

# KYABRAM & DISTRICT HEALTH SERVICES

## REPORT OF OPERATIONS

### Manner of Establishment and relevant Ministers

Kyabram & District Health Services (incorporating Kyabram Nursing Home and Extended Care Centre Inc.) was established on 27 March 1960 and operates in accordance with the health Services Act 1988. The responsible Minister during the reporting period was The Hon. Daniel Andrews MP.

### Objectives, Functions, Powers and Duties

Objectives, Functions, Powers and Duties of Kyabram & District Health Services are described in Operational Practices and By-Laws of the organisation.

### Board Thank You

The role of the Board is to make informed choices about our health services on behalf of the community.

I would like to thank all Board members for their efforts and support over the last 12 months. They have taken on extra duties to ensure our Governance role continues at a high level.

This year we said farewell to three members.



Ray Tuhan: On 30th June Ray Tuhan retired after 13 years. Ray has held a number of board executive positions and been a valued contributor on most sub-committees during this time. He has been a passionate and tireless worker for the community, especially the Stanhope community, and he has contributed to many of the innovative changes that has occurred at the Health Service. Ray has also been a valued mentor for new Board members.

On 27th April Barry Prideaux and John Burrows officially resigned, but continued in a casual capacity.

Barry Prideaux: served on the Board for 3 1/2 years, holding the position of Treasurer for almost 2 years. Barry also participated on the following committees: Audit, Physical Resources, Project Control, Capital Appeal, Quality & Safety and Community Advisory Committee.

John Burrows: served on the Board for 2 1/2 years, holding a position on Executive for 18 months, and Chairing the Audit committee for almost 2 years. John also participated on the following committees: Physical Resources and Capital Appeal.

Three new members, Geoffrey Cootes, Jeffrey Newham and Nicole Ryan commence on 1st July 2010.

Michael Sweeney  
PRESIDENT  
BOARD OF DIRECTORS

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Front cover photo: Neil Cowen, CEO; Mike Sweeney, President; The Hon Daniel Andrews, Minister for Health with the plans for the new Renal Dialysis wing.

## President and CEO Report

*“Our reputation as a leader in rural health continues to grow. This is shown by: achieving the Premier’s award for the 2009 Rural Health Service of the Year and being a finalist for the ACCV’s best residential care facility in Victoria for the second year running, and our widely communicated Good To Great culture change process.”* **Michael Sweeney, President, Board of Management**

Throughout 2009/2010 the Kyabram & District Health Services (KDHS) has maintained the mission of “A commitment to Excellence in Health Care” and has provided quality care for our community, supported people of limited means and provided care for people with special needs.

The organisation has responded to a number of new challenges including a 2.6% increase in patients.

### **Renal Dialysis**

After five years of trying to establish a Renal Dialysis service, in February 2010 Minister Andrews announced that we could start a three chair service and provided funding for training staff and recurrent funding for the service.

#### Renal Dialysis Capital Project

Given our acute shortage of space across the entire health service, this has meant embarking on building a new wing to house the unit. As we write this, tenders are about to close of this project. While we have fast tracked this project, we now expect the services to start early in 2011.

### **Transitional Care Program (TCP)**

We have introduced a Transitional Care Program and are fully staffed for our TCP clients. The purpose of the program is to help clients in their transition from either hospital to home, or hospital to aged care. We have assisted clients to safely return to their home while others have gone into residential aged care.

The service consists of two inpatient and two community places and fills a gap within our service range. Again, the lack of space within our existing buildings means that staff are not ideally located. This challenge will only grow as demand for new programs, staffing and budgets continues.

### **Expansion of Consulting Suites**

The National Rural and Remote Health Infrastructure Program (NRRHIP) aims to improve access to health services by providing funding to rural and remote communities where the lack of infrastructure is a barrier to the establishment of new, or the enhancement of existing health services. We have the strong support of all the doctors in Kyabram, and the Division of General Practitioners for our submission to expand our consulting rooms to cater for additional registrars and in the future, interns.

This remains on our agenda for 2010/2011 as our funding application was unsuccessful in the last round. A refurbishment of the old pathology consulting rooms was a short term solution implemented this year.

### **Palliative Care – community support**

The DePasquale family has offered to fund the fit-out of a Palliative Care room, which complements the great job our District Nurses perform out in the community. The Ciavarella family and friends made donations to be used for furniture for palliative care patients. While very appreciative of the care their family members received whilst in palliative care, both families saw a need to improve the physical fabric of our acute wing. Their support is much appreciated.

### **Chronic Disease Management**

We were successful with a Chronic Disease Innovation Project grant submission to fund a Diabetes Team Care Group Model Project. This model will be the basis of expanding primary health programs into the future, utilising Commonwealth Government MBS funding.

### **Technology**

KDHS was one of the first health services to go live with the full suite of Healthsmart ISOFT patient management software, including the community health module. This was an extremely smooth roll-out, thanks to key staff who worked out of normal hours to ensure there was no disruption to our clients.

We also implemented Healthsmart Oracle finance program which has affected all areas of our finances and hopefully we will soon start to realise its benefits.

### **Community and Allied Health**

We continue to support our outlying towns by providing Community and Allied Health services to those towns.

#### Community Health, Stanhope

We have appointed an existing Div 1 nurse on a 12 month secondment to work at Stanhope, matching the service at Tongala.

#### Workhealth

Our busy Community Health team now provide Workhealth checks to businesses in our region.

Workhealth checks will be provided to our own staff, but by another provider (as required under the Workhealth regulations).

#### Early Childhood Intervention Services

We were successful in obtaining 12 extra packages to deliver early intervention services to Campaspe children needing high levels of support. The extra funding has assisted us in retaining a paediatric Occupational Therapist staff member who is now in an ongo-

## President and CEO Report cont.

ing role, and has built the critical mass of our paediatric allied health service. Demand for this service continues to outpace supply.

### Obstetric services

After many years of service Dr Bernie Moore announced that he is not continuing to provide obstetric services from January 2011. The Kyabram Regional Clinic (KRC) has formally announced that it is trying to recruit another GP obstetrician but will not take on new patients who expect to deliver after 31 December 2010.

This does not mean that the KDHS midwifery service stops. It means that we will not have medical support from KRC for obstetrics. Our preferred option is to have local medical support for our women giving birth in our district and we continue to work with the KRC to recruit another GP obstetrician. Various midwife led options are being explored with key stakeholders.

### Doctor Retirements

It is with sadness, we report that after 32 years of loyal service, Dr Michael McQueen Thomson retired at the end of the financial year. The number and size of his farewells was testament to the high regard in which he is held within the community. We wish him well in his retirement.

At the same time Dr Gyi decided to move to greener pastures. He also will be greatly missed by all.

### New Doctors

On a brighter note we have welcomed our new GP, Dr Anil and our Registrar, Dr Xue. Dr. Xue is a beneficiary of the KRC commitment to the provision of medical training to the increasing number of Registrars entering the health system within Victoria.

### Sheridan (Nursing Home)

For the second year running we were successful in being funded to deliver a *Well for Life* project to improve the lives of our Sheridan residents. Last year it was "*Count us In*". Both of these projects demonstrate the importance of actively encouraging volunteers to engage with residents and with us.

### Full Accreditation

In October 2009 Sheridan received the maximum accreditation period available (3 years to 31 October 2012) and passed all 44 standards. The auditors were particularly impressed with the extent and nature of the activities we provide for the residents. We especially wish to acknowledge the contribution of Robyn Fennell who took on the Acting NUM role in the lead up to accreditation. Robyn performed above and beyond normal expectations and has the gratitude of the staff as well. Sheridan goes from strength to strength under the leadership of the new Nurse Unit Manager, Paula Hinton.

At the beginning of the year, vacancies in Sheridan were so high that we had to temporarily close six beds. No staff were made redundant and we are pleased to report that by the end of the year demand had increased and the beds were reopened.

### Sheridan Capital Project

Fundraising for the final stage of the Sheridan upgrade has almost reached \$2million of the \$2.3 million target, and the project is on track to start building works in 12 months.

We acknowledge the ongoing support of our community through their commitment to the pledges they have made, and thank the new donors who have contributed during the year, including new major donations received during the year of \$40,000 from the Collier Charitable Fund, \$150,000 from the Department of Health and \$10,000 from Tatts Pokies.

Our architect, Balcombe Griffiths has had consultations with nursing staff in regard to any changes in best practice nursing over the last 5 years and to learn from the earlier stages. He has also had discussion with other staff and families to ensure that the proposed changes were consistent with all stakeholders' requirements.

Residents can look forward to a large increase in personal and communal space and increased privacy and improved amenities. We also have the basis for a master plan of the future look of the eastern part of the site.

### Planning for the future

To respond to the changed demand for residential care beds we are aiming to expand our services into community care packages, where we provide services to community members in their own homes. A phenomenal amount of effort including late nights and weekends has gone into the tender for CACP, EACH and EACH -D packages, across two regions. The outcome of the tender is still unknown.

### Equipment

During the year the Department of Health (DoH) funded a range of medical equipment, including: \$171,000 to purchase a gastroscope, a colonoscope, a PCA pump and syringe drivers, volumetric pumps, an operating table and a defibrillator.

### Environment

We have had two water efficiency projects funded by the Department of Health:

1. Installation of ten 3,000 litre slimline rainwater tanks, pipework and pumps to provide 30,000 litres of storage water. The water will be used in flushing systems and in the new pre-cooling systems for the main plant-rooms in the acute wing and irrigation water.
2. Installation of a rainwater supply system to the laundry.

We look forward to being able to use rain water and reuse water used in the Laundry process for rinse / pre-wash cycles or on the grounds irrigation.

A third project, the installation of a pot scrubber also reduced water usage.

The new Renal Dialysis Unit will use potable water for patient treatments, most of which normally goes

## President and CEO Report cont.

to waste. We will recover at least half that portion of water that is suitable for reuse, for the grounds and in the pre-cooling system water supply.

The Building Management Control System was installed. We can now monitor and adjust the operation of plant and equipment properly. We utilise this equipment to increase the efficiency of our systems to save energy. Pre-cooling panels were installed on the roof of the acute wing. These will improve the efficiency of cooling in that area.

### Thank you

Success does not rely on the efforts of one person, but through leadership, encouragement and a supportive, innovative culture success can be shared amongst people who have participated in making it happen. The staff at Kyabram & District Health Services and our Visiting Medical Officers, especially local GP's, have toiled throughout the year to achieve some great results. We thank them sincerely for their commitment to our patients, residents and clients, and their teammates.

We thank those people who support KDHS through general donations. We rely on these for the purchase of equipment that is not otherwise possible. In the future, as in the past, we will be forever dependent upon our supporters and volunteers. We thank all those who enable us to "keep our eye on the ball", including our volunteers, staff and our Board of Directors.

We feel humbled by the nature, consistency and generosity of community support. We will never take for granted our community and will strive to meet their expectations with caring programs.

With them we remain committed to the cause of those who started the hospital on its current site 50 years ago on 27 March 1960.



Michael Sweeney

PRESIDENT  
BOARD OF DIRECTORS



Neil Cowen

CHIEF EXECUTIVE  
OFFICER

## Admitted Patients

	Acute	Sub-Acute	Mental Health	Other	Total
<b>Separations</b>					
Same Day	1,386	0	0	0	1,386
Multi Day	1,998	0	0	16	2,014
<b>Total Separations</b>	<b>3,384</b>	<b>0</b>	<b>0</b>	<b>16</b>	<b>3,400</b>
Emergency	1,196	0	0	0	1,196
Elective	1,935	0	0	0	1,935
Other inc Maternity	253	0	0	16	269
<b>Total Separations</b>	<b>3,384</b>	<b>0</b>	<b>0</b>	<b>16</b>	<b>3,400</b>
Total WIES	2,265				2,265
<b>Total Bed Days</b>	<b>10,513</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>10,513</b>

## Non-Admitted Patients

	Acute	Sub-Acute	Mental Health	Other	Total
Urgent Care Centre Presentations	4,437	0	0	0	4,437
Outpatient services—occasions of service (VACS and Non VACS clinics)	847	0	0	0	847
Other Services—occasions of service	0	0	0	*587	587
<b>Total occasions of service</b>	<b>5,284</b>	<b>0</b>	<b>0</b>	<b>587</b>	<b>5,871</b>
Victorian Ambulatory Classification System—Number of encounters (applicable to health service allocated with VACS throughput targets)	0	0	0	0	0

\* District Nursing Service = 305 Domiciliary = 282

## Clinical Summary

	2009/2010	2008/2009	2007/2008	2006/2007	2005/2006
<b>Acute Services</b>					
Patient Separations	3,331	3,315	3,365	3,365	3,322
Births	112	108	136	150	137
Urgent Care Centre Attendances	4,437	4,139	4,104	4,045	3,883
Average Length of Stay (days)	3.11	3.10	3.27	3.05	3.16
<b>Surgical Procedures</b>					
General Practitioners	426	402	423	462	465
Ear, Nose, Throat	279	316	398	261	184
Dental	51	74	77	66	83
Gynaecology	46	36	38	71	77
Ophthalmology	45	75	79	55	64
General Specialist	137	145	74	69	59
Orthopaedics	120	117	137	138	54
Plastics	0	5	28	25	44
Urology	0	0	0	5	35
<b>Total surgical Procedures</b>	<b>1,104</b>	<b>1,170</b>	<b>1,254</b>	<b>1,152</b>	<b>1,065</b>
Resident Bed Days (total Aged Care)	12,813	14,981	15,358	15,237	15,156
Community Health Counselling/Casework (hrs)	757	943	764	1,371	1,681
Dietetics (hrs)	1,185	897	763	640	278
Health Promotion (hrs)	NA	NA	NA	2,261	1,810
Nursing (hrs)	1,952	2,338	2,303	1,606	2,424
Occupational Therapy (hrs)	446	477	364	523	387
Physiotherapy (hrs)	2,588	2010	1,622	2,238	1,841
Speech Therapy (hrs)	574	593	879	1,095	1,130
<b>General Services</b>					
Meals Produced	86,821	94,517	99,088	96,157	98,017
Maintenance Requests (ex preventative)	2,783	2,620	2,072	2,427	2,291
Preventative Maintenance	1,036	1,345	1,217	1,063	1,102
<b>Staff</b>					
Equivalent Full-Time Staff	166.60	157.95	154.61	150.38	144.83
Total Staff	291	270	285	259	264

## Nature and Range of Services

Kyabram & District Health Services (KDHS) is located at Fenaughty Street, Kyabram and has a 39 bed ward and two operating theatres, providing acute medical, surgical and obstetric services. There is a 42 bed aged care facility, and a number of non admitted acute/sub acute services including an Acute Care Centre, District Nursing Service, Transitional Care Program, Planned Activity Group (HACC) as well as a number of Community programs including Community Allied Health, Diabetes Education, Post Acute Care, Rural Health Team Contenance, etc.

Community programs also operate from offices in Tongala and Stanhope.

### Acute

- 39 acute beds for medical, surgical, midwifery and transitional care admissions
- Palliative Care family stay area—overnight and day ‘time out’ area for families of Palliative Care in-patients
- Shared Care ante natal clinic run by midwives, in conjunction with Obstetricians, from the Kyabram Regional Clinic, Community Health Tongala and Community Health Stanhope
- Antenatal classes—pre-parenting classes with midwifery and physiotherapy input.
- 2 room birthing suite for low risk births
- Post natal home visits by midwives
- Urgent Care Centre—3 trolley unit and trauma room for emergency and urgent situations
- Needle and Syringe program—operates out of Urgent Care Centre 365 days a year
- Admission Clinic—all elective admissions have the opportunity to attend a pre admission clinic. Preparation for discharge commences on admission through the Admission Coordinator
- Contenance Nurse advisor for men and women
- Transitional Care program

### Operating Theatre

- 6 bed Day Procedure Unit for day surgery cases, blood transfusions and some chemotherapy
- 2 operating theatres—surgery includes
  - Dental surgery
  - Ear, Nose and Throat
  - Endoscopy
  - General Surgery
  - Gynaecology
  - Ophthalmology
  - Orthopaedics

### District Nursing Services

Including Breast Cancer support service.

### Residential Aged Care

42 bed aged care facility includes:

\* 12 bed dementia specific wing

\* 2 respite beds

### Primary and Allied Health Services

Chronic Disease Management  
Diabetes Education  
Counselling service, including Drought Counselling  
Dietetics  
Early Childhood Intervention  
Occupational Therapist  
Physiotherapist  
Planned Activity Group / HACC  
Speech Therapist  
Well Women’s Clinic

## Administrative Structure

### Board of Directors

as at 30th June 2010

Mr. Mike Sweeney—President  
Ms Judy Greer—Vice President  
Mrs. Maureen Atkins  
Mrs. Jean Courtney  
Mr. Doug Crow

Mr. Barry Norton  
Mr. Ray Tuhan  
Retired 27th April 2010:  
Mr. John Burrows  
Mr. Barry Prideaux

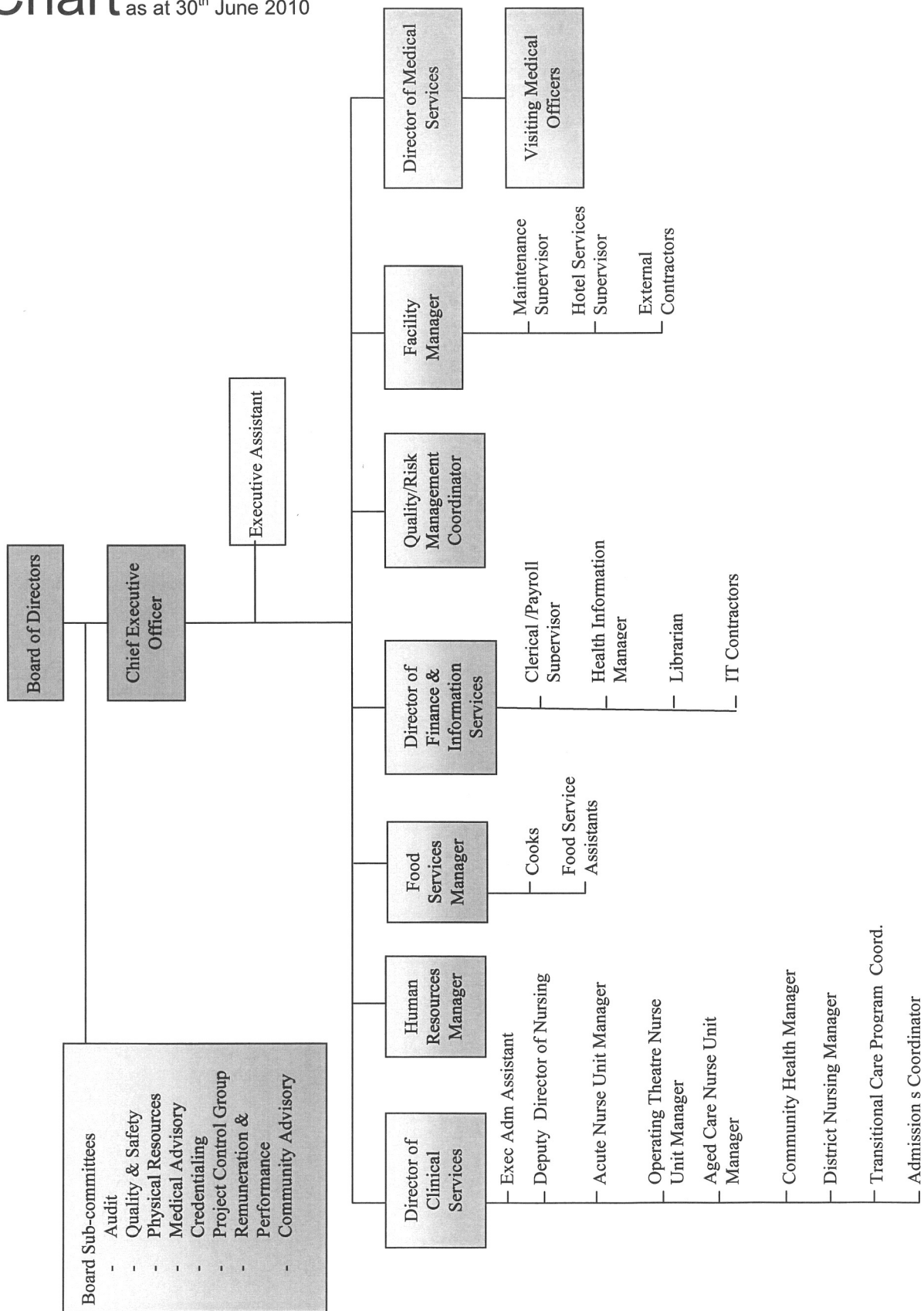
### Audit Committee

Mr. John Burrows (Chair)  
as Board member until 27th April 2010  
Mr. Mike Sweeney  
Miss Judy Greer  
Mr. David Livsey (community representative)  
Mr. Kevin Livingston (community representative)  
Mr. John Burrows (Chair) (community representative from 28th April 2010)

Retired during the year:  
Barry Prideaux

# Organisation Chart

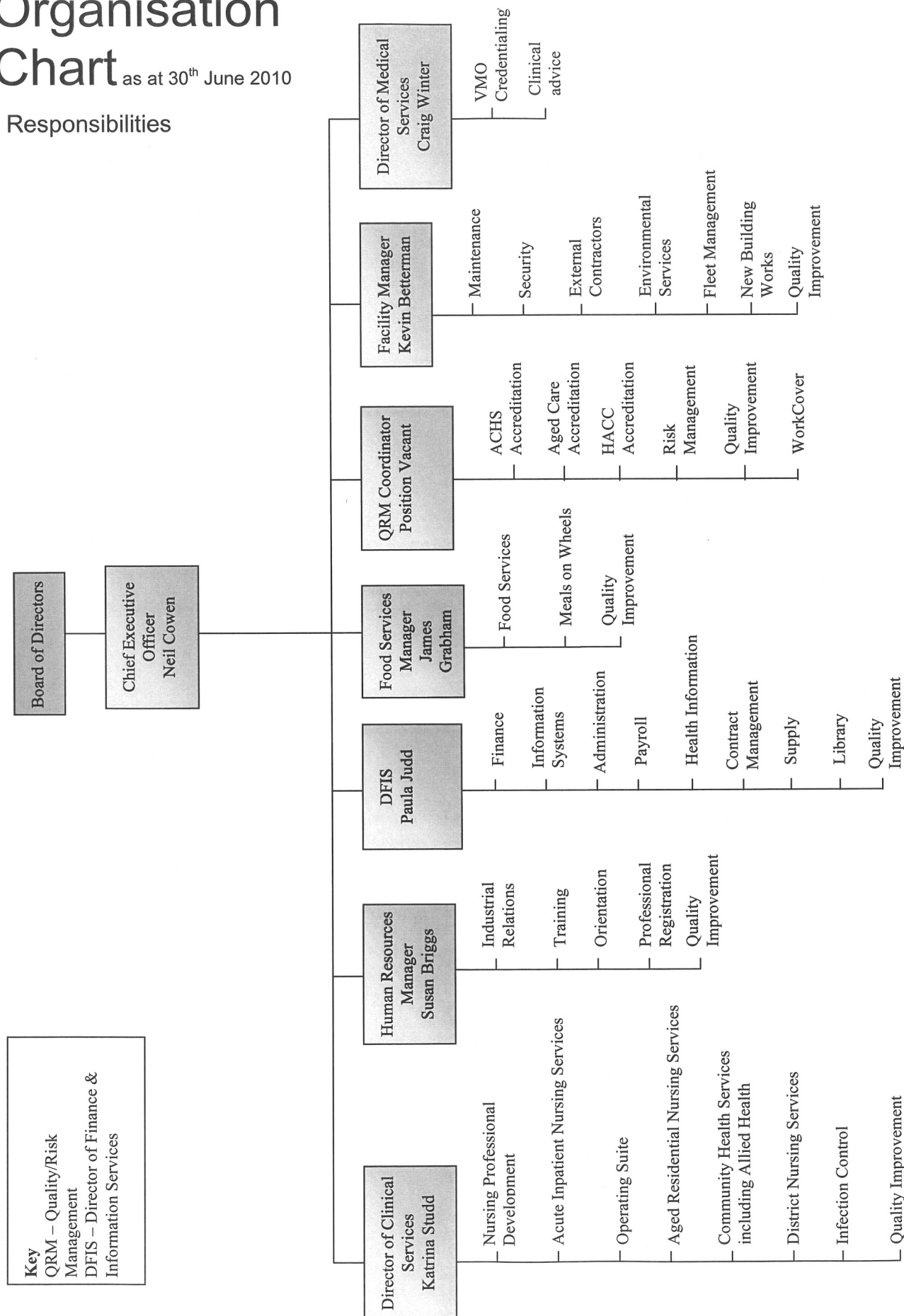
as at 30<sup>th</sup> June 2010



# Organisation Chart

as at 30<sup>th</sup> June 2010

## Responsibilities



**Key**  
 QRM – Quality/Risk Management  
 DFIS – Director of Finance & Information Services

## Declarations and Attestations

### 1 Responsible Bodies Declaration

In accordance with the *Financial Management Act 1994*, I am pleased to present the Report of Operations for *Kyabram and District Health Services* for the year ending 30 June 2008.

### 2 Attestation on Data Accuracy

I, Neil Cowen, certify that *Kyabram & District Health Services* 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. *Kyabram & District Health Services* has critically reviewed these controls and processes during the year.

### 3 Attestation on Compliance with Australian/New Zealand Risk Management Standard

I, Neil Cowen, certify that *Kyabram & District Health Services (KDHS)* has risk management processes in place consistent with the *Australian/New Zealand Management Standard* and an internal control system is in place that enables the executives to understand, manage and satisfactorily control risk exposures. The Board of Directors verify this assurance and that the risk profile of KDHS has been critically reviewed within the last 12 months.



Neil Cowen  
 CEO / Accountable Officer  
 Kyabram  
 30 June 2010

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## Workforce Statistics

Labour Category	June Current Month FTE	June YTD FTE
Nursing	88.97	86.14
Administration and Clerical	22.43	22.66
Medical Support	3.6	3.19
Hotel and Allied Services	37.88	37.85
Medical Officers	0.12	0.12
Hospital Medical Officers	0	0
Sessional Clinicians	0.63	0.48
Sessional Clinicians	12.97	11.41
FTE = Full Time Equivalent		

## Compliance

The Kyabram & District Health Services (KDHS) Annual Report has been compiled to meet the requirements of the Annual Reporting (Contributed Income Sector) Regulations 1988 (as amended).

### Freedom of Information Act

The Freedom of Information Act 1982 provides members of the public with a means of obtaining information held by KDHS. In the majority of cases a Freedom on Information request is to gain access to a patient's own medical record. In accordance with the Act an application fee is payable upon request and administration charges apply.

During the 2009/2010 financial year KDHS received 41 requests.

### Consultancies

No consultancies costing in excess of \$100,000 were utilised during the year.

Consultancies utilised during the year costing less than \$100,000 were 38 at a cost of \$179,736.

### Whistleblowers Protection Act 2001

The Whistleblowers Protection Act 2001 (the Act) is designed to protect people who disclose information about serious wrongdoings within the Victorian Public Sector, and to provide a framework for the investigation of these matters.

Kyabram & District Health Services (KDHS) has policies and procedures in place to enable total compliance with the Act. It provides a safe environment in which disclosures can be made, and the investigation process is clear. Privacy of all individuals involved in a disclosure is assured at all times.

KDHS is committed to the principles of the Act and at no time will improper conduct by KDHS or any of its staff be condoned. A copy of the policy is available on request.

Further information can be obtained from [www.health.vic.au/hsc](http://www.health.vic.au/hsc), or:

The CEO  
Kyabram & District Health Services  
P. O. Box 564  
Kyabram Vic 3619  
Telephone: 5857 0250  
or  
The Ombudsman Victoria  
Level 22, 459 Collins Street  
Melbourne, Vic 3000  
Telephone: 9613 6222  
Toll free: 1800 806 314

No disclosures under the Act were received during 2009/2010.

### National Competition Policy

KDHS complies with all government policies regarding neutrality in regard to tender applications.

### Victorian Industry Participation Policy Act 2003

During the year there were no contracts at KDHS to which VIPP applied.

### Buildings

KDHS buildings and maintenance are in accordance with the Building Act 1993.

### Merit & Equity Principles

Throughout the Human resources area of operation it is essential that merit and equity are applied through integrity and impartiality. The public service Code of Conduct ensures that KDHS is highly ethical, accountable and professional in the way services are delivered to staff and the community. Consultation on decisions that involve changes are discussed with staff prior to making final decisions so that the best decision considers the merit of the input from staff and/or the community. These principles are applied in recruitment and selection decisions, performance management, and development and advancement.

## Compliance

### Additional information

In compliance with the requirements of the Standing Directions of the Minister for Finance, details in respect of the items listed below have been retained by Kyabram & District Health Services and are available to the relevant Ministers, Members of Parliament and the public on request (subject to the freedom of information requirements, if applicable):

- A statement of pecuniary interest has been completed.
- Details of shares held by senior officers as nominee or held beneficially.
- Details of publications produced by the department about the activities of the entity and where they can be obtained.
- Details of changes in prices, fees, charges, rates and levies charged by the Health Service.
- Details of any major external reviews carried out on the Health Service.
- Details of major research and development activities undertaken by the Health Service that are not otherwise covered either in the Report of Operations or in a document that contains the financial report and Report of Operations.
- Details of overseas visits undertaken including a summary of the objectives and outcomes of each visit.
- Details of major promotional, public relations and marketing activities undertaken by the Health Service to develop community awareness of the Health Service and its services.
- Details of assessments and measures undertaken to improve the occupational health and safety of employees.
- General statement on industrial relations within the Health Service and details of time lost through industrial accidents and disputes, which is not otherwise detailed in the Report of Operations.
- A list of major committees sponsored by the Health Service, the purposes of each committee and the extent to which the purposes have been achieved.

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### Occupational Health & Safety

The OH&S Committee continues to be actively involved in ensuring KDHS provides a healthy & safe environment for staff, patients, visitors & contractors. The committee meets monthly and is comprised of representation from both management and designated work groups.

#### OH&S Benchmarking Group

In early 2010 Kyabram & District Health Services joined forces with Echuca District Health, Castlemaine Health & Rochester & Elmore District Health to form an OH&S Benchmarking Group. The aim of this group is to review a set of OH&S criteria at each health service & to compare results with a view to improving the OH&S services that each of the hospital's provide.

#### Code Brown (External Disaster) Procedure

In 2009 the Code Brown (External Disaster) procedure was updated in line with the new Code Brown guidelines generated by the Department of Human Services. A mock Code Brown exercise was then conducted. The exercise provided valuable feedback to initiate improvements with the procedure.

#### Mock Fire Drills

During the year regular mock fire alarm drills were held which resulted in an improvement in the responses of staff towards a Code Red (Fire) alarm activation.

#### Incident Reporting

During the year Riskman.net was introduced. This is a single entry point, risk management program for capturing, managing and reporting incidents and clinical and staff risk. Riskman.net has subsequently been updated to VHIMS (Victorian Health Incident Management System).

# DISCLOSURE SUMMARY

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

Legislation	Requirement	Page Ref.
<b>MINISTERIAL DIRECTORS</b>		
<b>REPORT OF OPERATIONS</b>		
<b>Charter and purpose</b>		
FRD 22B	Manner of Establishment and the relevant Ministers	1
FRD 22B	Objectives, functions, powers and duties	2
FRD22B	Nature and range of services provided	6
<b>Management and structure</b>		
FRD 22B	Organisational structure	7
<b>Financial and other information</b>		
FRD 10	Disclosure Index	12
FRD11	Disclosure of Ex-gratia payments	Ref fin report
FRD 21A	Responsible person and executive officer disclosures	Ref fin report
FRD 22B	Application and operation of Freedom of Information Act 1982	10
FRD 22B	Application and operation of Whistleblowers Protection Act 2001	10
FRD 22B	Compliance with building and maintenance provisions of building Act 1993	10
FRD 22B	Details of consultancies over \$100,000	10
FRD 22B	Details of consultancies under \$100,000	10
FRD 22B	Major changes or factors affecting performance	Ref fin report
FRD 22B	Occupational Health and safety	11
FRD 22B	Operational and budgetary objectives and performance against objectives	Ref fin report
FRD 22B	Significant changes in financial position during the year	Ref fin report
FRD 22B	Statement of availability of other information	11
FRD 22B	Statement of merit and equity	10
FRD 22B	Statement on National Competition Policy	11
FRD 22B	Subsequent events	Ref fin report
FRD 22B	Summary of the financial results for the year	Ref fin report
FRD 22B	Workforce Data Disclosures	9
FRD 25	Victorian Industry Participation Policy disclosures	10
SD 4.2(i)	Report of Operations, Responsible Body Declaration	9
SD 4.5.5 A	Attestation on Compliance with Australian/New Zealand Risk Management Standard	9
<b>FINANCE STATEMENTS</b>		
<b>Financial statements required under Part 7 of the FMA</b>		
SD 4.2(a)	Compliance with Australian accounting standards and other authoritative pronouncements	Ref fin report
SD 4.2(b)	Operating Statement	Ref fin report
SD 4.2(b)	Balance Sheet	Ref fin report
SD 4.2(b)	Statement of Changes in Equity	Ref fin report
SD 4.2(b)	Cash Flow Statement	Ref fin report
SD 4.2(c)	Accountable Officer's Declaration	Ref fin report
SD 4.2(c)	Compliance with Ministerial Directions	Ref fin report
SD 4.2(d)	Rounding of amounts	Ref fin report
<b>Legislation</b>		
	<i>Freedom of Information Act 1982</i>	10
	<i>Whistleblowers Protection Act 2001</i>	10
	<i>Victorian Industry Participation Policy Act 2003</i>	10
	<i>Building Act</i>	10
	<i>Financial Management Act 1984</i>	Ref fin report