



# Quality of Care Report 08/09

## & 2010 Calendar



To work with our community to provide primary health care services that strengthen the ability of individuals and families to make lifestyle choices that will improve health and well being.

399 Wyndham Street, Shepparton 3630 Ph: (03) 5823 3200 Fax: (03) 5823 3299



# What we do



*This year's cover*

**Skye, Patricia and Cynthia**

**Generalist Counselling:** Goulburn Valley Community Health provides a generalist counselling service to address issues such as depression, anxiety and stress, trauma, grief and relationship or family difficulties. Ask about our counselling service. It is not a crisis service. But if needed we will make arrangements for somebody to contact you.

**Refugee Health Service:** Goulburn Valley Community Health provides the service of a refugee health nurse, who assists newly arrived refugees health needs including health assessment, X- rays, pathology, dental and paediatric care and vaccinations. The nurse will co-ordinate health appointments and assist in arranging transport for health appointments. If you're a refugee and need support contact our refugee health nurse.

**Family Violence:** Family Violence is often a hidden problem within our community, with many people experiencing family violence in the home or in a relationship. Family violence is

NOT OK. It is a crime and everyone has the right to feel safe and be safe. If you, your friend or a family member are experiencing physical, sexual, emotional, financial or social violence remember it's not your fault you are not responsible for other people's behaviour. You can talk to a family violence worker through Community Health. Ask about it today.

**Financial Counselling:** Financial Counselling is a free and confidential service available to those with difficulties managing their everyday expenses. Community Health Financial Counsellors can help with debt management, information regarding paying bills and budgeting. They can negotiate on your behalf with creditors and debt collectors and liaise with Government agencies. If you need advice make an appointment to see a financial counsellor. After hours services are also available.

**Drivers Licence Restoration:** Community Health can help you if you lose your drivers licence. Our experienced and professional staff

are available to help guide people through the complex process of regaining your drivers licence. Different circumstances require different strategies and we can set a program for you to follow including attendance at a Drink/Drive course. To find out more about the Drink/Drive program here at Community Health ask to speak to a Drink/Drive educator.

**Gamblers Help:** Gamblers Help is a free and confidential service helping problem gamblers or those affected by other peoples gambling. Gamblers help counselling and support includes both individual and couples counselling, helping people regain control over their gambling or supporting those affected by problem gambling. Financial counselling is also available. Gamblers Help counsellors can be contacted here at Community Health from 9.00am to 5.00pm Monday to Friday. Some after hours counselling is available and counsellors also visit Yarrawonga and Cobram. Gamblers Help – another Community Health service.

**Drug & Alcohol:** At Community Health we provide counselling for people who suffer from addiction to alcohol, tobacco and other drugs. It's a free and confidential service designed to meet the needs of those who are affected by addiction either directly or by a family member or friend who is addicted. We provide management and planning for clients with complex problems and link people to other services as required.

Outreach services are provided to Yarrawonga, Cobram, Numurkah, Nathalia and Euroa. If you need help with a drug or alcohol problem ask to speak to a member of the team here at Community Health.

**Parent Education:** The Parent education service here at Community Health offers information, education and support for parents and carers of children up to eighteen.

You can take part in group parenting programs in your local community, parenting workshops, or consultation with our professional staff. You can receive free written information, have access to books, videos and tapes or you can be referred to other services if required. If you would like more information on our parenting program, talk to our staff today.

**Dietitian:** Your diet plays a major role in your health and well being. Our expert dietitian at Community Health can provide up to date advice on food, nutrition, and what healthy eating is all about. Our dietitian will assist you with issues

such as being overweight, having high cholesterol levels, high blood pressure, pregnancy and breastfeeding, osteoporosis, diabetes and a range of other health problems. If you're concerned about what effect your diet is having on your health, ask to speak to our professional dietitian today.

**Needle and Syringe Program:** Goulburn Valley Community Health Service understands that some people use illicit drugs. To reduce the harm associated with injecting drugs we have a needle syringe program which provides information, advice and sterile equipment. This assists in protecting the individual from the transmission of blood borne viruses and other health complications. The program is provided in a safe, confidential and non-judgemental environment. Community Health – helping to protect the health and well being of our community.

**Mobile Drug Safety Worker:** Here at Community Health we have a mobile drug safety worker. This worker co-ordinates the needle syringe program and provides a service to people living in rural or remote areas. We arrange for delivery and collection of syringes and injecting equipment, education on harm minimisation and the prevention of blood borne viruses and hygiene. We also have specific targeted education programs to schools and the general community. If you need the services of our mobile drug safety worker ask to be connected to someone who can help.

**Community Health Nurse:** Our Community Health Nurse is available to speak to groups on a variety of health subjects. This includes heart health and, of particular interest, asthma education and cancer prevention. Our community Health Nurse is a trained Asthma Educator and can work with people, or carers of people with asthma, to be better self-managers. Our Community Health Nurse also offers the Living With Cancer Education Program. Developed by the Cancer Council of Victoria this group based program provides information and exercises to help people with a cancer diagnosis and their carers to deal with their cancer journey. If you would like further information about the service offered by our Community Health Nurse ask our Reception staff. The Cancer Support Group and Diabetes Support Group run monthly meetings which are also facilitated by the Community Health Nurse.





# Culture Gathering Program

"Hi my name is Patricia,

I live in Shepparton. I attend the Culture Gathering (Community Kitchen) Program every week. I think it's a fantastic program as it allows our community members to come together and cook healthy meals in a social and fun way. Together we share recipes and discuss nutrition and how important it is for our health. I have learnt to cook healthy meals while attending this program and it's been really good for my grandson because I have learnt what's healthy and what's not for him too. I want to be around for my grandchildren so I have learnt that I need to look after myself.

The program is really a lot of fun we share our stories and we laugh a lot. We also have started line dancing, and will start a walking group soon as well in the afternoons, which is great to get the blood pumping and make sure we are including physical activity into our day.

We have the Community Health Dietitian Anita that regularly visits the program; she shares information with us about diabetes and good nutrition.

We also have the Community Health Nurse that visits the program as well Katrina, she talks to the group about heart health, all of these topics combined are very important to us, so we can stay strong for our community, as diabetes and heart health are becoming more common in our community the more information about how to prevent these illnesses the better."

Community Health is playing a role in improving Aboriginal health with the Aboriginal Health Promotion & Chronic Conditions Partnership (AHPACC) Program. We aim to work with Aboriginal people who have, or who are at risk of developing, a chronic disease. We provide health checks,

information, group activities, QUIT smoking and health coaching. The AHPACC staff also facilitate the Culture Gathering Program, a community kitchen. During 2010 we will be offering the Aboriginal LIFE program, a diabetes prevention program for Aboriginal people. The AHPACC Program is run in

partnership with Rumbalara Aboriginal Cooperative. If you would like more information about our Aboriginal health programs our Reception staff will be more than happy to connect you with the AHPACC Community Access Health Nurse.

# January



SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
31					1 NEW YEAR'S DAY	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26 AUSTRALIA DAY	27	28	29	30

# African Time

Working with many of the people from our newly arrived African communities, a number of service providers noted that attending appointments or arriving late seemed to be an ongoing issue.

When asked about this a member of our local African community gave the following explanation.

“Hi, my name is Thon and I have recently arrived in Australia from Sudan. I have been here for four years. My wife Nancy came with me and we have 3 children, 2 who were born in Australia.

I would like to explain how the African people understand TIME. This is often a problem for the African people who have appointments with services in Australia and the service providers.

The reason is African people understand TIME differently and prioritise their TIME differently.

First of all – take a look at the clock.

We start our time in the morning at – 7.00 am. In African time this is our first hour of the day.

This is our 1.00am - six hours after your 1.00am. Confused? Try again.



An appointment has been made for 11.00 am. In African time, count 11 from our 1st hour and you get 5.00pm: again 6 hours after your time.

Did you get it?

How do African people prioritise their time?

If someone comes to visit you, it is the “first” priority. Any appointment previously arranged will become second in importance. Hence we stay with our visitors as it is not acceptable within our culture to refuse hospitality.

Plus, in African time we have a lot of things keeping us in life we are not good in managing

time. Our saying “Haraka haraka haina Baraka” is “being hurry, have no bless” or maybe in Aussie “what’s the hurry”.

If wanting to help African people to attend an appointment at the correct time:

Ring them (allowing only enough time for them to get ready and come), this will encourage them to hurry and are more likely to make the appointment on time.”

You can read more about Thon’s story later on in this report.

# February



SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>	<b>13</b>
<b>14</b> VALENTINES DAY	<b>15</b>	<b>16</b>	<b>17</b>	<b>18</b>	<b>19</b>	<b>20</b>
<b>21</b>	<b>22</b>	<b>23</b>	<b>24</b>	<b>25</b>	<b>26</b>	<b>27</b>
<b>28</b>						



# Intake Program

Intake was introduced to GVCHS in 2008. Our Intake system aims to make it easier for you to navigate services and programs. At GVCHS we know that when someone comes to us they usually have more than one issue they want a hand with. We realise it's often hard to identify which issue is having the most impact and what services are available.

Sophie, *Intake Worker*

The Intake Worker assists consumers to complete an Initial Needs Identification (INI); this is an opportunity to work out what is the most important issue at that time. Intake staff are then able to make sure that the client gets the right service, at the right time and in the right place.

During the first 12 months of our new Intake system, 569 people were seen by the Intake Worker. This means that an average of 50 people per month completed an Initial Needs Identification.

**How does it work?** If you are new to GVCHS the Intake Worker will call you at a scheduled time to talk about what services you need and which of them is the most important to you. As well, the Intake Worker will talk to you about all the nuts and bolts sort of questions we have to ask; so that you won't have to spend time repeating your date of birth, address, etc. Then you will be referred to a worker who will organise an appointment for you.

Our Intake system also means that we can assess the best help available to you, even if that means a referral to another agency.

## **Have Your Say:**

- Previous surveys show a 100% satisfaction rate, and
- You can *Have Your Say* by asking our Reception staff for a *Have Your Say* form or by following the links to *Have Your Say* on our website [www.gvchs.com.au](http://www.gvchs.com.au)
- We welcome your feedback as this helps us to improve.

**What do our staff think:** GVCHS staff helped to test the new system; before, during and at the end of the trial phase:

Feedback from staff included:

*"Less time spent with information gathering. Relevant clients referred."*

*"Seamless care – facilitates client centred case management."*

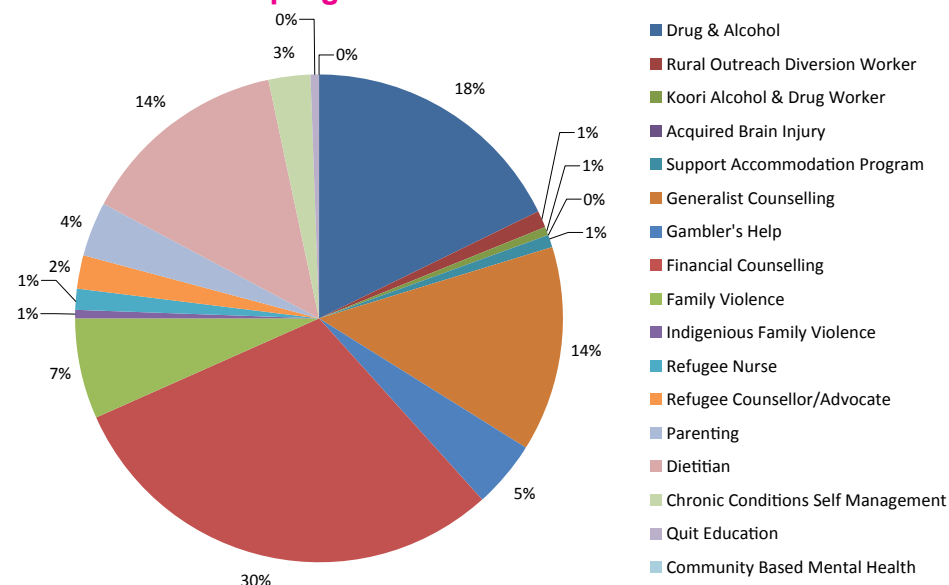
*"There has been a significant reduction in the waiting list."*

*"Has minimised the number of phone calls which now have to be returned in relation to minor issues."*

**What's next?** GVCHS recognises that more and more people are turning to the internet as a source of information. By accessing our website you can now make a self enquiry to GVCHS. All information forwarded to us electronically is secure and treated as private and confidential. We look forward to telling you about our electronic referrals in 2010. Check it out now [www.gvchs.com.au](http://www.gvchs.com.au)

**Thank you!** Finally, the GVCHS would like to extend a sincere thank you to all Consumers and Carers for their patience whilst we introduced the system. We believe we've had a very successful first year.

## **First 12 months of Intake; Initial Needs Identifications were referred to our programs as follows**





# March

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
<b>7</b>	<b>8</b> LABOUR DAY	<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>	<b>13</b>
<b>14</b>	<b>15</b>	<b>16</b>	<b>17</b>	<b>18</b>	<b>19</b>	<b>20</b>
<b>21</b>	<b>22</b>	<b>23</b>	<b>24</b>	<b>25</b>	<b>26</b>	<b>27</b>
<b>28</b>	<b>29</b>	<b>30</b>	<b>31</b>			

# Consumer, Carer and Community Participation

There is increasing evidence that consumer participation leads to improvements in the quality, safety and accessibility of health services. Your contribution can assist GVCHS to improve its services and better meet the needs of the community we serve.

GVCHS welcomes feedback and views from the community about the services that we provide. As our consumers, carers in the community and the community itself there are a number of ways in which you can provide this feedback to us.

## Have Your Say

We recently undertook a review of our complaints policy and procedure. A working group looked at how you, our consumers, have been informed about your rights and responsibilities. We also looked at the procedure that is followed if we receive a complaint or even a compliment. We love to receive compliments too! What we found was that we needed to develop a better system; where our consumers can tell us what they liked or didn't like about GVCHS.

The 'Have Your Say' form has now been developed to record any complaints, feedback,

suggestions for improvement and of course compliments. This form is available on our website, at reception or from any of our counsellors on request. Please be fully assured that all complaints are acted on promptly and are treated with respect, sensitivity and confidentiality.

## Consumer Register & Consumer Advisory Committee

The Consumer Register is another initiative which will be implemented over the coming months. By registering your name you will be able to play an active part in the way GVCHS shapes programs and plans for the future. You will be able to become involved in focus groups, join a committee or just provide us with some feedback. All details on this register will of course remain private and confidential.

People who are registered on the Consumer Register will also be able to apply for a position on the Consumer Advisory Committee.

The Consumer Advisory Committee is made up of the people on the Consumer Register, a member of the Board of Directors and our Consumer Liaison Officer. The Committee aims

to provide a better means of communication between our organisation and the community. The Committee will be kept informed about the programs we deliver and any changes that may be occurring. In turn the Committee will be able to provide us with valuable information about the views of our consumers and how any changes to our organisation may affect the community.

If you are interested in joining the GVCHS Consumer Register please contact our Consumer Liaison Worker, Lou Bush on 58 233 200 or complete the form enclosed in this Report.

## Quality of Care Report

Our 2009 Report is prepared in consultation with our community. A survey circulated with last year's report gave us valuable feedback on the format of the report, what should be included or not. From the feedback received we were able to repeat what was liked in last year's report into this 2009 report.

We are proud to produce this report knowing that our consumers have contributed to its final format.

## You said about last years report:

*"I found the articles that featured people who have changed their lives and found great support through GVCHS most interesting".*

*"I feel personal stories are encouraging for others to read. Excellent report, well done – great calendar".*

*"The report is good - it provides a nice snapshot in an easy to read format".*

*"I found every page interesting. Each page was an excellent snapshot of the work/services and results achieved either from a report from an individual or even a summary graph. All pages provide a comprehensive package which is practical and concise and gives helpful messages".*

SCHOOL HOLIDAYS 1  
PUBLIC HOLIDAYS 1

# April

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
				1	2 GOOD FRIDAY	3 HOLY SATURDAY
4 EASTER DAY	5 EASTER MONDAY	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25 ANZAC DAY	26 ANZAC DAY HOLIDAY	27	28	29	30	

MWEZI WA NNE

نيسان / أبريل

# Chronic Condition Self-Management Program *a consumer's perspective*

*Some years ago, I sustained an injury to my neck which has left me with chronic pain, headaches and depression.*

*During that time I had various forms of therapy and treatments to help with relief but without any long term success.*

*The past twelve months I have been attending pain management counselling. With the assistance of the CCSM worker, we have worked together on a fitness program that is suited to my level to help strengthen and maintain my neck.*

*Through understanding, helpful advice and better management skills, which the worker has provided me, I have been able to feel more positive, knowing that slowly and with time I am able to help ease the pain and start to enjoy normal everyday tasks again.*

*I have better understanding and confidence with my condition. What I am learning and will gain from the therapy will be very helpful to me in the future. Our goal is to ensure my future ongoing condition can be self-managed.*

*This has been possible from the care, support and encouragement that Community Health has given in their counselling.*

**Wendy**



Paul O'Brien, **CCSM Key Worker**

The Chronic Condition Self Management Program available at GVCHS works with clients who have an ongoing health condition. Working with the staff from the CCSM Program you will be able to:

- Talk about your condition and its impact on your life
- Identify what is most important to you for your health
- Think about the things that help or get in the way of making healthy choices
- Work towards being a better self-manager

The Program also offers the Better Health Self Management Course. The course covers a range of topics important to people with a chronic condition. For more information about the CCSM Program contact GVCHS.

CCSM is a partnership program between GVCHS and GV Health.



SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
30	31					1
2	3	4	5	6	7	8
9 MOTHERS DAY	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29

# Youth Action Committee

Chantelle and Libby are two of the core members of the Youth Action Committee or YAC.

The Committee was started after discussions with some of the youth of North Shepparton who expressed that they wanted to be more involved in their community but didn't feel that they had opportunities to do so.

YAC has given its members a voice in the community that they live in. They can express their views and thoughts, as well as the thoughts of their peers, on planning and decision making that affects where they live.

Members of the committee will complete training in leadership and be given the opportunity to attend training that will build their confidence and self-esteem.

YAC will be involved in activities in the community and are currently looking at Graffiti Prevention and assisting residents to clean up in their own yard.

Chantelle and Libby are also regular members of the homework group held each Thursday from 3.30pm at Wanganui Park Secondary College. This group will eventually be open to all youth of North Shepparton and provides a safe learning environment where students can work on extra studies with support and supervision.

The healthy snack each week is always a favourite!!



*"Take the first step in faith.  
You don't have to see the  
whole staircase, just take the  
first step."*

*Dr. Martin Luther King Jr.*

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
		1	2	3	4	5
6	7	8	9	10	11 STUDENT FREE DAY	12
13	14 QUEEN'S BIRTHDAY	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

# Clinical Supervision at Community Health

Goulburn Valley Community Health Service (GVCHS) strives to maintain a culture of continuous quality improvement.

To ensure ongoing quality improvement, and to provide the best professional support to our employees, GVCHS now offers fortnightly Clinical Supervision to all Clinical Staff.

Clinical Supervision is well regarded as the foundation of safe, professional service delivery in all areas of clinical practice. It is the requirement of all peak bodies that their registered members receive regular professional Clinical Supervision.

Within the Clinical Supervision program GVCHS Clinical Staff are challenged on the way they do their job. Clinical Supervision is designed to encourage and support staff in their clinical practice and to ensure all staff are given the opportunity to practice at the highest professional standard.

Clinical Supervisors negotiate a six month contract with the Supervisee. This contract outlines a number of key

areas of the supervision relationship:

Structure and format of Supervision

- The supervision agenda for each session
- Responsibilities of the Supervisor and the Supervisee
- Expectations of Supervision
- Mutually determined goals and tasks
- Procedures (this includes resolution of disputes)

The training of the Clinical Supervision team was delivered by Melbourne's Bouverie Centre. The Bouverie Centre continues to support the GVCHS Supervision team by providing monthly Clinical Supervision for the Supervisors.

GVCHS Clinical Supervision will be reviewed in March of 2010 to ensure that it meets the needs of the clinical staff at Goulburn Valley Community Health Service.



*Left to Right are GVCHS Clinical Supervisors  
Kim Scott, Hamish Fletcher, Chris Klitzing, Jo Hudson  
Absent: Tony Colmer*



SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

# Maurice Incerti Staff Development Award

This Scholarship is in honour of Maurice Incerti who sadly lost his battle with cancer in 2008.

Maurice was a member of the Board of Management here at Goulburn Valley Community Health for seven years and was passionate about staff development.

2009 has been the inaugural year of the Maurice Incerti Staff Development award and I feel privileged to have been the first recipient.

I applied for the award following my enrolment with the Australian Institute of Professional Counselling, where I am completing my Diploma of Professional Counsellors.

This is a distance course with 22 units followed by two majors, Grief and Loss and Abuse counselling.

I have now completed all of my 22 units and one major, Grief and Loss. I have worked well ahead of my schedule and now have to be patient while the remaining units are marked.

I feel by completing this Diploma, I have gained skills and knowledge that I can then offer to Goulburn Valley Community Health as a counsellor in several areas, with grief and loss counselling being a strong interest of mine.

Being able to place the award funds of \$2,000 toward my educational costs of the Diploma obviously helped me in my budget but the award has also shown me that Goulburn Valley Community Health is prepared to support and encourage all staff in their journey of personal development.

I am very excited to be moving into a new role at Community Health, where my newly acquired skills can be put into practice.

I thank Maurice's family and the Board of Directors for their support and faith in me; they have helped me to achieve one more goal in my journey.

Debbie McDonald,  
**Drug and Alcohol Counsellor**



"The rung of a ladder was never meant to rest upon, but only to hold a man's foot long enough to enable him to put the other somewhat higher."

Thomas Henry Huxl

# August



SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>
<b>8</b>	<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>	<b>13</b>	<b>14</b>
<b>15</b>	<b>16</b>	<b>17</b>	<b>18</b>	<b>19</b>	<b>20</b>	<b>21</b>
<b>22</b>	<b>23</b>	<b>24</b>	<b>25</b>	<b>26</b>	<b>27</b>	<b>28</b>
<b>29</b>	<b>30</b>	<b>31</b>				

# Continuous Quality Improvement



The term *continuous quality improvement* is one we use at GVCHS to describe the process of ongoing review and reflection about everything we do.

Continuous quality improvement:

- Is a part of EVERY thing in a quality organisation
- Reflects the culture of the organisation
- Drives the system of reflection, questioning and improvement
- Underpins the everyday work practices of management, teams and individual staff

Opportunities to make GVCHS more effective, efficient and a great place to work always present themselves. As we become more effective, our capacity to see these opportunities increases. Continuous improvement then becomes an on-going process, often described as 'a journey, not a destination'.

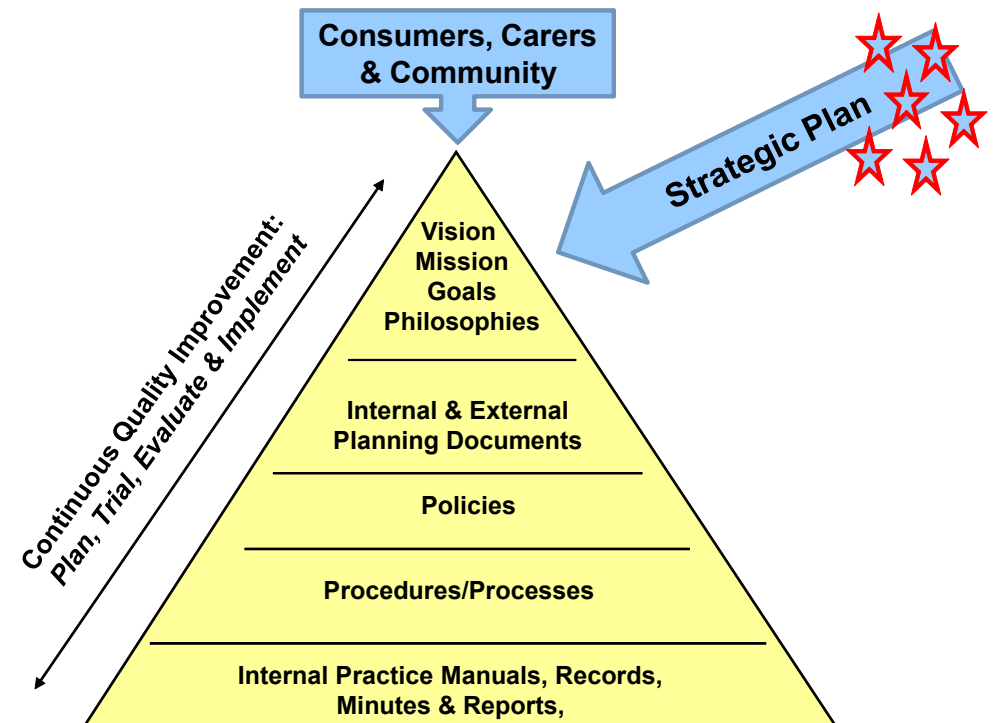
In 2009 GVCHS underwent a review with Quality Improvement & Community Services Accreditation Inc. (QICSA). This was the third review we've undertaken, they happen every three years.

During a QICSA review the team are allowed to look at and test all our policies, procedures and workings of our organisation. The purpose of the review is to make sure that GVCHS is able to meet the Standards set down by the Quality Improvement Council of Australia. Meeting those standards means that GVCHS is able to give you, our community, an independent guarantee that we are a quality organisation.

GVCHS is very pleased to be able to tell you that we met all the standards and have been granted accreditation by QICSA for another three years.

If you would like more information about the GVCHS Quality Improvement please follow the About Us link on [www.gvchs.com.au](http://www.gvchs.com.au) or contact our Quality Improvement Coordinator, Barb Crawford on 5823 3200.

**Where does the GVCHS Strategic Plan fit into the practical scheme of things?**





# September



SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
			1	2	3	4
5 FATHERS DAY	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

# C's Story

Ten years ago my world fell apart. I had married a person, whom I believed I loved very much (I soon learned love is never enough and comes in many disguises).

I was a married woman and I feared the man I had wed, with whom I had a daughter. I was alone in a world of condemnation and hatred. No-one knew, it was hidden behind four walls.

For seven years I lived with physical and mental violence. It began the day I married and finished the day I walked out.

I had grown up in a world of childhood sexual abuse and physical violence. I understood not feeling safe. But, what got me to the point of no return was me.

What tipped the scales was my conscience; I had slept with another man and became pregnant. That one action and the consequences sent me into a world of mental disease, discontentment and disharmony. I could not leave my beautiful daughter, who was my heart and soul, for another baby to be born. So I decided to have an abortion. My way of coping was

turning around and walking away from my family, to drown my sorrows in alcohol, drugs and abusing myself through sexual promiscuity. My daughter was aged 8 at this time.

For two years I had no home, little income and no-one that cared. My family had disowned me. I chose to divorce and lost everything of material value and had abandoned my daughter to her father.

Through all of this, the event that changed or at least initiated the start of change was the imminent death of my father with whom I had been estranged from for eight years. I knew little about this man or his thoughts until those last three days. Yet, he recognised and understood the uniqueness in me. At last I realised the kindred love I needed; and then he left. This was a pivotal moment in my journey to live my life and not merely exist.

I fought for the right to see my daughter, now aged 10, and gained custody against all odds. I had regained a part of my life which I had and still do, cherish.

Renewed, I threw myself into personal healing. I gained

knowledge in human behaviour, philosophy, science and spirituality, anything that would help me to make sense of my world. This helped to put some of the demons to rest, but, I needed help to deal with the rest. I needed to speak with a counsellor.

I am glad I made that choice because I met a great one at Goulburn Valley Community Health Service.

She listened to my sorrows, without judgement, and challenged my way of thinking. It was difficult in the beginning but her patience and compassion helped to heal old wounds. Her knowledge and understanding helped me find me.

It was like a breath of fresh air to have someone care. She asked me, "Where did I see myself?" and an image of standing on a cliff with the vastness in front of me, alone. The feeling was a desire to jump or step off into nothingness and the unknown; trusting that anything is possible. So I returned to something I had left from my previous life, skydiving.

The Counsellor showed me it was

ok to return to that part of me, which I had walked away from. It has shown me, what real friendship is about. I was welcomed back to this group of people who also shared my love for the rush you get from jumping out of an aeroplane.

What counselling did for me was to allow me to be the unique person that I am, through my own personal expression. Validating my understanding of self through journaling, combining my love of writing and art, this complemented the counselling process.

Where I am now is on a journey. The memories shelved in my personal library called life, there is a different view in front: My future and my daughter's future, feeling safe and protected.

Today I pursue a unique pattern - being me. There are extremes of highs and lows. Moments of pure fear and excitement, and days of sharing and caring which has peace. I live now consciously and create the colours of my life and flow with it.

# October



SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
<b>31</b>					<b>1</b>	<b>2</b>
<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>
<b>10</b>	<b>11</b>	<b>12</b>	<b>13</b>	<b>14</b>	<b>15</b>	<b>16</b>
<b>17</b>	<b>18</b>	<b>19</b>	<b>20</b>	<b>21</b>	<b>22</b>	<b>23</b>
<b>24</b>	<b>25</b>	<b>26</b>	<b>27</b>	<b>28</b>	<b>29</b>	<b>30</b>

# Non English Speaking Background (NESB) Workers' Group

**NESB Group Members (Left to Right)**

Morrie Ramadan, Jane O'Brien, Val Sheahan, Carmel Trimboli, Raylee Parfett



GVCHS has two staff who are members of the NESB Group; our Refugee Health Nurse and our Refugee Counsellor/Advocate. The NESB Group is an independent group of workers, sponsored by the Ethnic Council of Shepparton & District. Members of the group are workers whose consumers are people from a non-English speaking background.

The NESB Group work together on

cross-cultural issues such as:

- Providing programs of interest to ethnic communities and service provider agencies in the Goulburn Valley
- Providing cross-cultural training and information sessions
- Acting as a support group for other staff working with NESB communities
- Acting as an advisory or consultative committee to other

organisations that require ethno-specific support/information

The Group first started meeting in 1995. Over the years the Group has also provided both educational and networking opportunities to community workers across the Goulburn Valley.

During the past 12 months the group has held informal information sessions where members invited workers from other agencies and

organisations and different CALD communities to meet. Sometimes it was a presentation from Services or from an individual speaking about their personal story.

We all learned something, shared knowledge and enjoyed each other's company over refreshments.

The Group intends to continue this work in 2010.



# November



SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	<b>1</b>	<b>2</b> <small>MELBOURNE CUP</small>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>11</b> <small>REMEMBRANCE DAY</small>	<b>12</b>	<b>13</b>
<b>14</b>	<b>15</b>	<b>16</b>	<b>17</b>	<b>18</b>	<b>19</b>	<b>20</b>
<b>21</b>	<b>22</b>	<b>23</b>	<b>24</b>	<b>25</b>	<b>26</b>	<b>27</b>
<b>28</b>	<b>29</b>	<b>30</b>				

# Thon's story

I am a refugee from Sudan, I was one of the "Lost Boys of Sudan" we roamed Africa looking for somewhere to rest, to feel safe. We walked for five weeks, from Sudan to Ethiopia, a 1,000 mile trek and then from Ethiopia to Kenya which took three months and three weeks. We went days without adequate food or water. (You can read more about "The Lost Boys of Sudan" from the many articles on the internet).

I eventually started working in the health system based in hospitals and a clinic at a Kenyan refugee camp "Kakuma", and a western Kenya camp "Debabi".

In those camps are refugees from all parts of Africa:

Sudan .....	50%
Somalia.....	20%
Uganda .....	10%
Burundi .....	5%
D R Congo....	5%
Ethiopia.....	5%
Rwanda .....	5%

In Kakuma Refugee camp there were 6,000 refugees with one hospital and five Clinics and one Mental Health Clinic. We only had fifty nurses and 17 doctors so time and timing was still an issue for us as Africans.

When patients had an appointment we would ring or send someone to pick them up. So if you have issues with African time, it is good to understand their time. From my experience – ring them before the time.

But, we are in another "world" now, where time is money – it is a new life to us – we can learn. Remind us and we will learn to respect your time: in time our times will come together.

**Thon Thon 2009**

ثون ثون

مرحباً! اسمي ثون، وقد وصلت مؤخراً إلى استراليا قادماً من السودان. و أنا أعيش هنا منذ أربع سنوات. ولقد جاءت معي زوجتي "نانسي"، ولدينا ثلاثة أطفال، منهم اثنين ولدا في استراليا.

وأود أن أوضح لكم كيف يفهم الافارقة الوقت. فكثيراً ما يشغل هذا مشكلة للافارقة الذين لديهم مواعيد مع الخدمات في استراليا ومقدمي هذه الخدمات.

ويرجع السبب في ذلك إلى أن الافارقة يفهمون الوقت بصورة مختلفة، ويضعون أولويات مختلفة أيضاً لاستخدام وقتهم.

**وبادئ ذي بدء، دعونا نلقي نظرة على الساعة.**

نحن نبدأ وقتنا في الصباح في الساعة 7 صباحاً. هذه هي أول ساعات اليوم بالنسبة للوقت الإفريقي في إحساسنا. تماماً كما أن الساعة 1 صباحاً هي أول ساعات اليوم بالنسبة لكم في إحساسكم. أي أن الإفريقي يشعر بأول ساعة في يومه بعد شعورك بأول ساعات يومك بـ 6 ساعات.

**هل اختلط عليك الأمر؟**

حاول مرة أخرى ..

فالموعد المحدد الساعة 11 صباحاً هنا مثلاً، يحل في إحساس الإفريقي الساعة 5 مساءً، أي الساعة 11 عدداً من الساعة الأولى في يومه (أي 7 صباحاً). وهو مرة أخرى بعد 6 ساعات من موعد الساعة 11 صباحاً.

**هل فهمت الآن؟**

العب بالساعة المرسومة أعلاه، وسرعان ما ستصبح المسألة واضحة لك.

**كيف يحدّد الافارقة أولويات استخدام وقتهم؟**

إذا حضر أحدهم لزيارتنا، فله الأولوية "الأولى". أيّ موعد تمّ ترتيبه مسبقاً يأتي في المكانة الثانية في الأهمية. ومن ثمّ، نظلّ باقين مع زوّارنا، حيث أنه من غير المقبول في ثقافتنا أن نرفض الضيافة.



# December

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25 CHRISTMAS DAY
26 BOXING DAY	27 CHRISTMAS DAY HOLIDAY	28 BOXING DAY HOLIDAY	29	30	31 NEW YEAR'S EVE	

**GOULBURN VALLEY COMMUNITY HEALTH SERVICE INC**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 30TH JUNE 2009**

**NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES**

This financial report is a special purpose financial report prepared in order to satisfy the financial reporting requirements of the Associations Incorporations Act (Victoria). The committee has determined that the association is not a reporting entity.

The financial report has been prepared in accordance with the requirements of the Associations Incorporation Act (Victoria) and the following Australian Accounting Standards:

AASB 1031: Materiality (the former accounting Standard AAS 5 is specified in the regulations)

AASB 108: Accounting Policies, Changes in Accounting Estimates and Errors (the former Accounting Standard AAS 6 is specified in the Regulations)

AASB 110: Events after the Balance Sheet Date (former Accounting Standard AAS 8 is specified in the regulations)

AASB 117: Leases (the former Accounting Standard AAS 17 is specified in the regulations)

AASB 107: Cash Flow Statements (the former Accounting Standard AAS 28 is specified in the regulations)

AASB 101: Presentation of Financial Statements (the former Accounting Standards AASB 1018 and AAS 36 are specified in the Regulations)

AASB 116: Property, Plant and Equipment (the former Accounting Standards AASB 1041 and AAS 4 are specified in the Regulations)

AAS 118: Revenue (the former Accounting Standard AAS 15 is specified in the Regulations)

No other Australian Accounting Standards, Urgent Issues Group Interpretations or other authoritative pronouncements of the Australian Accounting Standards Board have been applied.

The financial report has been prepared on an accruals basis and is based on historic costs and does not take into account changing money values, or except where specifically stated, current valuations of non-current assets.

The following specific accounting policy is consistent with the previous period unless otherwise stated and has been adopted in the preparation of this financial report.

**GOULBURN VALLEY COMMUNITY HEALTH SERVICE INC**  
**CASH FLOW STATEMENT**  
**FOR THE YEAR ENDED 30TH JUNE 2009**

	NOTE	2009 \$	2008 \$
<b>Cash flows from operating activities</b>			
Payments to suppliers and employees		(3,585,658)	(3,611,366)
Interest paid		(51,124)	(34,509)
Receipts:			
Grants Income		3,363,247	3,191,312
Interest Income		85,166	119,159
Other Income		335,526	809,629
<b>Net cash provided by/(used in) operating activities</b>	<b>13</b>	<u>147,157</u>	<u>474,225</u>
<b>Cash flows from investing activities</b>			
Payments for purchase of plant, equipmt, land & buildings		(774,335)	(241,639)
Proceeds from sale of plant and equipment		-	79,591
<b>Net cash used in investing activities</b>		<u>(774,335)</u>	<u>(162,048)</u>
<b>Cash flows from financing activities</b>			
Repayment of borrowings		(394,508)	(27,845)
<b>Net cash used by financing activities</b>		<u>(394,508)</u>	<u>(27,845)</u>
Net increase/(decrease) in cash held		(1,021,686)	284,332
Cash at the beginning of the reporting period		2,165,743	1,881,411
Cash at the end of the reporting period	<b>2</b>	<u><u>1,144,057</u></u>	<u><u>2,165,743</u></u>

"The accompanying notes form part of these financial statements"



**GOULBURN VALLEY COMMUNITY HEALTH SERVICE INC**  
**STATEMENT OF CHANGES IN EQUITY**  
**FOR THE YEAR ENDED 30TH JUNE 2009**

	Reserves	Retained Profits	Total
	\$	\$	\$
Balance at 1st July 2006	434,848	2,104,526	2,539,374
Net Profit for the year	-	77,167	77,167
Transfers	58,500	(58,500)	-
Balance at 30th June 2007	<b>493,348</b>	<b>2,123,193</b>	<b>2,616,541</b>
Net Profit for the year	-	247,475	247,475
Transfers	132,069	(132,069)	-
Balance at 30th June 2008	<b>625,417</b>	<b>2,238,599</b>	<b>2,864,016</b>
Net Profit for the year		146,448	146,448
Transfers	33,557	(33,557)	-
Balance at 30th June 2009	<b>658,974</b>	<b>2,351,490</b>	<b>3,010,464</b>

"The accompanying notes form part of these financial statements"

**GOULBURN VALLEY COMMUNITY HEALTH SERVICE INC**  
**BALANCE SHEET**  
**AS AT 30TH JUNE 2009**

	NOTE	2009 \$	2008 \$
<b>CURRENT ASSETS</b>			
Cash and Cash Equivalents	2	1,144,057	2,165,743
Trade and Other Receivables	3	33,404	38,242
<b>TOTAL CURRENT ASSETS</b>		<u>1,177,461</u>	<u>2,203,985</u>
<b>NON-CURRENT ASSETS</b>			
Property, plant & equipment	4	2,593,019	1,955,105
<b>TOTAL NON-CURRENT ASSETS</b>		<u>2,593,019</u>	<u>1,955,105</u>
<b>TOTAL ASSETS</b>		<u>3,770,480</u>	<u>4,159,090</u>
<b>CURRENT LIABILITIES</b>			
Trade and Other Payables	5	182,415	349,908
Short Term Borrowings	6	1,678	64,829
Short Term Provisions	7	198,817	129,678
Other Current Liabilities	8	339,022	392,917
<b>TOTAL CURRENT LIABILITIES</b>		<u>721,932</u>	<u>937,332</u>
<b>NON-CURRENT LIABILITIES</b>			
Long Term Borrowings	9	-	331,357
Long Term Provisions	10	38,084	26,385
		<u>38,084</u>	<u>357,742</u>
<b>TOTAL LIABILITIES</b>		<u>760,016</u>	<u>1,295,074</u>
<b>NET ASSETS</b>		<u>3,010,464</u>	<u>2,864,016</u>
<b>EQUITY</b>			
Retained Profits	11	2,351,490	2,238,599
Reserves	12	658,974	625,417
<b>Total Equity</b>		<u>3,010,464</u>	<u>2,864,016</u>

"The accompanying notes form part of these financial statements"

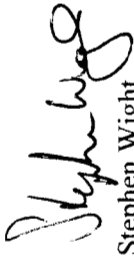
**GOULBURN VALLEY COMMUNITY HEALTH SERVICE INC**  
**INCOME STATEMENT**  
**FOR THE TWELVE MONTHS ENDED 30TH JUNE 2009**

	2009 \$	2008 \$
<b>REVENUE FROM ORDINARY ACTIVITIES</b>		
Grant Income	3,363,247	3,191,312
Drink Drive Receipts	40,977	39,203
Donations	3,071	35,812
Interest Received	85,166	119,159
Other Income	44,533	76,258
Medical Fees	79,720	440,164
Service Income	80,495	39,215
Room Rentals	81,891	63,034
	<hr/>	<hr/>
<b>TOTAL INCOME</b>	3,779,100	4,004,157
<b>EXPENDITURE FROM ORDINARY ACTIVITIES</b>		
Employee Benefits	2,775,977	2,902,806
Motor Vehicle Expenses	56,822	53,912
Net Loss on Sale of Assets	0	10,761
Depreciation	136,421	115,656
Administration	663,432	673,547
	<hr/>	<hr/>
<b>TOTAL EXPENSES</b>	3,632,652	3,756,682
	<hr/>	<hr/>
<b>NET RESULT FROM ORDINARY OPERATIONS</b>	146,448	247,475
	<hr/>	<hr/>
<b>NET PROFIT/(LOSS)</b>	146,448	247,475
	<hr/>	<hr/>

"The accompanying notes form part of these financial statements"

**Auditor's Opinion**

In our opinion, the financial report presents fairly in accordance with the accounting policies described in Note 1 to the financial statements, the financial position of The Goulburn Valley Community Health Service Inc. as at 30 June 2009 and the results of its financial performance and its cash flows for the year then ended.

  
Stephen Wight

**Partner**

**Davidsons**  
Certified Practising Accountants,

351 Moorabool Street,

Dated this *14<sup>th</sup>* day of *October* 2009

Geelong, Victoria 3220

# INDEPENDENT AUDIT REPORT TO THE MEMBERS OF THE GOULBURN VALLEY COMMUNITY HEALTH SERVICE INC

## Report on the Financial Report

We have audited the accompanying financial report of The Goulburn Valley Community Health Service Inc, which comprises the balance sheet as at 30 June 2009, and the income statement, statement of changes in equity and cash flow statement for the year ended on that date, a summary of significant accounting policies, other explanatory notes and the statement by committee of management.

## The Responsibility of the Committee for the Financial Report

The Committee of the The Goulburn Valley Community Health Service Inc are responsible for the preparation and fair presentation of the financial report and have determined that the accounting policies described in Note 1 to the financial statements, which form part of the financial report, are appropriate to meet the requirements of the Association Incorporations Act (Vic) and are appropriate to meet the needs of the members. The Committee's responsibility includes designing, implementing and maintaining internal control relevant to the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error, selecting and applying appropriate accounting policies, and making accounting estimates that are reasonable in the circumstances.

## Auditor's Responsibility

Our responsibility is to express an opinion on the financial report based on our audit. No opinion is expressed as to whether the accounting policies used, as described in Note 1, are appropriate to meet the needs of the members. We conducted our audit in accordance with Australian Auditing Standards. These Auditing Standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluation the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the Committee, as well as evaluating the overall presentation of the financial report.

The financial report has been prepared for distribution to members for the purpose of fulfilling the Committee's financial reporting under the Association Incorporations Act (Vic). We disclaim any assumption of responsibility for any reliance on this report or on the financial report to which it relates to any person other than the members, or for any purpose other than that for which it was prepared.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

## Independence

In conducting our audit, we have followed applicable independence requirements of Australian professional ethics pronouncements.



## **MANAGEMENT REPORT**

### **1. Purchase Orders**

It was noted during the audit that purchase orders although being used were not including all relevant information. The main reason to utilize purchase orders is to ensure all purchases are being authorised prior to being ordered and paid for. Therefore it is integral to the process that the details include the item being purchased and more specifically the cost of the item being purchased.

### **Recommendation**

It is recommended that all details of the product including the price is included on the purchased orders being raised and authorised.

### **Management Comments**

This issue has been raised at the Executive Meeting of Managers who authorize purchase orders. Managers have been asked to ensure that details of the item being purchased and the cost of the item (or a maximum cost) be recorded on the purchase order prior to the item being ordered and paid for. This requirement is stipulated in the GVCCHS Procurement Procedure. Adherence to the procedure will be monitored on a monthly basis to ensure ongoing compliance.

# GOULBURN VALLEY COMMUNITY HEALTH SERVICES INC

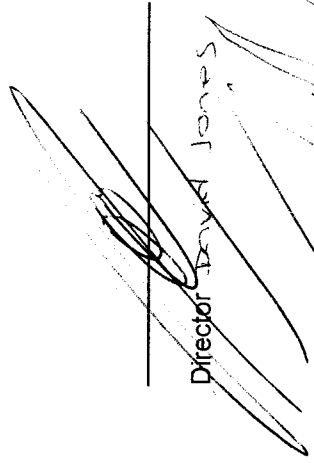
## DECLARATION BY BOARD OF MANAGEMENT

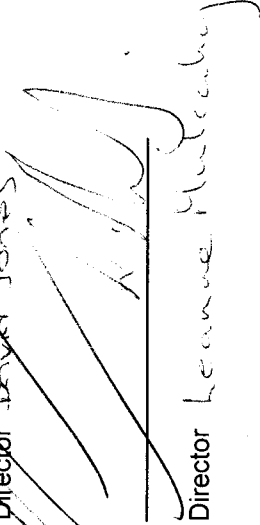
The directors of the association declare that:

1. The financial statements and notes of the company:
  - (a) present fairly the company's financial position as at 30 June 2009 and its performance and cash flows for the year ended on that date in accordance with Australian Accounting Standards; and
  - (b) comply with the Associations Incorporation Act.
2. In the directors' opinion there are reasonable grounds to believe that the company will be able to pay its debts as and when they become due and payable.

This declaration is made in accordance with a resolution of the Board of Directors and is signed on behalf of the directors by:

Dated this 15 day of October 2009

  
\_\_\_\_\_  
Director David Jones

  
\_\_\_\_\_  
Director Leanne Hinchey

**GOULBURN VALLEY COMMUNITY HEALTH SERVICE INC**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 30TH JUNE 2009**

	2009	2008
	\$	\$

**Note 11 - Retained Profits**

Retained Profits brought forward	2,238,599	2,123,193
Net Profit for the year	146,448	247,475
Transfers from Reserves	176,133	108,537
Transfers to Reserves	(209,690)	(240,606)
<b>Retained Profits</b>	<u>2,351,490</u>	<u>2,238,599</u>

**Note 12 - Reserves**

(a)		
Unexpended Grants	658,974	625,417
<b>Total Reserves</b>	<u>658,974</u>	<u>625,417</u>

Unexpended Grants reflect funds received and unspent at 30th June

(b)

**Movements in Reserves**

Opening Balance	625,417	493,348
Transfers from Reserves	(176,133)	(108,537)
Transfers to Reserves	209,690	240,606
Closing Balance	<u>658,974</u>	<u>625,417</u>

**Note 13 - Reconciliation of Net Cash used in Operating Activities to Operating Result**

Operating result	146,448	247,475
Depreciation	136,421	115,656
Increase/(Decrease) in trade creditors/accrued payables	(163,329)	96,763
Decrease/(Increase) in trade debtors	4,838	36,352
Loss on sale of plant & equipment	-	10,761
Increase/(Decrease) in tax liability	(4,163)	38,133
Increase/(Decrease) in provisions for leave	80,837	(36,608)
Increase/(Decrease) in Primary Care Partnership Funds	(53,895)	(34,307)

**Net cash provided by/(used by) operating activities**

	<u>147,157</u>	<u>474,225</u>
--	----------------	----------------

**Note 14 - Events after Balance Date**

Goulburn Valley Community Health Service Inc. have voluntary wound as up as at 30th June 2009 and a new company, Goulburn Valley Community Health Service Ltd has been established to operate the business from 1st July 2009. Assets have been transferred to the company in accordance with the winding up rules contained within the constitution.

**GOULBURN VALLEY COMMUNITY HEALTH SERVICE INC**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 30TH JUNE 2009**

**(b) Movement in Assets (cont'd)**

<b>2009</b>	<b>Equipment</b>	<b>Land</b>	<b>Buildings &amp; Improvmts</b>	<b>Motor Vehicles</b>	<b>Total</b>
Opening WDV	218,394	353,000	1,232,923	150,788	1,955,105
Additions	41,501	126,000	606,200	634	774,335
Disposals	-	-	-	-	-
Depreciation	(64,508)	-	(44,583)	(27,330)	(136,421)
Closing WDV	195,387	479,000	1,794,540	124,092	2,593,019

**(c) Profit/Loss on Sale of Assets**

	<b>2009</b>	<b>2008</b>
	<b>\$</b>	<b>\$</b>
Proceeds from sale of assets	-	79,591
Written Down Value of Assets sold	-	(90,352)
Net Loss	-	(10,761)

**Note 5 - Trade and Other Payables**

Trade creditors	54,767	143,363
Accrued salaries and superannuation	34,239	108,972
GST Payable	60,576	66,682
PAYG Tax Payable	30,631	27,391
FBT Payable	2,202	3,500
<b>Total Trade and Other Payables</b>	<b>182,415</b>	<b>349,908</b>

**Note 6 - Short Term Borrowings**

Credit card	1,678	1,597
Loan - Bendigo Bank	-	63,232
<b>Total Short Term Borrowings</b>	<b>1,678</b>	<b>64,829</b>

**Note 7 - Short Term Provisions**

Provision for Long Service Leave	61,222	49,508
Provision for Annual Leave	137,595	80,170
<b>Total Short Term Provisions</b>	<b>198,817</b>	<b>129,678</b>

**Note 8 - Other**

Funds - Primary Care Partnership	339,022	392,917
<b>Total Other</b>	<b>339,022</b>	<b>392,917</b>

**Note 9 - Long Term Borrowings**

Loan - Bendigo Bank	-	331,357
<b>Total Long Term Borrowings</b>	<b>-</b>	<b>331,357</b>

Bendigo Bank Loan was secured against Land and Buildings at 399 Wyndham Street Shepparton

**Note 10 - Long Term Provisions**

Provision for Long Service Leave	38,084	26,385
<b>Total Long Term Provisions</b>	<b>38,084</b>	<b>26,385</b>

**GOULBURN VALLEY COMMUNITY HEALTH SERVICE INC**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 30TH JUNE 2009**

	2009	2008
	\$	\$
<b>Note 2 - Cash and Cash Equivalents</b>		
National Bank cheque account	421,965	356,662
National Bank account	1,951	1,951
Bendigo Bank term deposit	719,841	1,801,785
Cash on Hand	300	300
Security Deposits	0	5045
<b>Total Cash and Cash Equivalents</b>	<u>1,144,057</u>	<u>2,165,743</u>

<b>Note 3 - Trade and Other Receivables</b>		
Trade debtors	33,404	38,242
<b>Total Trade and Other Receivables</b>	<u>33,404</u>	<u>38,242</u>

<b>Note 4 - Property, Plant &amp; Equipment</b>		
(a)		
Land at cost - 399 Wyndham Street, Shepparton	353,000	353,000
Land at cost - 393 Wyndham Street, Shepparton	126,000	-
	<u>479,000</u>	<u>353,000</u>
Plant & Equipment		
at cost	455,223	413,722
accumulated depreciation	(259,836)	(195,328)
	<u>195,387</u>	<u>218,394</u>
Motor Vehicles		
at cost	183,792	183,158
accumulated depreciation	(59,700)	(32,370)
	<u>124,092</u>	<u>150,788</u>
Building and Improvements		
at cost	1,982,476	1,376,276
accumulated depreciation	(187,936)	(143,353)
	<u>1,794,540</u>	<u>1,232,923</u>
<b>Total Property, plant &amp; equipment</b>	<u>2,593,019</u>	<u>1,955,105</u>

**(b) Movement in Assets**

2008	Equipment	Land	Buildings & Improvmts	Motor Vehicles	Total
Opening WDV	210,712	353,000	1,238,903	116,859	1,919,474
Additions	70,489	-	27,817	143,333	241,639
Disposals	(7,760)	-	-	(82,592)	(90,352)
Depreciation	(55,047)	-	(33,797)	(26,812)	(115,656)
Closing WDV	218,394	353,000	1,232,923	150,788	1,955,105



**GOULBURN VALLEY COMMUNITY HEALTH SERVICE INC**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 30TH JUNE 2009**

**(a) Fixed Assets**

Freehold land and buildings are brought to account at cost or at independent or directors' valuation.

The depreciation amount of all fixed assets is written off over the useful lives of the assets to the association commencing from the time the asset is held ready for use.

The following table indicates the depreciation rates upon which depreciation charges are based:

Class of Fixed Asset	Depreciation Method	Depreciation Rates
Buildings	Prime Cost	2.5%
Plant and Equipment	Prime Cost	10%-40%
Motor Vehicles	Prime Cost	15%

**(b) Cash**

For the purposes of the Statement of Cash Flows, cash includes cash on hand, at banks and on deposit.

**(c) Revenue**

Income from Grants, Donations and Interest is recognised upon receipt.

All other income is recognised when an invoice is raised.

**(d) Employee Entitlements**

Provision is made for the association's liability for employee benefits arising from services rendered by employees to balance date. Employee benefits expected to be settled within one year together with entitlements arising from wages and salaries, and annual leave that will be settled after one year, have been measured at the amounts expected to be paid when the liability is settled, plus related on-costs. Employee benefits payable later than one year have been measured at the present value of the estimated future cash outflows to be made for those benefits. These cashflows are discounted using market yields on national government bonds with terms to maturity that match the expected timing of cash flows.

Contributions are made by the association to employee superannuation funds and are charged as expenses when incurred.

20 September 2009

The Board of Management  
Goulburn Valley Community Health Services Inc  
PO Box 1167  
SHEPPARTON VIC 3630

Dear Board members,


**RE: AUDIT FOR THE YEAR ENDED 30<sup>TH</sup> JUNE 2009**

We have recently completed our audit of the Financial Statements of Goulburn Valley Community Health Services Inc. for the year ended 30<sup>th</sup> June 2009 and in accordance with our usual policy now supply you with a management letter on issues arising out of our audit.

Please note that the purpose of our audit was to form an opinion on the financial statements of the entity and that this report only includes those matters, which have come to our attention as a result of audit procedures. This report should not be regarded as a comprehensive statement of all matters that may have been identified following a more complete examination for the purpose of identifying such matters.

We wish to also take this opportunity to thank you for the cooperation and assistance received during the course of our audit.

Yours faithfully,

  
**Stephen Wight**  
**Partner**

**Davidsons**  
Accountants and Business Consultants

Business Services

Financial Services

Audit & Assurance Services

Taxation Services

Superannuation Services

Business Succession  
& Transition Services

**Davidsons Assurance  
Services Pty Ltd**  
ACN 123 098 662  
ABN 77 123 098 662

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Director  
Stephen Wight CA



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Board Member	Attended	Apology	Absent
Ms Barbara Brown	10	1	
Mr Greg George	10	1	
Mr David Jones	10	1	
Mr Donald Kilgour	10	1	
Ms Leanne Mulcahy	9	2	
Mr Menon Parameswaran	8	3	
Ms Rukhsana Ahmadi	7	3	1
Mr Dan Weeks (Resigned)	6	2	

### Insurance of Officers

Goulburn Valley Community Health Service participated in the Victorian Managed Insurance Authority (VMIA) Public Healthcare Insurance Program (PHIP). This is fully subsidised by Department of Human Services. Goulburn Valley Community Health Service does not pay a premium but receives the benefit of coverage under the Department of Human Services program.

The PHIP incorporates the following policies:

- Public and Products Liability
- Professional Indemnity
- Medical Indemnity
- Directors & Officers Liability (including Employment Practices Liability)
- Personal Accident
- Industrial Special Risk
- Principle Controlled Contract Works

### Auditors' Independence Declaration

A copy of the Auditors' Independence Declaration as required under section 307C of the *Corporations Act 2001* is attached.

### Proceedings on Behalf of the Company

No person has applied to the Court under section 237 of the *Corporations Act 2001* for leave to bring proceedings on behalf of the Company, or to intervene in any proceedings to which the Company is a party, for the purpose of taking responsibility on behalf of the Company with leave of the Court under section 237 of the *Corporations Act 2001*.

### Auditor

Davidsons continues in office in accordance with the section 327 of the *Corporations Act 2001*.

This report is made in accordance with a resolution of the directors.

**Barbara Brown, Director**

**Leanne Mulcahy, Director**

# Directors' Report

For the year ended June 2009.

Your Directors present their report on the financial statements of the Company for the year ended 30th June 2009.

## Directors

The following persons were Directors of Goulburn Valley Community Health Service ("the Company") from the date of incorporation (8th April 2009) to the date of this report and up to the date of this report unless otherwise stated:

Ms Barbara Brown  
Mr Donald Kilgour  
Mr Greg George  
Ms Leanne Mulcahy  
Ms Rukhsana Ahmadi  
Mr Menon Parameswaran  
Mr David Jones

## Company Secretary

The Company's secretary is Goulburn Valley Community Health Service Chief Executive Officer, Mr Michael Rogers. Appointed on 8th April 2009.

## Principal Activities

The principal activities of the Company during the year consisted of a range of primary health, preventative health and counselling services.

## Dividends

The company is a public company limited by guarantee and therefore prohibited from paying a dividend.

## Review of operations

A review of operations for the financial year discloses the following:

	2009	2008
Net Surplus/ (Deficit)	\$146,448	\$247,475
The net surplus will be used for service delivery for the financial year 2009 / 10 as well		

as the redevelopment of premises to extend the capacity for staff accommodation.

## Significant Changes in the State of Affairs

Goulburn Valley Community Health Service was incorporated as a public company limited by guarantee on 8th April 2009. Prior to this the Company was incorporated under the *Associations Incorporation Act 1981* and operated under the name Goulburn Valley Community Health Service Incorporated.

## Matters Subsequent to the end of the Financial Year

There have been no matters or circumstances that have arisen since the end of the financial year that have significantly affected or may significantly affect:

- a) the Company's operations in future financial years; or
- b) the results of those operations in future financial years; or
- c) the Company's state of affairs in future financial years

## Likely Developments and Expected Results of Operations

Although the Company expects to continue to grow there is no expectation of a significant surplus in 2009/10.

## Environmental Regulations

The Company's operations were not subject to any particular or significant environmental regulations during the year.

## Meetings of directors

The number of meetings of the company's Directors held during the year ended 30th June 2009, and the numbers of meetings attended by each Director were:

The Board met on 11 occasions during the year.



# Chief Executive Officer's Report

## **Goulburn Valley Community Health Service: A Company Limited by Guarantee**

Following advice from the Australian Tax Office in March 2008, revoking tax exempt status for community health services, the State Government undertook a review of the governance arrangements of stand-alone Community Health Services.

As a result it became necessary for community health services to become regulated by the Corporations Act 2001 and to become a company limited by guarantee.

Goulburn Valley Community Health Service became a company limited by guarantee on the 8th April 2009.

What does it mean? Goulburn Valley Community Health Service still remains a health promoting charity and:

- Still has a Board of Directors
- Maintains its existing tax status
- Maintains its existing Department of Human Services Community Health funding, our most significant source of income
- Can still apply for philanthropic and trust funding
- Has an increased ability to engage with the Commonwealth Government in primary and community health reforms and funding opportunities

## **Hume Community Health Services**

There are four *stand-alone* Community Health Services in the Hume Region: Mitchell CHS in Broadford, GVCCHS in Shepparton, Ovens & King CHS in Wangaratta and Gateway CHS in Albury.

All four Services have been working together to create a whole of Hume approach to community health and to increase the profile of Community Health Services as quality providers of primary health.

The work to date has included:

- Development of a corporate model of governance, constitution and policies to be used across all four Hume Community Health Services.
- Shared resources and knowledge covering legal compliance, risk management, motor vehicle fleet management, payroll, counselling for bushfire support and information technology.

The relationships developed by the four community health services will provide for a better planning of community health across the Hume region whilst each community health service still focuses on delivering quality services to their own catchment population.

## **Partnerships and Support**

Goulburn Valley Community Health Service wishes to acknowledge the support of our partners in helping us shape and deliver services to our community. Partnerships are fundamental to our success and our ability to deliver quality care, services and support.

**Michael Rogers, Chief Executive Officer**





# Chair's Report

The 2008-2009 year has been exciting and challenging for the GVCHS Board of Directors.

Following legislative changes it became necessary for GVCHS governance to become a company limited by guarantee under the Corporations Act 2001. The Board undertook governance education to fully understand the changes to the organisation and their roles as Directors.

Change will continue in government and health sectors. As one of four stand-alone community health services in the Hume Region, the Board will support the work by the CEO's to create a whole of Hume approach to community health.

Maurice Incerti was a member of the Board of Management for seven years. He was Vice Chair and was preparing to become Chair prior to passing away last year. To honour his work for GVCHS, and his interest in staff development, the Board announced the Maurice Incerti Staff Development Award in 2009. Congratulations to Debbie McDonald, the first recipient of the award.

Our staff have worked continually to improve the services available to clients. Examples include:

1. The development and introduction of the Central Intake Model in 2008 has assisted both staff and clients to navigate services and programs. Benefits include effective referral, efficient resolution of minor matters and a significant reduction in the waiting list.

2. The multidisciplinary clinical supervision model introduced this year has enabled all clinical staff to have regular supervision, designed to encourage and support staff in their clinical practice and to ensure all staff are given the opportunity to practice at the highest professional standard.

GVCHS has been supporting Mitchell Community Health to provide counselling support for the victims of the 2009 bush fires. Up to five counselling staff were released from their work to provide much needed support to the people of Flowerdale and district. The GVCHS Board of Directors would like to express their thanks and gratitude to all staff who provided assistance to the bushfire victims. The Board was delighted to learn that GVCHS was recognised for their support at the recent Premier's Public Health Care Awards.

The exceptional work of the staff in delivering the much needed range of services provided by GVCHS is greatly appreciated. I also acknowledge the commitment to good governance and strategic direction provided by the Board. By working together, and engaging with the community, we can continue to provide primary health care services to help individuals and families to make choices that will improve their health and well being.

**Barbara Brown, Chair**

## Strategic Plan 2009 - 2012

***Create the best inclusive environment for attracting, recruiting and retaining a vibrant workforce***

- Ensure evidence based best practice and seek innovative solutions.

***Maintain a culture of continuous quality improvement***

- Risk and clinical governance management framework implemented within the organisation.
- Ensuring an independent guarantee of quality service

***Affirm and promote partnerships to develop strong and healthy communities***

- Strategic partnerships at a governance level
- Developing principles for partnerships

***Future sustainability of the service***

- Be an organisation of choice with our funding bodies
- Identify alternative funding sources

***Engage and participate with consumers, carers and communities who underpin our core business***

- Ensure quality representation at every level of the organisation

***Know and understand our community and their unique needs***

- Services are shaped around health needs and reflect the social determinants of individuals, their families and the community.

# Goulburn Valley Community Health Service



## Purpose

To work with our community to provide primary health care services that strengthen the ability of individuals and families to make lifestyle choices that will improve health and well being

## Vision

To be recognised for our commitment to excellence through innovation and partnerships which provide a catalyst for positive change, building strong and healthy communities through a holistic approach





# Annual Report 08/09

