical Services

Dr J M Elcock, B MedSci (Hons), MBBS, FRAGCP, MBA

Director of Nursing

Ms C Giles, MRCNA RM, Grad Dip HM, ACHSE, FACNM

Director of Community and Aged Care Services

Ms J Holland, RN, RM, BHSc, Grad Cert HSM, MPH

Chairman of Medical Staff

Dr P G Macleish, MBBS, FRACP

EXECUTIVE DEPARTMENTS

Group Manager Human Resources

Ms J Parle, Dip P T, Grad Cert Bus, MHRM

Quality & Safety Manager (incl OH&S)

Ms M Butler, RN, Dip App Sci (Dental Therapy), Grad Dip Health Admin, Cert IV Workplace Assessment

Community Relations Manager

Ms T Tatalaschwili, JP, B Bus Tourism (Hons) MFIA, CFRE

N E Victoria Area Mental Health Manager

Mr M Nuck, RN, RPN, BA

Finance Manager

Ms J Ball, B Bus (Acc) CPA

CORPORATE SERVICES

Facilities Maintenance & Linen Services Manager

Ms G Mackay B Sc, B Eng, PhD

Information Systems Manager

Mr S McFarlane MACS (SNR) (to 20/09/07)

Health Information Manager

Mrs S McDonald B MRA Grad Dip QM (to 20/09/07)

Corporate Knowledge Services Manager

Mr L Montgomery SB (MIT, USA), MEd (U Mass, USA), (Cert, Teaching, Mass, USA) (from 13/02/08)

Supply Manager

Mr T Kalkandis, Cert Supply Man, Cert Hospital Mid Man, IPSM, AIPSM

Hospitality Services Manager

Mr W Baxter, Dip Cat Hotel Mgt, Grad Cert Comm (to 27/08/07)

Food Services Manager

Mr I Rosser, Cert Hospitality, Chef (from 28/08/07)

Environmental and Security Services Manager

Mr J Antonello (from 27/08/07)

Communications & Clerical Support Manager

Ms R Bennett, Cert IV Bus

COMMUNITY AND AGED CARE SERVICES

Manager Health Independence Programs

Mr P Crimmin, RN, BN

Team Leader Brokerage Services

Ms C Larkings, RN, BN, Grad. Cert. Comm.

Service Access Coordinators

Mr B Hackett, RN, Grad Dip Rural Crit Care
Ms B Maher, RN, Grad Cert A&E

Care Coordinators

Mr A Pascoe, RN
Ms J Sanders, RN
Mr G Martin, RN
Ms L Hunt, RN

Veteran Affairs Liaison/DVA

Ms N McDonald, RN

Team Leader Clinical Services

Ms M McKelvie, RN, Grad Dip (Adv Nsg)
Ms R Lea, RN, RM, Nurse Immuniser (from 30/06/08)

Clinical Services Coordinators

Ms S Christie, RN, BN
Ms K Gunner, RN, BN, Post Grad Adv Nsg (Rural)

Advanced Care Planning Project Worker

Ms H Wickham, RN, BN, Grad Dip Adv Nsg (Rural) (from 28/11/07)

Clinical Nurse Specialist Palliative Care

Ms H Wickham, RN, BN, Grad Dip Adv Nsg (Rural) (to 28/11/07)
Ms A Booms, Post Grad Dip of Nsg Sc in Cancer Care, Graduate Cert of Nsg (onc/pall care) Grad Cert in WM (from 29/10/07)
Ms J Creek, RN
Ms M Rae, RN, RM

Team Leader Ambulatory Services

Ms B Hamer, RN, BN, CCU Cert, CNE, Grad Cert Comm, Cert IV Workplace Training & Assessment

Hospital Admission Risk Program (HARP)

Ms J Bartram, RN
Ms K Adcock, RN
Ms B Sanders, RN, ICU
Ms S Booth, RN
Mr J Plate, RPN

Sub Acute Ambulatory Care Services

Ms A Neve, B App Sc (Physio)(from 26/05/08)

Continence Nurse Adviser

Mrs D Gregory, RN, BA Hlth Sc (Nsg), Cont. Cert
Ms K Nichols, B App Sc (Physio)
Ms I Sherwill, RN, BA Hlth Sci(Nsg), Cont. Cert (to March 08)

Mrs L Knox, RN, BA Sc (Nsg), Grad Cert Urol & Cont Nsg, Grad Cert Urol & Cont Nsg (from 05/05/08)

Manager Community Health

Ms D Eason, BA Sc Grad Dip (Diet) Grad. Cert. Comm.

Team Leader Community Health

Ms A Henry, Grad Dip Humanities (Eng & Comm), B App Sc (Speech Path)

Health Promotion Officers

Ms C Schultz, B App. Sc. (H Prom) Cert IV W T & A.
Ms D Mills, B App. Sc. (H Prom) (to 9/11/07)
Ms L Tonkin, BSW (S W), BPH (PubHlth) (from 7/01/08)

Breast Care

Ms J Finlayson, RN, BN, Breast Care Ns Cert, P Grad Dip Adv Nsg (Community)
Ms S Timmins, RN, Grad Cert in Cancer Nsg,

Stomal Therapy

Ms L Nicholson, RN, P Grad Cert Ward Management

Diabetes Educators

Ms H O'Donoghue, RN, Diabetes Ed Cert
Ms J Hill RN, Diabetes Ed Cert

Clinical Leader – Dietetics

Ms E Farnbach, MND (19/06/08)

Manager Allied Health

Ms H Mitchell, BA, BSW (SW)

Team Leader Allied Health

Ms A Gardam, BA Hlth Sc (OT)

Clinical Leader - Social Work

Ms S Darlow, BA SW, Assoc Dip.(Welfare)

Clinical Leader - Speech Pathology

Ms A Henry, Grad Dip Humanities (Eng & Comm), B App Sc (Speech Path)

Clinical Leader - Physiotherapy

Ms A Neve, B App Sc (Physio) (from 26/05/08)

Clinical Leader - Occupational Therapist

Ms A Gardam BA Health Sc. (OT)

Nurse Unit Manager - Thomas Hogan Centre

Mr R Ryan, RN, BN, Geron Cert, Mid Man Cert, Rehab Cert

Team Leader Allied Health - Thomas Hogan Centre

Mr J McMartin, BA App.Sc.(OT) Uni of SA (From 19/11/2007)

DON - ILLOURA Residential Aged Care

Ms C Delany, RN, BA Admin (NSG), Grad Dip Aged Services Man.

Gerontology Nurse Practitioner Candidates

Mr S Voogt, RN, Grad Dip Bus Mgt, Grad Cert Critical Care, Grad Cert MHN
Ms W Kent, RN, Mid End, Grad Dip Clinical Rehab

Organisational Staff (continued)

Clinical Services Development

Ms J Verdon, BA Social Work, Ass Dip Welfare Studies

Central Hume Dental Services - Practice Manager

Ms T Voss, Cert of Practice Managements

PSYCHIATRIC SERVICES

N E Area Manager – Mental Health Services

Mr M Nuck, RN, RPN, Dip HS, BA

Clinical Director of Psychiatric Services/ Authorised Psychiatrist North East Victoria

Dr J Ellix, MBBS, DPM, FRANZCP

Consulting Specialists in Psychiatry

Dr S Carey, MBBS, DPM, Dip Crim (24 hours per week)

Dr M Wellstead, MBBS (Hons), FRANZCP (16 hours per week – Aged Psychiatry, IPMHS)

Dr D Caetano MBBS FRANZCP (from Feb 2008)

Dr M Atkins, MBBS, FRANZCP (Part time Aged Psychiatry) (Resigned May 2008)

Dr E Darby MBBS DPM FRANZCP (Aged Psychiatry – 3 hours per week)

Dr J Rose MBBS DPM FRANZCP (IPMHS and CAMHS) (Resigned Aug 2008)

Dr T Gidley MBBS DPM FRANZCP – sessional on-call

Dr A Livingston MBBS DPM FRANZCP - Locum

Kerferd Unit Manager - Inpatient Psychiatric Services

Ms P Brandon, RPN BSC

Ms B Payne Acting

Aged Psychiatric Services Manager

Ms S Davidson, BASW, MSW

Community Psychiatric Services Manager

Mr A Quayle, RPN

Ms P Brandon Acting

Manager Integrated Primary Health Services

Ms J Ahrens RPN, RN, RM, BS, MS

Senior Psychiatric Nurse North East Hume Region

Dr P Fahy, RPN, RN, B App. Sci (Adv Nsg), B Ed, M Ed, PhD

Regional Dual Diagnosis

Mr G Croton RPN MHS

Nurse Practitioner Candidates

Ms A Dempsey RPN Dip MHN

Mr W Scheurmann RPN Dip MHN

Care Coordination

Ms R Williams RPN, Dip HSc

Nursing Staff

NURSING SERVICES

Deputy Director of Clinical Services

Mr F Megens, RN, RM, NICC, PICC, BN, MAS H Mgt (UNE) Grad Cert Conflict Resolution (CSU), Grad Cert Industrial Relations

Patient Services Manager

Mrs L Foley, RN, Peri-Op Nsg Cert (Theatre) Bsc (Nurs), Grad Cert Commerce (CSU)

Assistant Directors of Nursing Out of Hours Coordinators

Mr F Tonini RN Dip HN & WM, B App Sc (N Admin)

Ms M Gibson, RN, RM, B Nursing Admin Cert Unit Mgt, Clncl Tchng

Ms C Hoysted, RN RM

Mrs M Vick RN, Grad Cert Emergency

Mrs D Boag, RN

Nursing Professional Development

Ms S Wilson, RN, Paed Cert, Grad Dip Adv Clin Nsg (Psych), BA, BSc, Grad Dip Ed (P-12), MEd

Mr K Vaughan, ADON, RN, RM, RCCN, Grad Dip App Sc (Nurs), Grad Dip Ed, Grad Dip Info Sys

Ms D Hobijn, RN, RM, CCN, B App Sc (Nsg) MA Education

Mrs J Garvey, RN, BN, CCU Cert

Mrs S Arthur RN, Grad Cert in Hlth

Ms M Samolyk, BN, CCC, BNSC (Hons), MRCNA

Ms J Weemaes RN

Theatre/ Admission/ Discharge Short Stay Unit

Ms G Hose, RN, CPN

Emergency Department

Mr G Benton, RN, RPN, CCRN

Ground West

Mrs G Robinson, BN, Registered Midwife MRCN

One East

Mrs L Earl, RN, RM, BN, Grad Cert Bus Mgt, MRCN, ACMI

One West

Mr B Johnson, RN, B.Sc (Nurs), ICU Cert

Infection Control

Mr J O'Keeffe, RN, BN, CSIC Cert IV wkplace Training & Assessment

Infection Control Consultants (Hume Region)

Mrs J Grinter, RN Grad Dip SIC

Mrs L Lewis, RN, BN, Cert SIC

Oncology

Ms J Hancock, BN, RN, Breast Care Ns Cert, Chemotherapy Cert, Lung Cancer Nrs. Cert.

Mrs K Elliott, RN, BN, Pall Care Cert, Chemotherapy Cert, Breast Care Ns Cert, Lymphoedema Mgt Cert, Cert IV wkplace Training & Assessment, Lung Cancer Nrs. Cert.

Community Midwife Program Midwives

Ms J Baker RN, CM, MMSci, B App Sci

Mrs C Porter, RN, RM, Ba Mids

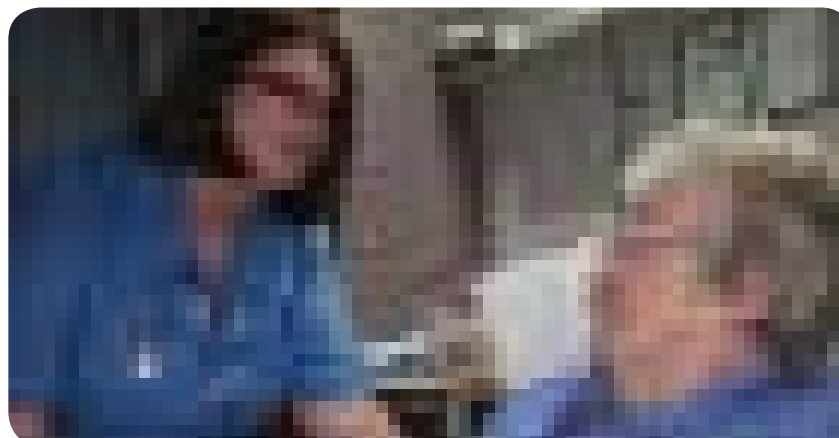
Ms D Marshall, RN, RM, Post Grad BM

Ms L Chapman RN, RM

Pain Consultants

Ms M Samolyk, BN, CCC, BNSC (Hons), MRCNA

Ms C Woods, RN



Medical Staff

MEDICAL SERVICES

Deputy Director of Medical Services

Dr R Mann, MBBS

Chairman Medical Staff Group

Dr P G Macleish, MBBS, FRACP

Director of Emergency

Dr P Duggan, MBBS, FACEM (to 26/08/07)
Dr I Wilson, MBBS, RACOG, FACRRM (from 11/06/08)

Emergency Department

Dr J Bowmaker MBBS, FRACGP
Dr P Giddings MBBS, FRACGP, FACCRM,
DRANZCOG, Grad Dip Fam Med
Dr A Aletham MD, FRACGP
Dr J Lovett MB, ChB
Dr J de Jong MD

Director of Pathology

Dr L Wu, MBBS, PhD (Med), FRCPA (part time)

Director of Pharmacy

Mrs C Roberts, B Pharm (to 07/11/07)
Ms J Lowe, B Pharm, Grad Dip Health
Admin, Grad Dip Com Sci (from 08/11/07)

Chief Radiographer

Mr W Ashton, B Appl Sc (Radiography) (to 16/6/08)
Mr S Jones, B Appl Sci (Med Imaging), Grad.
Dip. Bus. Admin (IT) (from 17/06/08)

Specialist Radiologists

Dr S Rajapaske, MBBS, FRCR
Dr S Williams, MBBS, FRACR
Dr J Stubbe, MBBS, FRACR, DDR
Dr J Mullins, MBBS, FRCR
Dr R Escott, MBBS, FRACR
Dr S W van der Merwe, MBChB, FF RAD (D)
Dr A van der Vliet, MBBS (Hons) FRACR
Dr V Thomas, MBBS, BS, FRANZCR DDU
Dr B Ramsing, MBChB (Natal), FC RAD(SA)
D, Dip Prog. (CTI), ICDL
Dr J Louw, Mb ChB, FF Rad(D)(SA), M Med
Rad (D)(SA)
Dr H Naidoo, MB ChB FF Rad (D)
Dr M Stebnyckyj, MBBS, FRANZCR,
ANZAPNM

Director of Critical Care Unit

Dr P Hebbard, MBBS, FANZCA

Rehabilitation Medical Officer

Dr A Randell, MBBS, Dip Obst, RACOG,
MAppSci(SocEco)(CPPP)
Dr R Drohan, MBBS, MRCGP, FRACGP,
DRACOG

VISITING MEDICAL OFFICERS

Physicians

Dr L E Bolitho, MBBS, FRACP
Dr P G Macleish, MBBS, FRACP
Dr R H Krones, MD, FRACP
Dr A Baisch, MBBS, MD
Dr V Veth, MBBS, MD

Anaesthetists

Dr E R Barker, MBBS, (Hon), FANZCA
Dr R A Sharp, MB ChB, DRACOG, FRCA,
FANZCA

Dr M K Radnor, MBBS, D Obst RCOG,
FANZCA, BA

Dr P Hebbard, MBBS, FANZCA
Dr R Bourne, MBBS (Hon), FANZCA
Dr A Haughton, MBBS, FANZCA
Dr D Burke, MBBS, FANZCA
Dr F Barry, MBBS (Hon), FANZCA

Obstetricians and Gynaecologists

Dr C J Pearse, MBBS, FRANZCOG
Dr L F Fogarty, MBBS, FRANZCOG
Dr M Sedgley, MBBS, FRCOG, FRACOG,
Dip Health & Med Law (to 10/11/07)
Dr Y Lim, MBBS, FRANZCOG (from
21/11/2007)

Paediatricians

Dr P Dewez, MBBS, FRACP
Dr T G Stubberfield, MBBS, Dip RACOG,
DCH (London), FRACP
Dr S R C Crisp, MB BChir, FRCPCH FRACP

Paediatric Surgeons

Dr T E Merriman, MBBS, FRACS (Eng)

General Surgeons

Mr P R Thomas, MBBS, FRCS, FRACS
Mr S J Franzi MD, FRACS
Miss T Hoffman MBBS, FRACS
Mr F Miller, MBBS, PhD, FRACS

Orthopaedic Surgeons

Mr M P Falkenberg, MBBS, FRACS (Ortho)
Mr W R Seager, MBBS, FRACS
Miss P A Keith, MBBS, FRACS
(Ortho) FAOrthA

Oncology

Dr C Underhill, MBBS, FRACP
Dr K Clarke, MBBS, FRACP, MD
Dr C Steer, MBBS, FRACP

Ear, Nose and Throat Surgeons

Mr G M Fogarty, MBBS, FRACS (ENT)

Nephrologist

Dr R Auwardt, MBBS, FRACP, PhD

Nuclear Medicine

Dr G M Jost, MBBS, FRACP, DDU, MSc,
BSc (Hons)

Urologists

Mr H Duncan BUBS, MD, FRACS

Ophthalmologists

Dr D I Heine, MBBS, FRANZCO
Dr N Karunaratne, MBBS, FRANZCO,
FRACS

Visiting General Practitioners

Dr S Bismire, MBBS, DA (UK), Dip Obs,
RACOG
Dr M L Byrne, MBBS, Dip RACOG, FRACGP,
Grad Dip M.Hlth Sc (Clinical Hypnosis)
Dr K V Lim, MBBS, FRACGP
Dr G F Frawley, MBBS, Dip RACOG
Dr D Gaze, MBBS
Dr P Keenan, MBBS, Dip RACOG, CSCT
(FMP)
Dr A J Kingston, MBBS, Dip RCOG
Dr S G Lim, MBBS, Dip RCOG
Dr S G Moroney, MBBS, B.Med.Sc (Hons)
Dr J R Nankervis, MBBS
Dr G Perriment, MBBS
Dr E K Perry, MBBS, FRACGP
Dr I Price, MBBS, FRACGP, Dip Obs,
RACOG
Dr L Squires, MBBS, FRACGP, Dip Obs,
RACOG
Dr A Traill, MBBS, Dip RACOG, FRACGP
Dr B Wakefield, BSc, Dip Ed, MBBS
Dr J Murray, MBBS
Dr L C Hawkins, MBBS, FRACGP, FACRRM
Dr M J Gould, MBBS, DRANZCOG, FRACGP
Dr A Aletham, MD (Basrah), FRACGP
Dr C Varane, MBBS (India), FRACGP
Dr C Murray, MBBS, FRACGP
Dr A Shah, BSc, MBBS (Pakistan), FRACGP

Clinical Educators

Dr R Drohan, MBBS, MRCGP, FRACGP,
DRANZCOG, Wangaratta, Clinical Sub
Dean, Rural Clinical School, University of
Melbourne
Dr K Davey, MBBS, FRACGP, Medical
Educator, NE Victorian Region, Bogong
Regional Training Network

Medical Education Officer

Dr L C Hawkins, MBBS, FRACGP, FACRRM

Librarian

Ms J Day, Dip FA Grad Dip App Sc (Lib/Info
Mgt)

NUMBER OF STAFF 2007/08

	Full Time Equivalent	Individuals
Nursing	378.07	651
Administration & Clerical	112.29	172
Medical Support	50.32	89
Hotel & Allied Services	107.63	172
Medical Officers	4.18	12
HMO	32.98	133
Sessional Clinical	1.34	7
Allied Health	57.42	99
TOTALS	744.23	1335

LIFE GOVERNORS

K H Lipshut
I M Meek
M Wilson
E G O'Keefe
R A Underwood
P Fiddes
S Leitl
J Mounsey
C Cutler

Community Relations

Northeast Health Wangaratta (NHW) receives a huge amount of financial and in-kind support from our local community each year and 2007/08 was no exception. We are very proud to be a part of a community that prides itself on helping others. The care, support and generosity of volunteers, businesses, corporations, community groups, sporting groups and individuals continues to enable us to update and maintain our modern equipment and facilities to ensure the community's right to a quality health service continues.

The Community Relations Department is responsible for a broad range of events, activities and programs including fundraising and donations, volunteers, publications, media liaison, public relations, marketing, community development, website and corporate events. Some highlights for 2007/08 are listed below:



LATIPSOH DAY APPEAL

Latipsoh stands for hospital spelt backwards. It's all about giving back to community hospitals. This is now the sixth year of the Latipsoh Day Appeal which supports eleven hospitals, health services and bush nursing centres in North East Victoria and southern NSW.

The local community raised \$16,258.95 for NHW through the 2007 Latipsoh Day Appeal. Since the inaugural Latipsoh Day in 2002, the Appeal has raised more than \$600,000 for the participating health services. All funds raised from the 2007 Latipsoh Day Fundraising Appeal went towards medical equipment and treatment chairs to be used in the New Oncology Unit once it is built.

A number of Latipsoh fundraising events were held including a Charity Golf Day at Jubilee Golf Club, donor mailout, business luncheon, selling of raffle tickets and merchandise. We thank the Latipsoh Day major sponsors: WAW Credit Union, The Border Mail, 2AY/Ace Radio and the Commercial Club.



CASUAL 4 KIDS DAY

Casual 4 Kids Day was held on Friday 7th September 2007 with a number of local schools and businesses participating and supporting the cause by wearing casual clothes to school or work and buying a special badge, pen or cap.

Funds raised in 2007 were used to purchase medical equipment and some passive recreational items for use by Paediatric patients in the Emergency Department and Paediatric Unit.



IGA COMMUNITY BENEFIT CARDS

NHW continues to receive great support from Steve & Linda's Supa IGA in Wangaratta through their Community Benefit Card scheme. Staff, patients, volunteers and members of the community use their cards when they shop at IGA with 1% of their purchases donated to NHW. During the last 12 months NHW were the recipients of just over \$11,000 through the program. Since the Community Benefit Card Scheme was introduced in late 2003, more than \$55,000 has been raised and donated to NHW by Steve & Linda's Supa IGA.



Cowboys and Indians - Winner of the 2007 Latipsoh Golf Day best dressed team.

Community Relations



KELLY COUNTRY CLASSIC

More than 150 cyclists took part in the 2007 Kelly Country Classic Bike Ride – a joint initiative between NHW and the Wangaratta BUGS. In its second year the event raised over \$6,000 with participants riding either 50kms, 100kms or 150kms around a track stretching from Glenrowan, Winton, Lurg, Benalla East, Tatong, Molyullah, Moyhu, Greta and back to Glenrowan.

Thank you must go our event participants, volunteers and the committee for their involvement and contribution and also to the sponsors of our lucky rider prizes – Rydges Hotel Melbourne, Quality Hotel Gateway Wangaratta, Maryanne Cater Massage Therapist, Tread, Granite Range Estate, Rock & Road Cycles, Aroma Deli Café, Ciavarella Oxley Estate Wines, Lindenwarrah Country House Hotel, Muddy Waters Fine Food Store, McDonald's Family Restaurant Wangaratta and KFC Wangaratta.



SPRING APPEAL 2007

Individuals, businesses and community groups are continuing to raise funds and make donations towards the New Oncology Unit which was the focus of NHW's hugely successful 2006 Spring Appeal raising well over the \$250,000 target. These additional funds will be used to purchase extra treatment chairs, medical equipment and furnishings for the unit as it doubles in size and capacity. Construction of the new Oncology Unit is due to commence by the end of 2008.



XMAS EVE @ THE NORTH

NHW again joined the Christmas Eve festivities at the North Eastern Hotel by collecting the door entry fee of approximately 1,200 people as they began their Christmas celebrations with live music, lucky door prizes and giveaways.



WEBSITE & MEDIA

NHW's website: www.nhw.hume.org.au averages approximately 60,000 hits per month. The site provides an array of up to date information to a wide range of web users including corporate data, organisation history, contacts, details on the services and programs available, community involvement, current news, publications, employment and recruitment.

NHW is proud of its relationship with our local media outlets who are very supportive and co-operative in the publishing and promoting of a wide range of news articles, topical issues, special interest stories, health awareness messages, fundraising activities and events to assist us in keeping our community well informed of the happenings of their local health service. 2007/08 saw more than 220 articles relating to NHW published in the Wangaratta Chronicle alone.

MEMORIAL DONATIONS

Many families choose to remember their loved ones by making a memorial donation on their behalf to NHW. These generous gifts are often made in recognition of the care and services received by a loved one during an illness or accident. In 2007/08 more than \$142,000 memorial and bequest donations were made to NHW with Palliative Care, Oncology Unit, Critical Care and the Nursing Home being the main recipients.

Community Relations

DEPARTMENT/UNIT FUNDRAISING

Each year the Departments and Units across NHW participate in a range of fundraising and donation activities, a few highlights from 2007/08 were:

- Stuart and Cathy Cullen from Cullens Australian Tours Wangaratta donated 20 A-Reserve tickets to Oncology patients to attend the ballet Swanlake in Melbourne with coach travel and lunch also provided



- Fundraising efforts by Safeway Wangaratta staff enabled the purchase of electric massage chair cushions for Oncology patients to use while they are receiving their treatment
- Members of the Greta Craft Group created a beautiful Candlewick Quilt and Pillow which was raffled in support of the Oncology Unit



- The Inner Wheel Club of Wangaratta in conjunction with NHW's Kerferd Unit held a 'Well Being Walk' fundraiser in April with more than 80 participants walking 5km, 8km, 10km, 14km or 20kms. Funds raised from the event were used for Kerferd's Therapeutic Program
- The Midwifery Unit's Bricks for Babies campaign continued with a number of new parents purchasing paving bricks individually engraved with the name and birth date of their babies born at NHW



- The Paediatric Unit received a number of visits from Captain Starlight from the Children's Starlight Foundation
- Wangaratta Rotary Club presented the Oncology Unit with a donation from the proceeds of the sale of a beautifully written and illustrated children's book - Polly Platypus which was written by Catherine Davis and illustrated by her husband Ian Davis an Oncology patient who is no longer with us
- The Critical Care Unit again held a very successful Tree Drive raising more than \$5,000



- Thanks and acknowledgement must also go to the Inner Wheel Club of Wangaratta for their annual donation of in excess of 150 emergency toiletry packs by the Inner Wheel Club of Wangaratta. These toiletry packs include a toothbrush, toothpaste, comb, tissues, soap, shampoo and conditioner. Patients who have been admitted without the chance to pack necessary toiletry items are very grateful to receive the packs as there is nothing worse than not having a toothbrush and other basic toiletries when you are not feeling your best

Donations allow the purchase of equipment and provision of services that would not otherwise be available and provide improvements for both patients and staff. The generosity of individuals, families, businesses and community groups never fails to overwhelm us. We would like to sincerely thank everyone who gave so generously and supported Northeast Health Wangaratta over the past financial year.

Tanya Tatulaschwili

Tanya Tatulaschwili
Community Relations Manager

Friends of the Hospital



The Friends of the Hospital Auxiliary have for almost 30 years contributed to the well being of our patients, clients and residents through the purchase of equipment and support for activities here at Northeast Health Wangaratta. The 2007/08 year was no different with the Friends raising and donating \$31,880.00 to purchase much needed clinical medical equipment for the organisation.

Currently consisting of 39 members, the Auxiliary has conducted a range of activities over the past year included their famous monthly cake stalls, Christmas hamper and plum pudding project, pie drive, various raffles, event catering and a garage sale.

Equipment purchased from Friends of the Hospital contributions to Northeast Health Wangaratta in 2007/08:

\$ 4,500.00	3 x Ripple Mattresses
\$ 2,500.00	30 degree 4mm Telescope
\$ 16,880.00	40 x Static Pressure Mattresses
\$ 8,000.00	Towards Senital Node Biopsy Probe
\$ 31,880.00	TOTAL

3 x Ripple Mattresses – Thomas Hogan Centre

A ripple mattress helps prevention, treatment and management of pressure sores. To prevent and treat pressure sores a ripple mattress is used beneath the patient to relieve the pressure on

the tissue and allow blood flow in the tissue. A ripple mattress consists of an alternating pressure pump and a special air-mattress. The mattress consists of groups of cells which can be pressurised and depressurised in turn.

30 degree 4mm Telescope – Operating Theatre

This scope is a medical instrument used in surgical Endoscopy, Urology & Cystoscopy cases for examination of the bladder & uterus.

40 x Static Pressure Mattresses – Across the Hospital

These Static Pressure Reduction Foam Mattresses are used right across the acute hospital on beds for patients. These special mattresses are made from a pressure relieving foam designed to reduce the risk of patients obtaining bed sores.

Senital Node Biopsy Probe – Operating Theatre & Radiology

The probe will benefit a large number of local women in testing for breast cancer as well as melanoma patients. Currently you would need to travel to Melbourne or Albury to have a probe done. The \$17,990 price includes the actual probe device as well as the small PC touch screen tablet. The Friends have already contributed \$8,000 towards the probe and pledged to donate the balance of funds by the end of 2008.

The Friends Executive Committee in 2007/08 were:

President:	Eileen Dinning
Vice-President:	Doug Minett
Secretary:	Maureen Illott
Treasurer:	Lesley Hawkins

The Friends display of selfless commitment is truly inspiring and greatly benefits furthering work to the hospital through their fundraising activities and voluntary service. It is a pleasure to work alongside such a dedicated group of wonderful people.

On behalf of Northeast Health Wangaratta's Board of Management, Executive Directors, Department Managers, Staff and our patients, clients and residents we wish to sincerely thank you for your generosity and extend our appreciation for your wonderful and continued support.

In August 2008 the Auxiliary will celebrate 30 years since the formation and fundraising efforts of the Base Birds and Friends of the Hospital commenced.



Friends of the Hospital meetings are held on the 1st Wednesday of the month in the Staff Cafeteria from 7:30pm and the Friends famous monthly cake stalls are held on the 3rd Wednesday of the month in the Staff Cafeteria from 9am to 11am. All Welcome.

Volunteer Program

Volunteers play a very important role here at Northeast Health Wangaratta (NHW). They generously give their time and energy participating in the provision of support and care to improve the stay of patients, their families and visitors. Our volunteers are motivated by a special desire to help people in their local community.

2007/08 has seen the start of a number of new programs within the volunteer area at NHW, with the most notable being the introduction of volunteers to the Emergency Department. This initially started with a 3 month trial, which has now grown into an ongoing 7 day a week service.

We have also seen the introduction of the 4 legged variety of volunteer with our 'Walkies' group in our community mental health service. Dogs and their owners have become part of the weekly walking group to encourage participation of our clients.



A new project currently underway for our volunteers is the Delirium/Dementia 'specialling' volunteer. This is a project put together with the Clinical Service Development Consultant and Allied Health Student Placement Program to develop a training package for volunteers to become part of the team working with delirium and dementia patients across NHW. Initially this is a 12 week project for the students to develop and trial the package and then once complete it will be rolled out into the volunteer program as another service.

To celebrate our hard working volunteers, NHW hosted a morning tea during National Volunteer Week in May providing the opportunity for members of the various volunteer groups and programs to come together and share their experiences. Board of Management President, Mr Alan Wills presented each volunteer with a 'National Volunteers Week' badge as a token of our appreciation.

On International Volunteers Day in December our volunteers were again recognised during a formal ceremony where each volunteer was presented with a certificate by the Board President and CEO with more than 50 of our volunteers attending. The event was held in the dining room of the new Illoura Residential Aged Care facility and volunteers were invited to tour Illoura before the public arrived for the Community Open Day.



NHW recruits and trains volunteers to provide many services that supplement the care and treatment provided by the organisation and we now have volunteers participating across many areas including:

- Administration
- Arts and Crafts
- Board of Management
- Carers Groups
- Children's Activities
- Community Advisory Committee
- Emergency Department
- Friends of the Hospital Auxiliary
- Fundraising
- Gardening Group
- Library Ladies
- Nursing Home Aged Care
- Palliative Care
- People with a Second Language
- Pet Therapy
- Psychiatric Acute Programs
- Spiritual Sanctuary
- Visitor and Companion Programs
- Walking Groups

This year has seen a substantial increase in the number of people choosing to volunteer with us. We started the financial year with 101 volunteers and by June 2008 we now have over 135 volunteers – an increase of 34%. Our volunteers spend over 5000 hours a year providing services to Northeast Health Wangaratta, using the Volunteering Australia guide of \$20 per hour – our volunteers provide an inkind donation to NHW of more than \$100,000 per year.

The generosity shown by all of NHW's volunteers during the past year is a true example of rural communities looking after their own and for this NHW is thankful for the valuable contribution each volunteer has made to help us ensure that our community continues to receive quality care locally.

If you are interested in becoming part of our team of volunteers, please phone (03) 5722 0297 for more information.

Kerryn Mitchell
Volunteer Coordinator

Service Activity & Efficiency Measures

Activity Admitted Patients	Acute	Sub-Acute	Mental Health	Aged Care	Palliative Care	Total
Separations						
Sameday	7,972	0	12	0	1	7,985
Multiday	6,542	328	344	18	56	7,288
Total Separations	14,514	328	356	18	57	15,273
Emergency	4,894	2	104	0	34	5,034
Elective	8,379	48	230	1	21	8,679
Other inc Maternity	1,241	278	22	17	2	1,560
Total Separations	14,514	328	356	18	57	15,273
Total WIES	10,103.19					
Total Bed Days	35,477	6,859	5,204	542	422	48,504

Non Admitted Patients	Acute	Sub-Acute	Mental Health	Aged Care	Other	Total
Emergency Department Presentations	18,158	0	0	0	0	18,158
Outpatient Services - Occasions of Services	49,386	20,163	30,107	0	22,220	121,876
Other Services - Occasions of Services						
Total Occasions of Services	67,544	20,163	30,107	0	22,220	140,034

Operational Performance

	2008 \$000	2007 \$000	2006 \$000	2005 \$000	2004 \$000
Total Expenses	92,353	87,310	80,840	75,710	73,288
Total Revenue	90,286	85,365	78,963	75,699	71,223
Operating Surplus (Deficit)	(2,067)	(1,945)	(1,877)	(11)	(2,065)
Equity					
Asset Revaluation Reserve	5,453	4,932	4,932	4,932	4,932
Retained Surplus	31,316	28,746	24,271	23,857	23,268
Total Equity	36,769	33,678	29,203	28,789	28,200
Total Assets	54,713	51,249	46,171	44,572	43,003
Total Liabilities	17,944	17,571	16,968	15,783	14,803
Net Assets	36,769	33,678	29,203	28,789	28,200

Revenue Indicators

	Average Collection Days	
	2008	2007
Private Inpatient Fees	88	58
Victorian WorkCover Authority Inpatient Fees	116	83
Residential Aged Care	42	38

Debtors outstanding as at 30 June 2008

	Under 30 Days \$000	31-60 Days \$000	61-90 Days \$000	Over 90 Days \$000	Total 30-6-08 \$000	Total 30-6-07 \$000
Private Inpatient Fees	178	136	6	27	347	245
Victorian WorkCover Authority Inpatient Fees	7	3	-	14	24	82
Residential Aged Care	7	76	2	23	108	104

Disclosure Index

The Annual Report of Northeast Health Wangaratta has been prepared in accordance with all Victorian legislation. This index has been prepared to facilitate identification of compliance with statutory disclosure requirements.

Ministerial Directions

Report of Operations – FRD Guidance

Legislation	Requirement	Page
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Statements of Compliance

Minister for Health in the State of Victoria

Northeast Health Wangaratta was established under the Health Services Act 1988. The responsible Minister during the reporting period is the Minister for Health is The Hon Daniel Andrews MP.

Victorian Industry Protection Act 2003

All areas of Northeast Health Wangaratta comply with the regulations within the Victorian Industry Protection Act 2003.

Audit Act 1994

Northeast Health Wangaratta's Audit Committee consists of: Mr Peter O'Keefe (Indep) (Chair); Ms Ruth Kneebone (Indep); Mr Stephen Clarke (Internal Audit – non voting); Ms Michelle Smith-Tamaray; Mr Geoff Dinning; Ms Lorna Williamson, Ms Lis Wilson, Mr Ross Waddington, Ms Jenny Ball.

National Competition Policy

Northeast Health Wangaratta applies competitive neutral costing and pricing arrangements to significant business units within its operations. These arrangements are in line with Government policy and the model principles applicable to the health sector.

Freedom of Information, Information Privacy & Health Records Acts

Northeast Health Wangaratta has a Freedom of Information Officer and a process in place for the public to access their medical records. The Freedom of Information Act 1982, Information Privacy Act 2000 and Health Records Act 2001 provide for members of the public to access their medical record for the purpose of viewing, amending incorrect notations or copying parts of the record. During the year there were 386 requests of Northeast Health Wangaratta under the Act. All were complied with within the required 45 days.

Compliance with the Victorian Building Act 1993

Northeast Health Wangaratta complies with the provisions of the Building Act 1993 in accordance with DHS Capital Development Guidelines (Minister for Finance Guideline Building Act 1993/ Standards for Publicly Owned Buildings 1994/ Building (interim) Regulations 2005 and Building Code of Australia 2004).

Compliance with the Occupational Health & Safety Act 2004

Northeast Health Wangaratta complies with the Occupation Health & Safety Act of 2004 and its associated regulations and code of practice to meet the Australian Council of Health Care Standards requirements.

Consultancies

Northeast Health Wangaratta commissioned 10 consultancies under \$100,000 during the year at a total cost of \$127,123.

Whistleblowers Protection Act 2001

Northeast Health Wangaratta has in place a Whistleblower Officer and appropriate procedures in accordance with the Whistleblowers Protection Act 2001. No protected disclosures were made under the Act in 2007/08.

Financial Management Act 1994

The information provided in this report has been prepared in accordance with the Directions of the Minister for Finance Part 9.1.3 (IV) and is available to relevant Ministers, Members of Parliament and the public on request.

Northeast Health Wangaratta

Audited Financial Statements 30 June 2008

Contents

- Operating Statement for the year ended 30 June 2008
- Balance Sheet as at 30 June 2008
- Statement of Changes in Equity for the year ended 30 June 2008
- Cash Flow Statement for the year ended 30 June 2008
- Notes to the Financial Statements
- Northeast Health Wangaratta Certification
- Auditor-General's Report

Operating Statement

For the year ending 30 June 2008

	Notes	Total 2008 \$000	Total 2007 \$000
Revenue from Operating Activities	2	88,676	84,194
Revenue from Non-operating Activities	2	8	30
Employee Benefits	3	(55,647)	(52,595)
Non Salary Labour Costs	3	(6,505)	(6,231)
Supplies & Consumables	3	(14,287)	(13,218)
Other Expenses from Continuing Operations	3	(13,106)	(12,859)
Net Result Before Capital & Specific Items		(861)	(679)
Capital Purpose Income	2	1,602	1,141
Depreciation and Amortisation	4	(2,604)	(2,363)
Finance Costs	5	(42)	(44)
Expenditure using Capital Purpose Income	3	(162)	-
NET RESULT FOR THE PERIOD		(2,067)	(1,945)

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

Balance Sheet

as at 30 June 2008

	Notes	Total 2008 \$000	Total 2007 \$000
Current Assets			
Cash and Cash Equivalents	6	382	1,221
Receivables	7	2,689	2,607
Other Financial Assets	8	4,142	3,021
Inventories	9	955	822
Other Current Assets	10	205	183
Total Current Assets		8,373	7,854
Non Current Assets			
Receivables	7	182	1,094
Property, Plant & Equipment	11	46,062	42,060
Intangible Assets	12	96	241
Total Non Current Assets		46,340	43,395
TOTAL ASSETS		54,713	51,249
Current Liabilities			
Payables	13	3,891	4,118
Interest Bearing Liabilities	14	5	5
Provisions	15	12,104	11,251
Other Liabilities	16	147	96
Total Current Liabilities		16,147	15,470
Non Current Liabilities			
Interest Bearing Liabilities	14	172	177
Provisions	15	1,625	1,924
Total Non Current Liabilities		1,797	2,101
TOTAL LIABILITIES		17,944	17,571
NET ASSETS		36,769	33,678
EQUITY			
Asset Revaluation Reserve	17a	5,453	4,932
Contributed Capital	17b	38,137	33,500
Accumulated Surpluses/(Deficits)	17c	(6,821)	(4,754)
TOTAL EQUITY	17d	36,769	33,678
Commitments for Expenditure	20		

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

Statement of Changes in Equity

as at 30 June 2008

	Notes	Total 2008 \$000	Total 2007 \$000
Total equity at beginning of financial year		33,678	29,203
Gain/(loss) on Asset Revaluation	17a	521	-
NET INCOME RECOGNISED DIRECTLY IN EQUITY		521	
Net result for the year		(2,067)	(1,945)
TOTAL RECOGNISED INCOME AND EXPENSE FOR THE YEAR		(1,546)	(1,945)
Transactions with the State in its capacity as owner	17b	4,637	6,420
Total Equity at the end of the financial year		36,769	33,678

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

Cash Flow Statement

For the year ended 30 June 2008

	Notes	Total 2008 \$000	Total 2007 \$000
CASH FLOWS FROM OPERATING ACTIVITIES			
Operating Grants from Government		75,431	69,690
Patient and Resident Fees Received		3,031	2,883
Donations and Bequests Received		212	104
GST Received from ATO		3,444	3,386
Interest Received		8	30
Other Receipts		6,385	6,988
Employee Benefits Paid		(55,093)	(51,714)
Non Salary Labour Costs		(6,505)	(6,231)
Payments for Supplies & Consumables		(14,287)	(13,218)
Finance Costs		(42)	(44)
GST paid to ATO		(680)	(7,891)
Other Payments		(11,916)	(3,509)
Cash Generated from Operations		(12)	474
Capital Grants from Government		1,411	863
Capital Donations and Bequests Received		80	208
Other Capital Receipts		45	41
NET CASH INFLOW/(OUTFLOW) FROM OPERATING ACTIVITIES	18	1,524	1,586
CASH FLOWS FROM INVESTING ACTIVITIES			
Purchase of Property, Plant & Equipment		(5,894)	(6,283)
Proceeds from Sale of Property, Plant & Equipment		202	169
Proceeds from Sale of Investments		(1,121)	(1,364)
NET CASH INFLOW/(OUTFLOW) FROM INVESTING ACTIVITIES		(6,813)	(7,478)
CASH FLOWS FROM FINANCING ACTIVITIES			
Repayment of Borrowings		(5)	(4)
Repayment of Finance Leases		-	(15)
Contributed Capital from Government		4,455	6,205
NET CASH INFLOW/(OUTFLOW) FROM FINANCING ACTIVITIES		4,450	6,186
NET INCREASE/(DECREASE) IN CASH HELD		(839)	294
CASH AND CASH EQUIVALENTS AT BEGINNING OF PERIOD		1,221	927
CASH AND CASH EQUIVALENTS AT END OF PERIOD	6	382	1,221

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

Notes to the Financial Statements

For the year ended 30 June 2008

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Notes to and forming part of the Financial Statements

For the year ended 30 June 2008

NOTE 1 - STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES

(a) Statement of compliance

The financial report is a general purpose financial report which has been prepared on an accrual basis in accordance with the Financial Management Act 1994, applicable Accounting Standards (AAS), which includes the Australian Accounting Standards issued by the Australian Accounting Standards Board (AASB), Interpretations and other mandatory professional requirements.

(b) Basis of preparation

The financial report is prepared in accordance with the historical cost convention, except for the revaluation of certain non-current assets and financial instruments, as noted. Cost is based on the fair values of the consideration given in exchange for assets.

In the application of AAS's management is required to make judgments, estimates and assumptions about carrying values of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and various other factors that are believed to be reasonable under the circumstances, the results of which form the basis of making the judgments. Actual results may differ from these estimates.

The estimates and underlying assumptions are reviewed on an on-going basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period, or in the period of the revision and future periods if the revision affects both current and future periods.

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 report for the year ended 30 June 2008, and the comparative information presented in these financial statements for the year ended 30 June 2007.

(c) Reporting Entity

The financial report includes all the controlled activities of Northeast Health Wangaratta. Northeast Health Wangaratta is a not-for-profit entity and therefore applies the additional Aus paragraphs applicable to "not-for-profit" entities under the AAS's.

(d) Rounding of Amounts

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

(e) Cash and Cash Equivalents

Cash and cash equivalents comprise cash on hand and cash at bank, deposits at call and highly liquid investments with an original maturity of 3 months or less, which are readily convertible to known amounts of cash and are subject to insignificant risk of changes in value.

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

(f) Receivables

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 raised where doubt as to collection exists. Bad debts are written off when identified.

Receivables are recognised initially at fair value and subsequently measured at amortised cost, using the effective interest rate method, less any accumulated impairment.

(g) Inventories

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

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

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

Notes to and forming part of the Financial Statements

For the year ended 30 June 2008

(h) Other Financial Assets

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

Northeast Health Wangaratta classifies its other financial assets between current and non current assets based on the purpose for which the assets were acquired. Management determines the classification of its other financial assets at initial recognition.

Northeast Health Wangaratta assesses at each balance sheet date whether a financial asset or group of financial assets is impaired.

Loans and receivables

Trade receivables, loans and other receivables are recorded at amortised cost, using the effective interest method, less impairment

The effective interest method is a method of calculating the amortised cost of financial asset and of allocating interest income over the relevant period. The effective interest rate is the rate that exactly discounts estimated future cash receipts through the expected life of the financial asset, or, where appropriate, a shorter period.

Held-to-maturity investments

Where Northeast Health Wangaratta has the positive intent and ability to hold investments to maturity, they are stated at amortised cost less impairment losses.

(i) Intangible Assets

Intangible assets represent identifiable non-monetary assets without physical substance such as patents, trademarks, 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 future economic benefits will flow to Northeast Health Wangaratta.

Amortisation is allocated to intangible assets with finite useful lives on a systematic (typically straight line) basis over the asset's useful life. Amortisation begins when the asset is available for use, that is, when it is in the location and condition necessary for it to be capable of operating in the manner intended by management. The amortisation period and the amortisation method for an intangible asset with a finite useful life are reviewed at least at the end of each annual reporting period. In addition, an assessment is made at each reporting date to determine whether there are indicators that the intangible asset concerned is impaired. If so, the assets concerned are tested as to whether their carrying value exceeds their recoverable amount.

Intangible assets with indefinite useful lives are not amortised, but are tested for impairment annually or whenever there is an indication that the asset may be impaired. The useful life of intangible assets that are not being amortised are reviewed each period to determine whether events and circumstances continue to support an indefinite useful life assessment for that asset. In addition, Northeast Health Wangaratta tests all intangible assets with indefinite useful lives for impairment by comparing its recoverable amount with its carrying amount:

- annually, and
- whenever there is an indication that the intangible asset may be impaired.

Any excess of the carrying amount over the recoverable amount is recognised as an impairment loss.

Intangible assets with finite useful lives are amortised over a 3-5 year period (2007 3-5 years).

(j) 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 constructive 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.

Land and Buildings are recognised initially at cost and subsequently measured at fair value less accumulated depreciation.

Plant, Equipment and Vehicles are measured at cost less accumulated depreciation and impairment.

Notes to and forming part of the Financial Statements

For the year ended 30 June 2008

(k) Revaluations of Non-Current Physical Assets

Non-current physical assets measured at fair value are revalued in accordance with FRD103C. This revaluation process normally occurs every five years, as dictated by timelines in FRD103C which sets the next revaluation to occur on 30 June 2009, or earlier should there be an indication that fair values are materially different from the carrying value. Revaluation increments or decrements arise from differences between an asset's carrying value and fair value.

Revaluation increments are credited directly to the asset revaluation reserve, except that, to the extent that an increment reverses a revaluation decrement in respect of that class of asset previously recognised as an expense in the net result, the increment is recognised as income in the net result.

Revaluation decrements are recognised immediately as expenses in the net result, except that, to the extent that a credit balance exists in the asset revaluation reserve in respect of the same class of assets, they are debited directly to the asset revaluation reserve.

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 reserves are not transferred to accumulated funds on derecognition of the relevant asset.

(l) Depreciation

Assets with a cost in excess of \$1,000 (2006-7 and 2007-8) are capitalised and depreciation has been provided on depreciable assets so as to allocate their cost -or valuation- over their estimated useful lives using the straight-line method. Estimates of the remaining useful lives and depreciation method for all assets are reviewed at least annually. This depreciation charge is not funded by the Department of Human Services.

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

	2008	2007
Buildings	30 to 40 years	30 to 40 years
Plant & Equipment	8 to 10 years	8 to 10 years
Medical Equipment	4 to 5 years	4 to 5 years
Computers & Communications	3 to 5 years	3 to 5 years
Furniture & Fittings	3 to 5 years	3 to 5 years
Motor Vehicles	2 to 3 years	2 to 3 years
Leased Assets	2 to 4 years	2 to 4 years
Intangible Assets	3 to 5 years	3 to 5 years
Circulating Linen	Up to 4 years	Up to 4 years

(m) Impairment of Assets

All assets are assessed annually for indications of impairment, except for inventories.

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 by a charge to the operating statement except to the extent that the write down can be debited to an asset revaluation reserve amount applicable to that asset class.

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

Notes to and forming part of the Financial Statements

For the year ended 30 June 2008

(n) Payables

These amounts consist predominantly of liabilities for goods and services.

Payables are initially recognised at fair value, then subsequently carried at amortised cost and represent liabilities for goods and services provided to Northeast Health Wangaratta prior to the end of the financial year that are unpaid, and arise when Northeast Health Wangaratta becomes obliged to make future payments in respect of the purchase of these goods and services.

The normal credit terms are usually Nett 30 days.

(o) Provisions

Provisions are recognised when Northeast Health Wangaratta 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 provision 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 cashflows estimated to settle the present obligation, its carrying amount is the present value of those cashflows.

(p) Resources Provided and Received Free of Charge or for Nominal Consideration

Resources provided or 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 entity or agency as a consequence of a restructuring of administrative arrangements. In the latter case, such a transfer will be recognised at 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.

(q) Interest Bearing Liabilities

Interest bearing liabilities in the Balance Sheet are recognised at fair value upon initial recognition. Subsequent to initial recognition, interest bearing liabilities 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. Fair value is determined in the manner described in Note 19.

(r) Functional and Presentation Currency

The presentation currency of Northeast Health Wangaratta is the Australian dollar, which has also been identified as the functional currency of Northeast Health Wangaratta.

(s) 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 it 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 operating cash flow.

(t) Employee Benefits

Wages and Salaries, Annual Leave, Sick Leave and Accrued Days Off

Liabilities for wages and salaries, including non-monetary benefits, annual leave, accumulating sick leave and accrued days off expected to be settled within 12 months of the reporting date are recognised in the provision for employee benefits in respect of employee's services up to the reporting date, classified as current liabilities and measured at nominal values.

Those liabilities that Northeast Health Wangaratta does not expect to settle within 12 months are recognised in the provision for employee benefits as current liabilities, measured at present value of the amounts expected to be paid when the liabilities are settled using the remuneration rate expected to apply at the time of settlement.

Notes to and forming part of the Financial Statements

For the year ended 30 June 2008

Long Service Leave

Current Liability – unconditional LSL (representing 10 or more years of continuous service) is disclosed as a current liability regardless of whether Northeast Health Wangaratta does not expect to settle the liability within 12 months as it does not have the unconditional right to defer the settlement of the entitlement should an employee take leave.

The components of this current LSL liability are measured at:

present value – component that Northeast Health Wangaratta does not expect to settle within 12 months; and
nominal value – component that Northeast Health Wangaratta expects to settle within 12 months.

Non-Current Liability – conditional LSL (representing less than 10 years of continuous service) 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. Conditional LSL is required to be measured at present value.

Consideration is given to expected future wage and salary levels, experience of employee departures and periods of service. Expected future payments are discounted using interest rates of Commonwealth Government guaranteed securities in Australia.

Superannuation

Defined contribution plans

Contributions to defined contribution superannuation plans are expensed when incurred.

Defined benefit plans

The amount charged to the Operating Statement in respect of defined benefit superannuation plans represents the contributions made by Northeast Health Wangaratta to the superannuation plan in respect of the services of current Northeast Health Wangaratta staff. Superannuation contributions are made to the plans based on the relevant rules of each plan.

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

The name and details of the major employee superannuation funds and contributions made by Northeast Health Wangaratta are as follows:

Fund	Contributions Paid or Payable for the year	
	2008 \$'000	2007 \$'000
Defined benefit Plans:		
Health Super Pty Ltd	\$302	\$312
Defined contribution plans:		
Health Super Pty Ltd	\$3,519	\$3,382
HESTA Super Fund	\$493	\$382
State Superannuation Fund (SSF)	\$93	\$105
State Employees Retirement Benefits Scheme	\$8	\$8

Northeast Health Wangaratta does not recognise any defined benefit liability in respect of the superannuation plan because Northeast Health Wangaratta 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 administers and discloses the State's defined benefit liabilities in its financial report.

On-Costs

Employee benefit on-costs (workers compensation, superannuation, annual leave and LSL accrued while on LSL taken in service) are recognised separately from provision for employee benefits.

Notes to and forming part of the Financial Statements

For the year ended 30 June 2008

(u) Finance Costs

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

Finance costs include:

- interest on bank overdrafts and short-term and long-term borrowings;
- amortisation of discounts or premiums relating to borrowings;
- amortisation of ancillary costs incurred in connection with the arrangement of borrowings;
- finance charges in respect of finance leases recognised in accordance with AASB 117 Leases.

(v) Residential Aged Care Service

The Illoura Residential Aged Care Facility operations are an integral part of Northeast Health Wangaratta and share its resources. The results of the two operations have been segregated based on actual revenue earned and expenditure incurred by each operation.

The Illoura Residential Aged Care Facility is substantially funded from Commonwealth bed-day subsidies.

(w) Intersegment Transactions

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

(x) Leases

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

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 payments, each determined at the inception of the lease. The lease asset is depreciated over the shorter of the estimated useful life of the asset or the term of the lease. Minimum lease payments are allocated between the principal component of the lease liability, and the interest expense calculated using the interest rate implicit in the lease, and charged directly to the operating statement.

Contingent rentals associated with finance leases are recognised as an expense in the period in which they are incurred.

Operating lease payments, including any contingent rentals, are recognised as an expense in the 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.

(y) Income Recognition

Income is recognised in accordance with AASB 118 *Revenue* and is recognised as to the extent it is earned. 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

Grants are recognised as income when Northeast Health Wangaratta gains control of the underlying assets in accordance with AASB1004 *Contributions*. For reciprocal grants, Northeast Health Wangaratta is deemed to have assumed control when the performance has occurred under the grant. For non-reciprocal grants, Northeast Health Wangaratta is deemed to have assumed control when the grant is received or receivable. Conditional grants may be reciprocal or non-reciprocal depending on the terms of the grant.

Indirect Contributions

- Insurance is recognised as revenue following advice from the Department of 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 Acute Health Division Hospital Circular 13/2008.

Notes to and forming part of the Financial Statements

For the year ended 30 June 2008

Patient and Resident Fees

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

Private Practice Fees

Private practice 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 reserve, such as specific restricted purpose reserve.

Interest Revenue

Interest revenue is recognised on a time proportionate basis that takes into account the effective yield of the financial asset.

(z) Fund Accounting

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

(aa) 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 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 (Non HSA)* are funded by the Hospital's own activities or local initiatives and/or the Commonwealth.

(ab) Comparative Information

Certain comparative amounts have been reclassified to conform with the current years presentation.

(ac) Asset Revaluation Reserve

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

(ad) Contributed Capital

Consistent with *UIG Interpretation 1038 Contributions by Owners Made to Wholly-Owned Public Sector Entities and FRD 2A 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 or distributions that have been designated as contributed capital are also treated as contributed capital.

(ae) Net Result Before Capital & Specific Items

The subtotal entitled 'Net result Before Capital & Specific Items' is included in the Operating Statement to enhance the understanding of the financial performance of Northeast Health Wangaratta. This subtotal reports the result excluding items such as capital grants, assets received or provided free of charge, depreciation, and items of unusual nature and amount such as specific revenues and expenses. The exclusion of these items are made to enhance matching of income and expenses so as to facilitate the comparability and consistency of results between years and the Victorian Public Health Services. The net result Before Capital & Specific Items is used by the management of Northeast Health Wangaratta, the Department of Human Services and the Victorian Government to measure the ongoing result of Health Services in operating hospital 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 (p)). 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.

Notes to and forming part of the Financial Statements

For the year ended 30 June 2008

- Specific income/expense, comprises the following items, where material:
 - Voluntary departure packages
 - Write-down of inventories
 - Non-current asset revaluation increments/decrements
 - Diminution in investments
 - Restructuring of operations (disaggregation/aggregation of health services)
 - Litigation settlements
 - Non-current assets lost or found
 - Forgiveness of loans
 - Reversals of provisions
 - Voluntary changes in accounting policies (which are not required by an accounting standard or other authoritative pronouncement of the Australian Accounting Standards Board)
- Impairment of non current assets, includes all impairment losses (and reversal of previous impairment losses), related to non current assets only which have been recognised in accordance with note 1 (m)
- Depreciation and amortisation, as described in note 1 (j) and (l).
- Assets provided or received free of charge, as described in note 1 (p)
- Expenditure using capital purpose income, comprises expenditure which either falls below the asset capitalisation threshold (note 1 (i) and (j)), 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.

(af) Category groups

Northeast Health Wangaratta has used the following category groups for reporting purposes for the current and previous financial years.

Admitted Patient Services (Admitted Patients) comprises all recurrent health revenue/expenditure on admitted patient services, where services are delivered in public hospital, or free standing day hospital facilities, or alcohol and drug treatment units or hospitals specialising in dental services, hearing and ophthalmic aids.

Mental Health Services (Mental Health) comprises all recurrent health revenue/expenditure on specialised mental health services (child and adolescent, general and adult, community and forensic) managed or funded by the state or territory health administrations, and includes: Admitted patient services (including forensic mental health), outpatient services, emergency department services (where it is possible to separate emergency department mental health services), community –based services, residential and ambulatory services.

Outpatient Services (Outpatients) comprises all recurrent health revenue/expenditure on public hospital type outpatient services, where services are delivered in public hospital outpatient clinics, or free standing day hospital facilities or rehabilitation facilities, or alcohol and drug treatments, or outpatient clinics specialising in ophthalmic aids or palliative care.

Emergency Department Services (EDS) comprises all recurrent health revenue/expenditure on emergency department services that are available free of charge to public patients.

Aged Care comprises revenue/expenditure from Home & Community Care (HACC) programs, Allied Health, Aged Care Assessment and support services.

Primary Health comprises revenue/expenditure for Community Health Services including health promotion and counselling, physiotherapy, speech therapy, podiatry, and occupational therapy.

Ambulatory Services (Ambulatory) comprises all recurrent health revenue/expenditure on public hospital type services including palliative care facilities and rehabilitation facilities, as well as services provided under the following agreements: Services that are provided or received by hospitals (or area health services) but are delivered /received outside a hospital campus, services which have moved from a hospital to a community setting since June 1998, services which fall within the agreed scope of inclusions under the new system, which have been delivered within hospital's i.e. in rural/remote areas.

Notes to and forming part of the Financial Statements

For the year ended 30 June 2008

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 DHS 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 (CCUs) and secured extended stay units (SECs).

Other Services excluded from Australian Health Care Agreement (AHCA) (Other) comprises revenue/expenditure for 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, Drug services including drug withdrawal, counselling and the needle and syringe program, Dental Health Services including general and specialist dental care, school dental services and clinical education, 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.

(ag) New Accounting Standards and Interpretations

Certain new accounting standards and interpretations have been published that are not mandatory for 30 June 2008 reporting period. As at 30 June 2008, the following standards and interpretations had been issued but were not mandatory for financial years ending 30 June 2008. Northeast Health Wangaratta has not and does not intend to adopt these standards early.

Standard / Interpretation	Summary	Applicable for Reporting periods beginning on or ending on	Impact on Hospital's Annual Statements
AASB 2007-2 Amendments to Australian Accounting Standards arising from AASB Interpretation 12.	Amendments arise from the release in February 2007 of Interpretation 12 service Concession Arrangements.	Beginning 1 July 2008	The impact of any changes that may be required cannot be reliably estimated and is not disclosed in the financial report.
AASB 8 Operating Segments	Supersedes AASB 114 Segment Reporting	Beginning 1 Jan 2009	Not applicable.
AASB 2007-3 Amendments to Australian Accounting Standards arising from AASB 8 (AASB 5, AASB 6, AASB 102, AASB 107, AASB 119, AASB 127, AASB 134, AASB 136, AASB 1023 and AASB 1038)	An accompanying amending standard, also introduced consequential amendments into other Standards.	Beginning 1 Jan 2009	Impact expected to be not significant.
AASB 2007-6 Amendments to Australian Accounting Standards arising from AASB 123 (AASB 1, AASB 101, AASB 107, AASB 111, AASB 116 & AASB 138 and Interpretations 1 & 12)	Option to expense borrowing cost related to a qualifying asset has been removed. Entities are now required to capitalise borrowing costs relevant to qualifying assets.	Beginning 1 January 2009	All Australian government jurisdictions are currently still actively pursuing an exemption for government from capitalising borrowing costs.
AASB 2007-8 Amendments to Australian Accounting Standards arising from AASB 101	Editorial amendments to Australian Accounting Standards to align with IFRS terminology	Beginning 1 January 2009	Impact not expected to be significant.
AASB 1004 (Revised) Contributions	Relocation of requirements on contributions from AASs 27, 29 and 31, into AASB 1004	Beginning 1 July 2008	Impact not expected to be significant.

Notes to and forming part of the Financial Statements

For the year ended 30 June 2008

Standard / Interpretation	Summary	Applicable for Reporting periods beginning on or ending on	Impact on Hospital's Annual Statements
AASB 1050 Administered Items	Relocation of the requirements for the disclosure of administered items from AAS 29 into a new topic based Standard.	Beginning 1 July 2008	Impact not expected to be significant.
AASB 1052 Disaggregated Disclosures	Relocation of the requirements relating to reporting of disaggregated information from AAS 27 and AAS 29, into a new topic based Standard.	Beginning 1 July 2008	Impact not expected to be significant.
Interpretation 1038 (Revised) Contributions by Owners Made by Wholly-Owned Public Sector Entities	Relocation of the requirements on contributions from AASs 27, 29 and 31, into AASB 1004.	Beginning 1 July 2007	Impact not expected to be significant.
AASB 2007-9 Amendments to Australian Accounting Standards arising from the Review of AASs 27, 29 and 31 (AASB 3, AASB 5, AASB 8, AASB 101, AASB 114, AASB 116, AASB 127 & AASB 137)	Relocation of certain relevant requirements from AASs 27, 29 and 31, into existing topic based Standards. In particular, this Standard addresses: (a) the notion of reporting entity as it applies to local governments, governments and government departments; (b) infrastructure, cultural, community and heritage assets; (c) control in the public sector; (d) obligations arising from local government and government existing public policies, budget policies, election promises or statement of intent. This Standard also makes consequential amendments, arising from the short term review of the requirements in AASs 27, 29 and 31, to AASB 5, AASB 8, AASB 101 and AASB 114.	Beginning 1 July 2008	Impact expected not to be significant.

(ah) Going Concern

The financial statements are prepared on a going concern basis. Northeast Health Wangaratta has:

- a deficit from ordinary activities of \$2.067 million for the year ended 30 June 2008 (\$1.945 million for the year ended 30 June 2007);
- a working capital deficiency of \$7.774 million as at 30 June 2008 (\$7.616 million as at 30 June 2007).

The Department of Human Services (DHS) has confirmed that it will continue to provide Northeast Health Wangaratta (NHW) adequate cash flow support to enable NHW to meet its current and future obligations as and when they fall due for a period up to September 2009 should this be required.

DHS support is based upon NHW continuing to commit to achieve the agreed budget targets, and all other requirements of the Health Service Agreement in 2008-09. NHW will also submit a Financial Improvement Plan that outlines strategies to support achieving a break-even result.

Notes to and forming part of the Financial Statements

For the year ended 30 June 2008

Note 2: Revenue

	HSA 2008 \$000	HSA 2007 \$000	NON HSA 2008 \$000	NON HSA 2007 \$000	Total 2008 \$000	Total 2007 \$000
Revenue from Operating Activities						
Government Grants						
- Department of Human Services	68,192	64,048	-	-	68,192	64,048
- Dental Health Services Victoria	2,101	1,409	-	-	2,101	1,409
- State Government - Other						
- Equipment and Infrastructure Maintenance	306	296	-	-	306	296
- Commonwealth Government						
- Residential Aged Care Subsidy	2,711	2,389	-	-	2,711	2,389
- Other	1,066	992	-	-	1,066	992
Total Government Grants	74,376	69,134	-	-	74,376	69,134
Indirect contributions by Department Human Services *						
- Insurance	1,094	1,336	-	-	1,094	1,336
- Long Service Leave	(91)	270	-	-	(91)	270
Total Indirect Contributions by Department of Human Services	1,003	1,606	-	-	1,003	1,606
Patient and Resident Fees						
- Patient and Resident Fees (refer note 2b)	2,105	2,264	81	87	2,186	2,351
- Residential Aged Care (refer note 2b)	928	817	-	-	928	817
Total Patient Fees	3,033	3,081	81	87	3,114	3,168
Business Units & Specific Purpose Funds						
- Private Practice and Other Patient Activities Fees	-	-	41	-	41	-
- Diagnostic Imaging	-	-	4,378	4,250	4,378	4,250
- Linen Service	-	-	1,526	1,785	1,526	1,785
- Coffee Shop	-	-	346	311	346	311
- Property Income	259	231	-	-	259	231
- Commonwealth Government Grants	-	-	809	838	809	838
Total Business Units & Specific Purpose Funds	259	231	7,100	7,184	7,359	7,415
Donations & Bequests	-	-	212	104	212	104
Other Revenue from Operating Activities	2,385	2,381	227	386	2,612	2,767
Sub-Total Revenue from Operating Activities	81,056	76,433	7,620	7,761	88,676	84,194
Revenue from Non-Operating Activities						
Interest	-	-	8	30	8	30
Sub-Total Revenue from Non-Operating Activities	-	-	8	30	8	30
Revenue from Capital Purpose Income						
State Government Capital Grants						
- Targeted Capital Works and Equipment	-	-	1,220	863	1,220	863
- Other	-	-	191	-	191	-
Net Gain/(Loss) on Disposal of Non-Current Assets (refer note 2c)	-	-	66	29	66	29
Capital Interest	-	-	45	-	45	-
Donations and Bequests	-	-	80	208	80	208
Other Capital Purpose Income	-	-	-	41	-	41
Sub-Total Revenue from Capital Purpose Income	-	-	1,602	1,141	1,602	1,141
Total Revenue (refer to note 2a)	81,056	76,433	9,230	8,932	90,286	85,365

* Indirect contributions by Human Services: The Department of Human Services makes certain payments on behalf of the Hospital. These amounts have been brought to account in determining the operating result for the year by recording them as revenue and expenses.

Notes to and forming part of the Financial Statements

For the year ended 30 June 2008

Note 2a: Analysis of Revenue by Source

	Admitted Patients 2008 \$000	Outpatients 2008 \$000	EDS 2008 \$000	Ambulatory 2008 \$000	Mental Health 2008 \$000	RAC incl. Mental Health 2008 \$000	Aged Care 2008 \$000	Primary Health 2008 \$000	Other 2008 \$000	Total 2008 \$000
Revenue from Services Supported by Health Services Agreement										
Government grants	39,816	3,567	4,390	10,115	8,020	4,164	1,014	606	2,684	74,376
Indirect contributions by Human Services *	1,003	-	-	-	-	-	-	-	-	1,003
Patient and Resident Fees (refer note 2b)	843	95	36	422	133	928	52	468	56	3,033
Recoupment from Private Practice for Use of Hospital Facilities	-	-	-	-	-	-	-	-	-	-
Other Revenue from Operating Activities	1,511	-	4	39	410	9	-	83	266	2,322
Interest & Dividends	322	-	-	-	-	-	-	-	-	322
Sub-Total Revenue from Services Supported by Health Services Agreement	43,495	3,662	4,430	10,576	8,563	5,101	1,066	1,157	3,006	81,056
Revenue from Services Supported by Hospital and Community Initiatives										
Donations and Bequests (non capital)	-	-	-	-	-	-	-	-	212	212
Business Units & Specific Purpose Funds	-	-	-	-	-	-	-	-	7,100	7,100
Other	-	-	-	-	-	-	-	-	316	316
Capital Purpose Income (refer note 2)	-	-	-	-	-	-	-	-	1,602	1,602
Sub-Total Revenue from Services Supported by Hospital and Community Initiatives	-	-	-	-	-	-	-	-	9,230	9,230
Total Revenue	43,495	3,662	4,430	10,576	8,563	5,101	1,066	1,157	12,236	90,286

* Indirect contributions by Human Services: The Department of Human Services makes certain payments on behalf of the Hospital (Insurance & LSL). These amounts have been brought to account in determining the operating result for the year by recording them as revenue and expenses.

	Admitted Patients 2007 \$000	Outpatients 2007 \$000	EDS 2007 \$000	Ambulatory 2007 \$000	Mental Health 2007 \$000	RAC incl. Mental Health 2007 \$000	Aged Care 2007 \$000	Primary Health 2007 \$000	Other 2007 \$000	Total 2007 \$000
Revenue from Services Supported by Health Services Agreement										
Government grants	38,408	3,409	3,680	9,556	7,474	3,835	736	301	1,735	69,134
Indirect contributions by Human Services *	1,606	-	-	-	-	-	-	-	-	1,606
Patient and Resident Fees (refer note 2b)	942	77	38	504	272	817	49	328	54	3,081
Recoupment from Private Practice for Use of Hospital Facilities	-	-	-	-	-	-	-	-	-	-
Other Revenue from Operating Activities	1,562	5	20	63	422	-	-	85	233	2,390
Interest & Dividends	217	-	-	5	-	-	-	-	-	222
Capital Purpose Income (refer note 2)	-	-	-	-	-	-	-	-	-	-
Sub-Total Revenue from Services Supported by Health Services Agreement	42,735	3,491	3,738	10,128	8,168	4,652	785	714	2,022	76,433
Revenue from Services Supported by Hospital and Community Initiatives										
Donations and Bequests (non capital)	-	-	-	-	-	-	-	-	104	104
Business Units & Specific Purpose Funds	-	-	-	-	-	-	-	-	7,184	7,184
Other	-	-	-	-	-	-	-	-	503	503
Capital Purpose Income (refer note 2)	-	-	-	-	-	-	-	-	1,141	1,141
Sub-Total Revenue from Services Supported by Hospital and Community Initiatives	-	-	-	-	-	-	-	-	8,932	8,932
Total Revenue	42,735	3,491	3,738	10,128	8,168	4,652	785	714	10,954	85,365

* Indirect contributions by Human Services: The Department of Human Services makes certain payments on behalf of the Hospital (Insurance & LSL). These amounts have been brought to account in determining the operating result for the year by recording them as revenue and expenses.

Notes to and forming part of the Financial Statements

For the year ended 30 June 2008

Note 2b: Patient and Resident Fees

Patient and Resident Fees Raised

Recurrent:

Acute

- Inpatients

- Outpatients

- EDS

- Ambulatory

Residential Aged Care

- Residential Accommodation Payments *

Mental Health

Other

Total Recurrent

Patient Fees Raised	
2008	2007
\$000	\$000
843	942
95	77
36	38
422	504
928	817
133	272
657	518
3,114	3,168

*Commonwealth Nursing Home inpatient benefits are included in patient fee revenue.
The Hospital charges fees in accordance with the Department of Human Services directives.

Note 2c: Net Gain/(Loss) on Disposal of Non-Current Assets

Proceeds from Disposals of Non Current Assets

Medical Equipment

Computers & Communications

Motor Vehicles

Total Proceeds from Disposal of Non Current Assets

Less: Written Down Value of Non Current Assets Sold

Furniture and Fittings

Plant & Equipment

Medical Equipment

Motor Vehicles

Software

Computers & Communications

Buildings

Total Written Down Value of Non Current Assets Sold

Net gains/(losses) on Disposal of Non Current Assets

Total	Total
2008	2007
\$000	\$000
1	-
-	1
201	168
202	169
1	-
5	2
7	2
120	120
3	-
-	4
-	12
136	140
66	29

Notes to and forming part of the Financial Statements

For the year ended 30 June 2008

Note 3: Expenses

	HSA 2008 \$000	HSA 2007 \$000	NON HSA 2008 \$000	NON HSA 2007 \$000	Total 2008 \$000	Total 2007 \$000
Employee Benefits						
Salaries & Wages	45,808	42,787	3,844	3,854	49,652	46,641
WorkCover Premium	498	612	49	69	547	681
Departure Packages	178	-	-	-	178	-
Long Service Leave	763	998	51	70	814	1,068
Superannuation	4,086	3,853	370	352	4,456	4,205
Total Employee Benefits	51,333	48,250	4,314	4,345	55,647	52,595
Non Salary Labour Costs						
Fees for Visiting Medical Officers	6,505	6,231	-	-	6,505	6,231
Total Non Salary Labour Costs	6,505	6,231	-	-	6,505	6,231
Supplies & Consumables						
Drug Supplies	2,310	2,297	12	9	2,322	2,306
S100 Drugs	405	509	-	-	405	509
Medical, Surgical Supplies and Prosthesis	7,140	6,004	2,657	2,641	9,797	8,645
Pathology Supplies	777	775	1	2	778	777
Food Supplies	870	827	115	154	985	981
Total Supplies and Consumables	11,502	10,412	2,785	2,806	14,287	13,218
Other Expenses from Continuing Operations						
Domestic Services & Supplies	1,092	1,101	(413)	(458)	679	643
Fuel, Light, Power and Water	741	601	189	239	930	840
Insurance costs funded by DHS	1,094	1,336	-	-	1,094	1,336
Motor Vehicle Expenses	222	214	123	123	345	337
Repairs & Maintenance	1,009	1,260	220	243	1,229	1,503
Maintenance Contracts	345	216	336	324	681	540
Patient Transport	833	866	3	2	836	868
Bad & Doubtful Debts	25	46	54	62	79	108
Lease Expenses	619	330	833	831	1,452	1,161
Other Administrative Expenses	5,235	4,936	502	544	5,737	5,480
Audit Fees						
-VAGO -Audit of Financial Statements	29	28	-	-	29	28
-Other	15	15	-	-	15	15
Total Other Expenses from Continuing Operations	11,259	10,949	1,847	1,910	13,106	12,859
Expenditure using Capital Purpose Income						
Other Expenses						
-Other	-	-	162	-	162	-
Total Other Expenses	-	-	162	-	162	-
Total Expenditure using Capital Purpose Income	-	-	162	-	162	-
Depreciation and Amortisation	-	-	2,604	2,363	2,604	2,363
Finance Costs	-	-	42	44	42	44
Total	-	-	2,646	2,407	2,646	2,407
Total Expenses	80,599	75,842	11,754	11,468	92,353	87,310

Notes to and forming part of the Financial Statements

For the year ended 30 June 2008

Note 3a: Analysis of Expenses by Source

	Admitted Patients	Outpatients	EDS	Ambulatory	Mental Health	RAC incl. Mental Health	Aged Care	Primary Health	Other	Total
	2008	2008	2008	2008	2008	2008	2008	2008	2008	2008
	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000
Services Supported by Health Services Agreement										
Employee Benefits	28,698	459	2,762	5,377	7,055	4,001	190	2,122	669	51,333
Non Salary Labour Costs	6,459	-	38	1	7	-	-	-	-	6,505
Supplies & Consumables	8,071	13	553	505	174	177	-	49	1,960	11,502
Other Expenses from Continuing Operations	2,241	528	1,866	4,447	1,447	816	956	(1,207)	165	11,259
Sub -Total Expenses from Services Supported by Health Services Agreement	45,469	1,000	5,219	10,330	8,683	4,994	1,146	964	2,794	80,599
Services Supported by Hospital and Community Initiatives										
Employee Benefits	-	-	-	-	-	-	-	-	4,314	4,314
Supplies & Consumables	-	-	-	-	-	-	-	-	2,785	2,785
Other Expenses from Continuing Operations	-	-	-	-	-	-	-	-	1,847	1,847
Depreciation & Amortisation (refer note 4)	-	-	-	-	-	-	-	-	2,604	2,604
Finance Costs (refer note 5)	-	-	-	-	-	-	-	-	42	42
Sub -Total Expense from Services Supported by Hospital and Community Initiatives	-	-	-	-	-	-	-	-	11,592	11,592
Services Supported by Capital Sources										
Other Expenses	-	-	-	-	-	-	-	-	162	162
Sub -Total Expenses from Services Supported by Capital resources	-	-	-	-	-	-	-	-	162	162
Total Expenses	45,469	1,000	5,219	10,330	8,683	4,994	1,146	964	14,548	92,353

	Admitted Patients	Outpatients	EDS	Ambulatory	Mental Health	RAC incl. Mental Health	Aged Care	Primary Health	Other	Total
	2007	2007	2007	2007	2007	2007	2007	2007	2007	2007
	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000
Services Supported by Health Services Agreement										
Employee Benefits	26,660	930	3,197	4,400	6,456	3,742	1,382	1,137	346	48,250
Non Salary Labour Costs	5,976	-	72	103	83	-	-	-	(3)	6,231
Supplies & Consumables	7,461	9	505	389	178	187	31	103	1,549	10,412
Other Expenses from Continuing Operations	2,801	59	1,778	4,463	1,647	935	(160)	(697)	123	10,949
Sub -Total Expenses from Services Supported by Health Services Agreement	42,898	998	5,552	9,355	8,364	4,864	1,253	543	2,015	75,842
Services Supported by Hospital and Community Initiatives										
Employee Benefits	-	-	-	-	-	-	-	-	4,345	4,345
Supplies & Consumables	-	-	-	-	-	-	-	-	2,806	2,806
Other Expenses from Continuing Operations	-	-	-	-	-	-	-	-	1,910	1,910
Depreciation & Amortisation (refer note 4)	-	-	-	-	-	-	-	-	2,363	2,363
Finance Costs (refer note 5)	-	-	-	-	-	-	-	-	44	44
Sub -Total Expense from Services Supported by Hospital and Community Initiatives	-	-	-	-	-	-	-	-	11,468	11,468
Total Expenses	42,898	998	5,552	9,355	8,364	4,864	1,253	543	13,483	87,310

Notes to and forming part of the Financial Statements

For the year ended 30 June 2008

Note 3b: Analysis of Expenses by Internal and Restricted Specific Purpose Funds for Services Supported by Hospital and Community Initiatives

	Total 2008 \$000	Total 2007 \$000
Private Practice and Other Patient Activities	10	-
Diagnostic Imaging	5,095	5,232
Linen Service	1,781	2,094
Coffee Shop	411	369
Other	1,649	1,366
Total	8,946	9,061

Note 4: Depreciation and Amortisation

	Total 2008 \$000	Total 2007 \$000
Depreciation		
Buildings	901	754
Plant & Equipment	322	292
Medical Equipment	564	525
Computers and Communication	160	140
Furniture & Equipment	200	184
Motor Vehicles	297	315
Total Depreciation	2,444	2,210
Amortisation		
Leased Assets	-	5
- Plant & Equipment		
Intangible Assets	160	148
Total Amortisation	160	153
Total Depreciation and Amortisation	2,604	2,363

Note 5: Finance Costs

	Total 2008 \$000	Total 2007 \$000
Interest on Long Term Borrowings	13	14
Other - Bank Charges	29	30
Total	42	44

Note 6: 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 2008 \$000	Total 2007 \$000
Cash on Hand	42	39
Cash at Bank	340	1,182
Total	382	1,221
Represented by:		
Cash for Health Service Operations (as per Cash Flow Statement)	382	1,221
Total	382	1,221

Notes to and forming part of the Financial Statements

For the year ended 30 June 2008

Note 7: Receivables

	Total 2008 \$000	Total 2007 \$000
Current		
Inter Hospital Debtors	184	152
Trade Debtors	419	472
Patient Fees	857	840
Accrued Investment Income	38	14
Accrued Revenue - Department of Human Services (DHS)	361	504
Accrued Revenue - Other	594	272
GST Receivable	305	416
Total	2,758	2,670
Less Allowance for Doubtful Debts		
Trade Debtors	14	23
Patient Fees	55	40
Total Current Receivables	2,689	2,607
Non Current		
Department of Human Services - Long Service Leave	182	1,094
Total Non Current Receivables	182	1,094
Total Receivables	2,871	3,701

(a) Movement in the Allowance for doubtful debts

Balance at beginning of year	63	60
Amounts written off during the year	(73)	(105)
Amounts recovered during the year	-	-
Increase/(decrease) in allowance recognised in profit or loss	79	108
Balance at end of year	69	63

(b) Ageing analysis of receivables

Please refer to note 19(c) for the ageing analysis of receivables

(c) Nature and extent of risk arising from receivables

Please refer to note 19(c) for the nature and extent of credit risk arising from receivables

Note 8: Other Financial Assets

	Operating Fund		Specific Purpose Fund		Capital Fund		Total	Total
	2008 \$000	2007 \$000	2008 \$000	2007 \$000	2008 \$000	2007 \$000	2008 \$000	2007 \$000
Current								
Loans and Receivables								
Australian Dollar Bank Term Deposits (at call)	3,278	2,323	419	280	443	416	4,140	3,019
Monies Held In Trust	2	2	-	-	-	-	2	2
Total	3,280	2,325	419	280	443	416	4,142	3,021
Represented by:								
Hospital Investments	3,278	2,323	419	280	443	416	4,140	3,019
Monies Held In Trust - Patient Monies	2	2	-	-	-	-	2	2
Total	3,280	2,325	419	280	443	416	4,142	3,021

(b) Ageing analysis of other financial assets

Please refer to note 19(c) for the ageing analysis of other financial assets

(c) Nature and extent of risk arising from other financial assets

Please refer to note 19(c) for the nature and extent of credit risk arising from other financial assets

Notes to and forming part of the Financial Statements

For the year ended 30 June 2008

Note 9: Inventories

	Total 2008 \$000	Total 2007 \$000
Pharmaceuticals- at cost	290	200
Catering Supplies - at cost	25	23
Housekeeping Supplies - at cost	8	8
Medical and Surgical Lines - at cost	545	504
Engineering Stores - at cost	27	26
Administration Stores - at cost	33	31
Linen Service - at cost	27	30
Total Inventories	955	822

Note 10: Other Assets

	Total 2008 \$000	Total 2007 \$000
Current		
Prepayments	205	183
Total	205	183

Note 11: Property, Plant & Equipment

	Total 2008 \$000	Total 2007 \$000
Land		
Crown Land at Valuation	2,019	1,498
Freehold Land at Valuation	710	710
Total Land	2,729	2,208
Buildings		
Buildings at Cost	10,569	1,217
Less Accumulated Depreciation	214	45
Buildings at Valuation	28,882	28,882
Less Accumulated Depreciation	2,922	2,190
Total Buildings	36,315	27,864
Plant and Equipment at Cost		
Plant and Equipment	6,769	6,485
Less Accumulated Depreciation	4,560	4,412
Total Plant & Equipment	2,209	2,073
Medical Equipment at Cost		
Medical Equipment	9,749	9,755
Less Accumulated Depreciation	6,720	6,879
Total Medical Equipment	3,029	2,876
Computers and Communication at Cost		
Computers and Communication	983	892
Less Accumulated Depreciation	760	620
Total Computers and Communications	223	272
Furniture and Fittings at Cost		
Furniture and Fittings	1,292	1,161
Less Accumulated Depreciation	654	658
Total Furniture and Fittings	638	503
Motor Vehicles at Cost		
Motor Vehicles	1,433	1,389
Less Accumulated Depreciation	764	729
Total Motor Vehicles	669	660
Work in Progress	250	5,604
Total	46,062	42,060

Notes to and forming part of the Financial Statements

For the year ended 30 June 2008

Reconciliations of the carrying amounts of each class of asset at the beginning and end of previous and current financial year is set out below

	Land \$000	Buildings \$000	Plant & Equipment \$000	Medical Equipment \$000	Computers & Communcntns \$000	Furniture & Fittings \$000	Motor Vehicles \$000	Work in Progress \$000	Leased Assets \$000	Total \$000
Balance at 1 July 2006	2,208	28,301	2,143	2,977	291	473	743	847	31	38,014
Additions	-	3	189	402	125	214	352	5,117	-	6,402
Disposals	-	(12)	(2)	(3)	(4)	-	(120)	-	-	(141)
Net Transfers between classes	-	326	35	25	-	-	-	(360)	(26)	-
Depreciation/amort. expense (note 4)	-	(754)	(292)	(525)	(140)	(184)	(315)	-	(5)	(2,215)
Balance at 1 July 2007	2,208	27,864	2,073	2,876	272	503	660	5,604	-	42,060
Additions	-	-	141	443	51	158	383	4,883	-	6,059
Disposals	-	-	(5)	(8)	-	(1)	(120)	-	-	(134)
Revaluation increments	521	-	-	-	-	-	-	-	-	521
Net Transfers between classes	-	9,352	322	282	60	178	43	(10,237)	-	-
Depreciation/amort. expense (note 4)	-	(901)	(322)	(564)	(160)	(200)	(297)	-	-	(2,444)
Balance at 30 June 2008	2,729	36,315	2,209	3,029	223	638	669	250	-	46,062

An independent valuation of Northeast Health Wangaratta's land and buildings was performed by David McKenzie, AAPI (Certified Practising Valuer) of Hann McKenzie Group, Valuers & Property Consultants, to determine the fair value of the land and buildings. The valuation, which conforms to Australian Valuation Standards, was determined by reference to the amounts for which assets could be exchanged between knowledgeable willing parties in an arm's length transaction. The valuation was based on independent assessments. The effective date of the valuation is June 2004. Land was subject to a managerial valuation as at 30 June 2008.

Note 12: Intangible Assets

	Total 2008 \$000	Total 2007 \$000
Software	907	913
Less Accumulated Amortisation	811	672
Total Written Down Value	96	241

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

	Total \$000
Balance at 1 July 2006	292
Additions	97
Disposals	-
Amortisation (note 4)	(148)
Balance at 1 July 2007	241
Additions	17
Disposals	(2)
Amortisation (note 4)	(160)
Balance at 30 June 2008	96

Note 13: Payables

	Total 2008 \$000	Total 2007 \$000
Current		
Trade Creditors	776	1,094
Accrued Expenses	1,780	1,568
GST Payable	68	674
Income in Advance	1,267	782
Total	3,891	4,118

(a) Maturity analysis of payables

Please refer to Note 19(d) for the ageing analysis

(b) Nature and extent of risk arising from payables

Please refer to Note 19(d) for the nature and extent of risks arising from payables

Notes to and forming part of the Financial Statements

For the year ended 30 June 2008

Note 14: Interest Bearing Liabilities

	Total 2008 \$000	Total 2007 \$000
Current		
Bank Overdraft	-	-
Australian Dollar Borrowings		
- Other	5	5
Total Australian Dollar Borrowings	5	5
Total Current	5	5
Non-Current		
Australian Dollar Borrowings		
- Other	172	177
Total Australian Dollar Borrowings	172	177
Total Non-Current	172	177
Total Interest Bearing Liabilities	177	182

All Interest Bearing Liabilities are unsecured.

The Australian Dollar Borrowings 'Other' comprises two Bank loans. The loans are at a variable interest rate.

Finance costs incurred during the year totalled \$42,000 and were recognised as expenses.

The Hospital has an approved Bank Overdraft facility of \$300,000 which is secured by term deposits.

(a) Maturity analysis of interest bearing liabilities

Please refer to note 19(d) for the ageing analysis of interest bearing liabilities

(b) Nature and extent of risk arising from interest bearing liabilities

Please refer to note 19(d) for the nature and extent of risks arising from interest bearing liabilities

(c) Defaults and breaches

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

Note 15: Provisions

	Total 2008 \$000	Total 2007 \$000
Current		
Employee Benefits (refer Note 15a)		
- unconditional and expected to be settled within 12 months	4,532	3,997
- unconditional and expected to be settled after 12 months	6,399	6,184
Provisions related to employee benefit on-costs		
Unconditional and expected to be settled within 12 months (nominal value)	469	402
Unconditional and expected to be settled after 12 months (present value)	704	668
Total	12,104	11,251
Non-Current		
Employee Benefits (Note 15a)	1,464	1,733
Provisions related to employee benefit on-costs	161	191
Total	1,625	1,924

Notes to and forming part of the Financial Statements

For the year ended 30 June 2008

Note 15a: Employee Benefits

Current (refer note 1(t))

Unconditional long service leave entitlements	
Annual Leave entitlements	
Accrued Salaries and Wages	
Accrued Days Off	
Total *	

Total 2008 \$000	Total 2007 \$000
5,211	4,914
4,914	4,791
1,731	1,314
248	232
12,104	11,251

* Current Employee benefits that:

Expected to be utilised within 12 months (nominal value)	
Expected to be utilised after 12 months (present value)	

5,001	4,399
7,103	6,852
12,104	11,251

Non-Current (refer note 1 (t))

Conditional long service leave (present value)	
Total	

1,625	1,924
1,625	1,924

Movement in Long Service Leave:

Balance at start of year

Provision made during the year	
Settlement made during the year	
Balance at end of year	

6,838	6,568
814	1,066
(817)	(796)
6,835	6,838

Note 16: Other Liabilities

Current

Monies Held in Trust *	
- Patient Monies Held in Trust	
Other	
Total Other Liabilities	

Total 2008 \$000	Total 2007 \$000
2	2
145	94
147	96

* Total Monies Held in Trust

Represented by the following assets:

Other Financial Assets (refer to note 8)	
Total	

2	2
2	2

Note 17: Equity

(a) Reserves

Land and Buildings Asset Revaluation Reserve 1

Balance at the beginning of the reporting period	
Revaluation Increment/(Decrement)	
- Land	
Balance at the end of the reporting period *	

* Represented by Land & Buildings	
Total Reserves	

Total Reserves

(1) The land and buildings assets revaluation reserve arises on the revaluation of land and buildings.

Total 2008 \$000	Total 2007 \$000
4,932	4,932
521	-
5,453	4,932
5,453	4,932
5,453	4,932

(b) Contributed capital

Balance at the beginning of the reporting period	
Capital contribution received from Victorian State Government	
Balance at the end of the reporting period	

33,500	27,080
4,637	6,420
38,137	33,500

(c) Accumulated Surpluses/(Deficits)

Balance at the beginning of the reporting period	
Net Result for the Year	
Balance at the end of the reporting period	

(4,754)	(2,809)
(2,067)	(1,945)
(6,821)	(4,754)

(d) Total Equity at end of financial year

36,769	33,678
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Notes to and forming part of the Financial Statements

For the year ended 30 June 2008

Note 18: Reconciliation of Net Result for the Year to Net Cash Inflow/(Outflow) from Operating Activities

	Total 2008 \$000	Total 2007 \$000
Net Result for the Year	(2,067)	(1,945)
Depreciation & Amortisation	2,604	2,363
Net (Gain)/Loss from Sale of Plant and Equipment	(66)	(29)
Change in Operating Assets & Liabilities		
Increase/(Decrease) in Payables	(227)	(214)
Increase/(Decrease) in Employee Benefits	554	881
(Increase)/Decrease in Receivables	830	330
(Increase)/Decrease in Prepayments	(22)	32
(Increase)/Decrease in Stores	(133)	80
Increase/(Decrease) in Other Liabilities	51	88
Net Cash Inflow/(Outflow) from Operating Activities	1,524	1,586

Note 19: Financial Instruments

(a) Significant accounting policies

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.

(b) Categorisation of financial instruments

	Note	Category	Carrying Amount 2008 \$000	Carrying Amount 2007 \$000
Financial Assets				
Cash and cash equivalents	6	N/A	382	1,221
Receivables	7	Loans and Receivables	2,566	3,285
Other Financial Assets	8	Loans and Receivables	4,142	3,021
Financial Liabilities				
Payables	13	Financial liabilities measured at amortised cost	2,556	2,662
Interest Bearing Liabilities	14	Financial liabilities measured at amortised cost	177	182
Other Liabilities	16	Financial liabilities measured at amortised cost	147	96

(c) Credit Risk

Credit risk represents the loss that would be recognised if counterparties fail to meet their obligations under the respective contracts at maturity.

The credit risk on financial assets of the entity have been recognised on the Balance Sheet, as the carrying amount, net any provisions for doubtful debts.

The Hospital's exposure to credit risk and effective weighted average interest rate by ageing periods is set out in the following table. For interest rates applicable to each class of asset refer to individual notes to the financial statements. Exposure arises predominantly from assets bearing variable interest rates.

Interest rate exposure and ageing analysis of financial assets as at 30/06/2008

	*Weighted Average Effective Interest Rate (%)	Consol'd Carrying Amount \$000	Interest Rate Exposure			Not Past Due and Not Impaired \$000	Past Due But Not Impaired			
			Fixed Interest Rate \$000	Variable Interest Rate \$000	Non Interest Bearing \$000		Less than 1 Month \$000	1-3 Months \$000	3 months -1 Year \$000	1-5 Years \$000
2008										
Financial Assets										
Cash and Cash Equivalents	2.11%	382	-	340	42	382	-	-	-	-
Receivables	-	2,566	-	-	2,566	1,984	-	349	207	26
Other Financial Assets	8.18%	4,142	4,140	-	2	4,142	-	-	-	-
Total Financial Assets		7,090	4,140	340	2,610	6,508	-	349	207	26
2007										
Financial Assets										
Cash and Cash Equivalents	6.18%	1,221	-	1,182	39	1,221	-	-	-	-
Receivables	-	3,285	-	-	3,285	2,744	-	426	89	26
Other Financial Assets	6.39%	3,021	3,019	-	2	3,021	-	-	-	-
Total Financial Assets		7,527	3,019	1,182	3,326	6,986	-	426	89	26

* Weighted average or effective interest rates for each class of assets

Notes to and forming part of the Financial Statements

For the year ended 30 June 2008

(d) Liquidity Risk

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

Interest rate exposure and ageing analysis of financial liabilities as at 30/06/2008

	Carrying Amount \$000	Interest Rate Exposure			*Weighted Average Effective Interest Rates (%)	Contractual Cash Flows \$000	Maturity Dates				
		Fixed Interest Rate \$000	Variable Interest Rate \$000	Non Interest Bearing \$000			Less than 1 month \$000	1-3 Months \$000	3 months - 1 Year \$000	1 - 5 Years \$000	Over 5 Years \$000
2008											
Payables:											
Trade creditors and accruals	2,556	-	-	2,556	-	2,556	2,553	-	3	-	-
Interest Bearing Liabilities	177	-	177	-	10.15%	177	1	1	3	31	141
Other Financial Liabilities	147	-	-	147	-	147	-	-	-	147	-
Total Financial Liabilities	2,880	-	177	2,703		2,880	2,554	1	6	178	141
2007											
Payables:											
Trade creditors and accruals	2,662	-	-	2,662	-	2,662	2,659	3	-	-	-
Interest Bearing Liabilities	182	-	182	-	8.40%	182	1	1	3	29	148
Other Financial Liabilities	96	-	-	96	-	96	-	-	-	96	-
Total Financial Liabilities	2,940	-	182	2,758		2,940	2,660	4	3	125	148

* Weighted average or effective interest rates for each class of liabilities

(e) Market Risk

Currency Risk

Northeast Health Wangaratta is not exposed to foreign currency risk though 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 timeframe between commitment and settlement.

Interest Rate Risk

Exposure to interest rate risk arises primarily through Northeast Health Wangaratta's interest bearing assets.

Minimisation of risk is achieved by mainly holding fixed rate or non-interest bearing financial instruments. For financial liabilities, Northeast Health Wangaratta mainly holds financial liabilities with relatively even maturity profiles.

Sensitivity Disclosure Analysis

Taking into account past performance, future expectations, economic forecasts, and management's knowledge and experience of the financial markets, Northeast Health Wangaratta believes the following movements are 'reasonably possible' over the next 12 months (Base rates are sourced from the Reserve Bank of Australia):

- a parallel shift of +1% and -1% in market interest rates (AUD) from year end rates of 6%;
- a parallel shift of +1% and -1% in inflation rates from year end rates of 2%. (not analysed)

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

	Carrying Amount	Interest Rate Risk			
		-1% Profit \$000	-1% Equity \$000	+1% Profit \$000	+1% Equity \$000
2008					
Financial Assets					
Cash and Cash Equivalents	382	(4)	(4)	4	4
Receivables	2,566	-	-	-	-
Other Financial Assets	4,142	(41)	(41)	41	41
Financial Liabilities					
Trade creditors and accruals	2,556	-	-	-	-
Interest Bearing Liabilities	177	2	2	(2)	(2)
Other Financial Liabilities	147	-	-	-	-
2007					
Financial Assets					
Cash and Cash Equivalents	1,221	(12)	(12)	12	12
Receivables	3,285	-	-	-	-
Other Financial Assets	3,021	(30)	(30)	30	30
Financial Liabilities					
Trade creditors and accruals	2,662	-	-	-	-
Interest Bearing Liabilities	182	2	2	(2)	(2)
Other Financial Liabilities	96	-	-	-	-

Notes to and forming part of the Financial Statements

For the year ended 30 June 2008

Note 20: Commitments for Expenditure

	Total 2008 \$000	Total 2007 \$000
Capital Expenditure Commitments		
Payable:		
Land and Buildings	323	-
Plant and Equipment	792	220
Total Capital Commitments	1,115	220
Land and Buildings		
Not later than one year	323	-
Plant and Equipment		
Not later than one year	792	220
Total	1,115	220
Other Expenditure Commitments		
Payable:		
Pathology	1,973	2,425
Maintenance & Information Technology	589	647
Total Other Commitments	2,562	3,072
Not later than one year	1,035	913
Later than one year and not later than 5 years	901	2,159
Later than 5 years	626	-
Total	2,562	3,072
Lease Commitments		
Commitments in relation to leases contracted for at the reporting date:		
Operating Leases	3,089	3,792
Total Lease Commitments	3,089	3,792
Operating Leases		
<i>Non-Cancellable</i>		
Not later than one year	1,524	1,406
Later than one year but not later than 5 years	1,292	2,002
Later than 5 years	273	384
Total	3,089	3,792
Total Commitments for expenditure (inclusive of GST)	6,766	7,084
less GST recoverable from the Australian Tax Office	(615)	(644)
Total Commitments for expenditure (exclusive of GST)	6,151	6,440

Note 21: Segment Reporting

	Hospital 2008 \$000	Hospital 2007 \$000	Mental Health 2008 \$000	Mental Health 2007 \$000	RAC 2008 \$000	RAC 2007 \$000	Total 2008 \$000	Total 2007 \$000
Revenue								
External Segment Revenue	76,300	72,328	8,563	8,168	5,101	4,652	89,964	85,148
Total Revenue	76,300	72,328	8,563	8,168	5,101	4,652	89,964	85,148
Expenses								
External Segment Expense	(76,030)	(71,675)	(8,683)	(8,364)	(4,994)	(4,864)	(89,707)	(84,903)
Unallocated Expense								
-Depreciation & Amortisation	(2,604)	(2,363)	-	-	-	-	(2,604)	(2,363)
Total Expenses	(78,634)	(74,038)	(8,683)	(8,364)	(4,994)	(4,864)	(92,311)	(87,266)
Net Result from ordinary activities	(2,334)	(1,710)	(120)	(196)	107	(212)	(2,347)	(2,118)
Interest/Finance Expense	(42)	(44)	-	-	-	-	(42)	(44)
Interest Income	322	217	-	-	-	-	322	217
Net Result for Year	(2,054)	(1,537)	(120)	(196)	107	(212)	(2,067)	(1,945)
Other Information								
Total Segment Assets	39,938	45,080	5,208	4,916	10,095	1,253	54,713	51,249
Total Segment Liabilities	15,562	15,151	1,708	1,686	674	734	17,944	17,571

Notes to and forming part of the Financial Statements

For the year ended 30 June 2008

The major products/services from which the above segments derive revenue are:

Business Segments	Services
Hospital	Acute & Sub-Acute inpatient and outpatient services, District Nursing & Allied Health services.
Mental Health	Inpatient, Community & Aged Mental Health services
Residential Aged Care (RAC)	Nursing Home

The basis of inter-segment pricing is at cost.

Geographical Segment

Northeast Health Wangaratta operates predominantly in Wangaratta, Victoria. More than 90% of revenue, net surplus from ordinary activities and segment assets relate to operations in Wangaratta, Victoria.

Note 22a - Responsible Person Disclosures

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

Responsible Ministers:

	<u>Period</u>
The Honourable Bronwyn Pike, MLA, Minister for Health	1/07/2007 - 3/08/2007
The Honourable Daniel Andrews, MLA, Minister for Health	3/08/2007 - 30/06/2008

Board of Management

	<u>Period</u>
Mr. A. R. Wills	1/07/2007 - 30/06/08
Ms. C.E. Cunningham	1/07/2007 - 30/06/08
Mr. D. R. Lawson	1/07/2007 - 30/06/08
Ms. J. M. Milne	1/07/2007 - 30/06/08
Mr.G.N.Dinning	1/07/2007 - 30/06/08

		<u>Period</u>
Mr. S. J. Oxley	Director	1/07/2007 - 13/12/07
Ms. L. A. Williamson	Director	1/07/2007 - 30/06/08
Ms.M.A.Smith-Tamaray	Director	1/07/2007 - 30/06/08

Accountable Officer

	<u>Period</u>
Ms.L.Wilson	1/07/2007 - 30/06/08

Remuneration of Responsible Persons

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

Income Band	2008 No.	2007 No.
\$180,000 - \$189,999	-	1
\$200,000 - \$209,999	1	-
Total Numbers	1	1

Total remuneration received or due and receivable by Responsible Persons from the Reporting entity amounted to:

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

	\$000	\$000
	203	189

Other Transactions of Responsible Persons and their Related Parties

	Total 2008 \$000	Total 2007 \$000
	82	55

Dinnings Kelly Country Dairy

Mr. G. Dinning, a current member of the Board of Management, is a Director of Dinnings Wangaratta Dairy, who are contracted by the hospital to provide catering supplies on normal terms and conditions.

Note 22b - Executive Officer Disclosures

Executive Officers' Remuneration

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

	Total Remuneration		Base Remuneration	
	2008 No.	2007 No.	2008 No.	2007 No.
\$120,000 - \$129,999	1	1	2	1
\$130,000 - \$139,999	1	-	-	1
\$140,000 - \$149,999	-	1	-	-
\$150,000 - \$159,999	1	-	1	-
\$160,000 - \$169,999	-	-	-	-
\$210,000 - \$219,999	-	-	-	-
\$230,000 - \$239,999	-	1	-	1
\$240,000 - \$249,999	1	-	1	-
Total	4	3	4	3
	\$000	\$000	\$000	\$000
	646	547	641	545

Total remuneration for the reporting period for Executive Officers included above amounted to:

Note 23 - Contingent Assets and Contingent Liabilities

Northeast Health Wangaratta does not have any contingent assets or contingent liabilities

Note 24 - Events occurring after the Balance Sheet Date

Northeast Health Wangaratta does not have any events occurring after the Balance Sheet Date

Northeast Health Wangaratta

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

We certify that the attached financial report for Northeast Health Wangaratta has been prepared in accordance with Standing Direction 4.2 of the *Financial Management Act 1994*, applicable *Financial Reporting Directions*, Australian Accounting Standards, Interpretations and other mandatory professional reporting requirements.

We further state that, in our opinion, the information set out in the Operating Statement, Balance Sheet, Statement of Changes in Equity, Cash Flow Statement and notes forming part of the financial report, presents fairly the financial transactions during the year ended 30 June 2008 and financial position of Northeast Health Wangaratta at 30 June 2008.

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 report for issue on this day.



Allan Wills
Chairperson

Wangaratta
22 September 2008



Lisette Wilson
Chief Executive Officer

Wangaratta
22 September 2008



Jenny Ball
Chief Finance &
Accounting Officer

Wangaratta
22 September 2008

VAGO

Victorian Auditor-General's Office

INDEPENDENT AUDITOR'S REPORT

To the Board Members of Northeast Health Wangaratta

The Financial Report

The accompanying financial report for the year ended 30 June 2008 of Northeast Health Wangaratta which comprises operating statement, balance sheet, statement of changes in equity, cash flow statement, a summary of significant accounting policies and other explanatory notes to and forming part of the financial report, and the board member's, accountable officer's and chief finance & accounting officer's declaration has been audited.

The Board Members Responsibility for the Financial Report

The Board Members of Northeast Health Wangaratta are responsible for the preparation and the fair presentation of the financial report in accordance with Australian Accounting Standards (including the Australian Accounting Interpretations) and the financial reporting requirements of the *Financial Management Act 1994*. This responsibility includes:

- establishing and maintaining internal controls relevant to the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error
- selecting and applying appropriate accounting policies
- making accounting estimates that are reasonable in the circumstances.

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. These Standards require compliance with relevant ethical requirements relating to audit engagements and that the audit be planned and performed to obtain reasonable assurance 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 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 obtained is sufficient and appropriate to provide a basis for my audit opinion.

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Auditing in the Public Interest

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Victorian Auditor-General's Office

Independent Auditor's Report (continued)

Matters Relating to the Electronic Presentation of the Audited Financial Report

This auditor's report relates to the financial statements published in both the annual report and on the website of Northeast Health Wangaratta for the year ended 30 June 2008. The Board Members of Northeast Health Wangaratta are responsible for the integrity of the web site. I have not been engaged to report on the integrity of the web site. The auditor's report refers only to the statements named above. An opinion is not provided on any other information which may have been hyperlinked to or from these statements. If users of this report are concerned with the inherent risks arising from electronic data communications, they are advised to refer to the hard copy of the audited financial report to confirm the information included in the audited financial report presented on the Northeast Health Wangaratta web site.

Independence

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

Auditor's Opinion

In my opinion, the financial report presents fairly, in all material respects, the financial position of Northeast Health Wangaratta as at 30 June 2008 and its financial performance and cash flows for the year then ended in accordance with applicable Australian Accounting Standards (including the Australian Accounting Interpretations), and the financial reporting requirements of the *Financial Management Act 1994*.

MELBOURNE
22 September 2008


D D R Pearson
Auditor-General

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Auditing in the Public Interest

13 October 2008



ERRATUM

Northeast Health Wangaratta Annual report 2008.

Page 13, Disclosure Index, has been replaced by the pages found overleaf. Please disregard page 13 in the Annual Report.

Allan Wills
President
Board of Management

Lisette Wilson
Chief Executive Officer

Jenny Ball
Chief Finance Officer & Accounting Officer

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

Legislation	Requirement	Page Reference
Ministerial Directions		
Report of Operations – FRD Guidance		
Charter and purpose		
FRD 22B	Manner of establishment and the relevant Ministers	14, 45
FRD 22B	Objectives, functions, powers and duties	1
FRD 22B	Nature and range of services provided	4
Management and structure		
FRD 22B	Organisational structure	2
Financial and other information		
SD 4.2(j)	Accountable officer, signed of report of operations	3
SD 4.5.5	Risk Management Compliance	3
FRD 22B	Operational and budgetary objectives and performance against objectives	1
FRD 22B	Statement of merit and equity	6
FRD 22B	Workforce Data Disclosures	6
FRD 22B	Occupational health and safety	14
FRD 22B	Summary of the financial results for the year	12
FRD 22B	Significant changes in financial position during the year	1
FRD 22B	Major changes or factors affecting performance	1
FRD 22B	Subsequent events	45
FRD 22B	Application and operation of <i>Freedom of Information Act 1982</i>	14
FRD 22B	Compliance with building and maintenance provisions of <i>Building Act 1993</i>	14
FRD 25	Victorian Industry Participation Policy disclosures	14
FRD 22B	Statement on National Competition Policy	14
FRD 22B	Application and operation of the <i>Whistleblowers Protection Act 2001</i>	14
FRD 22B	Details of consultancies over \$100,000	Not Applicable
FRD 22B	Details of consultancies under \$100,000	14
FRD 22B	Statement of availability of other information	14
FRD 10	Disclosure index	13

Legislation	Requirement	Page Reference
FRD 1.1	Disclosure of <i>ex-gratia</i> payments	Not Applicable
FRD 2.1A	Responsible person and executive officer disclosures	45

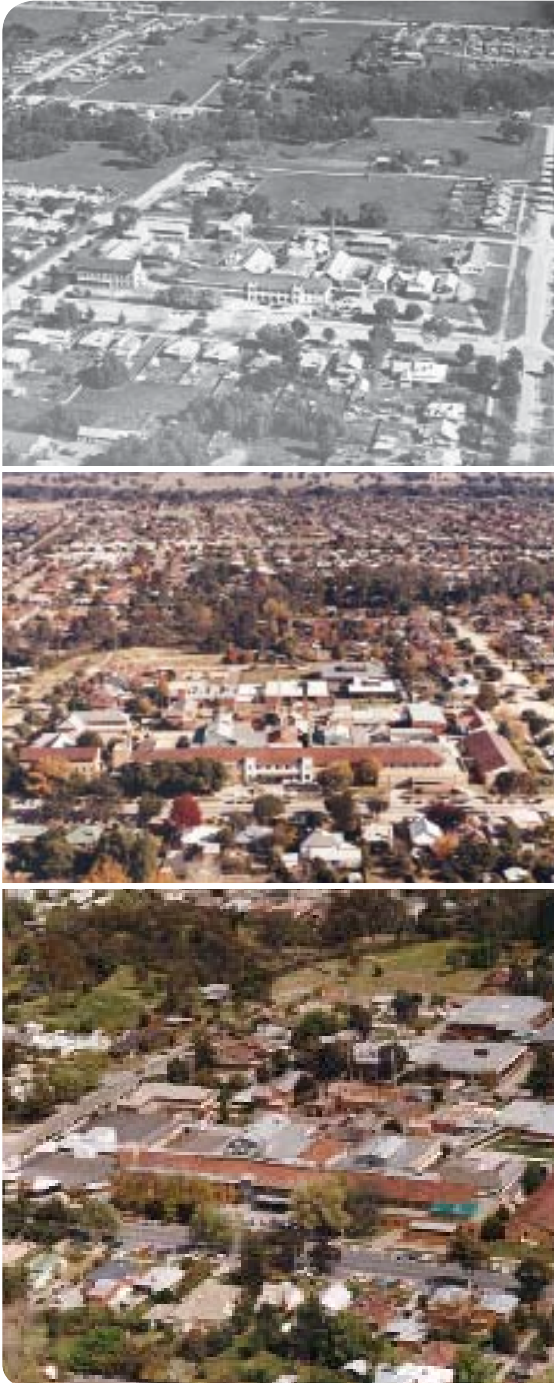
Financial Statements – FRD Guidance

Financial statements required under Part 7 of the FMA

SD 4.2(b)	Operating Statement	16
SD 4.2(b)	Balance Sheet	17
SD 4.2(b)	Statement of Changes in Equity	18
SD 4.2(b)	Cash Flow Statement	19
SD 4.2(c)	Accountable officer's declaration	46
SD 4.2(c)	Compliance with Australian accounting standards and other authoritative pronouncements	21
SD 4.2(c)	Compliance with Ministerial Directions	21
SD 4.2(d)	Rounding of amounts	21

Legislation

<i>Freedom of Information Act 1982</i>	14
<i>Whistleblowers Protection Act 2001</i>	14
<i>Victorian Industry Protection Act 2003</i>	14
<i>Building Act 1993</i>	14
<i>Financial Management Act 1994</i>	14
<i>Audit Act 1994</i>	14



Our Purpose is to meet the health care needs of our community by working collaboratively with individuals, the community, other service providers and funding bodies.

We Value integrity, compassion and excellence. These values are reflected in the following behaviours:

- Caring about what we do
- Caring about those we serve
- Demonstrating professionalism
- Leading by example
- Encouraging innovation
- Supporting each other
- Respecting differences
- Communicating honestly and openly

Our Aim is to provide appropriate and sustainable health services in the Hume Region catchment.

Photos: Aerial images of Northeast Health Wangaratta's Green Street campus taken in 1950, 1981 and 1996



Northeast Health Wangaratta
incorporating:

Wangaratta District Base Hospital
WJ Smith Linen Service
Illoura Residential Aged Care
Mental Health Services
Medical Imaging

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