

A photograph of three surgeons in an operating room. They are wearing blue surgical gowns, blue bouffant caps, and yellow surgical masks. The surgeon in the center is holding a yellow container. The background shows medical equipment and a wall with a power outlet.

Djerriwarrh Health Services

2016-17

Annual Report

& Financial Statements



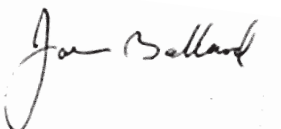
djerriwarrh
health services

Welcome - Report of Operations

Report of Operation

Responsible bodies declaration

In accordance with the *Financial Management Act 1994*, I am pleased to present the Report of Operations for Djerriwarrh Health Services for the year ending 30 June 2017.



Dr John Ballard

Administrator, Bacchus Marsh, 21 August 2017

Attestation on compliance with Health Purchasing Victoria (HPV) health purchasing policies

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

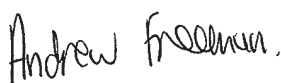


Andrew Freeman

Chief Executive, Bacchus Marsh, 21 August 2017

Attestation for compliance with the Ministerial Standing Direction 3.7.1-Risk management framework and processes

I, Andrew Freeman, certify that Djerriwarrh Health Services has complied with Ministerial Standing Direction 3.7.1 – Risk Management Framework and Processes. Djerriwarrh Health Services' Audit & Enterprise Risk Committee has verified this.



Andrew Freeman

Chief Executive, Bacchus Marsh, 21 August 2017

Attestation for compliance with the Safe Patient Care Act

I, Andrew Freeman, certify that Djerriwarrh Health Services has no matters to report in relation to its obligations under section 40 of the *Safe Patient Care Act 2015*.



Andrew Freeman

Chief Executive, Bacchus Marsh, 21 August 2017

About Djerriwarrh Health Services

Djerriwarrh Health Services (DJHS) serves the rapidly expanding population areas of the City of Melton and Moorabool Shire.

Bacchus Marsh and Melton Regional Hospital

A 42-bed acute hospital which provides Maternity, Theatre, Medical, Urgent Care and outpatient services

Grant Lodge

A 30-bed residential aged care facility adjacent to the Bacchus Marsh and Melton Regional Hospital

Bacchus Marsh Community Health Centre

Allied health, counselling, community nursing and palliative care

Melton Health

Ambulatory care for Day Medical, Adult Health, Women and Children's Health and Dental Services

Melton Community Health Centre

Allied health and counselling services

Caroline Springs Community Health Centre

General community health programs

How to contact us

Website: www.djhs.org.au

Telephone: **03 5367 2000**

Email: info@djhs.org.au

Address: Grant Street, PO Box 330, Bacchus Marsh, VIC, 3340

Disclosure Index

The Annual Report of Djerriwarrh Health Services is prepared in accordance with all relevant Victorian legislation. This Disclosure Index has been prepared to facilitate identification of the health service's compliance with statutory disclosure.

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Additional Information

Information listed in FRD 22H (Section 5.19) is available on request by relevant Ministers, Members of Parliament and the public (subject to the Freedom of Information requirements, if applicable).

This Annual Report should be read in conjunction with our 2016-17 Quality Account.

The information in this Annual Report is available at www.djhs.org.au.

The tables in the Annual Report will be submitted to Data Vic to be made available at www.data.vic.gov.au/category/health

Mission

Helping people of our community to better health and wellbeing

Vision

Providing quality integrated health services within available resources to the people of our community and encouraging personal responsibility for healthcare

Values

Compassion
Leadership
Excellence
Accountability
Respect



Eight Key Objectives

1. Patient/Client – Community and Clinical Services

To provide health and wellbeing related services in response to identified needs of our culturally diverse community

2. Community

To promote health and wellbeing through addressing the broader determinants of health in our community

3. Staff

To optimise the performance of staff by providing a workplace supportive of integrity, professionalism, initiative and teamwork

4. Safety and Quality

To continuously evaluate and improve the safety and quality of our services and work environment

5. Financial/ Business

To secure and manage efficiently our financial resources to maximise our capacity to deliver services

6. Management

To lead innovation and service enhancement to produce outcomes that flow through to the client/patient

7. Information

To maximise the use of information and communication technology for the benefit of our clients/ patients and to support management by fact

8. Physical/ Resources

To equip services with contemporary infrastructure and equipment

Dr John Ballard



This has been a very positive and motivating year for Djerriwarrh Health Services. It is clear Djerriwarrh has robust clinical governance and processes, systematic training, strong continuing and professional development and highly-effective leadership – providing a confident, fully-functioning health service appropriate to the needs of its rapidly expanding and increasingly diverse communities.

The credit for this goes first to the Health Service's staff, wherever they act for Djerriwarrh – Melton, Caroline Springs or Bacchus Marsh – but I want to specifically recognise the leadership and diligence of Andrew Freeman as chief executive and his executive team.

During the year the Health Minister announced my reappointment as Administrator for a further 12 months, my role being to provide guidance and to support Andrew, his leadership team – and all Djerriwarrh staff.

Djerriwarrh has been significantly re-engineered under Andrew's watch, and it continues to evolve and grow.

The Victorian Government has committed \$10.6 million of capital funding for new operating theatres and expanded maternity services, and the Department of Health and Human Services is providing ongoing support including guaranteeing continuity of service during this period of change.

Djerriwarrh ended the 2016-17 financial year with an operating surplus of \$500 000.

Djerriwarrh is an asset to the community, and its work is supported by many dedicated volunteers whose names appear later in this report. We are deeply grateful for this support, but I want to acknowledge here, specifically, the Bacchus Marsh Ladies Auxiliary.

To each of the staff of Djerriwarrh Health Services, your commitment to care, to continuous improvement, and serving the needs of your community, I congratulate you and express deep appreciation.

Andrew Freeman



This year's performance rightly belongs to the staff and volunteers of Djerriwarrh Health Services.

Their commitment, professionalism and desire for continuous improvement is evident to anyone who experiences care at Djerriwarrh Health Services, wherever they experience it.

The confidence of staff and community is supported by the contribution the State Government has made to the long-term future of Djerriwarrh Health Services, with capital investment at Bacchus Marsh and Melton Regional Hospital alone totalling more than \$10 million, comprising \$9 million for a theatre redevelopment and \$1.6 million for Stage 2 of the maternity redevelopment.

The maternity redevelopment proceeded with a generous donation from the hospital's Ladies Auxiliary, and will see the maternity unit at Bacchus upgraded to support patient care to service the growth and increasing diversity of Djerriwarrh's many communities.

The upgrade is timed for completion in March 2018 and the unit will remain fully operational while works are underway.

The hospital's theatre redevelopment is now well underway with appointment of a project manager and architects. Physical work is expected to commence in the 2017-18 financial year.

Other infrastructure projects during the 2016-17 financial year included completion of the new \$2.9 million Central Sterile Supply Unit – also at the hospital – and turning the first sod for the \$21 million Melton Health and Community Services facility. The Melton site will be up and running in April 2018.

After a review by the Australian Council on Healthcare Standards (ACHS) in March 2017, Djerriwarrh Health Services has received ongoing accreditation, further testament to the dedication of our staff to quality care.

At our annual lunch involving more than 100 Djerriwarrh volunteers, 10 received milestone length of service awards, representing a collective service of nearly 300 years.

In particular I want to acknowledge Pamela Broad and Heather Linsdell of the Ladies Auxiliary for an extraordinary 55 years of continuous service.

I would also like to acknowledge the support of Dr John Ballard as Administrator. His continued guidance is invaluable.

And last, I again recognise the dedication of our staff and volunteers, and the wider community for its continued support.

Governing Body

Djerriwarrh Health Services was incorporated under the *Health Services Act 1988* Part 3 on 1 April 1998 by the Governor-in-Council, acting on the recommendation of the Minister for Health made after receiving advice from the Secretary of the Department of Human Services, under Section 64A of the *Health Services Act 49/1988*, and acting under Section 65 of the Act.

Dr John Ballard was appointed by Governor-in-Council under section 61(2) of the *Health Services Act 1988* as administrator of Djerriwarrh Health Services on 27 October 2015. The appointment was effective from that date. Previous to this Dr Ballard was appointed as a board delegate from 8 July 2015.

In accordance with the *Health Services Act 1988* Division 4 Section 33, the administrator has affirmed that the chief executive and staff will carry out the policies and procedures of Djerriwarrh Health Services with due diligence. The administrator, in compliance with the *Health Services Act 1988* Section 25, has appointed a chief executive, approved by the Secretary of the Department.

In accordance with the *Health Services Act 1988*, the function of the administrator is to oversee and strategically govern Djerriwarrh Health Services and to ensure the services provided comply with the requirements of the Act and the objectives of Djerriwarrh Health Services. The role of the administrator is pivotal in successful strategic planning and implementation of policies that set the agenda for the future. Good leadership, with clinical and corporate governance not only encourages professional standards of care, but also establishes the structures by which the key objectives can be set and performance standards measured. The administrator is actively involved in the health service's objective to achieve compliance with the National Safety and Quality Health Standards and to ensure that safe, quality care is offered to the people who attend the health service.

Board Committees

Audit & Enterprise Risk Committee

This committee assists the board by providing assurance in the key areas of statutory accounts, internal control, legislative compliance and oversight of the activities of risk management, internal and external audit. The committee comprises Kirby Clark (chair) and Dr John Ballard.

Clinical Appointments Committee

This committee advises and recommends to the board the appointment or reappointment of applicants to the Visiting Medical Officer and staff specialist positions at Djerriwarrh Health Services, including the scope of their clinical privileges.

Finance & Resources Committee

This committee advises the board on matters relating to financial strategies, priorities and policies, financial performance, including viability and sustainability, and the effective use of resources and assets.

Diversity & Consumer Advisory Committee

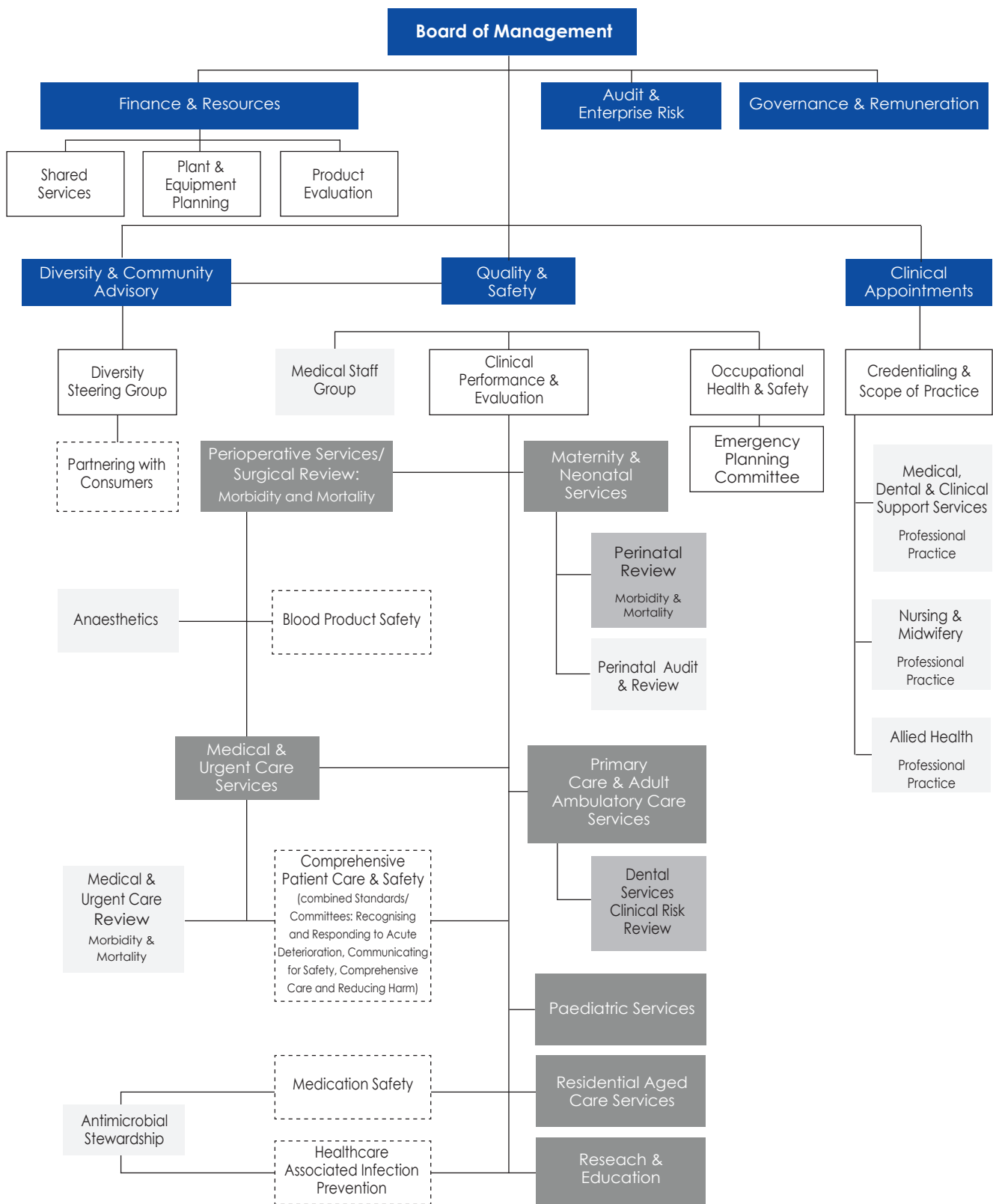
This committee assists the board by providing assurance to the board that appropriate mechanisms are in place governing the roles of consumers.

This committee is informed by consumer and community needs including, but not limited to, the needs of consumers from Culturally and Linguistically Diverse backgrounds, Aboriginal and Torres Strait Islander communities, and people with disabilities.

Quality & Safety Committee

This Committee monitors the health services that are provided to patients, care recipients and clients. This committee provides assurance to the board that appropriate clinical governance mechanisms are in place and effective throughout the organisation.

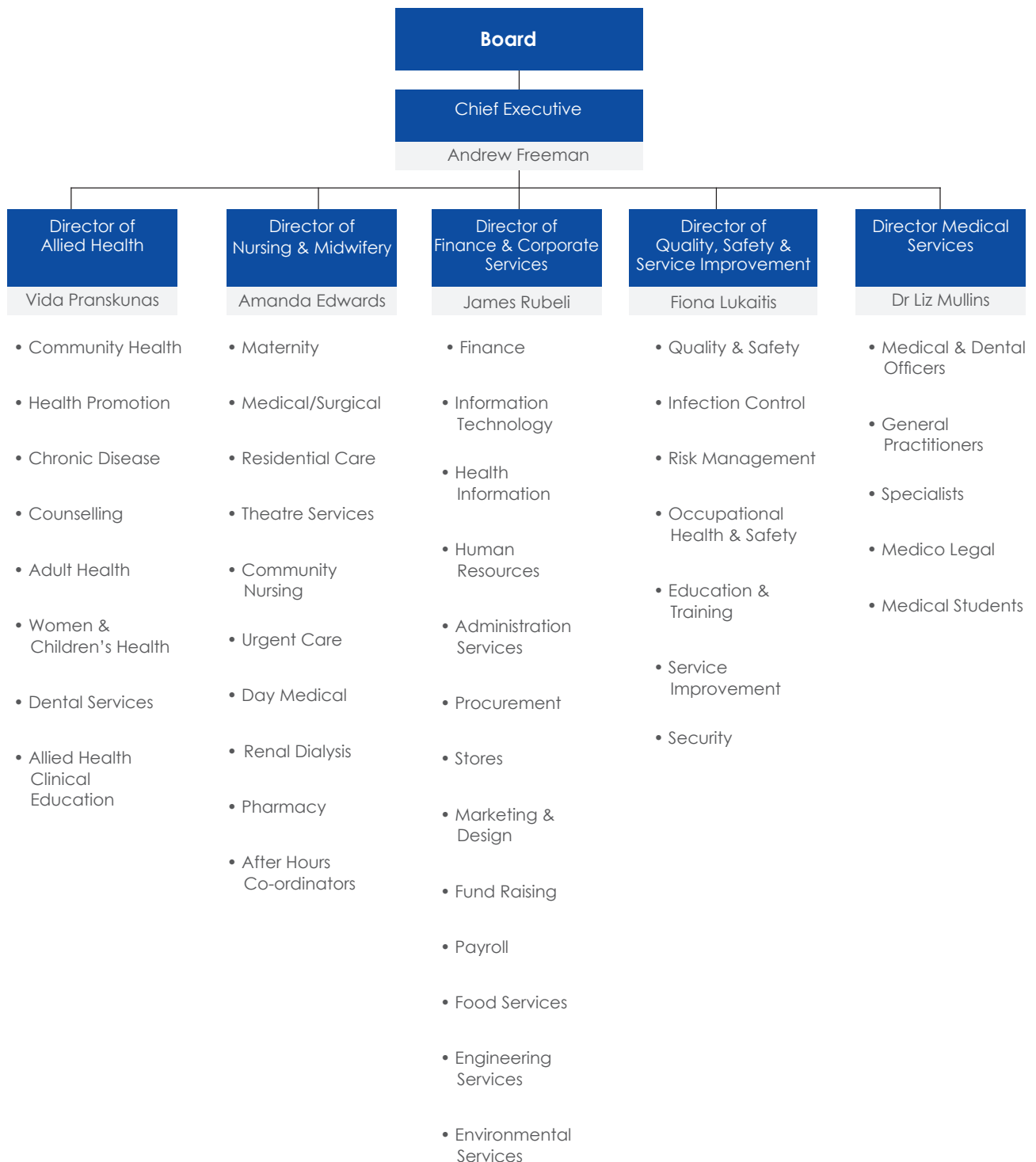
Governance Structure



Committee Legend



Board & Management Teams



Senior Management team

Minister for Health, Minister for Ambulance Services

The Honourable Jill Hennessy, MP

Bankers

Westpac Banking Corporation

Commonwealth Bank

Treasury Corporation of Victoria

Bendigo Bank

Auditors (external)

Victorian Auditor-General's office (Agent - AASB Accounting and Audit Solutions)

Auditors (internal)

MGR Accountants

Senior Management team

After Hours Coordinators

Annie Carr

Christine Trist

Danny Saunders

Janine Bowman

Jenny Hallam

Trena Lidgett

Manager Adult Health

Manager Children's Health

Ruth Martin

Manager Clinical Nurse Educator

Julie Hammett

Manager Allied Health Clinical Education

Jenelle McHugh

Manager Community Health/ Health Promotion

Melissa Sappupo

Manager Community Nursing Services

Helen Mathews

Manager Counselling Services

Joan Eddy

Manager Day Medical

Mandy Cullen

Lead Dentist

Sukhdeep Sandhu

Manager Engineering Services and Infrastructure

Greg Todd

Manager Environmental Services

Debbie Hutchinson

Manager Finance

Suzana Sambevski

Manager Health Information

Andrea Cochrane

Manager Hotel Services

Archie Small

Manager Human Resources

Kay Robertson

Manager Infection Control

Chris Braden

Manager Information Technology

Colin Leggatt

Manager Maternity Services

Sarah Watts

Manager Medical/Surgical Services

Paul Hilder

Manager Quality

Vanessa McColl

Manager Pharmacy Services

Lisa Daly

Manager Residential Care Services

Jacqui Tarrant

Manager Perioperative Services

Kate Anderson

Manager Administration

Vicki Baker

Manager Payroll

Lisa Tonkich

Manager Accounting

Andrew Griffith

Senior Medical Officers

Urgent Care

Dr Raja Devanthan
Dr Vlad Maksoutov
Dr David Poustie

Dr Richard Yang
Dr Paul Robinson
Dr Hamid Ahmadi

Dr Farruhk Tufail
Dr Waleed Yousif
Dr Om Naidu

General Practitioners

Dr Santino Bronchinetti
Dr Sivinand Sooknandan
Dr Robert Hosking
Dr Paul Williams
Dr Woodrow Wu

Dr Ravin Sadhai
Dr Jessica Tint
Dr Ummu Rauf
Dr Pei Sue Lee
Dr Ayesha Munir

Dr Samir Hamid
Dr Parameswaran Prathiespan
GP Anaesthetists
Dr Greg Coates
Dr Peter Schlesinger

Specialists

Anaesthetists

Dr Gabriel Berra
Dr Matthew Bowman
Dr Shaun Ryan
Dr Matthew Hayhoe
Dr Jayakumar Rangaswami
Dr Tze Ping Tan
Dr Mark Ong

Clinical Haematologist

Dr Cuong Do

Dermatologist

Dr Josie Yeatman

Ear, Nose and Throat Surgeons

Mr Perry Burstin
Mr Avdo Zahirovic

Endocrinologists

Dr May Lea Ong
Dr Tricia Wong

Gastroenterologist

Dr Peter McCarthy

General Surgeons

Mr Alvin Cham
Mr Ian Faragher
Mr Chris Lu
Mr Ananth Nagesh
Mr Binh Nguyen

Gynaecologists

Dr Michael Bardsley
Dr Russell Dalton
Dr Chantal Stubna

Medical Oncologist

Dr Duncan Carradice

Nephrologist

Dr Susheel Sharma

Obstetrician

Dr Nisha Khot

Obstetricians/ Gynaecologists

Dr Latika Cilly
Dr Carmen Brown
Dr Anna Rogers

Oral Surgeon

Dr Graeme Fowler

Orthopaedic Surgeons

Mr Ishfaq Hussaini
Mr Russell Miller

Paediatricians

Dr Nigel Hocking
Dr Zoe McCallum
Dr Riju Mittall
Dr Vinita Abraham
Dr Zoe Asher

Plastic Surgeon

Mr Alex Yuen

Respiratory Physician

Dr Anne Marie Southcott

Urologist

Mr David Cook

Part A: Statement of Priorities

In 2016–17 Djerriwarth Health Services will contribute to the achievement of the Government's commitments by:

Domain	Action	Deliverables	Outcomes
Quality and safety	Implement systems and processes to recognise and support person-centred end of life care in all settings, with a focus on providing support for people who choose to die at home.	- Implement the advanced care planning: Have the Conversation Strategy for Victorian Health Services 2014–2018 with the aim of increasing workforce capability to support end of life care across the community and inpatient care. - The project will be multidisciplinary and focus on supporting clinicians to have appropriate conversations with patients and their families around end of life wishes and preferences. - Include advance care planning as a key aspect of the mortality and morbidity review inclusive of activity against plan, consumer experience and identification of areas for improvement.	- Have the Conversation Strategy for Victorian Health Services 2014-2018 implemented. - Policies, procedures, forms and toolkits agreed and implemented. Education sessions undertaken and ongoing. - Community and inpatient palliative care specialist nurses recruited to support implementation. - Dedicated GP liaison working with inpatient staff, other GPs and community palliative care. - Documentation finalised and approved. Education sessions have been undertaken. - Advance Care Planning is included in Care Plan and measured as part of evaluation of care and reported to relevant clinical review and patient safety committees.
	Advance care planning is included as a parameter in an assessment of outcomes including: mortality and morbidity review reports, patient experience and routine data collection.		
	Progress implementation of a whole-of-hospital model for responding to family violence.	By December 2016 progress the implementation of on-line education and training for all staff that builds upon existing supports for staff experiencing family violence and supports staff to respond to community situations.	On-Line education and training modules have been developed and are operational.
	Develop a regional leadership culture that fosters multidisciplinary and multi-organisational collaboration to promote learning and the provision of safe, quality care across rural and regional Victoria.	Participate and promote interdisciplinary and inter organisational collaborative learning, quality and safety promotion opportunities at a regional and state level.	- Active and ongoing participation in Strengthening Hospitals in Melbourne's West. - External experts attend the Perinatal Morbidity and Mortality meetings. - Participation in the Western perinatal Loss meeting monthly. - All education and training is offered as interdisciplinary and some inter organisational. - External anaesthetist attends Anaesthetic Meetings twice yearly. - Western Health consultants attend specialist clinics at Melton Health in endocrinology, orthopaedics, respiratory, nephrology, medical oncology and haematology.
	Establish a foetal surveillance competency policy and associated procedures for all staff providing maternity care that includes the minimum training requirements, safe staffing arrangements and ongoing compliance monitoring arrangements.	Ensure all obstetricians and midwives complete the foetal surveillance education program annually and meet role appropriate levels through appropriately developed and monitored policies and procedures.	Completed, ongoing and regularly monitored.
Quality and safety	Use patient feedback, including the Victorian Healthcare Experience Survey to drive improved health outcomes and experiences through a strong focus on person and family centred care in the planning, delivery and evaluation of services, and the development of new models for putting patients first.	Develop a robust system to capture consumer feedback using several methods to provide evidence for an improvement plan and cycle of continuous improvements.	- All feedback is captured in RiskMan and is reported to Clinical Performance and Evaluation Committee, Quality and Safety, Diversity and Consumer Advisory Committee and the Board. Feedback is distributed to the relevant departments and used to identify areas for improvement - Victorian Healthcare Experience Survey is monitored and reported to Clinical Performance and Evaluation Committee, Consumer and Diversity Committee, Quality and Safety and the Board as well as placed on the intranet for staff. This information is monitored to inform improvement strategies.

Domain

Action	Deliverables	Outcomes
Develop a whole of hospital approach to reduce the use of restrictive practices for patients, including seclusion and restraint.	Review restraint incidence and procedures across all areas of the health service to ensure least restrictive practices are adhered to in line with Djerriwarrh Health Services policy and procedures.	- Procedures reviewed and updated in line with least restrictive practices. Restraint incidence monitored through quality systems. - New Management of aggression working group established including train the trainer leads.
Ensure the development and implementation of a plan in specialist clinics to: (1) optimise referral management processes and improve patient flow through to ensure patients are seen in turn and within time; (2) ensure patient data is recorded in a timely, accurate manner and is working toward meeting the requirements of the Victorian Integrated Non-Admitted Health dataset.	- Review the centralised referral management processes in specialist clinics and deliver an internal performance monitoring framework that will ensure accountability for timely processing and management of referrals. - Develop staff education tools and procedures to ensure that patient data recording is accurate and complies with the requirements of Victorian Integrated Non-Admitted Health dataset.	- The centralised referral management processes has been reviewed. - Clear admission criteria for all clinics. - Clear discharge focus in place to reduce waiting lists. - Resources allocated to fill cancelled clinics. - An admission record has been reviewed and redeveloped to capture required data sets. - Staff training with respect to accurate patient data recording has been completed and reports developed to monitor compliance.
Identify opportunities and implement pathways to aid prevention and increase care outside hospital walls by optimising appropriate use of existing programs (i.e. the Health Independence Program or telemedicine).	Utilise nurse led home monitoring of the vital signs of screened patients with chronic disease to guide appropriate actions to be delivered via telemedicine.	25 units have been successfully delivered into the homes of patients whose vital signs are monitored by a registered nurse during normal working hours.
Develop and implement a strategy to ensure the preparedness of the organisation for the National Disability and Insurance Scheme and Home and Community Care program transition and reform, with particular consideration to service access, service expectations, workforce and financial management.	- Define service access and eligibility criteria as well as the scope of programs available, on our organisational website and My Aged Care. - Develop a workforce change action plan that considers financial opportunities and prepares the organisation for the commencement of the National Disability and Insurance Scheme in Moorabool in January 2017.	- The scope of allied health programs has been defined on My Aged Care and DJHS websites. - DJHS has registered as a provider with National Disability Insurance Agency. - National Disability and Insurance Scheme registration, planning, defining services to be offered including financial considerations complete, for commencement of NDIS roll-out in Moorabool on 1 January 2017.
Support shared population health and wellbeing planning at a local level - aligning with the Local Government Municipal Public Health and Wellbeing plan and working with other local agencies and Primary Health Networks.	Participate in the Clinical Advisory Council of the North Western Melbourne Primary Health Network and the management group of HealthWest to inform the health service workforce, particularly in the community health setting, about local health and wellbeing planning.	- Participating in the HealthWest advisory committee to develop a clearer and more streamlined service system for children with a developmental delay. - Participating in the Better Health Plan for the West partnership, led by NWMPHN, in local wellbeing planning.
Focus on primary prevention, including suicide prevention activities, and aim to impact on large numbers of people in the places where they spend their time adopting a place based, whole of population approach to tackle the multiple risk factors of poor health.	Deliver further community driven health promoting initiatives through a place based project called Linking Melfon South which aims to increase community participation at a local level for people living in a disadvantaged area of Melfon, by June 2017.	- Delivery of community driven projects that included: - Community led artwork at the Melfon train station. - White Ribbon day and community walking events that focussed upon preventing violence against women - Pop-up service hubs established to connect the community with health and social services - The Melfon South Dream Big Festival-a community driven festival supported by Djerriwarrh Health Services and Melfon Festival for Healthy Living.

Access and timeliness

Supporting healthy populations

Domain

Action	Deliverables	Outcomes
Develop and implement strategies that encourage cultural diversity such as partnering with culturally diverse communities, reflecting the diversity of your community in the organisational governance, and having culturally sensitive, safe and inclusive practices.	Increase engagement with our Sudanese, Aboriginal and Torres Strait Islanders; and lesbian, gay, bisexual, transgender and intersex communities to increase consumer representation and demonstrate practices that improve outcomes through inclusive practices.	- DjHS has established a Diversity and Consumer Advisory Committee. - Engagement and representation has increased during the year.
Improve the health outcomes of Aboriginal and Torres Strait Islander people by establishing culturally safe practices which recognise and respect their cultural identities and safely meets their needs, expectations and rights.	As the lead agency in the Koolin Balit Early Years project, partner with local agencies to deliver improvements in measurable health outcomes for aboriginal children and families by June 2017.	- The local agency consortium has developed a model of care to guide implementation of the project. - Implementation has commenced for the project which is due for completion June 2018.
Drive improvements to Victoria's mental health system through focus and engagement in activity delivering on the 10 Year Plan for Mental Health and active input into consultations on the Design, Service and Infrastructure Plan for Victoria's Clinical mental health system.	Collaborate with Mid-West Area Mental Health Service, Cohealth and Break Thru on the design of Melton Community Based Ambulatory Care Centre to ensure that it is fit for the provision of community based mental health services from the facility.	- Design development stage of the project has been completed. - Building site works commenced on 3 February 2017. - Minister for Health attended official turning of sod event on 10 February 2017. - Completion of project expected April 2018
Using the Government's Rainbow eQuality Guide, identify and adopt 'actions for inclusive practices' and be more responsive to the health and wellbeing of lesbian, gay, bisexual, transgender and intersex individuals and communities.	Develop a lesbian, gay, bisexual, transgender and intersex community action plan that ensures services are inclusive, considerate of and responsive to lesbian, gay, bisexual, transgender and intersex health and wellbeing.	The identification and adoption of actions for inclusive practices has been developed and is part of the Diversity Action Plan.
Demonstrate implementation of the Victorian Clinical Governance Policy Framework: Governance for the provision of safe, quality healthcare at each level of the organisation, with clearly documented and understood roles and responsibilities. Ensure effective integrated systems, processes and leadership are in place to support the provision of safe, quality, accountable and person centred healthcare. It is an expectation that health services implement to best meet their employees' and community's needs, and that clinical governance arrangements undergo frequent and formal review, evaluation and amendment to drive continuous improvement.	- Demonstrate a governance structure that ensures accountability and transparency in each of the four domains of quality and safety. - Djeriwarh Health Services will have a role and responsibility allocated against each domain as well as systems to integrate quality and safety processes across the patient and carer journey.	Governance structure in place that clearly demonstrates accountability and transparency in relation to the four domains of quality and safety.

Governance and leadership

Domain

Action	Deliverables	Outcomes
Contribute to the development and implementation of Local Region Action Plans under the series of statewide design, service and infrastructure plans being progressively released from 2016–17. Development of Local Region Action Plans will require partnerships and active collaboration across regions to ensure plans meet both regional and local service needs, as articulated in the statewide design, service and infrastructure plans. Ensure that an anti-bullying and harassment policy exists and includes the identification of appropriate behaviour, internal and external support mechanisms for staff and a clear process for reporting, investigation, feedback, consequence and appeal and the policy specifies a regular review schedule. Board and senior management ensure that an organisational wide occupational health and safety risk management approach is in place which includes: (1) A focus on prevention and the strategies used to manage risks, including the regular review of these controls; (2) Strategies to improve reporting of occupational health and safety incidents, risks and controls, with a particular focus on prevention of occupational violence and bullying and harassment, throughout all levels of the organisation, including to the board; and (3) Mechanisms for consulting with, debriefing and communicating with all staff regarding outcomes of investigations and controls following occupational violence and bullying and harassment incidents. Implement and monitor workforce plans that: improve industrial relations; promote a learning culture; align with the Best Practice Clinical Learning Environment Framework; promote effective succession planning; increase employment opportunities for Aboriginal and Torres Strait Islander people; ensure the workforce is appropriately qualified and skilled; and support the delivery of high-quality and safe person centred care.	• Continue to contribute to the Strengthening Hospitals in Melbourne's West consortium focusing on optimising collaborations in maternity services, surgery, urgent care, cardiac and paediatric emergency. • Review the anti-bullying and harassment procedure to ensure it includes the identification of appropriate behaviour, internal and external support mechanisms for staff and a clear process for reporting, investigation, feedback, consequence and appeal mechanism. The procedure will detail when the next review will occur. • Complete a self-assessment against the Victorian Auditor General's Office Public Safety in Victoria's Public Hospitals Audit recommendations and develop an implementation plan that addresses creating a culture and environment that supports both patient and staff safety in health care setting. • Review all incidents associated with occupational health, safety and occupational violence, capture all risk identifications and recommendations and ensure the board Quality and Safety Committee consider them for implementation. • Implement a workforce plan by April 2017 which will improve industrial relations ensuring the workforce is appropriately qualified and skilled; and support the delivery of high-quality and safe person centred care.	• Active and ongoing participation in Strengthening Hospitals in Melbourne's West. • The Anti-Bullying and Harassment procedure has been reviewed and updated. • The Occupational Health and Safety Committee have responsibility for this action plan that is reviewed monthly and reports to the Quality and Safety Committee. • Self-assessment completed and action plan developed. • All incidents are recorded on RiskMan and reported through the Governance Committee Structure. • A workforce plan has been developed.

Domain

Action	Deliverables	Outcomes
Create a workforce culture that: 1) includes staff in decision making; 2) promotes and supports open communication, raising concerns and respectful behaviour across all levels of the organisation; and 3) includes consumers and the community.	• Promote the values of the organisation, and the behaviours that align with them through a range of new strategies. • Conduct an analysis of the people matter survey results and implement an action plan to address key areas of underperformance. • Consult with staff and community in regard to any future building projects.	• Values launch occurred in August 2016. Monthly meetings held with Managers around driving values and behaviours throughout organisation. • Analysis of People Matters Survey completed and an action plan developed and implemented. • Staff and community have been consulted via emails, newsletters and website posts in relation to Theatre building project, Maternity building project, and the Melton Health and Community Service building.
Ensure that the Victorian Child Safe Standards are embedded in everyday thinking and practice to better protect children from abuse, which includes the implementation of: strategies to embed an organisational culture of child safety; a child safe policy or statement of commitment to child safety; a code of conduct that establishes clear expectations for appropriate behaviour with children; screening, supervision, training and other human resources practices that reduce the risk of child abuse; processes for responding to and reporting suspected abuse of children; strategies to identify and reduce or remove the risk of abuse and strategies to promote the participation and empowerment of children.	• Actively promote Child Safe week in October 2016 throughout the organisation. • Develop and advertise child appropriate and accessible information about what constitutes child abuse, children's rights, and how they can raise concerns about abuse.	• Child Safe Week was actively promoted. • The Child Safe Standards have been incorporated into the organisations policies and procedures. • Information has been developed and disseminated across all sites including information posters.
Implement policies and procedures to ensure patient facing staff have access to vaccination programs and are appropriately vaccinated and/or immunised to protect staff and prevent the transmission of infection to susceptible patients or people in their care.	• Develop a procedure supporting immunisation and implement a vaccination program that reduces the risk of transmission to community and susceptible people who access Djerriwarrh Health Services.	• A workforce immunisation action plan and procedure has been developed to ensure a risk based immunisation program in accordance with national guidelines. This is monitored by the infection control committee.
Further enhance cash management strategies to improve cash sustainability and meet financial obligations as they are due.	• Monitor daily cash flow to ensure financial obligations are met as they are due. • Implement a range of cost saving and revenue generating activities aimed at stabilising financial performance which in turn will enhance levels of cash and investments held.	• Daily cash flow reports are reviewed. All financial obligations have been met by due date. • Financial Management Improvement Plan has been developed and savings target was achieved in 2016-17.
Actively contribute to the implementation of the Victorian Government's policy to be net zero carbon by 2050 and improve environmental sustainability by identifying and implementing projects, including workforce education, to reduce material environmental impacts with particular consideration of procurement and waste management, and publicly reporting environmental performance data, including measurable targets related to reduction of clinical, sharps and landfill waste, water and energy use and improved recycling.	• Decrease electricity usage by implementation of LED lighting and decrease water usage by auditing equipment containing float valves for overflow issues and increase the usage of recycled water.	• LED implementation across the Bacchus Marsh and Melton Regional Hospital site has occurred. • Bacchus Marsh and Melton Regional Hospital has had a full site water leakage testing occur, resulting in the removal of old pipework which was prone to leaks and water wastage. • New washing and sterilisation equipment has been installed, using less water. • Implemented Health Purchasing Victoria copy and print paper agreement which supports sustainability (supports responsibly managed forestry operations and their longer term sustainability).

Financial sustainability

Part B: Performance Priorities

Quality and safety

Key performance indicator	Target	2016-17 Actual
Accreditation		
Compliance with NSQHS Standards accreditation	Full compliance	Achieved
Compliance with the Commonwealth's Aged Care Accreditation Standards	Full compliance	Achieved
Infection prevention and control		
Compliance with cleaning standards	Full compliance	Achieved
Very high risk (Category A)	90 points	Achieved
High risk (Category B)	85 points	Achieved
Moderate risk (Category C)	85 points	Achieved
Submission of infection surveillance data to VICNISS	Full compliance	Achieved
Compliance with the Hand Hygiene Australia program	80%	89%
Percentage of healthcare workers immunised for influenza	75%	78%
Patient experience		
Victorian Healthcare Experience Survey - data submission	Full compliance	Achieved
Victorian Healthcare Experience Survey – patient experience Quarter 1	95% positive experience	99%
Victorian Healthcare Experience Survey – patient experience Quarter 2	95% positive experience	97%
Victorian Healthcare Experience Survey – patient experience Quarter 3	95% positive experience	95%
Victorian Healthcare Experience Survey – discharge care Quarter 1	75% very positive response	87%
Victorian Healthcare Experience Survey – discharge care Quarter 2	75% very positive response	87%
Victorian Healthcare Experience Survey – discharge care Quarter 3	75% very positive response	83%
Maternity and newborn		
Percentage of women with prearranged postnatal home care	100%	100%
Rate of singleton term infants without birth anomalies with APGAR score <7 to 5 minutes	≤1.6%	0.4%
Rate of severe foetal growth restriction in singleton pregnancy undelivered by 40 weeks	≤28.6%	40%

Governance and leadership

Key performance indicator	Target	2016-17 Actual
People Matter Survey - percentage of staff with a positive response to safety culture questions	80%	89%

Financial sustainability

Key performance indicator	Target	2016-17 Actual
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Finance

Operating result (\$m)	0.00	0.500
Trade creditors	60 days	29 days
Patient fee debtors	60 days	61 days
Public & private WIES performance to target	100%	81%
Adjusted current asset ratio	0.7	1.05
Number of days with available cash	14 days	18.4 days

Asset management

Basic asset management plan	Full compliance	Achieved
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Part C: Activity & Funding

Funding type	2016-17 Activity Achievement
Acute Admitted	
WIES Public	4,009
WIES Private	153
WIES (Public and Private)	4,162
WIES DVA	30
WIES TAC	-
WIES TOTAL	4,192
Sub-Acute & Non-Acute Admitted	
Subacute WIES - Palliative Care Public	36
Subacute WIES - Palliative Care Private	1
Subacute WIES - DVA	-
Sub-Acute Non-Admitted	
Health Independence Program - Public	8,108
Aged Care	
Residential Aged Care	10,288
HACC	15,905
Primary Health	
Community Health / Primary Care Programs	17,591
Other	
Health Workforce	10

Range of Services

Hospital Services

Acute Medical	Maternity – Domiciliary Support	Pre-Admission Clinic
Acute Surgical	Oncology/Haematology	Renal Dialysis
Alcohol & Drug – Detoxification Unit	Palliative Care	Theatre Services
Maternity – Delivery Unit	Post-Acute Care	Urgent Care

Allied and Community Health

Adolescent, Young Adult & Family Counselling	Family Violence Prevention Counselling	Occupational Therapy
Alcohol & Other Drug Services Moorabool, Melton	Financial Counselling	Paediatric Program including Autism and Developmental Delay Assessments
ATSI liaison	Friendly Visiting Program	Palliative Care
Audiology Clinic (Hearlink)	General Counselling	Physiotherapy
Breast Cancer Support	Health Coach Nursing Service	Podiatry
Community Health Nursing	Healthy Mothers Healthy Babies Program	Psychology
Community Palliative Care	Hospital In The Home (HITH)	Social Worker
Continence Service	Infant Settling & Feeding Clinic (Tweddle)	Speech Pathology
Day Medical	Live Free Breathe Free Smoking Cessation Clinic	Stomal Therapy Clinic
Day Rehabilitation	Lymphoedema Service	Telemedicine Home Monitoring
Dementia Support Nurse	Mortgage Wellbeing Service	Wound Consultancy
Diabetes Education	Needle & Syringe Program	
Dietetics		
District Nursing		

Specialist Services

Antenatal Consulting Clinics	General Medicine/Nephrology	Orthopaedic Clinic
Dental	Gynaecology	Respiratory Medicine
Dermatology	Maternity – Preparing for Birth, Breastfeeding and Parenting Classes (Childbirth Education)	
Endocrinology		

Residential Aged Care

Grant Lodge

Environmental Performance - Environmental Footprint

Djerriwarrh Health Services is dedicated to ensuring it minimises its carbon footprint where possible. Being in a population growth corridor presents challenges to reduce waste, energy and water from year to year as Djerriwarrh provides more and more services to its communities.

Gas

Our decrease in gas usage can be attributed to the removal of gas-fired reheats in our air-conditioning plant, the shutting down of a gas-fired underfloor heating system, and the installation of energy efficient domestic hot water systems at one of our sites.

Electricity

A decrease in electricity usage has been largely due to energy efficient boilers in use within our new Central Sterile Supply Department (CSSD) and the replacement of fluorescent lights to LED lights where possible.

Energy type	2014-2015	2015-2016	2016-2017
Total stationary energy consumption by energy type (GJ)			
Electricity	7,923	8,003	7,596
Natural Gas	4,593	6,078	2,637
Total	12,516	14,081	10,233

Water

Water usage has declined significantly due to water efficient CSSD plant being installed, removal of old pipework that was susceptible to leaks and auditing of float valves across the organisation.

Water	2014-2015	2015-2016	2016-2017
Total water consumption by type (kL)			
Potable Water	66,026	31,402	19,839
Total	66,026	31,402	19,839

Waste

The level of waste has not altered over the past year. There has been an increase in our recyclable waste offset by a reduction in general waste. The increase in recyclable waste is due to the implementation of mixed recycle bins which are able to cater for all plastics, paper, cardboards, metals and glass.

Total waste generated (kg clinical waste+kg general waste+kg recycling waste) 13,158 kg.

Statutory Reporting

Under the Directions for the Minister for Finance, part 9.1.3 (iv) it is mandatory for Djerriwarrh Health Services to report on statutory requirements, including legislative changes that have had an impact on the operations of Djerriwarrh Health Services. Djerriwarrh Health Services has fully complied with all statutory disclosures and other requirements.

Freedom of Information

Djerriwarrh Health Services is an agency subject to the *Freedom of Information Act (Victoria) 1982*. As required under the Act, Djerriwarrh Health Services has nominated the chief executive as the Freedom of Information Officer.

During 2016–17, 236 Freedom of Information requests were processed.

Protected Disclosure

Djerriwarrh Health Services is an agency subject to the *Protected Disclosure Act 2012* which enables people to make disclosures about improper conduct within the public sector without fear of reprisal.

The Act aims to ensure openness and accountability by encouraging people to make disclosures and protecting them when they do.

There were no disclosures in 2016–17.

Carers Recognition

Djerriwarrh Health Services is fully compliant with the *Carers Recognition Act 2012*. This Act formally recognises and values the role of carers and the importance of care relationships in the community. The Act states principles about the significance of care relationships and specifies obligations for State Government agencies, local councils and other organisations that interact with people in care relationships.

There were no disclosures in 2016–17.

Victorian Industry Participation Policy

Djerriwarrh Health Services is compliant with the *Victorian Industry Participation Policy Act 2003*. During the year, there was one contract under the Victorian Industry Participation Policy that was completed which was subject to tender for services for construction of building works to the value of \$1.5 million. This project utilises approximately 97 per cent of local content and has created two new jobs and allowed 16 jobs to be retained.

Building Maintenance

Djerriwarrh Health Services complies with the provisions of the *Building Act 1993* which encompasses the Building Code of Australia and Standards for Publicly Owned Buildings November 1994.

Industrial Relations

Djerriwarrh Health Services endeavours to maintain a good relationship with industrial relations bodies by being open and transparent. There was no time lost in 2016–17 due to industrial disputes.

Competitive Neutrality

It is Government policy that the costing policies of publicly funded organisations should reflect any competitive advantage available to the private sector. Djerriwarrh Health Services complies with the National Competition Policy and has met the requirements of the Competitive Neutrality Policy Victoria.

Privacy

Djerriwarrh Health Services is committed to the protection of privacy of information for all patients, residents, clients and staff.

Statement of Merit and Equity

Djerriwarrh Health Services ensures a fair and transparent process for recruitment, selection, transfer and promotion of staff. It bases its employment selection on merit and complies with the relevant legislation. Policies and procedures are in place to ensure staff are treated fairly, respected and provided with avenues for grievance and complaint processes.

Safe Patient Care

Djerriwarrh Health Services complies with the *Safe Patient Care Act 2015* in relation to Nurse to Patient and Midwife to Patient ratios.

Statement of Fees and Charging Rates

Djerriwarrh Health Services charges fees in accordance with the Victorian Department of Health and Human Services directives issued under Regulation 8 of the Hospital and Charities (Fees) Regulations 1986, as amended.

Overseas travel

No overseas trips were taken during 2016-2017.

Publications

The following publications dealing with the functions, powers, duties and activities of the health service were produced in 2016-2017.

Electronic copies of the documents are available at www.djhs.org.au and printed copies are held in the executive office:

- Djerriwarrh Health Services Annual Report
- Djerriwarrh Health Services Quality Account

Occupational Health and Safety

Occupational Health and Safety at Djerriwarrh Health Services is focused on the safest possible workplace ensuring all our staff are supported and can stay well, acknowledging the linkage between personal health and safety in the workplace. The goal is to prevent injury through education, training and risk identification, or if someone is injured assisting their recovery and return to work. The Occupational Health and Safety Committee has broad representation from across the organisation and meets monthly to review prevention activities, promote health and wellbeing,

and review incidents to develop strategies to improve the environment.

In 2016-17 191 Occupational Health and Safety related incidents were recorded. Reporting is encouraged to support improvements and monitor progress. Of the incidents reported 94% were rated as no injury or minimal injury with no additional care required, 6% were rated as injury requiring an increased level of care, and there were no incidents whereby a severe injury was recorded.

During 2016-17 there were eight new WorkCover claims compared to ten in 2015-16.

Training and practice is a key aspect of maintaining a safe environment. Djerriwarrh Health Services has a scheduled plan for practicing emergency evacuations, fire drills and managing emergency situations.

Mandatory education for all employees covers:

- Manual Handling
- Hand Hygiene
- Bullying & Harassment
- Emergency Procedure Training
- Module 1 – Introduction to Culturally Competent Care
- Module 2 – Culturally Competent Communication
- Preventing & Managing Occupational Violence & Aggression
- Social Media

The valuable feedback received from consumers has led to significant improvements in both the physical environment and the way services are provided, contributing to a safer health service.

Occupational violence statistics	2016-2017
WorkCover accepted claims with an occupational violence cause per 100 FTE	0
Number of accepted WorkCover claims with lost time injury with an occupational violence cause per 1,000,000 hours worked.	0
Number of occupational violence incidents reported	68
Number of occupational violence incidents reported per 100 FTE	15.48
Percentage of occupational violence incidents resulting in a staff injury, illness or condition	0

Financial Reporting 2016/17

Financial Performance

	12-13 \$'000	13-14 \$'000	14-15 \$'000	15-16 \$'000	16-17 \$'000
Total Revenue	51,152	55,544	57,329	66,794	71,428
Total Expenses	53,091	57,212	57,955	64,636	66,132
Other operating flows included in the Net result	-	(23)	(103)	(551)	578
Net Result for the Year	(1,939)	(1,691)	(729)	1,607	5,876
*Operating Result	68	207	(37)	144	500
Total Assets	40,277	41,262	42,183	45,294	52,039
Total Liabilities	13,265	13,459	15,109	16,613	16,767
Total Equity	27,012	27,803	27,074	28,681	35,272

* The Operating result is the result for which the Health Service is monitored in its Statement of Priorities, also referred to as the *Net result before capital and specific items*.

Unadjusted current Asset Ratio	12-13 \$'000	13-14 \$'000	14-15 \$'000	15-16 \$'000	16-17 \$'000
Current Assets	7,530	7,506	8,221	9,535	11,701
Current Liabilities	11,937	11,689	13,147	14,383	14,937
Current Asset Ratio	0.63	0.64	0.63	0.66	0.78

Djerriwarrh Health Services has continued to implement significant reforms in 2016-17.

Management and staff are committed to embracing change and enhancing rigour and accountability across all aspects of the organisation..

The Department of Health and Human Services has acknowledged the financial challenges faced by Djerriwarrh Health Services in 2016-17 and has supported the Health Service by not recalling funding for a 19 percent under target result for acute care in 2016-17.

As a result of this assistance, Djerriwarrh Health Services ended the 2016-17 financial year with an operating surplus of \$500k, against a projected breakeven operating budget. In 2016-17 revenue of \$433k was recognised in the operating result, whereas the expenditure will be incurred in 2017-18.

Community Support

Djerriwarrh Health Services is grateful for the financial support it receives from community members whose donations are used to purchase vital medical equipment.

The health service particularly wants to recognise the members of the Bacchus Marsh Ladies Auxiliary for their ongoing service and support.

In addition, thanks goes to those who attended or support annual fundraising events, including the David Calleja Memorial Car Show, The Longest Lunch, Mothers Day Luncheon and Ladies Tennis Day. While events like these raise funds for equipment, they also allow Djerriwarrh to showcase its services.

Workforce Data

The table below shows the full time equivalent (FTE) employee numbers at 30 June 2016 and 30 June 2017. The FTE figures exclude overtime. These figures do not include contracted staff (e.g. Agency nurses, Fee for Service Medical Officers) who are not regarded as employees for this purpose.

Labour Category	JUNE Current Month FTE		JUNE YTD FTE	
	2016	2017	2016	2017
Nursing	179.50	190.90	179.84	185.72
Administration and Clerical	84.85	80.37	83.58	82.41
Medical Support	28.06	22.32	26.43	22.43
Hotel and Allied Services	48.93	48.49	48.77	48.01
Medical Officers	7.97	5.22	5.29	6.54
Hospital Medical Officers	6.82	11.13	5.25	9.17
Sessional Clinicians	0.05	0.05	0.05	0.05
Ancillary Staff (Allied Health)	83.21	86.09	78.82	84.76

Details of ICT Expenditure

Business as usual (BAU) ICT expenditure (Total) (excluding GST)	Non business as usual ICT expenditure		
	Total expenditure	Operational	Capital expenditure
\$2.1m	\$0.3m	\$0.0m	\$0.3m

Consultancies

In 2016-17, there were three consultancies where total fees payable were \$10,000 or greater. Total expenditure incurred during 2016-17 in relation to these consultancies is \$247,812 (excl. GST).

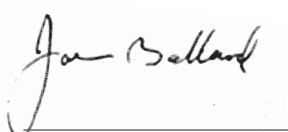
Individual consultancies (\$10,000 or greater)

Consultant	Purpose of Consultancy	Start Date	End Date	Total approved project fee (excl GST)	Expenditure 2016-17 (excl GST)	Future expenditure (excl GST)
PORTER NOVELLI AUSTRALIA PTY LTD	Communications	01/07/2016	30/06/2017	\$126,327	\$126,327	\$35,000
DEVELOPMENT ESSENTIALS PTY LTD	Development of Koolin Balit Project Plan	22/08/2016	30/11/2016	\$55,000	\$55,000	\$0
STUDER GROUP AUSTRALIA PTY LTD	Leadership coaching	1/07/2016	30/06/2017	\$66,485	\$66,485	\$40,000

In 2016-17 there were two consultancies where total fees payable were less than \$10,000. Total expenditure incurred during 2016-17 in relation to these consultancies is \$3,650 (excl GST).

Events subsequent to Balance Date

There has been no event subsequent to balance date that may have a significant effect on the operations of the entity in subsequent years.



Dr John Ballard

Administrator

Bacchus Marsh, 21 August 2017



Andrew Freeman

Chief Executive

Bacchus Marsh, 21 August 2017

Our Volunteers & Staff Milestones

Volunteers are gratefully acknowledged for the hard work and support they give Djerriwarrh Health Services. Volunteers help in many areas including Meals on Wheels, Melton Health, Melton Community Health, Grant Lodge, Consumer Transport, Friendly Visiting, Hospital Auxiliary, Palliative Care and the Hospital Kiosk. Without the nearly 250 volunteers recognised below, it would be difficult for Djerriwarrh to provide services to the community in the way that it does.

Current Volunteers

Gregory Adams	Barbara - Anne	Melissa Dryden	Sylvia Halloran	John Keddy
Margaret Amery	Caisley	Tonia Dudzik	Mandy Harrington	Loretta Kelly
Felicity Antony	Jean Carboon	Yvonne Duhigg	Dorothy Hatcher	Cheryl King
Barbara Atkin	Norman Carboon	Kay Dunen	Bernadette Hayter	Eileen Knight
Sue Bacon	Jemma Carmichael	Lili Eggleston	Dorothy Hazell	Rachel Laurie
Gillian Barker	Elizabeth Charge	Karena Esnouf	Andrew Heal	Joanne Layton
Anthony Barker	Janice Chircop	Stephenie Evans	Chantelle Heggie	Betty Le Sueur
Anastasia Bazzano	Cheryll Cleggett	Janice Farmelo	Nanette Hein	Wendy Lesko
Greta Beale	Carole Cochrane	Sandra Ferella	Lynette Hennessy	Roberta Lewis
Vivienne Bearne	Lindsay Collins	Marilyn Fernandez	Lynette Hewat	Jillian Lidgett
Alexandra Bebenek	Victoria Cook	Gwenda Ferry	Robyn Hine	Bernice Light
Prue Beech	Dorothea Cook	Helen Fleming	Debra Hine	Heather Linsdell
Anne Bennett	Heather Crouch	Christine Gasior	Kaye Holland	Helen Lyne
Carmel Berry	Glenys Currie	Anne Gatt	Athena Holmes	Trevor Lyne
Laura Berryman	Elton Cutajar	David Gibbs	Lynne Hopewell	Robyn Mackenzie
Ann Birch	Elizabeth Davie	Joan Gibson	Glenda Hornbuckle	Michelle Males
Iris Blythe	Wendy Deacon	Wendy Ginnane	Dorothy Hornbuckle	Thelma Manly
Peter Blythe	Mary Delahey	Robyn Goodman	Marg Hose	Wendy Mannix
Hania Bout	Brent Delahey	Gino Governi	Greg Hose	Sandra Martin
Linda Bracksley	Barbara Di Collalto	Agnes Governi	Damiene House	Donna May
Jill Braithwaite	Joyce Dick	Julie Grace	Maryanne Hucker	Dianne McAuliffe
Pamela Broad	Vernon Dick	John Graham	Lorraine Huntley	Beverly McCourt
Iwonna Brojer	Valerie Dickson	Deborah Grech	Emmy Jansink	Trevor McGinley
Robyn Brooks	Mary Diele	Marica Grech	Lance Jennison	Carol McGrath
Joan Brown	Sunita Ditcham	Angela Grigg	Judy Jensz	Janice McGuinness
Janina Brown	Naomi Donaldson	Kirsten Grigg	Wayne Johnson	Cornelia
Jennifer Burn	Glenis Dow	James Grimes	Donald Johnson	McLaughlin
Marlene Burvill	Sandra Downs	Keith Gundry	Julie Johnson	Cathryn Merry
Kay Butler	Celestine Drake	Lauren Gurion	Pieter Jongkryg	Robyn Millar

Our Volunteers

Current Volunteers (continued)

David Millar	Jennifer Partridge	Isabella Sciberras	Olive Tait	Keith Wesley
Lee-Anne Miller	Aaron Pereira	Nola Scicchiano	Glenda Tanner	Jean Weybury
Susan Miller	Marie Perry	Agnes Seex	Margaret Thompson	Lucille Wheelahan
Bertha Missen	Jennifer Petersen	Victoria Seex	Pamela Thorne	Robert Whitefield
Francie Muccignat	Nola Pettett	Vivienne Sheldon	Maureen Thorpe	Catherine Williams
Lacey Mugavin	Debra Pickering	Dianne Simboro	Alice Trask	Derek Williamson
Evelyn Mugavin	Helen Pike	Merryn Smith	June Trask	John Wilson
Margaret Murdoch	Deanna Portlen	Penney Smithers	Andrew Travis	Robyn Youl
Karin Murer	Joshua Powell	Yvonne Spargo	Norma Trotter	Barry Youl
Robert Murphy	June Prout	Rosa Stainer	Rosemary Van Alkemade	Lynette Young
Betty Nelson	Peter Rattray	Audrey Stanaway	Elya Vanhinnisdael	Thelma Young
Raymond Newland	Jeanette Rattray	Melita Stephenson	Melinda Venditti	
Sheryl Newton	Nola Roberts	Gayle Stevens	Jennifer Wade	
Robyn O'Keefe	Lynette Robinson	Anthony Stevens	Kathleen Warwick	
Carolyn Olthof	Gayle Rodda	Nancy Stewart	Helga Weiss	
Kathryn Orchard	Winsome Rose	Lorraine Stewart	Denise Werner	
Pauline Pace	Carolyn Rowan	Graeme Stewart	Joan Wesley	
Wendy Parkes	Doreen Salt	Lorraine Symons		

Retired Volunteers

Janet Austin	Karel Donachie	Bianca Krause	Deanna Patti	Mandy Thomas
Daryl Baker	Tamara Frampton	Faye Lidgett	Julie Pollard	Jill Anne Thorneycroft
Sue Baker	Rebecca Gallo	Carmel Matthews	Kenneth Polmear	Raymond Thorneycroft
Margaret Bates	Adelaide Giddens	Patricia McCartney	Douglas Prentice	Brigid Vallance
Margaret Bennet	Susan Gloury	Rosemary McDonald	Julie Riddell	Gerry Van Baast
Maureen Bird	Carol Goetz	Dawn McQuinn	Kerry Saksida	Kathryn Vokes
Erin Cairns	Carole Griffiths	Margaret Miller	Margaret Scarff	Catharina Ziola
Pauline Carson	Ann Hall	Lorna Newman	Jane Seymour	
James Cattlin	Robyn Hein	Susanne O'Dwyer	Kathleen Stone	
Adele Close	Pamela Hill	Bernard Orchard	Vanessa Street	
Shirley Cowley	Susan Horsfall	Sylvia Palmer	Elizabeth Suter	
Kathryn Davies	Herman Jansink	Barbara Palmer	Rona Sweet	
Gillian Davis	Laurel Janson		Stefan Theuma	

Staff Milestones

35 years

Colleen O'Sullivan Jennifer Hallam

30 years

Monica White Veronica Bertram Suzanne De Jong

25 years

Jillian Grinstein Colin Leggatt Kathleen Williamson Joanne Ballard

20 years

Edward Small Helen Spencer Catherine Craig Tracey Sharples
Colleen Adams

15 years

Catherina Carr Tara Seelenmeyer Nadine Berry Maree Bell
Tarryn Argus Stephen Sherry Sharon Pearce Faye Nance

10 years

Melinda Sammut	Tricia Keen	Kathryn Griffiths	Melanie Fisher
Darlene Fernandez	Kristy-Lee Hodge	Marianne Samy	Karen Macdonald
Rebekah Dowdy	Jane Grey	Sarah Hibberd	Janina Brown
Christine Thorneycroft	Cheryl Munro	Debra McMahon	Emma Moss
Meagan Young	Lynne Percy	Tiarni Platt	Karen Farrugia
Lisa Daly	Christine Wallace	Leanne Romaszko	Kerryn Charge
Maree Veal	Rosemary Dale	Anne-Marie Hoare	Hollie Cutajar
Glenda Munro	Penny Lewis	Joy Hutchins	Louise Antony
Kelly Pigott	Sherie Grech	Rosemary Piper	Josephine Yeatman
Geoffrey Threlfall	Cindy Dickman	Robyn Millar	Leanne McGrath
Julie Brooks	Laurel Olerhead	Suzette Jackson	Royston Hitchings
Peter Zanoni	Carole Williams	Robin Bristow	Carolyn Lewis
Shing Fan	Claire Josephs	Shauna Howden	Margaret Tadokata

Appendix A.

Alternate Presentation of Comprehensive Operating Statement

	2017	2016
	\$'000	\$'000
Interest	164	190
Sales of goods and services	2,244	2,072
Grants	58,707	56,883
Other Income	10,313	7,610
Total revenue	71,428	66,755
Employee expenses	48,338	47,096
Depreciation	2,567	2,438
Grants and other transfers	1,740	1,317
Other operating expenses	13,485	13,785
Total expenses	66,130	64,636
Net result from transactions – Net operating balance	5,298	2,119
Net gain/(loss) on sale of non-financial assets	-	39
Other gains/(losses) from other economic flows	578	(551)
Total other economic flows included in net results	578	(512)
NET RESULT FOR THE YEAR	5,876	1,607
Other comprehensive income		
Changes in physical asset revaluation surplus	715	-
Total other comprehensive income	715	-
Comprehensive result	6,591	1,607

This statement does not form part of the Audited Financial Statements and has not been audited by VAGO. The above presentation reflects the format required for reporting to the Department of Treasury and Finance. The statement is attached as an appendix to the Health Service's financial information. Whilst the net result reconciles to the Comprehensive Operating Statement, it does not form part of the Audited Financial Statements.

Financial Statements

**Please contact 03 5367 2000 or email: info@djhs.org.au
if the Financial Statements are not attached here.**

The Financial Statements are general purpose financial statements which have been prepared in accordance with the Financial Management Act 1994 and applicable Australian Accounting Standards (AA5)



www.djhs.org.au

ABN 83 271 740 698