

2008-09 Annual Financial & Performance Report



NORTHEAST HEALTH WANGARATTA



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Introduction



The 2008/09 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.

Both reports clearly articulate the enormous amount of work that continues to be undertaken to ensure that our community retains access to health services which are person-centred and responsive to individual needs. This outcome would not be achieved without the ongoing dedication of our staff.

This year has yielded a number of highlights:

- A site audit was conducted at Illoura Residential Aged Care from 3 March to 4 March 2009. The audit was conducted on behalf of the Aged Care Standards and Accreditation Agency Ltd in accordance with the Accreditation Grant Principles 1999 and the Accountability Principles 1998. The outcome of the site audit is that Illoura's application for accreditation was successful. Full compliance has been achieved with the 44 standard outcomes. The period of accreditation is from 2 May 2009 to 2 May 2012.
- The Home and Community Care Program participated in Accreditation on the 27 April 2009 with the program achieving an improved rating from medium to high.
- The Organisation-wide Accreditation Survey including Acute, Community and Mental Health occurred from 28-30 April with NHW achieving the Australian Council on Healthcare Standards (ACHS) accreditation for 4 years. The period of accreditation is from 19 December 2009 to 19 December 2013.
- Following a three year quality review the Aged care package program received a rating 1 from the Department of Health and Ageing.
- Works commenced on the long awaited Oncology Day Unit. The Unit will be located in the main hospital building at the southern end of the ground floor. To facilitate these works our Clinical Executive team and Human Resources Department were relocated to alternative facilities. Funds for this project have been raised from the past three Spring annual appeals and from a major donation received from the Victoria Police Blue Ribbon Foundation

in honour of Senior Constable Rennie Page and a generous pledge from the A H Thrum Estate.

- Phase 1 building works also commenced on the refurbishment of the vacant nursing home in Clarke Street to create a walk in, walk out, Health and Wellness Centre. This contemporary community space will assist people to access a broad range of community based services at the right time in the right place.
- Our Emergency Department has seen the commencement of volunteers assisting with waiting area support while inside the department the establishment of ward help roles has seen an improvement in patient care and throughput.
- Lateral thinking within the Education Unit has resulted in the development of a TAFE partnership via the Vocational Education Training (VET) program which continues to demonstrate the leadership qualities which are present within the organisation.
- The ward based clinical areas continue to implement innovative patient management systems inclusive of bed based handover. These changes greatly benefit patient care and the development of our staff.
- Again, our theatre suites have been successful in developing funding submissions that have led to significant equipment purchases benefiting patients requiring endoscopy and urology care. This unit has also led the way in re-implementing the Private Patient Liaison Officer role. This role has significant benefits for the organisation as well as patients wishing to utilise their private health care funding.
- A social inclusion project commenced at Illoura Residential Aged Care resulting in residents learning how to visit their families and friends with the use of Skype technology.

The number of admitted patients treated during the year increased across all areas of the Health Service, including Acute, Sub-Acute and Mental Health. Weighted Inlier Equivalent Separations (WIES) of 10,272 was achieved which was an increase on the prior year, however slightly short of target due to a reduction in complexity.

Emergency Department (ED) presentations increased by 4.4% to 18,960 for the year. Occupancy rates at the new Nursing Home (Illoura) also increased throughout the year with full occupancy being achieved and maintained in April 2009.

The Net Result before Capital and Specific items was a deficit of \$156,000. This result includes financial sustainability funding of \$3.2m from the Department of Human Services. The overall Net result for the year was a deficit of \$1.785m. The Equity position improved due to a revaluation of the Health Services Land and Buildings.

Of concern to the Board of Management is the continuing deficit position. Ensuring the continued financial sustainability of the Health Service will be a major focus and challenge for the oncoming period.

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

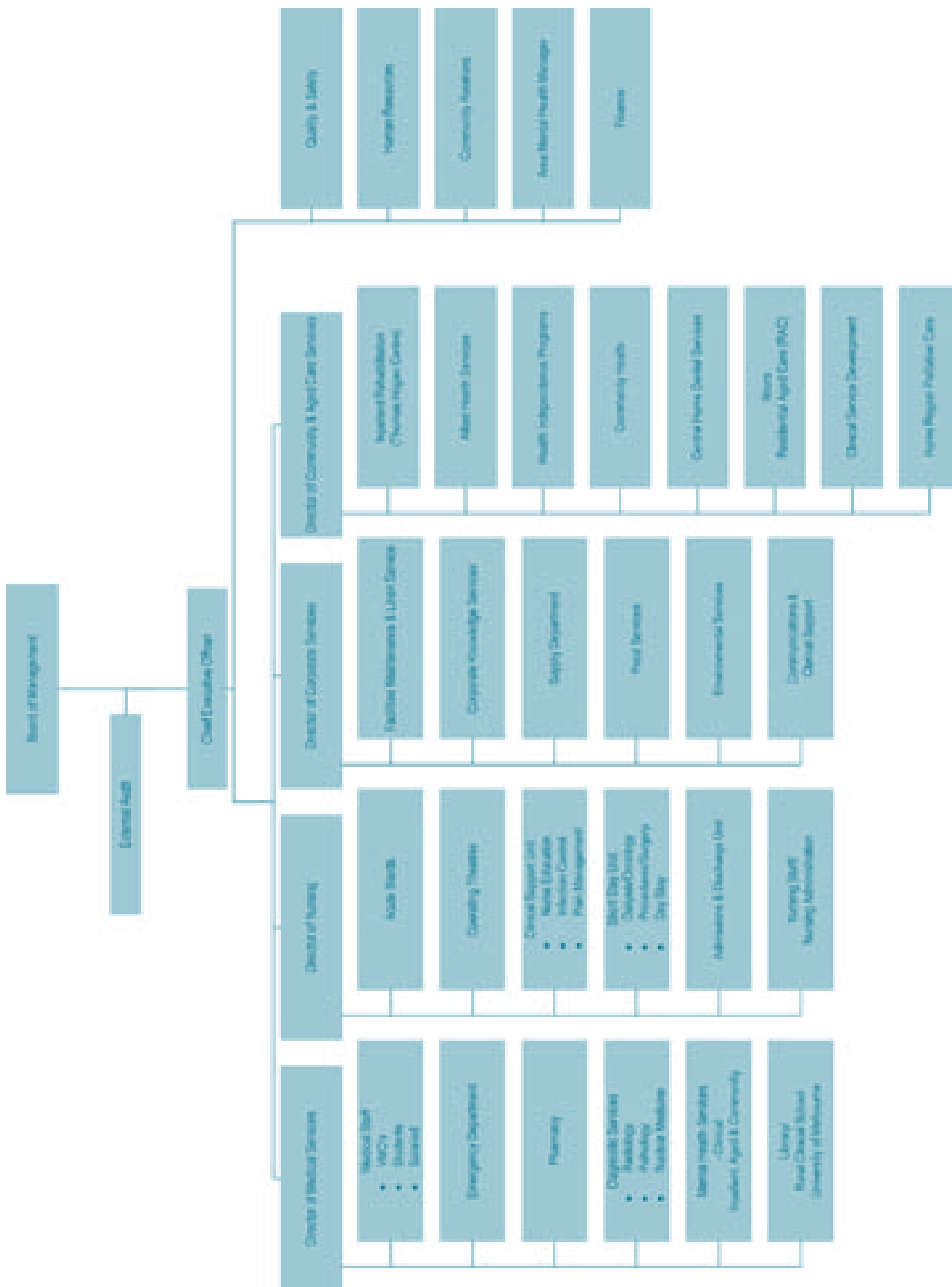
Responsible Bodies Declaration

In accordance with the *Financial Management Act 1994*, I am pleased to present the Report of Operations for Northeast Health Wangaratta for the year ending 30 June 2009.

Chris Cunningham
President
Board of Management

11 September 2009

Organisational Structure



Board of Management



Allan Wills
President



Chris Cunningham
Vice-President



Geoff Dinning



David Lawson



Janeen Milne



Michelle Smith-Tamaray



Lorna Williamson



Karen Harmon

Executive Directors



Lis Wilson
Chief Executive
Officer



Dr John M Elcock
Director of
Medical Services



Chris Giles
Director of Nursing



Janine Holland
Director of Community
& Aged Care



Ross Waddington
Director of
Corporate Services

Attestation on Data Accuracy

I, Ken Taylor certify that Northeast Health Wangaratta has put in place appropriate internal controls and processes to ensure that the Department of Human Services is provided with data that reflects actual performance. Northeast Health Wangaratta has critically reviewed these controls and processes during the year.

Ken Taylor

Chief Executive Officer

11 September 2009

Attestation on Compliance with Australian/New Zealand Risk Management Standard

I, Ken Taylor 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.

Ken Taylor

Chief Executive Officer

11 September 2009

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 (to 12/08)

Acting Director of Nursing

Mr F Megens, RN, RM, NICC, PICC, BN, MAS H Mgt (UNE), Grad Cert Conflict Resolution (CSU), Grad Cert Ind Rel (from 01/09 to 06/09)

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 Tatulaschwili, JP, B Bus Tourism (Hons), MFIA, CFRE

North East 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

Corporate Knowledge Services Manager

Mr L Montgomery SB (MIT, USA), MEd (U Mass, USA), (Cert, Teaching, Mass, USA) (to 02/09)

Supply Manager

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

Food Services Manager

Mr I Rosser, Cert Hospitality, Chef

Environmental and Security Services Manager

Mr J Antonello

Communications & Clerical Support Manager

Ms R Bennett Cert IV Bus

Community And Aged Care Services

Manager Health Independence Programs

Mr P Crimmin, RN, BN, Grad Cert Comm, Grad Cert in Leadership, Grad Cert in Stomal Therapy

Team Leader Brokerage Services

Ms C Larkings, RN, BN, Grad Cert Comm

Brokerage Services

- *Extended Aged Care Packages*
- *Community Aged Care Packages*
- *Post Acute Care*
- *Service Access*
- *Private Services*
- *Transition Care Packages*

Team Leader Clinical Services

Ms R Lea, RN, RM, Nurse Immuniser

Clinical Services

- *Palliative Care*
- *Hospital in the Home*
- *Community Nursing*

Team Leader Ambulatory Services

Ms B Hamer, RN, BN, CCU Cert, CNE, Grad Cert Comm, Cert IV WT&A

Ambulatory Services

- *Hospital Admission Risk Program (HARP)*
- *Sub-Acute Ambulatory Care Services (Allied Health, Continence, Cardiac Rehabilitation)*

Manager Community Health

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

Team Leader Community Health

Mrs A Gardam, BA Hlth Sc (OT), Certificate IV T&A (from 07/09)

Community Health

- *Health Promotion*
- *Breast Care*
- *Stomal Therapy*
- *Diabetes Education*
- *Dietetics*
- *Physiotherapy*
- *Occupational Therapy*
- *Social Work*
- *Speech Pathology*

Manager Allied Health

Ms H Mitchell, BA, BSW (SW)
Ms D Eason, BA Sc, Grad Dip (Diet), Grad Cert Comm

Allied Health

- *Social Work*
- *Speech Pathology*
- *Physiotherapy*
- *Occupational Therapy*
- *Dietetics*
- *Allied Health Assistants*
- *Diabetes Education*

Nurse Unit Manager - Thomas Hogan Centre

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

DON - ILLOURA Residential Aged Care

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

Central Hume Dental Services - Practice Manager

Ms T Voss, Cert of Practice Management

Hume Region Palliative Care – Consortium Manager

Ms C Hattersley, RN, BA Nsg

Gerontology Nurse Practitioner Candidates

Ms W Kent, RN, RM, Grad Dip Clinical Rehab, Ma Nsg Practice (NP)
Mr S Voogt, RN, Grad Dip Bus Mgt, Grad Dip Crit Care, Grad Cert MH, Ma Nsg Practice (NP)
Ms D Burge, RN, Crit Care Cert, Grad Dip Health Mgt Pub Health

Palliative Care Nurse Practitioner Candidate

Ms A Booms, Post Grad Dip of Nsg Sc in Cancer Care, Grad Cert of Nsg (Onc/Pall Care), Grad Cert in WM

Mental Health Services

North East 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
Dr M Wellstead, MBBS (Hons), FRANZCP (IPMHS)
Dr D Caetano, MBBS FRANZCP
Dr U Dickmann, MD,
Dr M Atkins, MBBS, FRANZCP (Aged Psychiatry) (to 05/08)
Dr E Darby MBBS DPM FRANZCP (Aged Psychiatry)
Dr J Rose MBBS DPM FRANZCP (IPMHS and CAMHS) (to 08/08)
Dr T Gidley MBBS DPM FRANZCP
Dr A Livingston MBBS DPM FRANZCP

Kerferd Unit Manager - Inpatient Psychiatric Services

Ms B Payne, RPN

Aged Psychiatric Services Manager

Ms S Davidson, BASW, MSW

Community Psychiatric Services Manager

Mr S Anderson, RPN B App Sci

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 (To O&K 2008 – 2009 Special Projects)
Ms P Brandon, RPN BSC M IMH

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, Nurse Immuniser
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
Ms D Hobijn, RN, RM, CCN, B App Sc (Nsg), MA (Ed)
Mrs J Garvey, RN, BN, CCU Cert
Ms J Verdon, ADWS, BSW, Cert IV T&A
Ms M Rinaudo, RN, RM, RPN, BHSc (Nsg), MHA, M Nsg Pract
Ms K Long, RN, BN, Grad Dip Adv Clin Nsg (RCC)
Ms K Higgs, RN, BN
Mrs D Larkings, RN, Med End-SC/IM
Ms M Daly, RN, Grad Dip Ad Clin Nsg (RCC)
Ms M Sartori, RN, BN
Ms H Haines, RN, RM, MPH, BN
Mrs J Garvey, RN, BN, CCU Cert

Theatre/Admission/Discharge Short Stay Unit

Ms G Hose, RN, CPN (to 08/08)
Mr W Vick RN, Peri-Op Nsg Cert (Theatre), Cert IV WT&A (from 09/08)

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'Keefe, RN, BN, CSIC, Cert IV WT&A
Ms K Comensoli, RN, Grad Cert ICP (relieving Aug – Dec 2008)

Infection Control Consultants (Hume Region)

Mrs J Grinter, RN, Grad Dip SIC
Mrs L Lewis, RN, BN, Cert SIC, CIVP, Grad Cert Com

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 WT&A, Lung Cancer Nrs Cert

Breast Care Nurse

Mrs J Finlayson, RN, BN, Breast Care Ns Cert, Grad Dip Adv Nsg (Community)

Community Midwife Program Midwives

Mrs C Porter, RN, RM, Ba Mids
Ms J Baker, RN, CM, MMSci, B App Sci
Ms D Marshall, RN, RM, Post Grad BM
Ms L Chapman, RN, RM

Pain Consultants

Ms M Samolyk, BN, CCC, BNSC (Hons), MRCNA (to 04/09)
Ms C Woods RN, Peri-opNsg Cert (Theatre)

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 I Wilson, Dip Obs, MBBS, RACOG, FACRRM

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

Director of Pathology

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

Director of Pharmacy

Ms J Lowe, B Pharm, Grad Dip Health Admin, Grad Dip Com Sci

Chief Radiographer

Mr S Jones, B Appl Sci (Med Imaging), Grad Dip Bus Admin (IT)

Specialist Radiologists

Dr S Rajapaske, MBBS, FRCR, FRANZCR
Dr S Williams, MBBS, FRACR, FRANZCR
Dr M Stebnyckyj, MBBS, FRANZCR, ANZAPNM

Director of Critical Care Unit

Dr P Hebbard, MBBS, FRANZCR

Rehabilitation Medical Officer

Dr A Randell, MBBS, Dip Obst, RACOG, M App Sci (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, FRACP
Dr V Veth, MBBS, MD, FRACP
Dr R McLean MD FRACP

Anaesthetists

Dr E R Barker, MBBS (Hon), FANZCA
Dr R A Sharp, MB ChB, DRCOG, FRCA, FANZCA
Dr M K Radnor, MBBS, D Obst RCOG, FANZCA, BA
Dr D Burke, MBBS, FANZCA
Dr P Hebbard, MBBS, FANZCA
Dr R Bourne, MBBS (Hon), FANZCA
Dr A Houghton, MBBS, FANZCA
Dr F Barry, MBBS (Hon), FANZCA

Obstetricians and Gynaecologists

Dr C J Pearse, MBBS, FRANZCOG
Dr L F Fogarty, MBBS, FRANZCOG
Dr Y Lim, MBBS, FRANZCOG
Dr J Krones MD Obs&Gyn Paediatricians
Dr P Dewez, MBBS, FRACP
Dr T G Stubberfield, MBBS, Dip RACOG, DCH (London), FRACP

Paediatric Surgeons

Dr T E Merriman, MBBS, FRACS (Eng)

General Surgeons

Mr P R Thomas, MBBS, FRCS, FRACS
Mr S J Franz 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
Mr R Kjar, MBBS, FRACS (Ortho)

Oncology

Dr C Underhill, MBBS, FRACP
Dr K Clarke, MBBS, FRACP, MD
Dr C Steer, MBBS, FRACP
Dr R. Eek, 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 MD, FRACS

Ophthalmologists

Dr D I Heine, MBBS, FRANZCO
Dr N Kanunaratne, 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 Davey, 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 (to 12/08)
Dr E Poliness, MBBS, FRACGP, DRANZCOG (from 01/09)
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)

Community Relations

Community Relations Report

In 2008/2009, Northeast Health Wangaratta (NHW) again received substantial financial and in-kind support from across the community. We are very proud to be a part of a community that prides itself on helping others. The care, support and generosity of local businesses, corporations, community groups, sporting groups, families and individuals continues to ensure our patients receive the best possible treatment and support through donations for new equipment and facilities.

NHW's Community Relations Department is responsible for a broad range of events, activities and programs including fundraising and donations, media liaison, volunteers, publications, public relations, marketing, community development, website and corporate events. Some highlights for 2008/2009 are listed below:

New Oncology Unit Update

After some delay, construction of the new Oncology Unit began in April. It is anticipated that the construction and fit out will be complete by August and the unit fully operational in September. NHW will hold an official opening with guided tours to thank the many contributors for the new unit.

Individuals, businesses and community groups continue to make donations towards the new Oncology Unit which was the focus of NHW's hugely successful 2006 Spring Appeal with more than \$300,000 being raised.

The Victoria Police Blue Ribbon Foundation North East Branch presented NHW with a cheque for \$25,000 towards the new unit in memory of Senior Constable Rennie Page. The unit's Oncology Treatment Room will be named in his honour. NHW staff also participated in the groups Casual Dress Day.



Casual 4 Kids Day

Casual 4 Kids Day was held on Friday 5th September 2008 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 were put towards the purchase a hi-lo cot for the Paediatric Unit.



Latipsoh Day Appeal

This is now the seventh year of the Latipsoh Day Appeal which supports the hospitals, health services and bush nursing centres in North East Victoria and Southern NSW. Latipsoh stands for hospital spelt backwards. It's all about giving back to community hospitals. Since the inaugural Latipsoh Day in 2002, the Appeal has raised more than \$800,000 for the participating health services. Max Walker launched the 2008 Appeal at a special luncheon.

During the 2008 Appeal the local community raised \$18,922 towards the purchase of a special hi-lo electric cot for the Paediatric Unit, double cuff tourniquet for the Emergency Department and dynamic air mattresses for the Critical Care Unit at NHW.

The 6th annual Latipsoh Golf Day was held at Jubilee Golf Club on Sunday 31st August 2008 with 35 teams participating. Despite a few heavy rain patches the day was a roaring success. Other NHW Latipsoh fundraising activities included the distribution of donation envelopes to local households, selling of raffle tickets and merchandise as well as two special lunch menus for staff to raise funds.

NHW would like to thank all of the Latipsoh Day sponsors for their support 2AY Radio, The Border Mail, The Commercial Club and especially WAW and the Jubilee Golf Club.



Kelly Country Classic

The Kelly Country Classic was held on Sunday 9th November 2008. The event involved more than 320 bike riders across the 3 rides – 50km, 100km and 150km and raised more than \$15,000 for much needed medical equipment at our local hospital. Riders started and finished at the Glenrowan Reserve with the three routes covering Greta, Moyhu, Myrree, Lurg, Winton, Benalla East, Tatong and Molyullah.

The event continues to gain momentum in the cycling community with entries more than doubling since last year. The event is the only cycle event held in the Rural City of Wangaratta (M2M Cycle Tourism Strategy 2008-10) and is unique in the region in that it is a road ride and not a race. It features beautiful landscapes and offers a choice of three scenic routes suitable to a range of rider abilities and fitness levels.

Thank you must go to our sponsors, lucky prize donors and our special guest - Professional Australian Road Cyclist Simon Gerrans. Simon this year became the first Australian to win a mountain stage of the Tour de France, a feat he achieved on stage 15, a 183 kilometre alpine stage from Embrun to Prato Nervoso in Italy.

A special thank you must also go to the committee members who carried out their portfolio roles with passion and dedication as well as more than 35 volunteers who assisted with the ride on the weekend with tasks ranging from parking marshals, registration, signage, check points, SAG wagons and catering.



Christmas Eve @ The Northo

Christmas eve festivities at the North Eastern Hotel were enjoyed by more than 1,200 people with live music, lucky door prizes and giveaways. NHW raised more than \$1,700 from the door entry fees.

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 2008/09 were:

- The Rotary Club of Wangaratta presented NHW with a \$10,000 donation which they raised through a number of activities during the year including regular community sausage sizzles. The funds enabled the purchase of a pulse oximetre/blood pressure machine for the Admissions and Day Stay Unit, used to measure a patient's oxygen, blood and pulse levels through their finger, two electric hand controlled tilting recliner chairs for Ground West Medical Ward and One East Surgical Ward to enable patients to get from a sitting to a standing position. The remaining funds going towards the purchase of an infant warmer bed for the Midwifery Unit to warm newborns and allow them to stay in the room with their mothers rather than the Special Care Nursery.
- The Inner Wheel Club of Wangaratta in conjunction with NHW's Kerferd Unit held the 2nd annual 'Well Being Walk' fundraiser in April with participants walking 5km, 8km, 10km, 14km or 20kms. Funds raised from the event will be used to build a garden kitchen in the Kerferd Unit to encourage clients to get involved in cooking classes held within the unit.
- The Wangaratta branch of the National Australia Bank generously donated \$10,000 which they raised through their annual charity auction to purchase a portable CTG machine to be used by both the Maternity Ward and the Community Midwife Program.
- Stuart and Cathy Cullen from Cullens Australian Tours Wangaratta donated 10 A-Reserve tickets to Oncology patients to attend the production of My Fair Lady in Melbourne with coach travel and lunch also provided.
- More than 150 emergency toiletry packs were donated by the Inner Wheel Club of Wangaratta for patients who have been admitted without the chance to pack the essential toiletry items.



- 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 Critical Care Unit again held a very successful Tree Drive raising more than \$5,000.
- The Paediatric Unit received a number of visits from Captain Starlight from the Children's Starlight Foundation.
- More than \$15,000 was received through NHW's memorial donation program where families choose to remember their loved ones by making a contribution to acknowledge the care and services received.

Departmental fundraising activities, donations and memorials saw NHW's Top 10 Clinical Equipment Wish List eliminated in 2008/2009 and included the purchase of the following: Vital signs monitor and lo electric bed for the Thomas Hogan Unit, 4 x sure signs vital signs monitors and a otoscope and ophthalmoscope for One East, a fetal heart rate detector with waterproof probe for Midwifery and a deluxe electric change table for Illoura.

Even in these tough economic times, the generosity of individuals, families, businesses and community groups never fails to amaze us. We would like to sincerely thank everyone who gave so generously and supported Northeast Health Wangaratta over the past 12 months.

Tanya Tatulaschwili
Community Relations Manager

Friends of the Hospital

Celebrating 30 years of Base Birds & Friends of the Hospital Auxiliaries



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

It all began in 1978 when Hospital CEO Mr Michael Kirk & Board President Mr R Barry reported that: "This year consideration was given to obtaining additional support from the ladies of the district for the hospital. Following a social function, a number of ladies have determined to establish an additional hospital auxiliary. It is stressed that the committee in no way sees this move as a replacement for the Ladies Auxiliary which has given great, indeed wonderful service to the Hospital over the years. Rather the new auxiliary is an additional support group composed of women from a different section of the local community".

On Monday 7th August 1978 a new hospital auxiliary, the 'Base Birds' was established under the Presidency of Bonnie Sach with an initial membership of 35 women. The auxiliary members established the following objectives:

- Raising funds for the hospital for specific projects
- Assistance to patients of the hospital; and
- Dissemination of information about the hospital to the public.

Membership fees were set at \$2 and a range of fundraising projects were discussed and sub-committees appointed to organise them.

Fundraising activities undertaken by the Base Birds over the years have included: Monthly cake stalls, sale of car raffle tickets for the October Appeal, wine bottling, Champagne Breakfast, Fete Day, Mannequin Parade, lucky envelopes at the Wangaratta Show & Bush Market, country & western dances, Gown of the Year, Annual Dinner, Wool & Wine Casserole Luncheon, catering for opening of Buller Winery, Theatre Restaurant, selling of local paintings, Country

Picnic, Swimwear Parade, Winter Snow Ball, Lamington Drive, Fillies Cup Day Luncheon, Christmas Holly Giving Night, raffles, Lyncraft Fashion Seminar, Food & Fashion Night, 10th Anniversary Vintage Port, Film Night, food stall at Jazz Festival, Jetset Travel Fair, Golf Day, Garage Sale, Hospital Cup Day, Poetry Night, Hotel Collection Boxes and the Sunday Market Spinning Wheel.

In 1991 because of decreasing membership it was decided at the August meeting that an interim committee of Base Birds be formed. Joan Sheridan offered to take the Chair until an Annual General Meeting was held in February 1992. However after a meeting between the hospital CEO Robert Bulmer and the Base Birds in March, it was agreed to form a new Auxiliary to be called "Friends of the Hospital" with both males and females eligible for membership. The Base Birds would become foundation members of this new group and would work closely with the Public Relations & Fundraising Officer.

The Hospital's Annual Report in 1992 states "It is with regret that we record, after 14 years of service to the hospital, the cessation of the Base Birds Auxiliary on 2nd March 1992. This group brought a human touch to the hospital in many ways and raised the handsome sum of approximately \$157,000 during the course of its history. Since March a new fundraising organisation entitled 'Friends of the Hospital' Auxiliary has been formed under the Presidency of Sally Bolitho. The Board of Management wishes its 'Friends' every success and looks forward to their long and fruitful support".

The Friends of the Hospital had its first official meeting in the hospital cafeteria on Monday 6th April 1992. It was attended by an enthusiastic group of people including foundation members of the Base Birds who wanted to continue their generous support of their community hospital.

The Auxiliary members established the following objectives:

- To assist and support the Wangaratta District Base Hospital's Public Relations and Fundraising Department in generating funds for the hospital; and
- To promote and maintain a feeling of understanding and co-operation between the hospital and the community.

In 2000 with Friends of the Hospital membership dropping to 9, the minutes from the Meeting on 6th September 2000 stated that "As no Executive was elected at the Annual General Meeting, the old Executive has been asked to remain and look at ways to recruit new members. If no new members are found by the start of 2001 the Auxiliary will cease".

President Alf Gregory's Report at the 2001 Annual General Meeting stated that "The total membership of the Auxiliary now stands at 25 with thanks to Eileen Dinning and the Public Relations and Fundraising Officer for their efforts and success in recruiting new members". With renewed enthusiasm, the Friends of the Hospital Auxiliary continued to thrive.

In 2008 under the Presidency of Eileen Dinning, the Friends Auxiliary consists of 38 members, and since 1992 has raised more than \$350,000 for Northeast Health Wangaratta. The Auxiliary continues to conduct a range of fundraising activities including their famous monthly cake stalls, Christmas hamper and plum pudding project, pie drive, various raffles, event catering and an annual garage sale.

During the 2008/2009 financial year the Friends have donated \$29,082 to help purchase much needed clinical equipment for the organisation.

Friends of the Hospital

Celebrating 30 years of Base Birds & Friends of the Hospital Auxiliaries

Currently consisting of 38 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 2008/2009:

\$ 7,750	Ranger Fluid Patient Warming System and Pressure Infusor
\$ 10,000	Towards Sentinel Node Biopsy Probe
\$ 1,154	Towards Automatic Self Setting Mattress replacement System
\$ 5,918	Lymphoedema Monitor
\$ 4,260	Osseous Pump
\$ 29,082	TOTAL

The Friends Executive Committee in 2008/2009 were:

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

I would like to thank and congratulate all past and present Base Birds and Friends of the Hospital members on 30 years of dedication and support for their local health service. Their display of selfless commitment is truly inspiring and greatly benefits furthering work to the hospital through fundraising activities and voluntary service. It is because of this contribution that we have been able to purchase more than half a million dollars worth of medical, clinical and allied health equipment when and where it has been most urgently required.

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 the friends of the hospital for their generosity and extend our appreciation for their wonderful and continued support. Congratulations on 30 Years. During the Friends Annual General Meeting on Wednesday 3rd September, NHW Board of Management President, Mr Allan Wills and NHW CEO Ms Lis Wilson presented each member of the Friends of the Hospital Auxiliary with a specially engraved wine glass to recognise their fantastic efforts and thanked them for their on-going support to their local health service.

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.



Tanya Tatulaschwili
Community Relations Manager



Volunteer Program

Volunteering is a wonderful opportunity that is open to all. Volunteering is something that anyone can do - no matter what age they are, where they come from, how much they earn or what religious or cultural background they belong to.

For those on the receiving end of voluntary assistance, it is often a lifeline. Our clients are often in a vulnerable position and volunteers help to lessen their sense of isolation, to provide support and practical help.

For those who choose to volunteer, it can be a chance to grow in confidence and acquire new skills. It is also an opportunity to meet new people and forge new friendships. And of course, there is the sense of achievement and satisfaction that comes from helping others.

2008/2009 has seen NHW's volunteer program grow and continue to play its part of the holistic approach to health care that NHW strives for. With our community continuing to support the program by engaging as volunteers we now have over 150 people and 15 pets volunteering.

This year our volunteer library service was nominated for the 2009 Minister for Health Awards. This was in recognition for the years of tireless service this team of volunteers has given NHW.

Last year saw the 'Walkies' group commence in our Community Mental Health service. This program has prospered and is proving a big

winner for the client group who have become more regular attendees at sessions and in turn have improved their health outcomes.

Our Illoura Residential Aged Care 'Lifestyle Program' has engaged 10 new volunteers over the past 12 months, allowing more one on one time for residents and a variety of new activities available as well. As needs change and residents find themselves less able to participate in activities, many welcome the initiatives of volunteers. Residents are often confronted by loneliness, isolation and depression and the involvement of volunteers help to bring back to them a sense of community and value. It brings companionship and friendship and these are the things that maintain a sense of 'life'.

With the support of Uniting Care Wangaratta, NHW has been fortunate to secure funds through the Uniting Church Wangaratta for a part-time Pastoral Care Coordinator. This position has been appointed for 3 years and will be subject to continuation of funding during this time. As part of the service, volunteers will be recruited to assist in the provision of pastoral care.

The Pastoral Care role will be to listen, and to help find meaning in the midst of tough times. Pastoral care provides another avenue to better health outcomes and assists in the healing process.

To celebrate contributions of our volunteers, NHW hosted a Christmas lunch under a

marquee in early December, with over 70 of our volunteers attending. This provided the opportunity for members of the various volunteer groups and programs to come together and share their experiences, socialise and catch up on what has been happening around NHW. Board of Management President, Mr Alan Wills presented each volunteer with a Certificate of Service as a way of recognising the efforts and achievements of those who selflessly dedicate their time and abilities to helping others.

This year our team of 150 volunteers contributed more than 5500 hours in supporting our service. Using the Department for Communities: the Economic Value of Volunteering in Western Australia's suggested value of \$24.09, our volunteer inkind donation to NHW is more than \$132,000 for 2008/09

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

- Administration
- Arts and Crafts
- Board of Management
- Carer's Groups
- Children's Activities
- Community Advisory Committee
- Emergency Department
- Friends of the Hospital auxiliary
- Fundraising
- Gardening Group
- Library Ladies
- Aged Care Services
- Palliative Care
- People with a second language
- Pet Therapy
- Mental Health programs
- Pastoral Care
- Visitor and companion programs
- Walking groups

The dedication of NHW's volunteers during the past year is a testament to their sense of community and we are indebted to each of them for ensuring that our service continues to deliver 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	Acute	Sub-Acute	Mental Health	Aged Care	Palliative Care	Total
Admitted Patients						
Separations						
Sameday	9,016	-	10	-	3	9,029
Multiday	6,476	344	354	19	62	7,255
Total Separations	15,492	344	364	19	65	16,284
Emergency	5,149	1	171	1	42	5,364
Elective	9,173	55	179	-	23	9,430
Other inc Maternity	1,170	288	14	18	-	1,490
Total Separations	15,492	344	364	19	65	16,284
Total WIES	10,272					
Total Bed Days	36,454	6,567	5,071	395	609	49,096

Non Admitted Patients	Acute	Sub-Acute	Mental Health	Other	Total
Emergency Department Presentations	18,960	-	-	-	18,960
Outpatient Services - occasions of services	44,366	19,138	26,588	25,017	115,109
Total occasions of service	63,326	19,138	26,588	25,017	134,069

Operational Performance	2009 \$000	2008 \$000	2007 \$000	2006 \$000	2005 \$000
Total Revenue	94,648	90,286	85,365	78,963	75,699
Total Expenses	96,433	92,353	87,310	80,840	75,710
Operating Surplus / (Deficit)	(1,785)	(2,067)	(1,945)	(1,877)	(11)
Equity					
Asset Revaluation Reserve	48,870	5,453	4,932	4,932	4,392
Retained Surplus	29,696	31,316	28,746	24,271	23,857
Total Equity	78,566	36,769	33,678	29,203	28,789
Total Assets	98,290	54,713	51,249	46,171	44,572
Total Liabilities	19,724	17,944	17,571	16,968	15,783
Net Assets	78,566	36,769	33,678	29,203	28,789

Revenue Indicators	Average Collection Days	
	2009	2008
Private Inpatient Fees	85	88
Victorian WorkCover Authority Inpatient Fees	50	116
Residential Aged Care	37	42

Debtors Outstanding As At 30 June 2009	Under 30 Days \$000	31-60 Days \$000	61-90 Days \$000	Over 90 Days \$000	Total 30-6-09 \$000	Total 30-6-08 \$000
Private Inpatient Fees	75	89	1	16	181	347
Victorian WorkCover Authority Inpatient Fees	26	-	-	-	26	108
Residential Aged Care	81	5	2	-	88	108

Disclosure Index

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.

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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 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 Committee

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.

Consultancies

Northeast Health Wangaratta commissioned 9 consultancies under \$100,000 during the year at a total cost of \$132,984.

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 366 requests of Northeast Health Wangaratta under the Act. All, except for 8 cases 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*).

Statement of Merit and Equity

Northeast Health Wangaratta ensures a fair and transparent process for recruitment, selection, transfer and promotion of staff. It bases its employment selection on merit, and complies with relevant legislation. Northeast Health Wangaratta has policies and procedures in place that ensure employees are respected and treated fairly. These policies also provide avenues for grievance and complaint processes.

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 2008/2009.

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.

Compliance with Occupational Health & Safety Act 2004

Northeast Health Wangaratta complies with the *Occupational Health & Safety Act 2004*. The organisation monitors its compliance through an Occupational Health and Safety Committee which reports to the Board of Management and Quality & Safety Committee. All staff injuries and hazards in the workplace are reported and followed up via the 'Riskman' web based incident management system available to all staff. We support our staff both in the provision of training to reduce risk of injury and, if an injury does occur, a comprehensive return to work program.

Life Governors

K H Lipshut

I M Meek

M Wilson

E G O'Keefe

R A Underwood

P Fiddes

S Leitt

J Mounsey

C Cutler

Number of Staff 2008/09

Labour Category	JUNE Current Month FTE	JUNE YTD FTE
Nursing	391.33	379.22
Admin/Clerical	113.88	114.65
Medical Support	45.74	46.00
Hotel and Allied Services	112.33	111.36
Medical Officers	4.95	5.29
Hospital Medical Officers	33.01	31.33
Sessional Clinical	1.35	1.12
Allied Health	61.41	58.45
GRAND TOTAL	764.00	747.42

Northeast Health Wangaratta

Audited Financial Statements 30 June 2009

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- Operating Statement for the year ended 30 June 2009
- Balance Sheet as at 30 June 2009
- Statement of Changes in Equity for the year ended 30 June 2009
- Cash Flow Statement for the year ended 30 June 2009
- Notes to the Financial Statements
- Northeast Health Wangaratta Certification
- Auditor-General's Report

Operating Statement

For the year ending 30 June 2009

	Notes	Total 2009 \$000	Total 2008 \$000
Revenue from Operating Activities	2	93,207	88,676
Revenue from Non-operating Activities	2	18	8
Employee Benefits	3	(60,795)	(55,647)
Non Salary Labour Costs	3	(6,678)	(6,505)
Supplies & Consumables	3	(14,090)	(14,287)
Other Expenses from Continuing Operations	3	(12,169)	(13,106)
Joint Ventures Accounted for using the Proportionate Method	23	230	-
Assets Provided Free of Charge	2d	121	-
Net Result Before Capital & Specific Items		(156)	(861)
Capital Purpose Income	2	1,072	1,602
Depreciation and Amortisation	4	(2,562)	(2,604)
Finance Costs	5	(43)	(42)
Expenditure using Capital Purpose Income	3	(96)	(162)
NET RESULT FOR THE YEAR		(1,785)	(2,067)

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

Balance Sheet

As at 30 June 2009

	Notes	Total 2009 \$000	Total 2008 \$000
Current Assets			
Cash and Cash Equivalents	6	186	382
Receivables	7	2,262	2,689
Other Financial Assets	8	4,051	4,142
Inventories	9	945	955
Other Current Assets	10	1,206	205
Total Current Assets		8,650	8,373
Non-Current Assets			
Receivables	7	540	182
Property, Plant & Equipment	11	89,075	46,062
Intangible Assets	12	25	96
Total Non Current Assets		89,640	46,340
TOTAL ASSETS		98,290	54,713
Current Liabilities			
Payables	13	3,498	3,891
Interest Bearing Liabilities	14	5	5
Employee Benefits and Related On-Costs Provisions	15	13,584	12,104
Other Liabilities	16	199	147
Total Current Liabilities		17,286	16,147
Non-Current Liabilities			
Interest Bearing Liabilities	14	162	172
Employee Benefits and Related On-Costs Provisions	15	2,276	1,625
Total Non-Current Liabilities		2,438	1,797
TOTAL LIABILITIES		19,724	17,944
NET ASSETS		78,566	36,769
EQUITY			
Property, Plant & Equipment Revaluation Reserve	17a	48,870	5,453
Contributed Capital	17b	38,302	38,137
Accumulated Surpluses/(Deficits)	17c	(8,606)	(6,821)
TOTAL EQUITY	17d	78,566	36,769
Commitments for Expenditure	20		

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

Statement of Changes in Equity

As at 30 June 2009

	Notes	Total 2009 \$000	Total 2008 \$000
Total equity at beginning of financial year		36,769	33,678
Gain/(loss) on Asset Revaluation	17a	43,417	521
NET INCOME RECOGNISED DIRECTLY IN EQUITY		43,417	521
Net result for the year		(1,785)	(2,067)
TOTAL RECOGNISED INCOME AND EXPENSE FOR THE YEAR		41,632	(1,546)
Transactions with the State in its capacity as owner	17b	165	4,637
Total Equity at the end of the financial year		78,566	36,769

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

Cash Flow Statement

For the year ended 30 June 2009

	Notes	Total 2009 \$000	Total 2008 \$000
CASH FLOWS FROM OPERATING ACTIVITIES			
Operating Grants from Government		78,109	75,431
Patient and Resident Fees Received		3,169	3,031
Donations and Bequests Received		111	212
GST Received from ATO		3,072	3,444
Interest Received		18	8
Other Receipts		7,162	6,385
Employee Benefits Paid		(58,664)	(55,093)
Non Salary Labour Costs		(6,678)	(6,505)
Payments for Supplies & Consumables		(14,090)	(14,287)
Finance Costs		(43)	(42)
GST paid to ATO		(685)	(680)
Other Payments		(10,908)	(11,916)
Cash Generated from Operations		573	(12)
Capital Grants from Government		870	1,411
Capital Donations and Bequests Received		88	80
Other Capital Receipts		39	45
NET CASH INFLOW/(OUTFLOW) FROM OPERATING ACTIVITIES	18	1,570	1,524
CASH FLOWS FROM INVESTING ACTIVITIES			
Payments for Non-Financial Assets		(2,098)	(5,894)
Proceeds from sale of Non-Financial Assets		128	202
Proceeds from Sale of Investments		92	(1,121)
NET CASH INFLOW/(OUTFLOW) FROM INVESTING ACTIVITIES		(1,878)	(6,813)
CASH FLOWS FROM FINANCING ACTIVITIES			
Repayment of Borrowings		(10)	(5)
Contributed Capital from Government		122	4,455
NET CASH INFLOW/(OUTFLOW) FROM FINANCING ACTIVITIES		112	4,450
NET INCREASE/(DECREASE) IN CASH HELD		(196)	(839)
CASH AND CASH EQUIVALENTS AT BEGINNING OF PERIOD		382	1,221
CASH AND CASH EQUIVALENTS AT END OF PERIOD	6	186	382

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

Notes to the Financial Statements

For the year ended 30 June 2009

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Notes to and forming part of the Financial Statements

For The Year Ended 30 June, 2009

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 and applicable Australian Accounting Standards (AASs) and Australian Accounting Interpretations. AASs include Australian equivalents to International Financial Reporting Standards.

The entity is a not-for-profit entity and therefore applies the additional Aus paragraphs applicable to "not-for-profit" entities under the AAA's.

(b) Basis of preparation

The financial report is prepared in accordance with the historical cost convention, except for the revaluation of certain non-financial 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 AASs 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 2009, and the comparative information presented in these financial statements for the year ended 30 June 2008.

(c) Reporting Entity

The financial report includes all the controlled activities of Northeast Health Wangaratta.

(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.

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

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

(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 a 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.

Notes to and forming part of the Financial Statements

For The Year Ended 30 June, 2009

(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 (2008 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 and impairment.

Plant, Equipment and Vehicles are recognised initially at cost and subsequently measured at fair value less accumulated depreciation and impairment.

(k) Revaluations of Non-Current Physical Assets

Non-current physical assets measured at fair value are revalued in accordance with FRD103D. This revaluation process normally occurs every five years, based upon the asset's Government Purpose Classification, but may occur more frequently if fair value assessments indicate material changes in values. 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.

In accordance with FRD103D Northeast Health Wangaratta's non-current physical assets were subjected to a detailed valuation in the current year.

(l) Depreciation and Amortisation

Assets with a cost in excess of \$1,000 (2007-08 and 2008-09) 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.

	2009	2008
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) Net Gain/(Loss) on Non-Financial Assets

Net gain/(loss) on non-financial assets includes realised and unrealised gains and losses from revaluations, impairments and disposals of all physical assets and intangible assets.

Disposal of Non-Financial Assets

Any gain or loss on the sale of non-financial assets is recognised at the date that control of the asset is passed to the buyer and is determined after deducting from the proceeds the carrying value of the asset at that time.

Impairment of Non-Financial 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 as an expense except to the extent that the write down can be debited to an asset revaluation reserve amount applicable to that asset class.

Notes to and forming part of the Financial Statements

For The Year Ended 30 June, 2009

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.

(n) Net Gain/(Loss) on Financial Instruments

Net gain/(loss) on financial instruments includes realised and unrealised gains and losses from revaluations of financial instruments that are designated at fair value through profit or loss or held-for-trading, impairment and reversal of impairment for financial instruments at amortised cost, and disposals of financial assets.

Revaluations of Financial Instruments at Fair Value

The revaluation gain/(loss) on financial instruments at fair value excludes dividends or interest earned on financial assets, which is reported as part of income from transactions.

Impairment of Financial Assets

Bad and doubtful debts are assessed on a regular basis. Those bad debts considered as written off are classified as an expense.

Financial Assets have been assessed for impairment in accordance with Australian Accounting Standards.

(o) 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.

(p) 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.

(q) 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.

(r) 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.

(s) 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.

(t) 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.

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

(u) 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.

Long Service Leave

Current Liability – unconditional LSL

(Representing 10 or more years of continuous service) is disclosed as a current liability even where Northeast Health Wangaratta does not expect to settle the liability within 12 months because it will not have the unconditional right to defer the settlement of the entitlement should an employee take leave within 12 months.

The components of this current LSL liability are measured at:

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.

Notes to and forming part of the Financial Statements

For The Year Ended 30 June, 2009

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	
	2009 \$'000	2008 \$'000
Defined benefit Plans:		
Health Super Pty Ltd	\$305	\$302
Defined contribution plans:		
Health Super Pty Ltd	\$3,628	\$3,519
HESTA Super Fund	\$683	\$493
State Superannuation Fund (SSF)	\$99	\$93
State Employees Retirement Benefits Scheme	\$10	\$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.

(v) 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.

(w) Residential Aged Care Service

The Iloura 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 in note 2a and 3a to the financial statement.

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

(x) Joint Ventures

Interests in jointly controlled assets are accounted for by recognising in Northeast Health Wangaratta's financial statements, its share of assets, liabilities and any revenue and expenses of such joint ventures. Details of the joint venture are set out in note 23.

(y) 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.

(z) 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

Operating Leases

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.

(aa) 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 Metropolitan Health and Aged Care Services Division Hospital Circular 34/2008.

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.

Notes to and forming part of the Financial Statements

For The Year Ended 30 June, 2009

Interest Revenue

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

(ab) 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.

(ac) 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.

(ad) Change in Accounting Policies

In accordance with Victorian Government Financial Reporting Direction 103D 'Non-Current Physical Assets', Northeast Health Wangaratta measures plant and equipment, and medical equipment assets at fair value from 1 July 2008. Previously these assets were measured at cost. This change in accounting policy is required to ensure that Victoria's Whole of Government and General Government Sector Financial Report, to which Northeast Health Wangaratta is consolidated into, complies with the requirements of AASB 1049 Whole of Government and General Government Sector Financial Reporting. As this change is the initial application of a policy to revalue assets in accordance with AASB 116 Property, Plant and Equipment the change is treated as a revaluation in the current year.

(ae) Comparative Information

Where necessary the previous year's figures have been reclassified to facilitate comparisons.

(af) Property, Plant & Equipment Revaluation Reserve

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

(ag) Specific Restricted Purpose Reserve

A specified restricted purpose reserve is established where the entity has possession or title to the funds but has no discretion to amend or vary the restriction and/or condition underlying the funds received.

(ah) Contributed Capital

Consistent with Australian Accounting Interpretation 1038 Contributions by Owners Made to Wholly-Owned Public Sector Entities and FRD 119 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.

(ai) 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 (q)). Consequently the recognition of revenue as capital purpose income is based on the intention of the provider of the revenue at the time the revenue is provided.

- Specific income/expense, comprises the following items, where material:

- Voluntary departure packages
- 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 financial and non-financial 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 (q)
- 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.

(aj) 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.

Notes to and forming part of the Financial Statements

For The Year Ended 30 June, 2009

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.

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.

(ak) New Accounting Standards and Interpretations

Certain new accounting standards and interpretations have been published that are not mandatory for 30 June 2009 reporting period. As at 30 June 2009, the following standards and interpretations had been issued but were not mandatory for financial years ending 30 June 2009. 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 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)	An accompanying amending standard, also introduced consequential amendments into other Standards.	Beginning 1 January 2009	All Australian government jurisdictions are currently still actively pursuing an exemption for government from capitalising borrowing costs.

Notes to and forming part of the Financial Statements

For The Year Ended 30 June, 2009

(ak) New Accounting Standards and Interpretations (continued)

Standard/Interpretation	Summary	Applicable for Reporting periods beginning on or ending on	Impact on Hospital's Annual Statements
AASB 2008-3 Amendments to AAS arising from AASB 3 & AASB 127 (AASB 1,2, 4, 5, 7, 101, 107, 112, 114, 116, 121, 128, 131, 132, 133, 134, 136, 137,138 &139 and Interpretation 9 & 107)	This Standard gives effect to consequential changes arising from revised AASB 3 and Amended AASB 127. The Prefaces to those Standards summarise the main requirements of those Standards.	Beginning 1 January 2009	Impact expected to be insignificant.
AASB 2008-5 Amendments to AASs arising from the Annual Improvements Project (AASBs 5, 7, 101, 102, 107, 108, 110, 116, 118, 119, 120, 123, 127, 128, 129, 131, 132, 134, 136, 138, 140, 141, 1023 & 1038)	A suite of amendments to existing standards following issuance of IASB Standard Improvements to IFRSs in May 2008. Some amendments result in accounting changes for presentation, recognition and measurement purposes.	Beginning 1 July 2009	Impact is being evaluated.
AASB 2008-9 Amendments to AASB 1049 for Consistency with AASB 101	Amendments to AASB 1049 for consistency with AASB 101 (September 2007) version.	Beginning 1 January 2009	Impact expected to be insignificant.
AASB 2009-1 Amendments to Australian Accounting Standards – Borrowing Costs of Not-for-Profit Public Sector Entities (AASB 1, AASB 111 & AASB 123)	Amendments to Australian Accounting Standards to allow borrowing costs of Not-for-Profit Public Sector Entities to be expensed.	Beginning 1 January 2009	Impact expected to be insignificant.
AASB 2009-2 Amendments to Australian Accounting Standards – Improving Disclosures about Financial Instruments (AASB 4, AASB 7, AASB 1023 & AASB 1038)	Amendments to AASB 7 to enhance disclosures about fair value measurements and liquidity risk. Editorial amendments to AASB 4, AASB 1023 and AASB 1038 resulting from the amendments to AASB 7	Beginning 1 January 2009	Impact expected to be insignificant.

(al) Going Concern

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

- a deficit from ordinary activities of \$1.785 million for the year ended 30 June 2009 (\$2.067 million for the year ended 30 June 2008);
- a working capital deficiency of \$8.636 million as at 30 June 2009 (\$7.774 million as at 30 June 2008).

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 2010 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 2009-10. 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, 2009

Note 2: Revenue

Revenue from Operating Activities

Government Grants

	HSA 2009 \$000	HSA 2008 \$000	NON HSA 2009 \$000	NON HSA 2008 \$000	Total 2009 \$000	Total 2008 \$000
- Department of Human Services	71,899	68,192	-	-	71,899	68,192
- Dental Health Services Victoria	1,755	2,101	-	-	1,755	2,101
- State Government - Other						
- Equipment and Infrastructure Maintenance	321	306	-	-	321	306
- Commonwealth Government						
- Residential Aged Care Subsidy	2,966	2,711	-	-	2,966	2,711
- Other	1,397	1,066	-	-	1,397	1,066
Total Government Grants	78,338	74,376	-	-	78,338	74,376

Indirect contributions by Department of Human Services *

- Insurance	1,088	1,094	-	-	1,088	1,094
- Long Service Leave	916	(91)	-	-	916	(91)
Total Indirect Contributions by Department of Human Services	2,004	1,003	-	-	2,004	1,003

Patient and Resident Fees

- Patient and Resident Fees (refer note 2b)	1,966	2,105	99	81	2,065	2,186
- Residential Aged Care (refer note 2b)	962	928	-	-	962	928
Total Patient & Resident Fees	2,928	3,033	99	81	3,027	3,114

Business Units & Specific Purpose Funds

- Private Practice and Other Patient Activities Fees	-	-	88	41	88	41
- Diagnostic Imaging	-	-	4,005	4,378	4,005	4,378
- Linen Service	-	-	1,274	1,526	1,274	1,526
- Coffee Shop	-	-	392	346	392	346
- Property Income	228	259	-	-	228	259
- Commonwealth Government Grants	-	-	903	809	903	809
Total Business Units & Specific Purpose Funds	228	259	6,662	7,100	6,890	7,359

Donations & Bequests

Donations & Bequests	-	-	111	212	111	212
Other Revenue from Operating Activities	2,584	2,385	253	227	2,837	2,612
Sub-Total Revenue from Operating Activities	86,082	81,056	7,125	7,620	93,207	88,676

Revenue from Non-Operating Activities

Interest	-	-	18	8	18	8
Sub-Total Revenue from Non-Operating Activities	-	-	18	8	18	8

Revenue from Capital Purpose Income

State Government Capital Grants						
- Targeted Capital Works and Equipment	-	-	870	1,220	870	1,220
- Other	-	-	-	191	-	191
Net Gain/(Loss) on Disposal of Non-Financial Assets (refer note 2c)	-	-	75	66	75	66
Capital Interest	-	-	39	45	39	45
Donations and Bequests	-	-	88	80	88	80
Sub-Total Revenue from Capital Purpose Income	-	-	1,072	1,602	1,072	1,602

Share of Net Result of Joint Venture Accounted for using the Proportionate Method (refer note 23)
Assets Received Free of Charge (refer note 2d)

Share of Net Result of Joint Venture Accounted for using the Proportionate Method (refer note 23)	230	-	-	-	230	-
Assets Received Free of Charge (refer note 2d)	121	-	-	-	121	-
Total Revenue (refer to note 2a)	86,433	81,056	8,215	9,230	94,648	90,286

* Indirect contributions by Human Services: 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, 2009

Note 2a: Analysis of Revenue by Source

	Admitted Patients 2009 \$000	Outpatients 2009 \$000	EDS 2009 \$000	Ambulatory 2009 \$000	Mental Health 2009 \$000	RAC 2009 \$000	Aged Care 2009 \$000	Primary Health 2009 \$000	Other 2009 \$000	Total 2009 \$000
Revenue from Services Supported by Health Services Agreement										
Government grants	44,132	3,752	4,780	8,908	8,487	4,408	967	582	2,322	78,338
Indirect contributions by Human Services *	2,004	-	-	-	-	-	-	-	-	2,004
Patient and Resident Fees (refer note 2b)	807	48	27	402	149	962	60	398	75	2,928
Other Revenue from Operating Activities	1,460	-	5	48	730	11	-	91	173	2,518
Interest & Dividends	294	-	-	-	-	-	-	-	-	294
Share of Net Result of Joint Venture Accounted for using the Proportionate Method (refer note 23)	230	-	-	-	-	-	-	-	-	230
Assets Received Free of Charge (refer note 2d)	121	-	-	-	-	-	-	-	-	121
Sub-Total Revenue from Services Supported by Health Services Agreement	49,048	3,800	4,812	9,358	9,366	5,381	1,027	1,071	2,570	86,433
Revenue from Services Supported by Hospital and Community Initiatives										
Donations and Bequests (non capital)	-	-	-	-	-	-	-	-	111	111
Business Units & Specific Purpose Funds	-	-	-	-	-	-	-	-	6,662	6,662
Other	-	-	-	-	-	-	-	-	370	370
Capital Purpose Income (refer note 2)	-	-	-	-	-	-	-	-	1,072	1,072
Sub-Total Revenue from Services Supported by Hospital and Community Initiatives	-	-	-	-	-	-	-	-	8,215	8,215
Total Revenue	49,048	3,800	4,812	9,358	9,366	5,381	1,027	1,071	10,785	94,648

* 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 2008 \$000	Outpatients 2008 \$000	EDS 2008 \$000	Ambulatory 2008 \$000	Mental Health 2008 \$000	RAC 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
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.

Notes to and forming part of the Financial Statements

For The Year Ended 30 June, 2009

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 2009 \$000	Total 2008 \$000
	807	843
	48	95
	27	36
	402	422
	962	928
	149	133
	632	657
Total Recurrent	3,027	3,114

Total Recurrent

*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-Financial Assets

Proceeds from Disposals of Non-Current Assets

Medical Equipment

Motor Vehicles

	Total 2009 \$000	Total 2008 \$000
	29	1
	99	201
Total Proceeds from Disposal of Non-Current Assets	128	202

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

	-	1
	3	5
	35	7
	14	120
	-	3
	1	-
Total Written Down Value of Non-Current Assets Sold	53	136

Total Written Down Value of Non-Current Assets Sold

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

	75	66
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Note 2d: Assets Received Free of Charge or for Nominal Consideration

During the reported period, the fair value of assets received free of charge was as follows:

Plant and Equipment - Hume Rural Health Alliance

Other: Hume Rural Health Alliance

	Total 2009 \$000	Total 2008 \$000
	34	-
	87	-
Total	121	-

Notes to and forming part of the Financial Statements

For The Year Ended 30 June, 2009

Note 3: Expenses

	HSA 2009 \$000	HSA 2008 \$000	NON HSA 2009 \$000	NON HSA 2008 \$000	Total 2009 \$000	Total 2008 \$000
Employee Benefits						
Salaries & Wages	49,465	45,808	3,823	3,844	53,288	49,652
WorkCover Premium	790	498	55	49	845	547
Departure Packages	63	178	-	-	63	178
Long Service Leave	1,723	763	130	51	1,853	814
Superannuation	4,396	4,086	350	370	4,746	4,456
Total Employee Benefits	56,437	51,333	4,358	4,314	60,795	55,647
Non Salary Labour Costs						
Fees for Visiting Medical Officers	6,678	6,505	-	-	6,678	6,505
Total Non Salary Labour Costs	6,678	6,505	-	-	6,678	6,505
Supplies & Consumables						
Drug Supplies	2,529	2,310	12	12	2,541	2,322
S100 Drugs	421	405	-	-	421	405
Medical, Surgical Supplies and Prosthesis	6,734	7,140	2,514	2,657	9,248	9,797
Pathology Supplies	778	777	-	1	778	778
Food Supplies	992	870	110	115	1,102	985
Total Supplies and Consumables	11,454	11,502	2,636	2,785	14,090	14,287
Other Expenses from Continuing Operations						
Domestic Services & Supplies	1,143	1,092	(421)	(413)	722	679
Fuel, Light, Power and Water	793	741	162	189	955	930
Insurance costs funded by DHS	1,088	1,094	-	-	1,088	1,094
Motor Vehicle Expenses	209	222	102	123	311	345
Repairs & Maintenance	1,098	1,009	139	220	1,237	1,229
Maintenance Contracts	480	345	279	336	759	681
Patient Transport	902	833	5	3	907	836
Bad & Doubtful Debts	38	25	32	54	70	79
Lease Expenses	609	619	836	833	1,445	1,452
Other Administrative Expenses	4,203	5,235	421	502	4,624	5,737
Audit Fees						
- VAGO - Audit of Financial Statements	32	29	-	-	32	29
- Other	19	15	-	-	19	15
Total Other Expenses from Continuing Operations	10,614	11,259	1,555	1,847	12,169	13,106
Expenditure using Capital Purpose Income						
Other Expenses						
- Other	-	-	96	162	96	162
Total Other Expenses	-	-	96	162	96	162
Total Expenditure using Capital Purpose Income	-	-	96	162	96	162
Depreciation and Amortisation	-	-	2,562	2,604	2,562	2,604
Finance Costs	-	-	43	42	43	42
Total	-	-	2,605	2,646	2,605	2,646
Total Expenses	85,183	80,599	11,250	11,754	96,433	92,353

Notes to and forming part of the Financial Statements

For The Year Ended 30 June, 2009

Note 3a: Analysis of Expenses by Source

	Admitted		EDS	Ambulatory	Mental		Aged	Primary		Total
	Patients	Outpatients			Health	RAC		Health	Other	
	2009	2009			2009	2009		2009	2009	
	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000
Services Supported by Health Services Agreement										
Employee Benefits	31,476	482	3,092	5,767	7,591	4,475	150	2,589	815	56,437
Non Salary Labour Costs	6,652	-	19	2	5	-	-	-	-	6,678
Supplies & Consumables	8,371	16	599	635	217	217	-	54	1,345	11,454
Other Expenses from Continuing Operations	2,866	551	1,971	2,891	1,521	832	1,032	(1,310)	260	10,614
Sub -Total Expenses from Services Supported by Health Services Agreement	49,365	1,049	5,681	9,295	9,334	5,524	1,182	1,333	2,420	85,183
Services Supported by Hospital and Community Initiatives										
Employee Benefits	-	-	-	-	-	-	-	-	4,358	4,358
Supplies & Consumables	-	-	-	-	-	-	-	-	2,636	2,636
Other Expenses from Continuing Operations	-	-	-	-	-	-	-	-	1,555	1,555
Depreciation & Amortisation (refer note 4)	-	-	-	-	-	-	-	-	2,562	2,562
Finance Costs (refer note 5)	-	-	-	-	-	-	-	-	43	43
Sub -Total Expense from Services Supported by Hospital and Community Initiatives	-	-	-	-	-	-	-	-	11,154	11,154
Services Supported by Capital Sources										
Other Expenses	-	-	-	-	-	-	-	-	96	96
Sub-Total Expenses from Services Supported by Capital resources	-	-	-	-	-	-	-	-	96	96
Total Expenses	49,365	1,049	5,681	9,295	9,334	5,524	1,182	1,333	13,670	96,433

	Admitted		EDS	Ambulatory	Mental		Aged	Primary		Total
	Patients	Outpatients			Health	RAC		Health	Other	
	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

Notes to and forming part of the Financial Statements

For The Year Ended 30 June, 2009

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

	Total 2009 \$000	Total 2008 \$000
Private Practice and Other Patient Activities	142	10
Diagnostic Imaging	4,860	5,095
Linen Service	1,511	1,781
Coffee Shop	425	411
Other	1,611	1,649
Total	8,549	8,946

Note 4: Depreciation and Amortisation

	Total 2009 \$000	Total 2008 \$000
Depreciation		
Buildings	997	901
Plant & Equipment	317	322
Medical Equipment	608	564
Computers and Communication	106	160
Furniture & Equipment	170	200
Motor Vehicles	293	297
Total Depreciation	2,491	2,444

Amortisation

Intangible Assets	71	160
Total Amortisation	71	160

Total Depreciation and Amortisation

2,562	2,604
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Note 5: Finance Costs

	Total 2009 \$000	Total 2008 \$000
Interest on Long Term Borrowings	18	13
Other - Bank Charges	25	29
Total	43	42

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 2009 \$000	Total 2008 \$000
Cash on Hand	55	42
Cash at Bank	131	340
Total	186	382

Represented by:

Cash for Health Service Operations (as per Cash Flow Statement)	186	382
Total	186	382

Notes to and forming part of the Financial Statements

For The Year Ended 30 June, 2009

Note 7: Receivables

	Total 2009 \$000	Total 2008 \$000
Current		
Contractual		
Inter Hospital Debtors	201	184
Trade Debtors	461	419
Patient Fees	608	857
Accrued Investment Income	7	38
Accrued Revenue - Other	198	94
Less Allowance for Doubtful Debts		
Trade Debtors	(14)	(14)
Patient Fees	(47)	(55)
	<u>1,414</u>	<u>1,523</u>
Statutory		
GST Receivable	323	305
Accrued Revenue - Department of Human Services (DHS)	286	361
Accrued Revenue - Dental Health Services Victoria (DHSV)	124	293
Accrued Revenue - Commonwealth PBS	115	207
	<u>848</u>	<u>1,166</u>
Total Current Receivables	<u>2,262</u>	<u>2,689</u>
Non Current		
Statutory		
Department of Human Services - Long Service Leave	540	182
Total Non Current Receivables	<u>540</u>	<u>182</u>
Total Receivables	<u>2,802</u>	<u>2,871</u>

(a) Movement in the Allowance for doubtful debts

	Total 2009 \$000	Total 2008 \$000
Balance at beginning of year	69	63
Amounts written off during the year	(78)	(73)
Amounts recovered during the year	-	-
Increase/(decrease) in allowance recognised in profit or loss	70	79
Balance at end of year	61	69

(b) Ageing analysis of receivables

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

(c) Nature and extent of risk arising from receivables

Please refer to note 19(b) 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
	2009	2008	2009	2008	2009	2008	2009	2008
	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000
Current								
Term Deposit								
Australian Dollar Bank Term Deposits (at call)	3,143	3,278	428	419	477	443	4,048	4,140
Monies Held In Trust	3	2	-	-	-	-	3	2
Total	<u>3,146</u>	<u>3,280</u>	<u>428</u>	<u>419</u>	<u>477</u>	<u>443</u>	<u>4,051</u>	<u>4,142</u>
Represented by:								
Hospital Investments	3,143	3,278	428	419	477	443	4,048	4,140
Monies Held In Trust								
- Patient Monies	3	2	-	-	-	-	3	2
Total	<u>3,146</u>	<u>3,280</u>	<u>428</u>	<u>419</u>	<u>477</u>	<u>443</u>	<u>4,051</u>	<u>4,142</u>

(b) Ageing analysis of other financial assets

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

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

Please refer to note 19 (b) 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, 2009

Note 9: Inventories

Pharmaceuticals- at cost
Catering Supplies - at cost
Housekeeping Supplies - at cost
Medical and Surgical Lines - at cost
Engineering Stores - at cost
Administration Stores - at cost
Linen Service - at cost
Total Inventories

Total 2009 \$000	Total 2008 \$000
244	290
30	25
8	8
577	545
31	27
30	33
25	27
945	955

Note 10: Other Assets

Current

Prepayments
Share of Hume Rural Health Alliance (HRHA) Other Assets
Total

Total 2009 \$000	Total 2008 \$000
1,190	205
16	-
1,206	205

Note 11: Property, Plant & Equipment

Land

Crown Land at fair value
Freehold Land at fair value
Total Land

Total 2009 \$000	Total 2008 \$000
1,470	2,019
1,494	710
2,964	2,729

Buildings

Buildings at fair value
Less Accumulated Depreciation
Total Buildings

78,542	39,451
-	3,136
78,542	36,315

Plant and Equipment at Fair Value

Plant and Equipment
Less Accumulated Depreciation
Total Plant & Equipment

6,952	6,769
4,845	4,560
2,107	2,209

Medical Equipment at Fair Value

Medical Equipment
Less Accumulated Depreciation
Total Medical Equipment

8,390	9,749
5,122	6,720
3,268	3,029

Computers and Communication at Fair Value

Computers and Communication
Less Accumulated Depreciation
Total Computers and Communications

911	983
731	760
180	223

Furniture and Fittings at Fair Value

Furniture and Fittings
Less Accumulated Depreciation
Total Furniture and Fittings

1,159	1,292
603	654
556	638

Motor Vehicles at Fair Value

Motor Vehicles
Less Accumulated Depreciation
Total Motor Vehicles

1,456	1,433
836	764
620	669

Work in Progress

838	250
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Total

89,075	46,062
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Notes to and forming part of the Financial Statements

For The Year Ended 30 June, 2009

Note 11: Property, Plant & Equipment (continued)

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	Total \$000
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 and Amortisation (note 4)	-	(901)	(322)	(564)	(160)	(200)	(297)	-	(2,444)
Balance at 1 July 2008	2,729	36,315	2,209	3,029	223	638	669	250	46,062
Additions	-	43	51	881	64	88	258	755	2,140
Disposals	-	-	(3)	(34)	(1)	-	(14)	-	(52)
Revaluation increments	235	43,181	-	-	-	-	-	-	43,416
Net Transfers between classes	-	-	167	-	-	-	-	(167)	-
Depreciation and Amortisation (note 4)	-	(997)	(317)	(608)	(106)	(170)	(293)	-	(2,491)
Balance at 30 June 2009	2,964	78,542	2,107	3,268	180	556	620	838	89,075

An independent valuation of Northeast Health Wangaratta's property was performed by the Valuer-General Victoria to determine the fair value of the land and buildings. The valuation, which conforms to Australian Valuation Standards, was determined by reference to the amounts for which assets could be exchanged between knowledgeable willing parties in an arm's length transaction. The valuation was based on independent assessments. The value of plant and equipment has been considered in accordance with FRD103D. The effective date of the valuation is 30 June 2009.

Note 12: Intangible Assets

Software
Less Accumulated Amortisation
Total Written Down Value

Total 2009 \$000	Total 2008 \$000
907	907
882	811
25	96

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

Balance at 1 July 2007
Additions
Disposals
Amortisation (note 4)
Balance at 1 July 2008
Additions
Disposals
Amortisation (note 4)
Balance at 30 June 2009

Total \$000
241
17
(2)
(160)
96
-
-
(71)
25

Note 13: Payables

Current Contractual
Trade Creditors
Accrued Expenses
Income in Advance
Share of HRHA Payables

Total 2009 \$000	Total 2008 \$000
991	776
2,184	1,780
29	27
81	-
3,285	2,583
45	68
168	1,240
213	1,308
3,498	3,891

Statutory
GST Payable
Income in Advance

Total

(a) Maturity analysis of payables

Please refer to Note 19(c) for the ageing analysis of payables

(b) Nature and extent of risk arising from payables

Please refer to Note 19(c) 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, 2009

Note 14: Interest Bearing Liabilities

	Total 2009 \$000	Total 2008 \$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	162	172
Total Australian Dollar Borrowings	162	172
Total Non-Current	162	172
Total Interest Bearing Liabilities	167	177

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 \$43,000 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(c) for the ageing analysis of interest bearing liabilities

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

Please refer to note 19(c) 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: Employee Benefits and Related On-Costs Provisions

	Total 2009 \$000	Total 2008 \$000
Current Provisions		
Employee Benefits		
- unconditional and expected to be settled within 12 months	5,189	4,532
- unconditional and expected to be settled after 12 months	7,153	6,399
Provisions related to employee benefit on-costs		
- unconditional and expected to be settled within 12 months (nominal value)	498	469
- unconditional and expected to be settled after 12 months (present value)	744	704
Total Current Provisions	13,584	12,104
Non-Current Provisions		
Employee Benefits	2,058	1,464
Provisions related to employee benefit on-costs	218	161
Total Non-Current Provisions	2,276	1,625
	Total 2009 \$000	Total 2008 \$000
Current Employee Benefits (refer note 1(u))		
Unconditional long service leave entitlements	5,136	4,695
Annual Leave entitlements	4,897	4,427
Accrued Salaries and Wages	2,058	1,586
Accrued Days Off	251	223
Non-Current Employee Benefits (refer note 1 (u))		
Conditional long service leave (present value)	2,058	1,464
Total Employee Benefits	14,400	12,395

Notes to and forming part of the Financial Statements

For The Year Ended 30 June, 2009

Note 15: Employee Benefits and Related On-Costs Provisions (continued)

	Total 2009 \$000	Total 2008 \$000
On-Costs		
Current On-Costs	1,242	1,173
Non-Current On-Costs	218	161
Total On-Costs	1,460	1,334
Total Employee Benefits and Related On-Costs	15,860	13,729
Movement in Long Service Leave:		
Balance at start of year	6,835	6,838
Provision made during the year	1,855	814
Settlement made during the year	(733)	(817)
Balance at end of year	7,957	6,835

Note 16: Other Liabilities

	Total 2009 \$000	Total 2008 \$000
Current		
Monies Held in Trust *		
- Patient Monies Held in Trust	3	2
Other	196	145
Total Other Liabilities	199	147
* Total Monies Held in Trust		
Represented by the following assets:		
Other Financial Assets (refer to note 8)	3	2
Total	3	2

Note 17: Equity

	Total 2009 \$000	Total 2008 \$000
(a) Reserves		
Property, Plant & Equipment Revaluation Reserve ¹		
Balance at the beginning of the reporting period	5,453	4,932
Revaluation Increment/(Decrement)		
- Land	235	521
- Buildings	43,182	-
Balance at the end of the reporting period *	48,870	5,453
* Represented by:		
- Land	756	521
- Buildings	48,114	4,932
Total Reserves	48,870	5,453

(1) The property, plant & equipment asset revaluation reserve arises on the revaluation of property, plant & equipment.

(b) Contributed capital

Balance at the beginning of the reporting period	38,137	33,500
Capital contribution received from Victorian State Government	165	4,637
Balance at the end of the reporting period	38,302	38,137

(c) Accumulated Surpluses/(Deficits)

Balance at the beginning of the reporting period	(6,821)	(4,754)
Net Result for the Year	(1,785)	(2,067)
Balance at the end of the reporting period	(8,606)	(6,821)

(d) Total Equity at end of financial year

78,566	36,769
---------------	---------------

Notes to and forming part of the Financial Statements

For The Year Ended 30 June, 2009

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

	Total 2009 \$000	Total 2008 \$000
Net Result for the Year	(1,785)	(2,067)
Depreciation & Amortisation	2,562	2,604
Net (Gain)/Loss from Sale of Plant and Equipment	(75)	(66)
Change in Operating Assets & Liabilities		
Increase/(Decrease) in Payables	(393)	(227)
Increase/(Decrease) in Employee Benefits	2,131	554
(Increase)/Decrease in Receivables	69	830
(Increase)/Decrease in Prepayments	(985)	(22)
(Increase)/Decrease in Other Assets	(16)	-
(Increase)/Decrease in Stores	10	(133)
Increase/(Decrease) in Other Liabilities	52	51
Net Cash Inflow/(Outflow) from Operating Activities	1,570	1,524

Note 19: Financial Instruments

(a) Financial Risk Management Objectives and Policies

Northeast Health Wangaratta's principal financial instruments comprise of:

- Cash Assets
- Term Deposits
- Receivables (excluding statutory receivables)
- Payables (excluding statutory receivables)

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.

Categorisation of financial instruments

Note	Category	Carrying Amount 2009 \$000	Carrying Amount 2008 \$000
Financial Assets			
	Cash and cash equivalents	6	NA
	Receivables	7	Loans and Receivables
	Other Financial assets	8	Loans and Receivables
		186	382
		1,414	1,523
		4,051	4,142
Financial Liabilities			
	Payables	13	Financial liabilities at amortised cost
	Interest Bearing Liabilities	14	Financial liabilities at amortised cost
	Other Liabilities	16	Financial liabilities at amortised cost
		3,285	2,556
		167	177
		199	147

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

	Carrying Amount 2009 \$000	Carrying Amount 2008 \$000
Financial Assets		
Cash and cash equivalents	-	-
Receivables	-	-
Other Financial assets	57	53
Total Financial Assets	57	53
Financial Liabilities		
Payables	-	-
Interest Bearing Liabilities	18	13
Other Liabilities	-	-
Total Financial Liabilities	18	13

Notes to and forming part of the Financial Statements

For The Year Ended 30 June, 2009

Note 19: Financial Instruments (continued)

(b) Credit Risk

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.

Ageing analysis of financial asset as at 30 June

	Consol'd Carrying Amount \$000	Not Past Due and Not Impaired \$000	Past Due But Not Impaired			
			Less than 1 Month \$000	1-3 Months \$000	3 months -1 Year \$000	1-5 Years \$000
2009						
Financial Assets						
Cash and Cash Equivalents	186	186	-	-	-	-
Receivables						
- Trade Debtors	648	514	-	137	(3)	-
- Other Receivables	766	559	-	157	41	9
Other Financial Assets						
- Term Deposit	4,048	4,048	-	-	-	-
- Monies held in Trust	3	3	-	-	-	-
Total Financial Assets	5,651	5,310	-	294	38	9
2008						
Financial Assets						
Cash and Cash Equivalents	382	382	-	-	-	-
Receivables						
- Trade Debtors	589	370	-	107	112	-
- Other Receivables	934	571	-	242	95	26
Other Financial Assets						
- Term Deposit	4,140	4,140	-	-	-	-
- Monies held in Trust	2	2	-	-	-	-
Total Financial Assets	6,047	5,465	-	349	207	26

(c) 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.

Maturity analysis of financial liabilities as at 30 June

	Carrying Amount \$000	Contractual Cash Flows \$000	Maturity Dates				
			Less than 1 month \$000	1-3 Months \$000	3 months - 1 Year \$000	1 - 5 Years \$000	Over 5 Years \$000
2009							
Payables:							
Trade creditors and accruals	3,285	3,285	3,186	95	4	-	-
Interest Bearing Liabilities	167	167	-	1	4	34	128
Other Financial Liabilities	199	199	-	-	-	199	-
Total Financial Liabilities	3,651	3,651	3,186	96	8	233	128
2008							
Payables:							
Trade creditors and accruals	2,556	2,556	2,553	-	3	-	-
Interest Bearing Liabilities	177	177	1	1	3	31	141
Other Financial Liabilities	147	147	-	-	-	147	-
Total Financial Liabilities	2,880	2,880	2,554	1	6	178	141

Notes to and forming part of the Financial Statements

For The Year Ended 30 June, 2009

Note 19: Financial Instruments (continued)

(d) Market Risk

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

Currency Risk

Northeast Health Wangaratta is not exposed to foreign currency risk through its payables relating to purchases of supplies and consumables from overseas. This is because of a limited amount of purchases denominated in foreign currencies and a short timeframe between commitment and settlement.

Interest Rate Risk

Exposure to interest rate risk might arise primarily through Northeast Health Wangaratta's interest bearing liabilities. 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.

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

	Weighted Average Effective Interest Rate (%)	Carrying Amount \$000	Interest Rate Exposure		
			Fixed Interest Rate \$000	Variable Interest Rate \$000	Non Interest Bearing \$000
2009					
Financial Assets					
Cash and Cash Equivalents	0.03%	186	-	131	55
Receivables	-	1,414	-	-	1,414
Other Financial Assets	4.56%	4,051	4,048	-	3
		5,651	4,048	131	1,472
Financial Liabilities					
Trade creditors and accruals	-	3,285	-	-	3,285
Interest Bearing Liabilities	7.44%	167	-	167	-
Other Financial Liabilities	-	199	-	-	199
		3,651	-	167	3,484
2008					
Financial Assets					
Cash and Cash Equivalents	2.11%	382	-	340	42
Receivables	-	1,523	-	-	2,023
Other Financial Assets	8.18%	4,142	4,140	-	2
		6,047	4,140	340	2,067
Financial Liabilities					
Trade creditors and accruals	-	2,556	-	-	2,556
Interest Bearing Liabilities	10.15%	177	-	177	-
Other Financial Liabilities	-	147	-	-	147
		2,880	-	177	2,703

Notes to and forming part of the Financial Statements

For The Year Ended 30 June, 2009

Note 19: Financial Instruments (continued)

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	Equity \$000	+1% Profit \$000	Equity \$000
2009					
Financial Assets					
Cash and Cash Equivalents	186	(2)	(2)	2	2
Receivables	1,414	-	-	-	-
Other financial assets	4,051	(41)	(41)	41	41
Financial Liabilities					
Trade creditors and accruals	3,285	-	-	-	-
Interest Bearing Liabilities	167	2	2	(2)	(2)
Other Financial Liabilities	199	-	-	-	-
2008					
Financial Assets					
Cash and Cash Equivalents	382	(4)	(4)	4	4
Receivables	1,523	-	-	-	-
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	-	-	-	-

Note 20: Commitments for Expenditure

Capital Expenditure Commitments

Payable:

Land and Buildings

Plant and Equipment

Total Capital Commitments

Land and Buildings

Not later than one year

Plant and Equipment

Not later than one year

Total

Other Expenditure Commitments

Payable:

Pathology

Maintenance & Information Technology

Total Other Commitments

Not later than one year

Later than one year and not later than 5 years

Later than 5 years

Total

	Total 2009 \$000	Total 2008 \$000
Land and Buildings	110	323
Plant and Equipment	140	792
Total Capital Commitments	250	1,115
Land and Buildings	110	323
Not later than one year	110	323
Plant and Equipment	140	792
Not later than one year	140	792
Total	250	1,115
Pathology	846	1,973
Maintenance & Information Technology	454	589
Total Other Commitments	1,300	2,562
Not later than one year	841	1,035
Later than one year and not later than 5 years	459	901
Later than 5 years	-	626
Total	1,300	2,562

Notes to and forming part of the Financial Statements

For The Year Ended 30 June, 2009

Note 20: Commitments for Expenditure (continued)

	Total 2009 \$000	Total 2008 \$000
Lease Commitments		
Commitments in relation to leases contracted for at the reporting date:		
Operating Leases	2,517	3,089
Total Lease Commitments	2,517	3,089
Operating Leases		
<i>Non-Cancellable</i>		
Not later than one year	1,118	1,524
Later than one year but not later than 5 years	1,220	1,292
Later than 5 years	179	273
Total	2,517	3,089
Total Commitments for expenditure (inclusive of GST)	4,067	6,766
less GST recoverable from the Australian Tax Office	(370)	(615)
Total Commitments for expenditure (exclusive of GST)	3,697	6,151

Note 21 - Contingent Assets and Contingent Liabilities

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

Note 22: Segment Reporting

	Hospital 2009 \$000	Hospital 2008 \$000	Mental Health 2009 \$000	Mental Health 2008 \$000	RAC 2009 \$000	RAC 2008 \$000	Total 2009 \$000	Total 2008 \$000
Revenue								
External Segment Revenue	79,607	76,300	9,366	8,563	5,381	5,101	94,354	89,964
Total Revenue	79,607	76,300	9,366	8,563	5,381	5,101	94,354	89,964
Expenses								
External Segment Expense	(78,970)	(76,030)	(9,334)	(8,683)	(5,524)	(4,994)	(93,828)	(89,707)
Unallocated Expense								
- Depreciation & Amortisation	(2,562)	(2,604)	-	-	-	-	(2,562)	(2,604)
Total Expenses	(81,532)	(78,634)	(9,334)	(8,683)	(5,524)	(4,994)	(96,390)	(92,311)
Net Result from ordinary activities	(1,925)	(2,334)	32	(120)	(143)	107	(2,036)	(2,347)
Interest/Finance Expense	(43)	(42)	-	-	-	-	(43)	(42)
Interest Income	294	322	-	-	-	-	294	322
Net Result for Year	(1,674)	(2,054)	32	(120)	(143)	107	(1,785)	(2,067)
Other Information								
Total Segment Assets	73,556	39,938	9,757	5,208	14,977	10,095	98,290	54,713
Total Segment Liabilities	16,853	15,562	1,958	1,708	913	674	19,724	17,944

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

Business Segments

Hospital
Mental Health
Residential Aged Care (RAC)

Services

Acute & Sub-Acute inpatient and outpatient services, District Nursing & Allied Health services.
Inpatient, Community & Aged Mental Health services
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.

Notes to and forming part of the Financial Statements

For The Year Ended 30 June, 2009

Note 23: Jointly Controlled Operations and Assets

Name of Entity	Principal Activity	Ownership Interest
Hume Rural Health Alliance	Information Systems	14.44%

Northeast Health Wangaratta's interest in assets and liabilities employed in the above jointly controlled operations and assets is detailed below. The amounts are included in the financial statements under their respective asset categories.

	Total 2009 \$000
Current Assets	
Cash and Cash Equivalents	305
Receivables	169
Other Assets	16
Total Current Assets	490
Total Assets	490
Current Liabilities	
Payables	81
Other Liabilities	58
Total Current Liabilities	139
Total Liabilities	139

Northeast Health Wangaratta's interest in revenues and expenses resulting from jointly controlled operations and assets is detailed below:

	Total 2009 \$000
Revenue	
Operating Activities	357
Non-operating Activities	7
Capital Purpose Income	(11)
Total Revenue	353
Expenses	
Employee Benefits	76
Other Expenses from Continuing Operations	37
Depreciation	10
Total Expenses	123
Profit	230

Note 24a - 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:	Period		Period
The Honourable Daniel Andrews, MLA, Minister for Health	1/07/2008 - 30/06/2009		
Board of Management	Period		Period
Mr. A. R. Wills	1/07/2008 - 30/06/09	President	1/07/2008 - 30/06/09
Ms. C.E. Cunningham	1/07/2008 - 30/06/09	Vice President	1/07/2008 - 30/06/09
Mr. D. R. Lawson	1/07/2008 - 30/06/09	Director	1/07/2008 - 30/06/09
Ms. J. M. Milne	1/07/2008 - 30/06/09	Director	1/07/2008 - 30/06/09
Mr.G.N.Dinning	1/07/2008 - 30/06/09	Director	1/07/2008 - 30/06/09
		Ms. L. A. Williamson	Director
		Ms.M.A.Smith-Tamaray	Director
		Ms. K.M. Harmon	Director
Accountable Officer	Period		
Ms.L.Wilson	1/07/2008 - 30/06/09		

Notes to and forming part of the Financial Statements

For The Year Ended 30 June, 2009

Note 24a - Responsible Person Disclosures (continued)

Remuneration of Responsible Persons

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

Income Band

\$0 - \$9,999

\$200,000 - \$209,999

Total Numbers

2009 No.	2008 No.
8	8
1	1
9	9

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
207	203

Other Transactions of Responsible Persons and their Related Parties

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.

Total 2009 \$000	Total 2008 \$000
78	82

Note 24b - 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.

\$120,000 - \$129,999

\$130,000 - \$139,999

\$140,000 - \$149,999

\$150,000 - \$159,999

\$220,000 - \$229,999

Total

Total Remuneration		Base Remuneration	
2009 No.	2008 No.	2009 No.	2008 No.
-	1	-	2
1	1	2	-
1	-	-	-
-	1	-	1
1	1	1	1
3	4	3	4

\$000	\$000	\$000	\$000
502	646	497	641

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

Note 25 - 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*, *Australian Accounting 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 2009 and financial position of Northeast Health Wangaratta at 30 June 2009.

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.



Chris Cunningham
President
Board of Management

Wangaratta
22 September 2009



Ken Taylor
Chief Executive Officer

Wangaratta
22 September 2009



Jenny Ball
Chief Finance &
Accounting Officer

Wangaratta
22 September 2009



Victorian Auditor-General's Office

INDEPENDENT AUDITOR'S REPORT

To the Members of the Board, Northeast Health Wangaratta

The Financial Report

The accompanying financial report for the year ended 30 June 2009 of Northeast Health Wangaratta which comprises the operating statement, balance sheet, statement of changes in equity and 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 and accounting officer's declaration has been audited.

The Members of the Board's Responsibility for the Financial Report

The Members of the Board of Northeast Health Wangaratta are responsible for the preparation and 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 the internal control relevant to the entity's preparation and fair presentation of the financial report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of the accounting policies used, and the reasonableness of accounting estimates made by the Members of the Board, as well as evaluating the overall presentation of the financial report.

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

Level 24, 55 Collins Street, Melbourne Vic. 3000

Telephone 61 3 8501 7000 Facsimile 61 3 8501 7010 Email comments@audit.vic.gov.au Website www.audit.vic.gov.au

Auditing in the Public Interest

VAGO

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 report published in both the annual report and on the website of Northeast Health Wangaratta for the year ended 30 June 2009. The Members of the Board of Northeast Health Wangaratta are responsible for the integrity of the website. I have not been engaged to report on the integrity of the website. 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 website.

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 2009 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 2009




D D R Pearson
Auditor-General

Level 24, 35 Collins Street, Melbourne Vic, 3000 2
Telephone 61 3 8601 7500 Facsimile 61 3 8601 7010 Email comments@audit.vic.gov.au Website www.audit.vic.gov.au

Auditing in the Public Interest





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.



Northeast Health Wangaratta

incorporating:

Wangaratta District Base Hospital

WJ Smith Linen Service

Illoura Residential Aged Care

Mental Health Services

Medical Imaging

PO Box 386 Wangaratta, Victoria 3676

Green Street, Wangaratta, Victoria 3677

Phone: (03) 5722 0111 **Facsimile:** (03) 5722 0109

Email: enquiries@nhw.hume.org.au **Website:** www.nhw.hume.org.au