Annual Report
2011-2012

South West
Healthcare

HELLO and WELCOME

This report provides performance, quality and financial information covering the 2011-12 financial year. It has been prepared in accordance with the Health Services Act 1988, Financial Management Act 1994, Standing Directions of the Minister for Finance (Section 4 Financial Management Reporting) and Financial Reporting Directions (specifically FRD22).

We hope you find this report informative and encourage you to visit our website and also read our 2012 Quality of Care Report.

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Merindah Lodge turned on a birthday party to remember when resident Enid Bath turned 100 in June. Photo courtesy of The Chronicle and photographer Helen Gaut.

ABOUT US

OUR VISION

To be a leader in providing innovative and quality health services.

OUR MISSION

We are committed to provide a comprehensive range of health care services to enhance the quality of life for people in South West Victoria.

OUR VALUES

CARING	We are caring and responsive to the needs of users of our service, their families and our staff.
RESPECT	We respect individual rights and dignity.
EQUITY	We promote equity of access and service delivery sensitive to individual needs.
EXCELLENCE	We continually review and analyse performance in order to ensure best practice.

OUR COMMUNITY

110,000 people live in South West Victoria, a vibrant region consisting of the Local Government Areas of Warrnambool City and the Shires of Corangamite, Glenelg, Moyne and Southern Grampians. Our major city, Warrnambool, is one of the fastest-growing regional cities in Victoria. Major primary industries include health, education, retail, tourism, dairy, food production, manufacturing, meat processing, professional services, new-age energy, timber, aluminium and mineral sands.

OUR SERVICES

We provide 145 medical, nursing, mental health, allied health and community health services.

OUR QUALITY PROGRAMS

We are committed to continuous quality improvement and strive for best practice.

OUR CONTRUBUTION TO THE COMMUNITY

We are the region's largest employer: 1,247 people work for South West Healthcare. Our local economy benefits to the tune of $87 million per annum.

OUR FUTURE

2011 will be regarded as a watershed in the long and proud history of South West Healthcare. On September 19 our new Warrnambool Base Hospital was officially opened by the Premier of Victoria, The Hon Ted Baillieu MLA in front of 800 invited guests and has received glowing reviews from patients and staff alike.

This new hospital is considered one of the most modern and technologically advanced health services in regional Australia and provides capacity to expand well into the future. Further major capital infrastructure will be commissioned in 2012 following the completion of our new allied health/ primary care facility known as Warrnambool Community Health.

South West Healthcare is currently experiencing an unprecedented growth phase but following the completion of our major capital project the organisation is well placed to cope with this growth. Combined with highly skilled and dedicated staff, and a continuous improvement culture, our health service looks forward to a very exciting future.

ABOUT THIS REPORT

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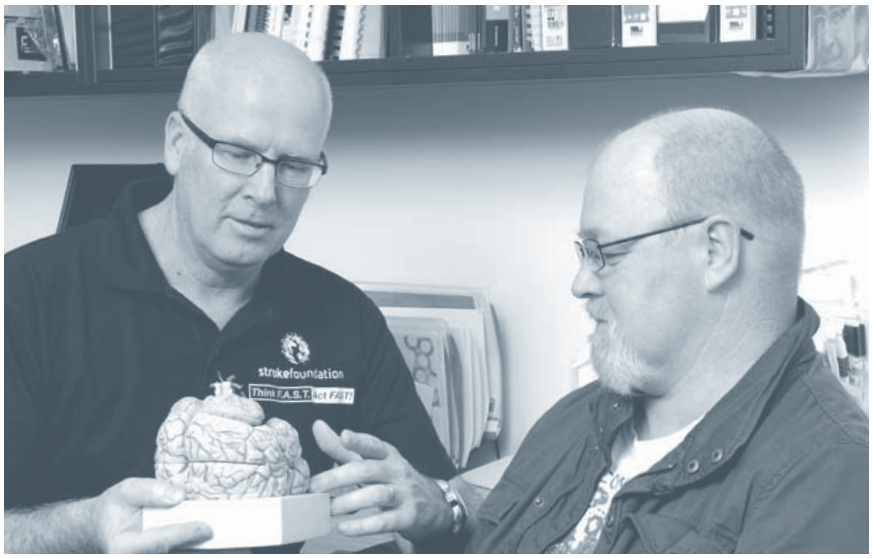
Our cover Eight weeks premature and weighing just 1.1 kilograms, Nullawarre's Niomi Bowman and Ronald McKenzie welcomed daughter Zaylie on May 25. Since then their home has been our new Special Care Nursery.

YEAR in BRIEF
2011 - 2012

PERFORMANCE INDICATORS

	2011-12	2010-11	Variance	% Change
Hospital inpatients treated (separations)				
Warrnambool	**20,518**	19,191	1,327	6.91
Camperdown	**1,655**	1,824	-169	-9.27
Inpatients average length of stay				
Warrnambool	**2.67**	2.72	-0	-1.84
Camperdown	**2.42**	2.81	-0	-13.88
Inpatients bed days				
Warrnambool	**55,445**	52,375	3,070	5.86
Camperdown	**4,005**	5,161	-1,156	-22.40
Nursing Home bed days	**7,735**	9,029	-1,294	-14.33
Hostel bed days	**2,035**	2,459	-424	-17.24
Non admitted patient attendances				
Warrnambool	**79,364**	85,026	-5,662	-6.66
Camperdown	**17,662**	20,339	-2,677	-13.16
Emergency attendances				
Warrnambool	**25,094**	25,593	-499	-1.95
Camperdown	**2,228**	2,659	-431	-16.21
Fundraising				
Capital	**1,071,077**	1,179,757	-108,680	-9.21
Full Time Equivalent staff	**908.98**	874.10	34.88	3.99



Named Australia's 2011 National Stroke Foundation & Stroke Society Australasia's Stroke Care Champion, Stroke Liaison and Clinical Nurse Consultant Patrick Groot catches up with Warrnambool's Hendrik Hiensch, an inaugural 2009 participant of our highly successful Dream Believe Achieve stroke self management program.

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HIGHLIGHTS

- New Warrnambool Base Hospital officially opened by the Premier of Victoria, The Hon Ted Baillieu MLA, on 19 September 2011
- Record patient throughput (6 per cent increase on previous year)
- Announcement of State Government commitment to establish an Integrated Cancer Centre in Warrnambool
- Winner of Community/Government Enterprise Award at the 2011 Warrnambool Business Excellence Awards
- Winner of Business of the Year Award at the 2011 Warrnambool Business Excellence Awards
- Completion of $26 million Warrnambool Community Health primary care centre
- Further strengthening of relationship with Deakin University with outstanding results achieved by onsite Warrnambool Medical School
- Successful nominations for the 2012 Minister for Health Volunteer Awards (winner of the Individual and Team categories)
- Successful completion of $3.5 million Warrnambool Base Hospital medical equipment appeal
- Successful recruitment of key medical specialists

South West Healthcare

CHAIRMAN and CEO's REPORT

Premier of Victoria, the Hon Ted Baillieu MLA (centre) officially opened our new $115M Warrnambool Base Hospital before 800 guests on September 19.

INTRODUCTION

In accordance with the Financial Management Act 1994, we are pleased to present the report of operations for South West Healthcare for the year ending 30 June 2012.

There was one event that stood out during another extremely successful year when the Premier of Victoria, The Honourable Ted Baillieu MLA, officially opened our new Warrnambool Base Hospital on 19 September 2011. Eight hundred invited guests gathered in the basement carpark which had been converted into a conference facility to witness the historic opening of one of the most technologically advanced hospitals in regional Australia.

The official opening was conducted by the Premier with the assistance of the Minister for Health David Davis and Minister for Major Projects and Regional Cities Dr Denis Napthine. The new Warrnambool Base Hospital involved five years of planning and 22 months of construction and was the largest health project undertaken by the Victorian Government in regional Victoria. Since occupancy we have received glowing commendations from numerous patients and staff relating to this outstanding facility.

Our new $26M integrated care centre, Warrnambool Community Health, will see 260 allied health, community and primary care, mental health, dental clinic and GP clinic staff located in regional Victoria's first fully integrated primary care facility.

DRIVING QUALITY PERFORMANCE

Last year we remarked that the spectacular growth in patient demand had led to breaking the 21,000 patient barrier for the first time and remarkably during a period of large scale construction, patient activity has increased by a further 6 per cent this year. A total of 22,530 acute inpatients received professional care and attention during the year. Furthermore, the organisation treated 27,277 emergency department attendances and 130,000 outpatient occasions of service.

Following the completion of an extensive service plan relating to the provision of cancer services in South West Victoria, government funding of $5 million was announced in the State Budget to commence planning for the establishment of an Integrated Cancer Centre in Warrnambool. This is an extremely exciting project and will reduce the need for local patients to travel to Geelong or Ballarat for specialised radiotherapy treatment.

During the year we were also able to gain agreement from the five key stakeholders in the project (Peter's Project, Barwon Health, Barwon South West Integrated Cancer Service, St John of God Hospital and South West Healthcare) that the location of the new cancer centre should be on the site of South West Healthcare. This was considered important due to the interdisciplinary nature of cancer service provision and the linkages to a whole range of cancer services currently provided at South West Healthcare.

The organisation has always had an enviable statewide, and in some cases, national reputation as a high quality health service so it was particularly pleasing to receive local recognition during the year. At the 2011 Warrnambool Business Excellence Awards we were grateful to receive the Community/Government Enterprise Award and also to be acknowledged as the winner of the Business of the Year.

ACHIEVING SUSTAINABILITY

Consistent with the new reporting and accountability framework of the Department of Health, South West Healthcare signed a Statement of Priorities Agreement which articulated expected performance. The Statement of Priorities process places greater discipline accountability around the key shared objectives of financial viability, improved access and quality of service provision. The organisation performed exceptionally well against the majority of the performance indicators and significantly outperformed the projected financial result. We knew in advance the additional one-off costs of commissioning an entire new hospital would affect the bottom line and lead to deficit reporting. As a consequence, the organisation recorded a $953,000 operating deficit which represents 0.8 per cent of revenue.

The other exciting capital redevelopment project that has been completed during the year is the new Warrnambool Community Health centre. This 7,000sqm, double-storey building on our Koroit Street frontage accommodates all our Allied Health, Community and Primary Care, Mental Health, Dental Clinic and General Practitioner Clinic staff. It is the first time that all of these services have been co-located in the one area and we look forward to the official opening of this new facility in September 2012.

We are very pleased to indicate that the Department of Health has appointed consultants to undertake a wide-ranging service planning review of health services in the Corangamite Shire. This long-awaited review will recommend an appropriate service profile to meet the health needs of Corangamite residents over the next 20 years and create a more sustainable service delivery model. The review is being undertaken in conjunction with Terang and Mortlake Health Service, Timboon and District Healthcare Service and Cobden District Health Service. South West Healthcare is the largest provider of health services in the Corangamite Shire and has a strong commitment to ensure a positive outcome from this service planning project.

The first baby to be born in our new Warrnambool Base Hospital Maternity Unit, Jenson Riordan and his Orford parents Kallyn and Clint, made history on October 13. Photo courtesy of The Standard and photographer Leanne Pickett.

CREATING A LEARNING/TEACHING/ RESEARCH CULTURE

One of the most exciting components of our new Warrnambool Base Hospital, and regarded as the jewel in the crown of the entire redevelopment, is the Deakin University Medical School. This innovative, post-graduate medical degree places students in their third and fourth year of studies in Warrnambool while they undergo teaching at South West Healthcare and surrounding hospitals and general practitioner clinics.

The first tranche of students have graduated from our Medical School and we are delighted with their success. Of the 111 students who graduated (including Deakin students from Geelong and Ballarat) we derive great pride in reporting that the top student and five of the top 12 students completed their studies in Warrnambool. This is an outstanding endorsement of the Deakin Medical School Warrnambool and clearly illustrates the level of commitment and passion exhibited by our clinical and teaching staff t o achieve this outcome.

Since the completion of the new office accommodation for Deakin Management and the provision of a Clinical Simulation Centre it is pleasing to report that we now have 45 students undertaking their medical studies at South West Healthcare. Once again, they are a very impressive group who have been recruited from all parts of Australia and internationally.

ENCOURAGING SERVICE INNOVATION

There has been much effort put into the ongoing pursuit to develop a fully integrated web-based electronic health information system which would link all Divisions and Departments. Significant project planning work has been undertaken in relation to this exercise and it is scheduled to go live with the new Patient Administration System as the first module later this year.

Detailed planning associated with the introduction of the Community module, which will provide significant efficiencies for our new Warrnambool Community Health centre, is well advanced and scheduled for a go-live date in early 2013. Other exciting innovations in the IT space include the development of our online recruitment system which has provided significant advantages including improved processes, efficiencies, website and internet improvement and cost savings.

A further extension of this innovation is that South West Healthcare is the first healthcare organisation in Victoria to trade Business to Business (B2B) with suppliers utilising the Oracle Financial Management Information System. As South West Healthcare now coordinates the procurement supply service to all health services in the South Western Region, significant efficiency gains and increasing purchasing advantages have been delivered for the ultimate benefit of all health services in the region.

Intern Training Supervisor Dr Brendan Condon (back left) with our first-ever Deakin Clinical School medical interns to be employed for a full year, instead of the standard rotation placement: (from left) Dr Sayumi Jayasinghe, Dr Carolyn Griggs, Dr Ian Scobie, Dr Meg Pilkington and Dr Ashley Nesseler. Photo courtesy of The Standard and photographer Angela Milne.

Health Minister David Davis bestowed the title of 2012 Victorian Individual Volunteer of The Year on Palliative Care Program volunteer Claire Gibbons. (See Volunteers for more.)

Premier Ted Baillieu (left) commended Life Governor Bill Phillpot for leading our successful $3.5M Warrnambool Base Hospital Medical Equipment Appeal. In recognition of this outstanding achievement, our Board of Directors named the new boardroom the Bill Phillpot Boardroom.

ENGAGING OUR COMMUNITY

The level of community involvement in our health service is one of the cornerstones of our success. We are currently supported by 320 registered volunteers and for the second year in a row one of these remarkable people – this year it was Ms Claire Gibbons – received the 2012 Minister for Health Volunteer Award for outstanding individual achievement in a regional health service.

In addition, our Palliative Care Massage Team won the Volunteer Team of the Year Award. At the Melbourne ceremony, Health Minister David Davis described each volunteer as an outstanding and truly inspiring individual and we once again thank all our volunteers for their remarkable contribution.

It is also pleasing to note that the planning for construction of the region's Rotary House, to be built on South West Healthcare land in Timor Street, Warrnambool, has substantially progressed over the period. All of the detailed plans and permits have been completed and a building contractor has been recently appointed. Funding support for the project throughout the South West remains strong and there is confidence the project will be completed in its entirety in mid 2013.

Rotary House will provide support accommodation for patients who live outside our immediate area and require crisis accommodation or ongoing visits to our Warrnambool Base Hospital and other local health facilities. It will also provide accommodation for these patients' families and is seen as a further extension of the outstanding range of services provided by the organisation.

The most tangible outcome of our community engagement strategy during the year was the successful conclusion of the $3.5 million major capital appeal to equip our new Warrnambool Base Hospital. This is the largest community engagement strategy we have undertaken with the financial target being reached in the lead up to the official opening of the new facilities.

With the assistance of a small volunteer appeal committee headed by Mr Bill Phillpot and other community leaders we were able to reach this ambitious target and fit out our new hospital with the most modern and technologically advanced equipment available. In recognition of Mr Phillpot's long association with South West Healthcare and his esteemed leadership of this capital appeal the Board of Directors endorsed the naming of our new boardroom as the Bill Phillpot Boardroom.

In another demonstration of exceptional community spirit one of our most generous donors, Mr Geoff Handbury, has made a further bequest to aesthetically complete 'the outstanding entrance foyer' of our new Warrnambool Base Hospital. He has commissioned the Australian Tapestry Workshop to create a custom-made tapestry featuring unique native elements of the South West. To be officially unveiled later this year, this lasting legacy will take pride of place in our new entrance foyer for generations to come.

CONCLUSION

All of these achievements have been possible as a result of an organisational culture that is committed to continuous improvement. Change is an inevitable part of any modern organisation and it is pleasing that this health service not only recognises the necessity for change but readily embraces it. As always there are numerous people to thank for their contribution to another extremely successful year including our dedicated Board of Directors, capable Executive Team and our dedicated and committed staff. In conjunction with the continued contributions of our donors, community supporters, volunteers and auxiliary members we have completed a year which will undoubtedly be considered a defining year in our 158 year history.

As articulated in our mission, we are committed to provide a comprehensive range of health care services to enhance the quality of life for people in South West Victoria. We are proud that each year we continue to deliver measurable improvement to all our services, and of the tangible nature of much of this success. We are especially pleased to serve our community by providing high quality and innovative healthcare which places us at the forefront of regional health service provision.

CHRIS LOGAN
Chairman
Board of Directors

JOHN F KRYGGER
Chief Executive Officer

STATEMENT of STRATEGIC DIRECTION 2009 - 2014

1. DRIVING QUALITY PERFORMANCE

STRATEGIC DIRECTION

To support an organisational culture that strives for improved performance with a focus on evidenced based interventions to achieve best practice patient and service outcomes.

To create a high level of risk awareness and organisational safety.

STRATEGIES

- Promote a supportive team-based work environment which places the patient at the centre of all decision making.
- Implement practices that respond to key quality indicators benchmarked against peer organisations.
- Pursue evidence based clinical and technological innovation for implementation as routine practice.
- Implement best practice standards and policies to exceed compliance obligations.
- Regularly review and update risk management plan to reflect changing circumstances.

2. ACHIEVING SUSTAINABILITY

STRATEGIC DIRECTION

To enable the organisation to remain financially viable through sustainable management of resources.

To provide infrastructure that meets contemporary healthcare expectations and supports a green environment.

STRATEGIES

- Align funding streams with service levels to ensure program integrity and improve accountability.
- Ensure Warrnambool Base Hospital capital redevelopment project maintains momentum and provides necessary communication and change management strategies.
- Increase environmental awareness encouraging green practices.

3. CREATING A LEARNING/TEACHING/ RESEARCH CULTURE

STRATEGIC DIRECTION

To further strengthen the existing culture that attracts and retains high calibre people.

To embrace the notion of the organisation as a true teaching health service.

STRATEGIES

- Create a multidisciplinary teaching unit.
- Provide a clinical workforce to address the future needs of a growing and ageing population.
- Strengthen relationship with Deakin University in relation to the ongoing development of the medical school.
- Develop a culture of continuous learning and the promotion of a best practice teaching environment.

4. ENCOURAGING SERVICE INNOVATION

STRATEGIC DIRECTION

To encourage innovative service delivery that is responsive to the needs of our community.

STRATEGIES

- Complete and support area-based health service plans for Local Government Areas within the catchment.
- Adopt a population health focus to build healthy communities through integrated health promotion strategies.
- Pursue an innovative integrated care model that increases community based care through improved self management of chronic conditions.
- Establish a model of care to meet the healthcare needs of aged persons.
- Continue to pursue innovative, fully integrated information management systems.
- Investigate initiatives that enhance the organisation's role as a collaborative leader in South West Victoria.

5. ENGAGING OUR COMMUNITY

STRATEGIC DIRECTION

To provide leadership that strengthens partnerships with other local service providers to improve health outcomes within the community we serve.

To ensure that South West Healthcare supports, and is supported by, its community.

STRATEGIES

- Enhance key relationships with Local Government in all areas of the catchment.
- Further enhance relationships with other agencies to enable services to be more responsive and integrated.
- Foster engagement with the community to promote services that are responsive to special needs groups.
- Nurture community relationships to maximise fundraising opportunities.

STATEMENT of PRIORITIES

1 DEVELOPING A SYSTEM THAT IS RESPONSIVE TO PEOPLE'S NEEDS

DELIVERABLES	OUTCOMES
Develop Aboriginal Employment plan by 30 June 2012.	Aboriginal cadetship position appointed and workforce plan commenced.
Enhance partnership with Gunditjmara and Kirrae to ensure that Aboriginal people receive culturally appropriate services through Close the Health Gap initiatives.	Protocol with Gunditjmara and Kirrae signed and workers employed to deliver services effective from December 2011.

2 IMPROVING EVERY VICTORIAN'S HEALTH STATUS AND EXPERIENCES

DELIVERABLES	OUTCOMES
Implementation of organisation-wide assessment policy and tool for all eligible patients in relation to care and discharge planning.	Substantial progress with INI (Initial Needs Identification) and Assessment tools through Redesign processes within Admission and discharge module. Reviewing forms for electronic use as well as updated Health Assessment form

3 EXPANDING SERVICE, WORKFORCE AND SYSTEM CAPACITY

DELIVERABLES	OUTCOMES
ESIS fully implemented with data integrity processes in place for shadow year by June 2012.	ESIS data integrity substantially achieved. Working with DoH consultant on 'Perfect List' which includes waiting list management.
Formal engagement with Boards of surrounding health services to collaboratively develop a prioritised sub regional action plan.	Scheduled visits by surrounding Boards completed in 2011-12. DoH proceeding with The Corangamite Services Plan which commenced in May 2012.

4 INCREASING THE SYSTEM'S FINANCIAL SUSTAINABILITY AND PRODUCTIVITY

DELIVERABLES	OUTCOMES
Develop financial management strategies to improve service efficiency and maintain financial sustainability.	Agreed financial performance and service activity targets achieved (see Part B).
Strategies developed and implementation regularly monitored and impacts evaluated.	

5 IMPLEMENTING CONTINUOUS IMPROVEMENTS AND INNOVATION

DELIVERABLES	OUTCOMES
Participate in Redesigning Hospital Care program. Report on key outcomes implemented as a result of participation in reform project.	Continued positive progress with RHCP: • Electronic Patient Status at a Glance boards implemented in all clinical areas. • Allied Health referral response time improved from 18% to 70% in <24hrs. • Bedside clinical handover commenced in several patient care areas. • Improved accountability for managers with more access to data. • Surgical Patient Flow Redesign commenced.
In conjunction with Barwon Health (HHF funding) develop supported accommodation for cancer patients and their families. Architectural plans completed and project management plan agreed by June 2012.	Funding secured and builder appointed to construct $1.5M Rotary House.

6 INCREASING ACCOUNTABILITY AND TRANSPARENCY

DELIVERABLES	OUTCOMES
Ensure appropriate risk management processes are in place and are consistent with risk management standards.	ACHS periodical review successfully completed in May 2012 and VMIA risk audit completed in June 2012.
Risk Management Plan regularly updated and monitored and subject to external audit from VMIA.	Action Plans to be developed to progress ACHS and VMIA recommendations.

7 UTILISING E-HEALTH AND COMMUNICATIONS TECHNOLOGY

DELIVERABLES	OUTCOMES
Develop plans for integrated electronic health information system.	ICT strategic plan developed. Major upgrade of patient management systems in progress with completion date scheduled for November 12.
Plan developed with agreed implementation steps.	

PERFORMANCE PRIORITIES

*Data correct as at 30 June 2012

FINANCIAL PERFORMANCE		Target	2011/12 actuals
Operating result		-1.6mill	-953k
Cash Management	Creditors	60 days	58
	Debtors	60 days	58
ACCESS PERFORMANCE	Percentage of emergency patients admitted to an inpatient bed within eight hours	80%	84%
	Percentage of non-admitted emergency patients with length of stay of less than four hours	80%	83%
	Number of patients with length of stay in emergency department grater than 24 hours	0	3
	Percentage of Triage Category One emergency patients seen immediately	100%	100%
	Percentage of Triage Category Two emergency patients seen within 10 minutes	80%	78%
	Percentage of Triage Category Three emergency patients seen within 30 minutes	75%	77%
SERVICE PERFORMANCE	WIES activity performance WIES (public and private) performance to target (%)	98% to 102%	98.81%
Quality and Safety	Health service accreditation	Full compliance	Full compliance
	Residential aged care accreditation	Full compliance	Full compliance
	Cleaning standards	Full compliance	Full compliance
	Submission of data to VICNISS (%)	Full compliance	Full compliance
	Hand Hygiene Program compliance	65%	64%
	Victorian Patient Satisfaction Monitor	73%	Met
	Consumer Participation Indicator	75%	Met
	Residential Aged Care Services Organisation Readiness Tool	Full compliance	Full compliance
Maternity	Percentage of women with prearranged postnatal home care (Camperdown)	100%	97%
	Percentage of women with prearranged postnatal home care (Warrnambool)	100%	95%
Mental Health	28 day readmission rate (%)	14%	11%
	Post-discharge follow up rate	22%	75%
	Seclusion rate per occupied bed days	<20/1,000	10
ACTIVITY AND FUNDING			
Activity	Weighted Inlier Equivalent Separations (WIES) activity achievement		
	WIES Public		11,516
	WIES Private		816
	Total WIES (Public and Private)		12,332
	WIES Renal		126
	WIES DVA		281
	WIES TAC		85
	WIES RPI		80
	WIES TOTAL		12,904
Sub Acute Inpatient	Rehab L1 (Public)		235
	Rehab L2 (Public)		4,312
	Rehab L2 (Private)		332
	Rehab L2 (DVA)		145
	GEM (Public)		3,202
	Palliative Care (Public)		1,486
	Palliative Care (Private)		225
	Palliative Care (DVA)		24
	Transition Care Bed (non DVA)		2,549
	Transition Care Home (non DVA)		3,333
Ambulatory	SACS – Non DVA		10,680
	SACS – DVA		286

STATISTICAL INFORMATION

ACUTE HOSPITAL - WARRNAMBOOL CAMPUS	2011-12	2010-11	2009-10	2008-09	2007-08
Accommodation - Registered Beds	**172**	155	155	155	155
Inpatient Separations					
Public - No Charge	**19,297**	17,916	16,399	16,005	14,057
Private/Third Party	**1,210**	1,269	922	722	823
Nursing Home Type	**11**	6	42	39	41
Total Inpatient Separations	**20,518**	**19,191**	**17,363**	**16,766**	**14,921**
Inpatient Separations by Patient Type					
Emergencya	**9,923**	8,976	7,471	6,378	5,237
Elective	**8,948**	8,817	8,488	8,996	8,316
Obstetric	**1,647**	1,398	1,404	1,392	1,368
Total Patients Treated	**20,518**	**19,191**	**17,363**	**16,766**	**14,921**
Total Patient Days in Hospital					
Public - No Charge	**49,769**	47,317	45,817	45,659	45,421
Private/Third Party	**5,252**	4,887	3,861	4,088	4,467
Nursing Home Type	**424**	171	2,165	2,818	1,985
Total Patient Bed Days	**55,445**	**52,375**	**51,843**	**52,565**	**51,873**
Transitional Care Program Bed Days	**5,882**	4,338	1,017		
Daily Average of Occupied Beds	**141.7**	134.5	131.0	133.5	132.1
% Occupancy of Registered beds	**85.3**	86.8	84.5	86.1	85.2
Average Length of Stay	**2.67**	2.72	2.96	3.30	3.40
Births (number of deliveries)	**739**	594	631	624	598
Theatre Procedures	**5,753**	5,908	6,190	6,129	5,915
Endoscopy Procedures	**2,336**	2,482	2,471	2,664	2,514
Total Procedures	**8,089**	**8,390**	**8,661**	**8,793**	**8,429**
Day Case Surgery in Theatre	**2,783**	2,916	3,030	3,284	3,014
Non Inpatient Services					
Number of Attendances:					
Emergency Department	**25,094**	25,593	24,549	24,152	24,135
Medical/Surgical Clinics	**9,372**	13,781	11,880	12,375	11,668
Pathology	**10,538**	9,886	9,121	9,983	9,568
Medical Imaging	**9,720**	9,124	8,302	7,612	6,989
Pharmacy	**9,086**	9,018	8,782	9,494	8,836
Allied Health	**7,569**	8,679	10,049	12,209	12,465
Dental Unit	**8,461**	9,801	9,885	7,880	9,099
Other Programs	**7,200**	7,337	5,722	6,104	6,449
Rehabilitation Centre Attendances	**8,226**	7,947	8,231	8,433	8,274
Community Health Attendances	**2,843**	3,183	3,647	3,262	3,364
HARP Attendances	**4,107**	4,012	4,376	4,706	3,530
Community Health Group Session Attendances	**1,573**	1,968	1,978	4,772	3,658
HARP Group Session Attendances	**669**	290	520	526	507
Total Non Inpatient Attendances	**104,458**	**110,619**	**107,042**	**111,508**	**108,542**
District Nursing - Care Hours	**15,327**	13,549	14,591	14,638	15,115
Total Number of Meals Served	**264,297**	288,367	278,666	289,743	295,377

Elected Chair of the International Wound Infection Institute in April, Wound Management Nurse Practitioner Terry Swanson now resides over an international multidisciplinary group of experts who aim to educate and provide consensus on identification and management of wound infections. Terry was also this year elected as Nursing Representative for the Australian Wound Management Association. Photo courtesy of The Standard and photographer Rob Gunstone.

CAMPERDOWN/LISMORE CAMPUSES	2011-12	2010/11	2009/10	2008/09	2007/08
Accommodation - Registered Beds	**67**	67	67	67	67
Inpatient Separations by Patient Type					
Emergency	**794**	828	702	694	603
Elective	**758**	839	951	898	1,015
Obstetrics	**103**	157	140	155	177
Total Inpatient Separations	**1,655**	**1,824**	**1,778**	**1,747**	**1,795**
Public Separations (Acute)	**1,447**	1,546	1,472	1,445	1,484
Total WIES	**981**	1,144	1,148	1,123	1,114
Average Inlier Equivalent DRG Weight	**0.5931**	0.6309	0.6451	0.6458	0.6234
Acute Bed Days	**4,005**	5,131	5,539	5,481	5,433
Aged Care Bed Days	**9,808**	11,488	12,833	12,939	13,047
Total Bed Days (Acute plus Aged Care)	**13,813**	16,619	18,372	18,420	18,461
% Occupancy of Available Beds					
Acute	**55.80**	65.73	70.53	69.79	69.57
Aged Care	**74.44**	87.42	97.66	98.47	99.02
Average Length of Stay					
Acute	**2.42**	2.81	3.10	3.13	3.01
Births (number of deliveries)	**42**	63	61	67	70
Total Operations	**706**	611	669	653	560
Day Case Surgery in Theatre (Incl above)	**452**	429	440	431	437
Non Inpatient Services					
Emergency Department	**2,183**	2,659	2,860	2,623	2,161
Outpatient Attendances	**3,637**	2,266	2,078	1,847	1,679
District Nursing Visits	**4,360**	4,962	5,617	4,120	4,539
Community Health - Contacts	**3,917**	6,911	3,707	4,724	4,951
Community Health - Group Session Attendances	**4,593**	3,611	3,109	5,043	3,772
Day Care Attendances	**2,849**	2,589	2,447	2,375	2,606
Total Non Inpatient Activity	**19,845**	**22,998**	**19,818**	**20,732**	**19,708**
Meals on Wheels Prepared	**7,974**	8,737	6,643	7,396	10,171

COMPARITIVE COSTS AND STATISTICS - NON ACUTE SERVICES

	2011-12	2010-11	2009-10	2008-09	2007-08
Mental Health Services					
Statistics					
Number of Inpatient Separations	**333**	336	342	349	369
Acute Bed Days	**3,956**	4,117	3,992	3,492	4,005
Daily Average Inpatients Accommodated	**16.28**	11.27	10.94	9.57	10.97
Percentage Occupancy (%)	**72.06**	75.20	72.91	63.78	73.15
Average Inpatient Length of Stay (days)	**11.88**	12.25	11.67	10.01	10.85
Number of Outpatient Contact Hours	**29,041**	31,499	30,019	27,209	23,931
Number of Residential/Extended Care Bed Days	**1,466**	1,399	1,105	1,255	1,474
Central Linen Service					
Kilograms Produced	**806,805**	807,566	800,587	776,824	763,980
Average cost per kilogram (cents)	**204.99**	199.40	211.49	186.17	189.99

SERVICE, ACTIVITY AND EFFICIENCY MEASURES
Statistical Comparison to Previous Years

	Actual 2011-12	Actual 2010-11	Actual 2009-10	Actual 2008-09	Actual 2007-08
Warrnambool Campus					
Weighted Inlier Equivalent Separations	**11,924**	12,022	11,523	10,834	10,629
Average Inlier Equivalent DRG Weight	**0.6373**	0.6426	0.6828	0.6688	0.7392
Statistical Indicators					
% Public (Medicare) Patients Treated	**95.4%**	93.2%	94.3%	95.7%	94.5%
Revenue Indicators - All Campuses					
Average Days to Collect	**2011-12**	**2010-11**			
Private Inpatient Fees	**63.59**	70.85			
TAC Inpatient Fees	**0.00**	43.99			
VWA Inpatient Fees	**84.14**	81.48			

Debtors Outstanding as at 30th June 2012

	Under 30 Days	31-60 Days	61-90 Days	Over 90 Days	Total 2012	Total 2011
Private Inpatients	184,567	200,761	11,474	22,417	419,219	157,278
TAC Inpatients	-	-	-	-	-	2,308
VWA Inpatients	42,193	20,447	3,397	23,566	89,603	94,349
	226,760	**221,208**	**14,871**	**45,983**	**508,822**	**253,935**

Note:

TAC = Transport Accident Commission
VWA = Victorian Workcover Authoriy
WEIS = Weighted Inlier Equivalent Separations

ACTIVITY BY PROGRAM
2011-12 TOTAL - ALL CAMPUSES

ADMITTED PATIENTS	Acute	Sub Acute	Mental Health	Aged Care	Total
Separations					
Same Day	12,256		8		12,264
Multi Day	8,996	698	325	47	10,066
Total Separations	**21,252**	**698**	**333**	**47**	**22,330**
Emergency	10,790		333		11,123
Elective	9,763	592		47	10,402
Maternity	1,789				1,789
Total Separations	**22,342**	**592**	**333**	**47**	**23,314**
Public Separations	20,148	592			20,740
Total WIES	12,905				12,905
Total Bed Days	**49,183**	**10,248**	**5,421**	**9,808**	**74,660**

NON ADMITTED PATIENTS	Acute	Sub Acute	Mental Health	Aged Care	Total
Emergency Medicine Attendances	27,277		2,784		30,061
Outpatient Services - Occasions of Services	51,314	8,803	69,533		129,650
Other Services - District Nursing Care Hours				19,961	19,961

Macarthur Campus	2011-12	2010-11	2009-10	2008-09	2007-08
District Nursing/personal care visits	**1,582**	1,545	1,800	1,922	1,828
Community Health contacts	**1,180**	1,190	1,083	1,413	1,424
Community Health session attendances	**783**	715	1,493	1,371	1,439
Day Care session attendances	**588**	696	864	935	879
HACC Groups	**0**	42	123	130	136
Meals on Wheels Prepared	**526**	679	682	573	477
Volunteer contacts	**917**	923	800	953	874

ATTESTATION ON DATA INTEGRITY

I, John Krygger, certify that South West Healthcare has put in place appropriate internal controls and processes to ensure that reported data reasonably reflects actual performance. South West Healthcare has critically reviewed these controls and processes during the year.

JOHN KRYGGER
Chief Executive Officer

Warrnambool August 2012

PROFILE

Our STARbeat choir serenaded Mental Health Minister Mary Wooldridge when she visited in September before releasing their second album. Title track Share the Beat is an original written in collaboration with Phil Heutzenroeder of Bi-Polar Bears fame. Two days in the recording studio, courtesy of the WDEA Charitable Trust, allowed Adam B Metal to share his mixing skills with Greg, Bruce, Jenny and Ella.

OUR LOCATIONS

South West Healthcare has served South Western Victoria for more than one-and-a-half centuries. Our Warrnambool hospital is 158 years old and our Camperdown Hospital is 103.

The organisation consists of two public hospitals, a mental health services division, an aged care facility and five community health centres.

In 2011-12 we provided 145 medical, nursing, mental health, allied health and community health services to the 110,000 people who live in Warrnambool and the shires of Moyne, Corangamite, Southern Grampians and Glenelg.

Our hospitals are based at:
- Warrnambool (the organisation's headquarters)
- Camperdown

Our Mental Health Services offices are based at:
- Warrnambool (headquarters)
- Camperdown
- Hamilton
- Portland

Our Community Health centres are based at:
- Warrnambool (headquarters)
- Camperdown (there are two, including an adult day centre)
- Macarthur
- Lismore

Our aged care facility is based at:
- Camperdown (on the grounds of our Camperdown Hospital)

1 **Warrnambool Campus**
3 **Lismore Campus**
5 **Portland Campus**
2 **Camperdown Campus**
4 **Macarthur Campus**
6 **Hamilton Campus**

OUR SERVICES

Of the 145 medical, nursing, mental health, allied health and community health services we provided in 2011-12 (for the full list go to the next two pages), the following five were exciting new initiatives:

- Following the official opening of our new $115M Warrnambool Base Hospital in September, we converted the top-floor central block to a dedicated Women's Health Clinic to provide, for the first time in our 158-year history, both outpatient ante natal and gynaecology appointments for public patients. Complete with an Ante Natal Clinic, Gynaecology Clinic and Young Adolescent Pregnancy (YAP) initiative catering for the needs of the under-20s, within the first eight days of opening 130 local women attended appointments with our two new obstetricians/gynaecologists, Dr Michael Koutsoukis and Dr Damayanthi Rathnayaka (pictured).

Both work closely with off-site obstetricians/gynaecologists Drs Liz Uren and Chris Beaton who, for many years now, have done a remarkable job in providing obstetric services to SWH patients. The four of them have this year helped deliver 739 babies – a 24 per cent increase on 2010-11, due mostly to SWH becoming the sole provider of birthing services in Warrnambool in March (see Chairman & CEO's Report).

- Reconstruction Surgery commenced at SWH in April with the arrival of our first-ever plastics surgeon Mr Robert Toma (pictured). The only plastics surgeon working in a public hospital between Geelong and Adelaide, his appointment will spare local women having to go to Melbourne for breast cancer reconstruction surgery, and spare road and workplace-related trauma patients from also having to do the same.

A brilliant collaboration between our Warrnambool Community Health Aboriginal Programs Unit and ABC Open South West Victoria saw (from left) SWH's Close the Gap Coordinator Libby Lesock, Close the Gap Family Support Worker Di Delany and (right) Aboriginal Programs Manager Allan Miller immortalised as part of ABC Open's DreamBox initiative. Almost 2,000 dreams and wishes were captured and produced to develop the DreamBox throughout Australia. Some local creations will be on permanent display in our new $26M Warrnambool Community Health building (see Chairman and CEO's Report). Photo courtesy of ABC Open South West Victoria's producer Colleen Hughson and photographer Daniel Bickers.

Our first-ever salaried obstetricians/gynaecologists, Director of Obstetrics Dr Michael Koutsoukis and Dr Damayanthi Rathnayaka head up our first-ever Warrnambool Base Hospital Women's Health Clinic. Photo courtesy of The Standard and photographer Damian White.

In the midst of a medical specialist drought that many other regional Australia hospitals are experiencing, we continue to successfully secure the services of respected medical specialists. Additional to the arrival this year of plastics surgeon Robert Toma and obstetricians/gynaecologists Michael Koutsoukis and Damayanthi Rathnayaka, orthopaedic surgeon Kunle Arogundade, ophthalmologists Roland Bunting and Lorraine Ong and anaesthetist Christian Bonney have joined our team.

- The Access & Information Service is a one-stop-shop for all of South West Healthcare's community health programs. It aims to help people get to the right services at the right time. Our Access & Information staff meet with consumers on their first visit to discuss their healthcare needs. This leads to more timely identifying of services the client might benefit from accessing, both at SWH and within the community.
- Our Delta Therapy Dogs help brighten the day of hundreds of patients, staff and visitors during their weekly visits to our Palliative Care, Rehabilitation, Paediatric and Extended Care Inpatients Units. Generous donors finance this otherwise unaffordable, highly-valued initiative that provides the opportunity to chill out with an affectionate pet.
- The Falls & Balance Specialist Clinic provides a one-stop assessment for clients who've had falls, have a fear of falling, or have mobility and balance problems for which there is no obvious cause. The team includes our rehabilitation physician, an occupational therapist and physiotherapist who do a thorough assessment before liaising with the client's GP on suggested management strategies. The team also organises referrals to SWH allied health and community services for any other therapy or interventions the client might find useful.

Port Fairy's John Russell was one of the region's first patients to benefit from the arrival of our first-ever resident Plastics Surgeon, Mr Robert Toma. Photo courtesy of The Standard and photographer Damian White.

SERVICES and PROGRAMS

	Warrnambool Base Hospital	Camperdown Hospital	Warrnambool CH	CDown CH Manifold Place	Lismore CH	Macarthur CH	CDown ADC David Newman	CDown ACF Merindah Lodge	WBool MHS	CDown MHS	Hamilton MHS	Portland MHS
Aboriginal Health	•	•	•	•	•	•		•				
Aboriginal Health Promotion			•									
Access & Information*		•										
Acute Care	•	•										
Aged Care (residential)								•				
Anaesthetics - Specialist	•											
- General Practitioner		•										
Better Health Self Management			•	•	•	•						
Breast Cancer Support	•	•										
Cancer Support Team	•											
Cardiac Rehabilitation	•											
Centre Against Sexual Assault (SW CASA)	•			•								
Community Health Dietitian			•	•	•	•						
Community Health Nursing			•	•	•	•						
Continence Advisory	•					•						
Coronary Care	•											
Counselling & Support	•		•	•	•	•						
Day Surgery	•	•										
Delta Therapy Dogs*	•											
Dentistry	•											
Dermatology (private consultations)	•											
Diabetes Education & Resources	•	•	•	•	•	•		•				
Diabetes Aust NDSS sub-agent	•			•								
Discharge Planning	•	•			•	•						
District Nursing	•	•			•	•						
Drug & Alcohol Withdrawal & Support												
Inpatient	•											
Outpatient	•											
Ear, Nose & Throat Surgery	•											
Emergency	•	•										
Endoscopy	•	•										
Exercise Stress Testing	•											
Equipment Hire												
South West Equipment Library	•											
South West Healthcare Supplies	•											
Evening Support					•							
Falls & Balance Specialist Clinic*	•											
Family Planning & Education			•									
Fracture Clinic	•											
Fresh Deliver Meals	•											
GP Clinics					•	•						
Gastroenterology	•											
General Medicine	•	•										
General Surgery	•	•										
Geriatric Medicine	•											
Geriatric Evaluation & Management	•											
Gynaecology - Specialist	•	•										
- General Practitioner		•										
Haemodialysis	•											
Hand Care Therapy	•											
HARP			•	•								
Health Education	•	•										
Health Promotion			•	•	•	•						
Home Care Program (Paediatrics)	•											
Hospital In The Home	•											
Hospital Redesigning Care	•	•							•			
Improving Care For Older Persons Initiative	•											
Infection Control Service	•	•										
Intensive Care/Critical Care	•											
Library	•	•	•	•	•	•	•	•				
Living for Life				•								
Meals on Wheels		•			•	•						
Medical Imaging	•	•										
Memory Enhancement								•				
Mental Health												
Acute Inpatient	•											
Addiction Physician	•								•	•	•	•
Adult Continuing Care									•	•	•	•
Adult Crisis Assessment & Treatment	•								•	•	•	•
Aged Persons Mental Health	•								•	•	•	•
Child & Adolescent Team	•								•	•	•	•

ACF Aged Care Facility
ADC Adult Day Centre
CDown Camperdown
CH Community Health
MHS Mental Health Services
WBool Warrnambool

	Warrnambool Base Hospital	Camperdown Hospital	Warrnambool CH	CDown CH Manifold Place	Lismore CH	Macarthur CH	CDown ADC David Newman	CDown ACF Merindah Lodge	WBool MHS	CDown MHS	Hamilton MHS	Portland MHS
Consumer & Carer Participation	•								•	•	•	•
Dementia Behaviour Management Advisory Service									•	•	•	•
Early Intervention & Dual Diagnosis	•								•	•	•	•
Families where a Parent has a Mental Illness									•	•	•	•
Multiple & Complex Needs Initiative									•			
Perinatal Emotional Health	•	•							•	•	•	•
Primary Mental Health Team									•	•	•	•
Residential Rehabilitation	•											
Strengthening Schools									•	•	•	•
Midwifery												
Inpatient	•	•										
Rural Maternity Initiative		•										
Continuity Midwifery Program	•											
Domiciliary	•	•										
Music Therapy (acute hospital setting)	•											
Needle Syringe			•	•								
Neonatal Special Care	•											
Nutrition	•	•										
Obstetrics - Specialist	•											
- General Practitioner	•	•										
Occupational Therapy	•			•				•				
Oncology	•											
Operating Theatre & Recovery	•	•										
Ophthalmology	•											
Orthopaedics	•	•										
Ostomy Association Clinic			•									
Paediatrics/Adolescent Care	•	•										
Paediatric Surgery	•											
Palliative Care - Inpatient	•	•										
- Community Based	•	•										
PAP Screen Clinic			•		•							
Pathology	•	•										
Pharmacy	•	•										
Physiotherapy	•	•		•	•	•						
Planned Activity Groups						•	•					
Podiatry	•			•	•	•		•				
Post Acute Care	•	•										
Pre Admission Clinic	•	•										
Prosthetics	•											
Reconstruction Surgery*	•											
Refugee Health			•									
Rehabilitation												
Inpatient	•											
Rehabilitation Community Centre	•											
Respiratory Health	•	•										
Service Information Hub				•								
Sexual Assault After Hours Crisis Care	•											
Smoking Cessation			•									
South West Area Maternity Initiative	•	•										
South West Healthcare Supplies (shop)	•											
Speech Pathology	•			•								
Stomal Therapy	•											
Stroke Liaison	•											
Telemetry	•											
Transesophageal Echocardiography	•											
Transition Care	•											
Urology	•	•										
Victorian Infant Hearing Screening Program	•	•										
Women's Health	•		•	•	•	•						
Women's Health Clinic*	•											
Ante Natal Clinic*	•											
Gynaecology Clinic*	•											
Young Adolescent Pregnancy (YAP) initiative*	•											
Young Women's Pregnancy & Parenting	•											
Wound Management	•											
Volunteer Program	•	•		•	•							
Youth Clinic			•									

*** New programs delivered in 2011-12 (see profile: Our Services).**

OUR PATIENTS

OUR HOSPITAL INPATIENTS

We treated 1,189 more inpatients than ever before at our two hospitals in 2011-12: 22,530 compared to 2010-11's 21,341 – a 6 per cent increase. Our Warrnambool Base Hospital recorded a 7 per cent increase. Our Camperdown Hospital recorded a 9 per cent decrease.

SWH INPATIENTS x HOSPITAL 2011-12 to 2007-08

Hospital	11-12	10-11	09-10	08-09	07-08
Warrnambool	20,878	19,516	17,709	17,124	15,290
Camperdown	1,655	1,825	1,791	1,747	1,720
TOTAL	**22,530**	**21,341**	**19,500**	**18,871**	**17,085**

Where our 22,530 inpatients came from

In 2011-12 the majority of our inpatients, not surprisingly, came from the Local Government Area in which the hospital they attended is located: 58 per cent of our Warrnambool Base Hospital inpatients were Warrnambool City residents and 90 per cent of our Camperdown Hospital inpatients were Corangamite Shire residents.

INPATIENTS RESIDENCE x SWH HOSPITAL 2011-12

Inpatients Residence	W'BOOL BASE HOSPITAL	C'DOWN HOSPITAL
Warrnambool	12,170	20
Moyne	4,656	77
Corangamite	1,735	1,483
Glenelg	1,058	0
Southern Grampians	311	2
Colac Otway	69	27
Rest of Victoria	617	38
SA	119	3
NSW	33	1
QLD	37	1
WA	25	1
ACT	3	0
NT	2	1
TAS	9	1
Overseas	30	0
No fixed address	3	0
Unknown	1	0
TOTAL	**20,878**	**1,655**

NOTE: Mental Health Services separations are included in the Warrnambool Base Hospital totals.

OUR EMERGENCY DEPARTMENT PATIENTS

We treated 974 less patients at our two hospitals' Emergency Departments in 2011-12 than 2010-11: 27,277 compared to 28,251 – a 3 per cent decrease. Our Warrnambool Emergency Department treated 25,094 patients (a 2 per cent decrease). Our Camperdown Emergency Department treated 2,183 patients (an 18 per cent decrease).

PATIENTS x SWH EMERGENCY DEPARTMENT 2011-12 to 2007-08

ED	11-12	10-11	09-10	08-09	07-08
Warrnambool	25,094	25,593	24,549	24,152	24,135
Camperdown	2,183	2,658	2,860	3,412	3,003
TOTAL	**27,277**	**28,251**	**27,409**	**27,564**	**27,138**

Where our 27,277 Emergency Department patients came from

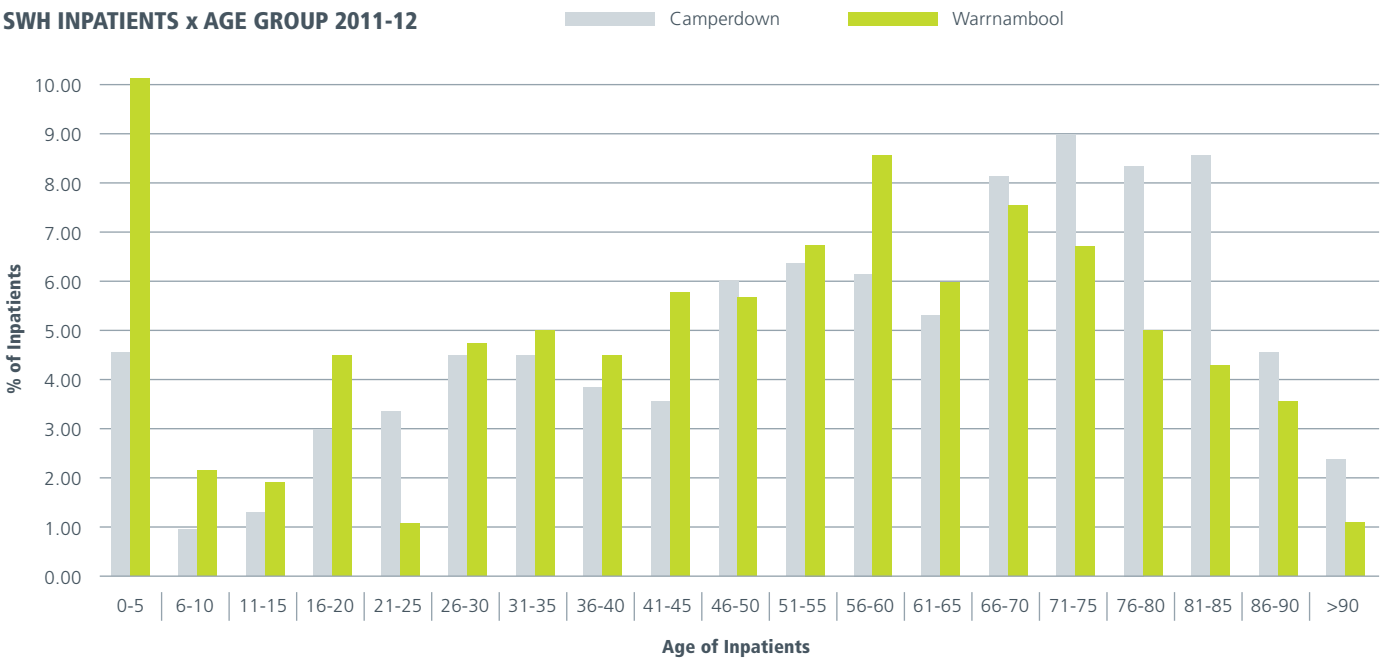
In 2011-12 the majority of Emergency Department (ED) patients, not surprisingly, came from the Local Government Area in which the hospital they attended is located: 65 per cent of our Warrnambool Base Hospital ED patients were Warrnambool City residents. 88 per cent of our Camperdown Hospital ED patients were Corangamite Shire residents.

PATIENTS RESIDENCE x SWH EMERGENCY DEPARTMENT 2011-12

Patients Residence	W'BOOL BASE HOSPITAL	C'DOWN HOSPITAL
Warrnambool	16,384	21
Moyne	5,619	87
Corangamite	724	1,931
Glenelg	449	3
Southern Grampians	169	4
Colac Otway	41	20
Rest of Victoria	1,289	95
SA	131	4
NSW	98	4
QLD	82	5
WA	49	3
ACT	9	0
NT	7	4
TAS	17	1
Overseas	18	1
No fixed address	6	0
Unknown	2	0
TOTAL	25,094	2,183

NOTE: Lismore Community Health figures are included in the Camperdown totals.

SWH INPATIENTS x AGE GROUP 2011-12



The age of our 22,530 inpatients

The 0-5 age group was the highest rating inpatient group at our Warrnambool Base Hospital accounting for 10.18 per cent, followed by the 56–60 age group at 8.67 per cent and the 66-70 age group at 7.74 per cent. (In 2010-11: the 66–70 age group was the highest rating at 8.3 per cent, followed by the 56–60 age group at 8.2 per cent and the 71–75 age group at 7.9 per cent.)

The 71-75 age group was the highest rating inpatient group at our Camperdown Hospital, accounting for 9.24 per cent, followed by the 81-85 age group of 8.82 per cent and the 76-80 age group of 8.40 per cent. (In 2010-11: The 81-85 age group was the highest rating at 8.9 per cent, followed by the 76-80 age group at 8.3 per cent and the 66-70 age group at 8.2 per cent.)

It is worth noting the 0–5 inpatient figures at both hospitals (10.18 per cent at Warrnambool and 5.08 per cent at Camperdown) include Midwifery Unit births while our Camperdown Hospital figures do not include our aged care Merindah Lodge residents.

SWH INPATIENTS x AGE GROUP 2011-12

Age	Warrnambool Base Hospital		Camperdown Hospital	
	Total	%	Total	%
0-5	2125	10.18	91	5.50
6-10	510	2.44	15	0.91
11-15	437	2.09	23	1.39
16-20	902	4.32	52	3.14
21-25	1012	4.85	60	3.63
26-30	972	4.66	82	4.95
31-35	1075	5.15	83	5.02
36-40	916	4.39	69	4.17
41-45	1148	5.50	67	4.05
46-50	1222	5.85	108	6.53
51-55	1421	6.81	115	6.95
56-60	1810	8.67	110	6.65
61-65	1245	5.96	96	5.80
66-70	1617	7.74	134	8.10
71-75	1420	6.80	153	9.24
76-80	1085	5.20	139	8.40
81-85	955	4.57	146	8.82
86-90	741	3.55	70	4.23
>90	265	1.27	42	2.54
TOTAL	**20,878**	**100**	**1,655**	**100**

QUALITY MANAGEMENT

Our Intensive Care Unit (ICU) is the first in rural and regional Victoria to have a direct video link with specialists in Melbourne, providing seriously ill local patients with expert on-the-spot second opinions. St Vincent's Hospital deputy director Dr Antony Tobin 'meets' with Deakin School of Medicine senior lecturer Deb Dunstan, St Vincent's ICU Director Dr John Santamaria, SWH's ICU Unit Manager Marcia Beard and ICU Director Dr Noel Bayley. Photo courtesy of The Standard and photographer Leanne Pickett.

South West Healthcare ensures quality and risk management play a substantial role in the culture of the workplace. The Quality and Risk Management Unit has responsibility to develop and maintain a comprehensive quality and risk management program which ensures effective monitoring, assessment and continual improvement of all services relevant to client care including Occupational Health and Safety systems, ensuring a safe environment for our patients and staff.

Ensuring quality systems

This year has seen the organisation visited by a number of independent accrediting bodies. The results of these reviews have been positive. Highlights include:

- Maintaining accreditation with the Australian Council on Healthcare Standards at our recent periodic review survey.
- Maintaining accreditation with the Aged Care Standards Accreditation Agency.
- Maintaining Baby Friendly Hospital Accreditation through the standards set by the World Health Organisation and the United Nations International Children's Fund.

From these reviews, the organisation has been able to identify improvements required and has developed action plans that are regularly monitored.

Focusing on our consumers

There is a robust and diverse system of consumer feedback and participation that is inclusive of surveys, suggestions, complaints, comments and membership on our consumer advisory groups.

Each of our Divisions (see Organisational Structure) has processes in place to include our consumers and representatives in decision making and planning. Many of our wards and departments carry out patient or customer satisfaction surveys. These survey results have been used to make improvements in areas such as signage at the front of our two hospitals, access for mental health patients to pet therapy, changes to brochures and patient information.

Feedback from our consumers and carers:

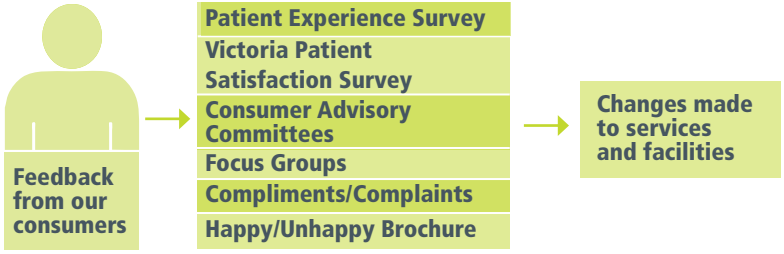
- Our facilities offer every patient the opportunity to provide feedback on their experience through a Patient Experience survey. In 2011-12, 465 patients responded to this survey and rated the organisation in the areas of access to services, care delivered by staff, the quality of the food and facilities, information they received and their overall care. 95 per cent of these patients were either satisfied or very satisfied with their care.
- The Department of Health randomly selects patients to complete the Victorian Patient Satisfaction Monitor, an external questionnaire that covers a range of questions relating to admission, complaints management, physical environment, general information and overall care. South West Healthcare's results are compared to 23 other hospitals of similar size and we consistently rank among Victoria's top three rural regional facilities. The latest results demonstrated our overall care index as 80.2 per cent, a rise from the previous figure of 79.4 percent.
- Visitors, carers and others can also provide feedback through our 'Happy or Unhappy' brochures as well as a range of feedback forms across specific services.

Complaints management

All patients and visitors are encouraged to give feedback about our services and there is not a year where compliments do not far outweigh the number of complaints received:

- 556 compliments were received in 2011-12.
- 190 complaints were received in 2011-12. Issues ranged from car parking to delays in appointments.

Our aim is to respond to complaints within two business days and to have resolved the issue within 30 days. These targets are regularly met. Our results are voluntarily compared to those of the Health Services Commissioner and we know our timeframe response rate to complaints is much better than the expected Victoria-wide timeframe response rate of 30 days.



IMPROVING CLINICAL QUALITY

The Quality and Risk Management Unit ensures there are structures and processes to support clinical care being delivered in a safe, quality manner. The Unit also ensures there are performance indicators of processes and outcomes being captured, analysed and actioned from across all clinical care settings.

The organisation takes a proactive approach to changes in current standards and the introduction of new standards. We have recently undergone a voluntary review of our current state of compliance with the new National Safety and Quality Health Service Standards coming into effect in 2013. This review has identified opportunities for improvement and demonstrated that the organisation is already nearly fully compliant with the 224 core criteria.

Risk management
The risk management framework at South West Healthcare is integrated to encompass clinical and corporate risks. Risks are identified by a variety of means including, but not limited to, audits, near-miss reporting, accreditation reviews and self assessments. Identified risks are entered into the electronic risk register and a risk management plan is then monitored and actioned by the Board of Directors and Executive.

The organisation regularly undergoes external reviews of our risk management system and the results of these reviews are actioned to ensure continual improvement.

Putting patient safety first
South West Healthcare takes a multifaceted approach to improving patient safety and preventing adverse events. The organisation has ensured a clinical governance framework is in place that proactively addresses the four domains of clinical risk governance: Consumer Participation, Clinical Effectiveness, Effective Workforce and Risk Management.

The committee structure includes an organisation-wide Risk Management Committee that is multidisciplinary and outcome-focussed. This committee examines a wide range of indicators related to clinical risk across the organisation and monitors patient incidents and their outcomes.

The number of clinical incidents reported by staff shows an increase each year:

- 2,085 incidents were reported during 2011-12
- 1,950 incidents were reported during 2010-11
- 1,812 incidents were reported during 2009-10
- 1,795 incidents were reported during 2008-09
- 1,730 incidents were reported during 2007-08

This increase has been brought about by:

- Education and training for staff on the importance of reporting incidents and near misses.
- The increasing numbers of patients treated and the complex nature of their care.

Each of these incidents was addressed at the time of reporting.

Infection control
Infection control is a significant component of the clinical risk management program. The organisation has in place an Infection Control Unit that is responsible for policies, processes and the collection and analysis of performance indicators regarding infection control.

This unit has recently introduced revised infection control signage to all clinical areas, ensuring staff and visitors are aware of necessary precaution requirements. This signage has been well received and, at the request of patient transfer staff, has been extended to include portable signs for wheelchairs and trolleys.

South West Healthcare has been undertaking a focussed program of ensuring all staff comply with hand hygiene requirements. This has involved education at orientation, feedback to staff during hand hygiene audits and action plans for clinical areas needing to improve their compliance.

Clinical guidelines and policies
The organisation ensures all staff have access to evidence-based, best practice clinical policies and guidelines to guide the care they deliver. The organisation uses a software system to store these policies, to alert us when they are due for review and to provide access to staff 24 hours a day. This system is very active with staff accessing policies and guidelines regularly. For example, in April this year policies were accessed on 2,723 occasions.

Quality of Care Report
South West Healthcare produces an annual Quality of Care Report for patients, carers and the health care community. This report describes our quality and safety systems as well as the processes and outcomes of our health service.

Our 2011-12 Quality of Care Report, which incorporates quality management actions and outcomes, is printed in conjunction with this Annual Report. Feedback regarding the Quality of Care Report is encouraged to ensure we continue to meet the information needs of our local communities. An electronic copy is available at www.southwesthealthcare.com.au

EDUCATION and TRAINING

Warrnambool Base Hospital Theatre Nurse Joel Chadwick duxed his Deakin University Graduate Diploma of Nursing Practice (Intra Operative) to earn the university's prestigious 2011 Matrix Surgical Award. Photo courtesy of The Standard and photographer Rob Gunstone.

NURSING SERVICES

South West Healthcare's Education and Training Unit meets the learning needs of healthcare professionals working across diverse areas of healthcare in and around Warrnambool, Terang, Timboon, Lismore, Macarthur, Port Fairy and Camperdown.

In 2011-12:

- 618 health professionals attended continuing professional development educational programs equating to 4,944 hours (not including orientation and updates)
- 7,938.90 hours accessed on SOLLE (SWARH On Line Learning & Education)
- 3,741 competencies achieved via SOLLE
- 316 nurses attended our Nursing Professional Development Day
- 2,175 education contact hours and clinical support hours were provided to Graduate Nurses

Key initiatives for ongoing professional development included:

Patient Deterioration Education > The objective of the Identifying and Managing the Deteriorating Patient Project is to implement a framework that ensures the early recognition of deteriorating patients, the initiation of appropriate medical review and the instigation of timely medical management to reduce the morbidity and mortality of patients. Implementation of the COMPASS program, meantime, is an interdisciplinary, education-focused program designed to enhance understanding of patient deterioration and the significance of altered observations. It utilises simulated learning environments to provide undergraduate students and staff with the necessary knowledge and skills to recognise deterioration in a patient, as well as how to manage this deterioration with the outlined local escalation policies that are in place. It seeks to improve communication between health care professionals, emphasising the importance of a standardised approach to facilitate transparent communication of vital information to enhance the timely management of patients.

The Australian Commission on Safety and Quality in Health Care (ACSQHC) will accredit hospitals against National Standards for the Identification and Management of the Deteriorating Patient.

SOLLE (SWARH On Line Learning & Education) > Nurses are required to complete specific modules annually. Initially this program started with seven basic competencies and over the last 12 months has seen a rapid expansion with e-learning programs encompassing clinical deterioration and neonatal resuscitation. Programs focussing on cultural awareness, cognitive impairment identification, and patient-centered care are under development. With over 700 nurses enrolled at our campuses, 60 per cent have completed between four and eight of the modules.

Clinical Placement Network > Clinical training placements are a mandatory component across all health professions in all tertiary education courses. The need to increase the number of training places available in the healthcare system will be aided by improving planning regimes and funding clinical placements for professional entry health courses. Growth in clinical placements is one of the key pillars to ensuring the future health workforce has the capacity to meet the needs of a growing, and ageing, population.

Two initiatives the Education and Training Unit were involved in this year were the multilateral negotiations for clinical placements between education providers and South West Healthcare to maximise student numbers, and the information technology database VicPlace. This has allowed for increased numbers of nursing and medical students. South West healthcare accepts students from the following education providers: Deakin University, SW TAFE, RMIT, La Trobe University, Ballarat University, University of South Australia, Monash University, Victoria University and Australian Catholic University.

The Clinical Placement Network will continue into 2013 and will continue to be a major focus for our Education and Training Unit.

Nurse Practitioner Program > Nurse Practitioner Candidate Justine Rea has completed her Master of Nurse Practitioner (Emergency) through Flinders University and is currently awaiting formal results. Awarded one of three prestigious Albert Coates Scholarships, her 18 months full-time study was completed by coursework under the watchful eye of SWH mentors Emergency Nurse Practitioner Kate Sloan and Centre for Rural Emergency Medicine Director, Associate Professor Tim Baker.

Upon endorsement with the Australian Health Practitioner Regulation Agency, Justine will become our third nurse practitioner, joining Kate Sloan and Wound Management Nurse Practitioner Terry Swanson. A nurse practitioner is a registered nurse who acquires expert knowledge, including the equivalent of fourth-year medical pharmacology and additional clinical competencies, to allow expanded practice.

Assessing the Self Efficacy of Nurses Undertaking Clinical Supervision of Undergraduate Students > is a research project undertaken by our Education and Training Unit this year. Aimed at evaluating clinical education and supervision capabilities, and identifying learning needs of clinicians across allied health, nursing and medicine in our region, it has led to significant outcomes. Many other SWH units/departments have also participated in innovative research during 2011-12 (see Research); the findings of which will assist us to continue fine-tuning the ways in which we teach, guide, inspire and mentor.

Launching their online training program, Taking the Confusion Out of Delirium (more information below), are Mental Health Services staff (from left) Behaviour Consultant Robyn Bamberg, Service Development Manager Jodi Bateman, Aged Persons Mental Health Manager Russell Porter, Staff Development Officer Janet Punch and Project Consultant Tracey Gould. Photo courtesy of The Standard and photographer Aaron Sawall.

MENTAL HEALTH SERVICES

South West Healthcare's Mental Health Services provides specialist clinical services to people experiencing mental health difficulties in Warrnambool, Hamilton, Camperdown, Portland and surrounding regions. There are specialist services for children and adolescents, adults and aged persons, and programs for people with dual diagnosis (mental illness and co-existing substance use) and conditions known as high prevalence disorders such as anxiety and depression.

Our Mental Health Services has a long standing commitment to the provision of high quality, contemporary evidence-based education for both clinical staff and other local service providers including general practitioners, hospitals, nursing homes, family and emergency services.

In 2011-12:

- An average 25.9 hours of training was provided to each staff member
- 150 staff participated in 3,878 hours of training
- 8 staff attended orientation

Key initiatives for ongoing professional development included:

Launch of online professional development modules > Utilising the SWARH online learning environment, our Mental Health Services developed a two-year training pathway for new staff, as well as developments to facilitate participation in active learning for all staff members. The online professional development strategy includes mechanisms to roll out new policies, procedures, legislation and evidence-based practice approaches.

MHPOD pilot site > SWH Mental Health Services was Victoria's award-winning pilot site for a national e-learning initiative known as MHPOD in 2011-12. MHPOD, a learning resource developed for people working in mental health, is based on national practice standards for mental health. It draws on the evidence-base for mental health care and contemporary practice wisdom. Our staff's committed uptake of the MHPOD content saw us win Victoria's Who's Awesome Award.

Mental Health Nurses' Even Bigger Day Out 'Grand Designs' > Following on from the successes of this inaugural 2010 SWH initiative, our 2011 forum saw highly respected senior mental health nurses and academics travel to Warrnambool to address our nursing workforce on their contribution to the recovery of consumers as they journey to wellness. 'Grand Designs' provided the framework and the tools for consumers to re-sculpture, redesign, redefine and renew the 'self' on the road to recovery from mental health issues and illness.

Children of Parents with a Mental Illness > Facilitated by SWH's FaPMI Coordinator Rochelle Hine and Staff Development Officer Janet Punch, a second blended roll-out of the Australian Infant Child Adolescent and Family Mental Health Association's online training program was delivered to staff from regional services including mental health, ChildFIRST, Aspire, Mpower, and Early Childhood Services.

Family Based Treatment for Adolescents with Anorexia Nervosa > Family-Based Treatment (FBT) is now recognised as the first-line, evidence-based, early intervention model of care for adolescents with anorexia nervosa. Our Mental Health Services hosted a Centre for Excellence in Eating Disorders (CEED) two-day workshop in June. It provided didactic, interactive and experiential practise-based learning opportunities for staff and other industry professionals.

Sharing Information with Family and Friends > This workshop for Mental Health Services staff was presented by the UK's Meriden Family Programme Deputy Director Chris Mansell and Clinical Specialist Julia Danks. The training day encouraged staff to reflect upon confidentiality issues and introduced good practice strategies for working with consumers, their families, friends and significant others.

Taking the Confusion Out of Delirium > This innovative online course was developed by SWH Aged Persons Mental Health Service's Russell Porter and Robyn Bamberg and the Service Development and Support Unit's Jodi Bateman, Janet Punch and Tracey Gould (photo above) for all staff working in Aged Person's Mental Health Services and triage clinicians working with the elderly. The project was funded by the Western Cluster Workforce Development Project 2011.

PRIMARY, CO MMUNITY & REGIONAL SERVICES

South West Healthcare's Primary, Community & Regional Services provides the region with a wide range of best-practice services including primary care, health promotion, family planning, community health programs and dental services. Its education and training program is aimed at increasing and enhancing the already exceptional skills and expertise of its 150-strong team.

In 2011-12:

- 103 Community Health staff participated in 1,101 hours of training
- An average 10.7 hours of training was provided to each Community Health staff member
- 14 Dental Services staff participated in 239 hours of training
- An average 17 hours of training was provided to each Dental Services staff member
- 8 Community Health staff attended orientation

Key initiatives for ongoing professional development included:

The E's of Diabetes > Priority areas included renal failure, emotional health, physical activity and mealtime insulin doses. This Baker IDI Heart and Diabetes Institute Diabetes Australia Victoria conference included sessions by Professor Stephanie Amiel, Dr Jessica Browne and Professor Jane Speight.

Health Promoting Schools & Early Childhood Education & Care Services > Conducted by the Department of Health and the Cancer Council Victoria, this forum's topics included program evaluation, how to capture participants and current policies. Presenters included the Department of Health's Senior Public Health Advisor Dr Shelley Bowen and Leadership & Governance Manager Holly Piontek-Walker.

Our 2012 5th biannual Lactation Mysteries Revealed conference was attended by more than 250 health professionals. Presenting on human lactation-related topics, world-respected clinicians and educators included (from left) Southern Health Senior Pharmacist Rodney Whyte, Berlin's St Joseph Hospital Director of Obstetrics & Gynaecology Dr Michael Abou-Dakn, Consultant Paediatrician & Author Dr Patricia McVeagh and (second right) Mercy Hospital for Women Neonatal Paediatrician & Director of Mercy Milkbank Dr Gillian Opie – here with SWH's Infant Feeding Support Service Lactation Consultant Barb Glare and Midwives Janene Facey and Donna Gedye. Right: Dr Abou-Dakn also toured our new Warrnambool Maternity Unit with Unit Manager Peter Logan (centre back). Photo courtesy of The Standard and photographer Damian White.

Respiratory Update & PD Day > Information was provided on sleep apnoea, COPD and smoking cessation. Speakers included the Alfred Hospital's Lung Health Promotion Centre Manager Adrienne James. This conference was provided by Respiratory Health BSW and Western District Health Service.

Advanced Motivational Interviewing > Facilitated by psychologist Helen Mentha, this workshop focused on evidence-based techniques for helping people change unhealthy behaviours in favour of healthier lifestyles.

Stanford Training > Developed by Stanford University in America, this four-day course enabled participants to co-facilitate. Facilitated by SWH's Warrnambool Community Health Manager Janine Dureau-Finn and Chronic Disease Coordinator Karen McDowall.

Type 2 Diabetes Day > Delivered by SWH's Diabetes Education team, topics included Diabetes: Annual Cycle of Care, A Snapshot, Two-Day Update for Health Professionals who encounter people with diabetes in their professional roles, what is the role of Allied Health in diabetes management, self-management, what is the experience of the person with diabetes?

HUMAN RESOURCES

South West Healthcare's Human Resources continues to provide educational opportunities to both clinical and non-clinical staff throughout all of our campuses.

In 2011-12:

- Ongoing professional development and educational opportunities continued for non-clinical staff (with now more than 165 employees having successfully completed a minimum of Certificate III or higher qualifications):

- 11 employees completed Advanced Diploma of Management (Gordon Institute – Geelong)
- 2 employees completed Certificate III in Dental Assisting (RMIT University)
- 1 employee completed Certificate III in Retail Operations (AVTES)
- 1 employee completed Certificate III in Electro Technology, Refrigeration & Air Conditioning (Box Hill TAFE)
- 1 employee completed Certificate III in Transport & Logistics (Warehousing & Storage) (Warrnambool Community College)
- 1 employee completed Certificate III in Sterilisation Services (Mayfield Education)
- 1 employee completed Certificate II in Hospitality – School Based Traineeships (Westvic Group Training)
- 14 employees completed a Minute Taking Workshop (South West TAFE)

- **13 employees are currently undertaking training in the following areas:**
- Certificate III in Hospitality – Commercial Cookery (AVTES)
- Certificate III in Dental Assisting (RMIT University)
- Certificate III in Sterilisation Services (Mayfield Education)
- Certificate III in Transport & Logistics (Warehousing & Storage) (Warrnambool Community College)
- Certificate III in Retail Operations (AVTES)
- Certificate III in Business Administration (Westvic Staffing Solutions)
- Diploma of Business (Westvic Staffing Solutions)
- Diploma of Management (Westvic Staffing Solutions)
- Diploma of Human Resources Management (Westvic Staffing Solutions)

VOLUNTEER SERVICES

South West Healthcare's Volunteer Services oversees the training and upskilling of our registered volunteers as individual needs arise. This includes emergency response and fire drill training. Our peer leader volunteers also undergo regular training specific to their program as do our palliative care volunteers. Our Warrnambool volunteers also participate in a bi-annual performance review.

In 2011-12:

- 73 registered volunteers participated in 285 hours of training
- 35 registered palliative care volunteers each participated in 12 hours of training
- 67 volunteers each participated in OH&S training

Palliative care-specific training included:

- Introduction to Arts Therapy by Peninsular Palliative Care and Eastern Palliative Care Senior Arts Therapist Yvonne Sherring-Howard
- Wheel-chair safety and other safety issues including safety around home oxygen by SWH Safety & Security Manager Trevor Roberts and SWH Nurse Educator Shannon Graham
- Who Cares? by White Training Director Linda White
- Massage Update Training by SWH Chief Occupational Therapist Josephine Gibbs-Dwyer

General training included:

- OH&S by SWH Safety & Security Manager Trevor Roberts
- Infection Control by SWH Infection Control Nurse Jenny Lukeis

RESEARCH

South West Healthcare recognises the vital role research plays in progressing healthcare. Research is actively encouraged and supported.

Our prestigious **2011 AEW Matthews Memorial Travelling Scholarship** was awarded to Emergency Department Nurse Unit Manager/ Nurse Practitioner Kate Sloan (pictured). Kate will attend the 7th International Nurse Practitioner Conference in London in August. She'll also visit UK Emergency Departments to see firsthand how they're utilising nurse practitioners and meet with clinicians responsible for the successful implementation of Britain's 4 Hour Rule.

Kate believes by gaining a thorough understanding of barriers and successes she will be better placed to assist SWH to implement strategies to meet the 4 Hour Rule-related targets proposed by the Federal Government.

OTHER 2011-12 SWH RESEARCH

Clinical Trials for South West Victorian Cancer Patients commenced in 2009 when Medical Oncologist Dr Terri Hayes (photo page 26) established Warrnambool's first Clinical Trials Unit allowing SWH and St John of God cancer patients access to treatments not freely available through the PBS health system. Since then, eight research trials have been activated and 55 patients have benefitted from participating.

These benefits include access to groundbreaking molecular testing shown to greatly influence treatment decisions and outcomes; access to new drugs shown to have some benefit in treating cancer, or of preventing side effects associated with cancer treatments; the opportunity to trial final-treatment options when all available treatment options have been exhausted, and the opportunity to contribute to knowledge of cancer treatments and prevention of side effects which could benefit future generations.

Highlights to date include the successful establishment of the first Clinical Trial Unit to service South West Victoria; the offering of eight trials to cancer patients; recruiting the first Australian patient to one international vaccine trial and having the highest number of patients in Australia on a second international trial.

The Warrnambool Trial Unit is now working to attract several new drug trials specific to the immediate needs of our local community (bowel/colon cancer, lung cancer and haematology ie leukaemia, myeloma etc) with the assistance of two fully-trained (0.4 EFT) Trial Coordinators.

The Performance and Effectiveness of Low Frequency Ultrasound Debridement (LFUD), a research project now in its second year, has resulted in NSW and WA adopting the LFUD protocol developed by SWH Wound Management Nurse Practitioner Terry Swanson and SWH Podiatrist Erin O'Brien. The pair is now training other SWH clinicians on how to use the $100,000 debridement technology, having proven its effectiveness as a treatment option. This funded project will conclude in 2013. Of the four Victorian hospitals chosen to participate, SWH is the only regional hospital.

Benefits of Operating Theatre Experience for Undergraduate Nurses is the subject of SWH Perioperative Education Clinical Facilitator Paula Foran's doctoral research. Her completed findings on the educational benefits of witnessing and participating in surgery, and its ability to then provide information useful to caring for patients before and after their operations, reveals undergraduate nurses who participate in a guided learning experience in the operating suite achieve a 77 per cent pass rate when tested on areas of pre and post operative nursing care.

This compares to a 56 per cent pass rate for those who have not participated in this guided learning experience. Paula's thesis will be submitted in December. A member of our Multidisciplinary Ethics Committee (see Principal Committees), she has presented her findings at the 2012 American PeriOperative Registered Nurses (AORN) Congress in New Orleans, the 2012 American Society of Perianaesthesia Nurses (ASPAN) Conference in Orlando and the 2012 Australian College of Operating Room Nurses (ACORN) Conference in Darwin.

Her papers explored the value of operating theatre experience in surgical ward nursing, the value of operating theatre experience in acute pain management, and supporting junior staff in operating theatre experience.

SWH recognises there is great advantage in nurses being involved in guided operating theatre experience. Our Education & Training Unit's Graduate Nurse Program offers a three-month theatre rotation and its Surgical Transition Program offers six months in our operating theatres and six months in our Surgical Unit.

Recipient of our 2011 AEW Matthews Memorial Travelling Scholarship, Warrnambool Emergency Department Nurse Unit Manager/Nurse Practitioner Kate Sloan treats patient Sabrina Bellman. Photo courtesy of The Standard and photographer Rob Gunstone.

Warrnambool Base Hospital Oncology Unit Associate Unit Manager Melissa Duffin (left) and Medical Oncologist Terri Hayes have supported Warrnambool Base Hospital patients voluntarily participating in eight research trials. Photo courtesy of The Standard and photographer Angela Milne

A Very Early Rehabilitation Trial (AVERT) is a world-first, stroke-specific research project involving our nationally-acclaimed interdisciplinary Stroke Team. An initiative of the Melbourne Florey Neuroscience Institute's Stroke Division, it aims to test the impact of very early stroke rehabilitation on death and disability. Forty-five hospitals in five countries are involved. SWH has so far facilitated the recruitment of eleven patients. In all, 2,000 are needed. As of June, 1,323 patients had been recruited. SWH aims to recruit one patient a month. This represents 10 per cent of our stroke presentations. Staff in our new Warrnambool Base Hospital Rehabilitation Unit have this year become involved in this international trial due to our improved standard of stroke care which sees more stroke survivors accessing rehabilitation programs earlier than ever before.

Assessing the Self Efficacy of Nurses Undertaking Clinical Supervision of Undergraduate Students sees our SWH Education & Training Unit a key participant of this Barwon South West Clinical Placement Network (BSW CPN) initiative. Aimed at evaluating clinical education and supervision capabilities, and identifying learning needs of clinicians across allied health, nursing and medicine in our region, the project includes clinicians who facilitate student learning in the workplace and assess their achievement of capability or competency against national standards. Eligible participants are preceptors/supervisors/clinical educators involved in student supervision and those transitioning into these positions throughout 2012. Stage 1 has seen tremendous results: the Clinical Education Supervision Professional Development Planner has effectively identified learning needs and tracked changes in capabilities of clinicians, and baseline and follow-up data is guiding ongoing professional workshop training targeted to an individual's learning needs to significantly enhance self efficacy for tasks related to clinical education supervision. The second and final stage is about to commence: Supervise the Supervisor will provide further assistance to identified clinicians in the form of one-to-one education and training to assess whether clinical supervision skills can be further improved.

The Point of Care Troponin (POCT) project aims to improve outcomes for cardiac patients via faster results, faster treatment and better patient flow. SWH Centre for Rural Emergency Medicine Director/Associate Professor Tim Baker is heading up this multi-hospital research team that includes SWH Cardiac Clinical Facilitator Margaret Bull. The six-month pilot study/evaluation, now at recommendation-development stage, is trialling POCT testing in the Emergency Department of our Warrnambool Base and Camperdown Hospitals and at five other emergency departments/urgent care centres (at Heywood, Portland, Port Fairy, Terang and Timboon). The overall aim is to introduce an acute coronary syndrome pathway for the region and evaluate its impact by improving access to evidence-based acute and follow-up cardiac care. Having already witnessed the great value of the Cardiac Clinical Facilitator role, the Department of Health has provided an additional 12 months funding for Margaret to investigate streamlining options for our own SWH cardiac services.

PUBLISHED RESEARCH in 2011-12

Mental health nurse preceptor's reflections upon undergraduate nurse's retention of mental health skills, knowledge and attitude is the published thesis of SWH Mental Health Services Senior Mental Health Nurse Adele Morrison. It explores the experiences of mental health nurses who preceptor undergraduate nursing students on clinical placement with the view of establishing what undergraduates take with them. Findings suggest nursing students do leave their placement with the skills, knowledge and attitude to practice holistic care with consumers and their families. Students who continue with mental health nursing grow these skills. However without regular mental health education, updates or reviews nurses in the general streams of nursing forget these skills and knowledge. A key recommendation of this research calls for continuing mental health nursing skills' education in general nursing areas. The findings and recommendations of Adele's successfully completed Masters of Nursing (Mental Health) were presented at the 2011 Australian College of Mental Health Nursing (ACMHN) Conference and to our SWH Multidisciplinary Ethics Committee (see Principal Committees). A printed copy of this thesis is available through Monash University Library.

A framework for emergency surgery in Victorian public health seervices (Department of Health 2012) was developed in consultation with the Emergency Surgery Working Party of which SWH Perioperative Education Clinical Facilitator Paula Foran is a member. The 29-page document covers principles underpinning the provision of emergency surgical services, translating principles into practice, and the Victorian context. It's available in PDF format at www.health.vic.gov.au/surgery

OTHER 2011-2012 RESEARCH

- **Medication Charts re VTE (Blood Clots) Audit**
- **Victorian Dysphagia Screening**
- **Australian Stroke Clinical Registry (AusCR)**
- **My Stroke Journey Pilot**
- **Cyber Youth**
- **My Voice – Shared Decision Making (SDM) in Mental Health**
- **Impact of Neuropsychological Assessment in a Mental Health Setting**
- **Clinical Leadership in Quality and Safety (CLiQS)**

For further information on each of these research projects go to www.southwesthealthcare.com.au (News: Groundbreaking Research)

VOLUNTEERS

All 320 of our registered volunteers generously donated their time, energy and expertise to assist 44 programs at eight South West Healthcare sites in 2011-12.

Our volunteers were, again, judged to be Victoria's best this year when Health Minister David Davis named our Palliative Care Massage Team and Palliative Care Program's Claire Gibbons as the most outstanding volunteers in regional Victoria (see Chairman & CEO's Report for more). From left: Heather McCosker represents her Massage Team colleagues (some of whom are in the background), SWH Coordinator of Volunteers Marita Thornton and Claire Gibbons. In 2011 volunteer Marjorie Crothers was awarded the title Claire now holds.

WHERE OUR VOLUNTEERS HELP

	SWH REGISTERED VOLUNTEERS					
SWH Campus/Site	**2011-12**	**2010-11**	**2009-10**	**2008-09**	**2007-08**	**2006-07**
Warrnambool Base Hospital	111	104	112	112	103	103
Camperdown Hospital	106	84	100	82	81	70
Warrnambool Community Health	2	2	4	4	2	2
Manifold Place (Camperdown Community Health)	6	6	5	5	5	5
Lismore Community Health	15	22	18	20	20	20
Macarthur Community Health	33	33	38	33	38	35
Merindah Lodge	30	20	17	17	16	13
David Newman Adult Day Centre	17	19	19	16	15	12
TOTAL	**320**	**290**	**313**	**288**	**279**	**260**

- At our Warrnambool Base Hospital 76 volunteers participate in 28 onsite programs, including helping out in our Supply Department, Library, Pharmacy, Ostomy and Hospital to Home Discharge Service. Another 35 volunteers participate in eight palliative care-specific programs.
- Meals on Wheels is the domain of dozens of volunteers at Lismore Community Health and our Camperdown Hospital. This ensures a nutritionally balanced meal is delivered to the doorsteps of clients (and often, their carers) who are frail, aged and/or living with a disability. Many are rurally isolated and/or socially isolated.
- Volunteer assistance at Merindah Lodge, our Camperdown aged care facility, includes visiting residents, bus driving and helping with indoor bowls and outdoor gardening while David Newman Adult Day Centre volunteer activities include delivering meals to clients, running a community singing initiative and assisting with the centre's Memory Enhancement Program.
- At Manifold Place, our Camperdown community health centre, six trained National Diabetes Services Scheme volunteers provide test strips, needles, syringes and lancets for clients with diabetes type 1 and 2.
- At Macarthur Community Health volunteers assist with bus driving, transport to medical appointments, Planned Activity Group assistance, gardening, Telecare, and Broadband for Seniors.

THE EDUCATION AND TRAINING OF OUR VOLUNTEERS

SWH Coordinator of Volunteers Marita Thornton oversees the training and upskilling of our 111 Warrnambool Base Hospital registered volunteers as individual needs arise. At Macarthur Community Health, SWH Planned Activity Group Coordinator Pat Purcell oversees the training of volunteers, including dementia awareness training, bus and defensive driver training.

OUR OTHER VOLUNTEERS

Additional to the 320 volunteers accounted for above, there are many others who donate their time, energy and expertise to help South West Healthcare grow. They include our Board of Directors, community members on our Multidisciplinary Ethics Committee and Community Advisory Committees and the hundreds who fundraise for us, including members of our six auxiliaries and off-duty SWH employees.

With 30 years of volunteering between them, David Newman Adult Day Centre volunteer Lyn Meath and Camperdown Hospital Trolley Auxiliary volunteer Barb Boyd were presented with a SWH Volunteer Service Award at our 2011 Camperdown Year in Review.

OCCUPATIONAL HEALTH, SAFETY and WELLBEING

South West Healthcare is committed to focusing on staff health, wellbeing, safety and security.

Our Staff Health & Wellbeing Manager is primarily responsible for the ongoing development and maintenance of staff health, wellbeing, return-to-work and safety programs including incident/accident prevention, injury and compensation claims management, rehabilitation, and employee assistance.

Our Safety & Security Manager's role is primarily focused on providing assistance to managers and staff in relation to safety, security and risk management including provision of policies, safe work procedures and information, security of both staff and assets, staff training to meet compliance with the O&HS Act (2004) and other relevant legislation and codes of practice.

Significant outcomes and achievements were recorded in 2011-12:

- Employed security monitoring company to monitor remote campuses duress alarms and smoke detector alarms
- Orientated Country Fire Authority staff to new Warrnambool campus buildings
- 91.4 percent of staff completed Fire and Emergency Response training
- Improved Supply Department Warehouse safety standards by introducing safety controls including signage, barriers, forklift/pedestrian restriction zones and safety vests
- Removed/replaced asbestos-containing materials (SWH Linen roof and floor tiles)
- Purchased anti-fatigue mats for Supply Shop counter and Pharmacy work benches
- 55 departments conducted monthly OH&S inspections with 99 per cent compliance
- Installed overhead patient hoist system at Merindah Lodge
- Increased manual handling training for staff involved in care of patients/clients
- Introduced many new OH&S improvements associated with new Warrnambool Base Hospital equipment and facilities including new food carts, security cameras, CCTV monitors, overhead patient hoists, storage areas and beds
- Trained 79 SWH Managers in legislative responsibilities under the Victorian Occupational Health & Safety Act 2004 with an emphasis on incident investigation
- Implemented Free Workplace Health Checks Program across the organisation through the WorkHealth initiative
- Identified organisational risk factors via above mentioned WorkHealth initiative
- Worksafe Performance Rating 0.7975 (20.25 per cent better performance than the average for the industry we operate in)

South West Healthcare is committed to the principles of merit and equity in the workplace in respect to employment, promotion and opportunity.

David Newman Adult Day Centre Coordinator Meredith McKinnon and Camperdown Hospital Head Chef James King officially open the centre's fully refurbished kitchen. The $40,000 SWH-funded makeover includes the very latest in OH&S-friendly storage systems and industrial dishwashers.

SWH STAFF GENDER & EMPLOYMENT STATUS

Gender	June 2012	June 2011	June 2010	June 2009	June 2008
Female					
Full Time	248	249	223	222	218
Part Time	656	628	611	590	564
Casual	107	107	108	92	110
(Sub Total)	1,011	984	942	904	892
Male					
Full Time	169	164	158	167	163
Part Time	53	49	47	41	45
Casual	14	17	12	16	13
(Sub Total)	236	230	217	224	221
TOTAL	**1,247**	**1,214**	**1,159**	**1,128**	**1,113**

SWH STAFF NUMBERS (FULL TIME EQUIVALENT/FTE)

Labour Category	June 2012	June 2011	June 2010	June 2009	June 2008
Administration/Clerical	127.86	121.11	116.69	117.30	124.30
Ancilliary Support	108.93	101.67	93.49	99.81	91.57
Hotel/Allied Services	143.59	132.24	126.58	126.00	123.62
Medical	41.82	36.29	35.09	32.36	31.35
Medical Support	46.62	42.75	41.86	40.35	31.64
Nursing	440.16	440.04	425.15	413.53	403.22
TOTAL	**908.98**	**874.10**	**838.86**	**829.35**	**805.70**

SWH WORKCOVER: HOURS LOST & CLAIMS

Hours lost to injury or illness:2011-12		2010-11	2009-10	2008-09	2007-08	
WARRNAMBOOL CAMPUS						
Acute Services	Nursing	1,379	3,064	2,776	2,478	1,244
	Support Services/Administration	5,166	5,600	5,148	3,619	3,440
	Medical/Allied Health	1,641	2,399	3,300	2,705	1,976
Mental Health Services		134	396	276	1,891	1,954
LINEN SERVICE		69.5	0	0	0	1,976
CAMPERDOWN CAMPUS	Nursing	376	307	0	0	24
	Support Services/Administration	39	0	0	0	103
	Medical/Allied Health	0	0	0	0	0
LISMORE CAMPUS		0	0	0	168	0
MACARTHUR CAMPUS		0	0	0	0	0
TOTAL		**8,804.50**	**11,766**	**11,500**	**10,861**	**10,717**

Number of new 'Standard' Claims		2011-12	2010-11	2009-10	2008-09	2007-08
WARRNAMBOOL CAMPUS						
Acute Services	Nursing	4	8	5	8	7
	Support Services/Administration	4	1	2	3	0
	Medical/Allied Health	1	2	1	0	0
Mental Health Services		0	2	1	0	0
LINEN SERVICE		1	0	0	0	0
CAMPERDOWN CAMPUS	Nursing	3	1	0	0	0
	Support Services/Administration	0	0	0	0	1
	Medical/Allied Health	0	0	0	0	0
LISMORE CAMPUS		0	0	0	1	0
MACARTHUR CAMPUS		0	0	0	0	0
TOTAL		**13**	**14**	**9**	**12**	**8**

CORPORATE and CLINICAL GOVERNANCE


Chris Logan


John Maher


Felicity Melican


Steve Callaghan


Mary Alexander

BOARD OF DIRECTORS

The board consists of 10 directors responsible for overseeing the governance of the organisation and ensuring all services provided comply with the requirements of the Health Services Act 1988 and South West Healthcare's objectives.

Appointed by the Governor-In-Council following nominations received by South West Healthcare, each director serves a three-year term and may be eligible for renomination when that term ends.

In 2011-12 the Board of Directors met 11 times.

Chairman
CHRIS LOGAN - Camperdown

Community Relations Advisor – Origin
Grad Cert Business Admin, MBA

Appointed	November 2004
Member	Board Executive (Chair); Medical Appointments (Chair); Governance & Remuneration (Chair); Quality Care; Financial Performance, Audit & Risk Committees
Attendance	11 of 11 (100%) board meetings

Deputy Chairman
JOHN MAHER - Camperdown

Retired (Senior Executive – Australia Post)

Appointed	November 2006
Member	Board Executive; Quality Care (Chair); Financial Performance, Audit & Risk; Governance & Remuneration; Medical Appointments Committees
Attendance	9 of 11 (82%) board meetings

Deputy Vice Chairman
FELICITY MELICAN - Warrnambool

Partner – Sinclair Wilson
CA, Bach Business (Accg), Grad Dip Ed (Secondary)

Appointed	November 2002
Member	Board Executive; Financial Performance, Audit & Risk; Quality Care; Governance & Remuneration; Project Control Group Committees
Attendance	9 of 11 (82%) board meetings


Terry Brain


Francis Broekman


Andrew McNeil


Sharon Muldoon


Russell Worland

Chairman – Finance Committee
STEVE CALLAGHAN - Warrnambool

Dealer Principal – Callaghan Motors
Bach Business (Accg)

Appointed November 2005
Member Board Executive; Financial Performance, Audit & Risk (Chair); Governance & Remuneration Committees
Attendance 7 of 11 (64%) board meetings

MARY ALEXANDER - Camperdown

Chief of Staff/Journalist – The Standard, Partner – Dairy Farming Business

Appointed November 2004
Member Multidisciplinary Ethics Committee (Chair)
Attendance 10 of 11 (91%) board meetings

TERRY BRAIN - Camperdown

Retired (Information Technology)
Bach Science, Dip Ed

Appointed November 2011
Member Quality Care; Medical Appointments Committees
Attendance 11 of 11 (100%) board meetings

FRANCIS BROEKMAN - Warrnambool

Chief Executive Officer – Brophy Family & Youth Services Inc
Bach Social Work, Master Social Services, Post Grad Dip Company Directors

Appointed November 2003
Member Financial Performance, Audit & Risk; Quality Care Committees
Attendance 7 of 11 (64%) board meetings

ANDREW McNEIL - Warrnambool

Managing Director – Yarmouth Group
BA, Master International Business, Grad Dip Applied Finance & Invest, FFin, GAICD

Appointed July 2010
Member Financial Performance, Audit & Risk; Quality Care Committees
Attendance 9 of 11 (82%) board meetings

SHARON MULDOON - Macarthur

Consultant – Disability Services, Vision Australia
BA (Soc Sci), Cert Soc Geront, ACM

Appointed October 2000
Member Governance & Remuneration; Financial Performance, Audit & Risk; Multidisciplinary Ethics Committees
Attendance 9 of 11 (82%) board meetings

RUSSELL WORLAND - Warrnambool

Consultant – Watertight Pty Ltd
Dip Public Admin (Local Government), CM

Appointed July 2008
Member Project Control Group (Chair)
Attendance 10 of 11 (91%) board meetings

ORGANISATIONAL STRUCTURE

BOARD OF DIRECTORS
Principal Committees

CHIEF EXECUTIVE OFFICER
John Krygger

Community Partnerships Manager

DIRECTOR OF FINANCE AND BUSINESS SERVICES
Andrew Trigg

Deputy Director of Finance
Capital Redevelopment Manager
Buildings & Infrastructure Manager
Food Services Manager
General Services Manager
Human Resources Manager
Retails Services Manager
Supply Services Manager

DIRECTOR OF MEDICAL SERVICES
Dr Peter O'Brien

Medical Department Directors
Visiting Medical Staff
Hospital Medical Officers
Allied Health Department Managers
Clinical Support Managers

DIRECTOR OF MENTAL HEALTH SERVICES
Caroline Byrne

Director of Clinical Services
Community Adult Teams Manager
Residential Services Manager
Senior Psychologist & Neuro Psychologist
Aged Persons Mental Health Services Manager
Child & Adolescent Mental Health Services Manager
Primary Mental Health Team Manager
Service Development & Support Unit Manager
Dual Diagnosis Coordinator
Senior Administration Officer

DIRECTOR OF NURSING SERVICES
Sue Morrison

Deputy Director of Nursing
Quality & Risk Manager
Assistant Directors of Nursing
Access Manager
Education Manager
Clinical Coordinators
Perioperative Services Manager
Unit Managers
SW Sub Regional Palliative Care Consultancy Team

DIRECTOR OF PRIMARY, COMMUNITY & REGIONAL SERVICES
Craig Fraser

Camperdown Campus Manager
Warrnambool Community Health Team
David Newman Adult Day Centre Manager
Lismore Community Health Manager
Macarthur Community Health Manager
Manifold Place Community Health Manager
Primary Care Partnerships Executive Officer
Chronic Illness Programs Manager
Aboriginal Programs Manager
Director of Dental Services
Sub-Acute Ambulatory Care Program Manager
Quality & Health Promotion Officer
Integrated Care Centre Transition Manager
Clinical Systems & Data Manager – Non Admitted


John Krygger


Sue Morrison


Dr Peter O'Brien


Caroline Byrne


Andrew Trigg


Craig Fraser

EXECUTIVE TEAM

JOHN KRYGGER - Chief Executive Officer
BHA (UNSW), MBA (Monash), GAICD, AFACHSM CHE, AIM

John has over 30 years experience in the Victorian public health sector having worked in both regional and metropolitan teaching hospitals. A Base Hospital CEO for the past 17 years, he was appointed to his current position in 2003. A member of a number of statewide advisory committees and networks, John has a strong commitment to regional health services with a particular interest in health facility design and the effect this has on the patient experience.

SUE MORRISON - Director of Nursing Services
RN, MBA (USQ), MHA (UNSW), BN, Dip Nursing, Cert Computer Business Applications, FRCNA, AFACHSM CHE

Sue has a long association with South West Healthcare, having commenced her nursing career at our Warrnambool Base Hospital in 1968 as a student nurse. Clinical experience was gained predominantly in paediatrics including the role of unit manager from 1985. A strong interest in management saw a move from clinical nursing to senior management positions from 1989. Having been in her current role for the past 16 years, she is committed to improving the delivery of high quality nursing services for local and regional communities. Sue is a member of the statewide Regional Health Services Nurse Executive Group.

DR PETER O'BRIEN - Director of Medical Services
MBBS, Dip Obst RACOG, MHA, AFACHSM CHE, FRACMA, FACRRM

Peter has headed up our medical services for the past 17 years. Prior to this he worked at Wangaratta & District Base and Benalla & District Memorial Hospitals. Before commencing a predominantly medical management role he worked for several years as a procedural (anaesthetics and obstetrics) general practitioner in rural South Australia. He also spent close to three years as a medical officer in the Royal Flying Doctor Service based at Broken Hill. He is involved in a number of external committees including the Royal Australasian College of Medical Administrators Victorian State Committee, the Deakin University School of Medicine Academic Advisory Board and the Department of Health and Clinical Engagement Advisory Group. In 2010 he was appointed Clinical Associate Professor of the Deakin Medical School.

CAROLINE BYRNE - Director of Mental Health Services
RPN, Post Grad Dip Social Sciences (Drug Dependence), Grad Dip Business (Health Admin), Master Applied Science (Innovation andService Management), AFCHSE

Caroline commenced her career as a psychiatric nurse 36 years ago. Working in a range of mental health and substance use services in both community-based agencies and hospital settings, she made the transition to senior management in 1990 before joining South West Healthcare in 2004. Committed to improving the emotional well being and quality of life for those experiencing serious mental illness across the south west, and supporting their families, our Mental Health Services consistently ranks at the top position of the Victorian Department of Health's mental health services and is most often benchmarked as the leader in key quality indicators. Caroline's dedication to these causes has earned her a Department of Health Victorian Travelling Fellowship and national recognition in the Who's Who of Australian Women since 2006.

ANDREW TRIGG - Director of Finance and Business Services
BComm (Accounting/Finance), ASA, GAICD, AHSFMA

Andrew has worked in the Victorian public health sector for 27 years, joining South West Healthcare in 2005. He has held positions at executive management level for the past 17 years in, largely, roles that have combined chief finance officer duties with executive responsibility for corporate/support services. Originally from Ballarat, with subsequent appointments at Kilmore and Djerriwarrh Health Services (including Bacchus Marsh and Melton Regional Hospital), he has extensive experience, understanding and commitment to the rural and regional health sector.

CRAIG FRASER - Director of Primary, Community and Regional Services
BProsOrth, Dip App Sc

Craig has managed and developed South West Healthcare's primary and community health division for the past seven years. During this time he has aligned our multiple community health sites, established Warrnambool Community Health and developed new chronic illness, sub-acute, dental and Aboriginal services. He is currently overseeing the coordination and relocation of 200 ambulatory care staff to our new Integrated Care Centre. Known as Warrnambool Community Health, this $26M state-of-the-art facility will open in November (see Chairman and CEO's Report).

PRINCIPAL COMMITTEES

The Board of Directors is supported by nine Principal Committees.

BOARD EXECUTIVE COMMITTEE

This committee has the authority to act on behalf of the Board of Directors, when necessary, between Board meetings. This need did not arise in 2011-12.

Members: SWH Board Chairman Chris Logan (Chair) and Board Directors Steve Callaghan, John Maher and Felicity Melican.

FINANCIAL PERFORMANCE, AUDIT AND RISK COMMITTEE

This committee oversees the development and monitoring of performance of the organisation's strategic financial annual and business plans and risk management systems. It ensures South West Healthcare meets its Statement of Priorities targets. This committee met 11 times in 2011-12.

Members: SWH Board Chairman Chris Logan; SWH Board Directors Steve Callaghan (Chair), Francis Broekman, Andrew McNeil, John Maher, Felicity Melican and Sharon Muldoon; SWH CEO John Krygger, DMS Dr Peter O'Brien, DFBS Andrew Trigg, DNS Sue Morrison, DMHS Caroline Byrne, DPCRS Craig Fraser and Deputy DF David McLaren.

MEDICAL AND DENTAL APPOINTMENTS COMMITTEE

This committee advises the Board of Directors on the appointment, reappointment, suspension and/or termination of Senior Medical Officers, Visiting Medical Officers, Visiting Dentists and Royal Australian College of General Practitioners Registrars. This committee met twice in 2011-12.

Members: SWH Board Chairman Chris Logan (Chair); Board Directors John Maher and Terry Brain; SWH CEO John Krygger, DMS Dr Peter O'Brien, Human Resources Manager Graeme Mitchell and relevant Medical Staff Association representatives.

QUALITY CARE COMMITTEE

This committee provides leadership and advice to the Board of Directors in the assessment and evaluation of the quality of all health services provided by the organisation. It is the major vehicle for ensuring South West Healthcare provides effective clinical governance. This committee met 10 times in 2011-12.

Members: SWH Board Chairman Chris Logan; SWH Board Directors John Maher (Chair), Francis Broekman, Andrew McNeil, Felicity Melican and Terry Brain; SWH CEO John Krygger, DNS Sue Morrison, DMS Dr Peter O'Brien, DMHS Caroline Byrne, DPCRS Craig Fraser, Camperdown Campus Manager Rod Jubb and Quality and Risk Manager Carlyn Dark; Visiting Medical Officers representative Dr Eric Fairbank.

MULTIDISCIPLINARY ETHICS COMMITTEE

This committee provides advice to the Board of Directors on ethical issues related to the functioning of South West Healthcare. It ensures all research involving SWH patients/clients meets National Health and Medical Research Council guidelines and, on request, provides an advisory service on ethical issues to other healthcare organisations. This committee met three times in 2011-12.

Members: SWH Board Directors Mary Alexander (Chair) and Sharon Muldoon; SWH DMS Dr Peter O'Brien, DNS Sue Morrison, DMHS Caroline Byrne, DPCRS Craig Fraser, Education Manager Jenice Smart and Perioperative Education Clinical Facilitator Paula Foran; community members Dr John Philpot, Vin Callaghan, Marjorie Crothers, Jenny Madden and Jo Bagust.

GOVERNANCE AND REMUNERATION COMMITTEE

This committee is responsible for overseeing the development of the annual performance goals of the Chief Executive Officer and for reviewing progress against these goals. It also monitors the organisation's Board and Executive succession planning processes. This committee met twice in 2011-12.

Members: SWH Board Chairman Chris Logan (Chair); SWH Board Directors Stephen Callaghan, John Maher, Felicity Melican and Sharon Muldoon.

PROJECT CONTROL GROUP (PCG) COMMITTEE

This committee has the primary responsibility for overseeing the Warrnambool Base Hospital capital redevelopment project. It determines the scope, quality, time and budget standards and monitors the progress of the project against these standards. This committee met ten times in 2011-12.

Members: South West Healthcare's interests on this committee are served by the membership of Board Directors Russell Worland (Chair) and Felicity Melican; SWH CEO John Krygger, DNS Sue Morrison and Capital Redevelopment Manager Wayne Hall.

COMMUNITY ADVISORY COMMITTEE

This committee assists South West Healthcare to appropriately integrate community and consumer perspectives into service delivery, planning and policy development. This year its responsibilities included contributing to the development of our annual Quality of Care Report, advising on aspects related to our ongoing Warrnambool Base Hospital campus redevelopment and providing a consumer view on the development of our Access and Equity Plan, with a particular focus on responding to the needs of people with disabilities. This committee met three times in 2011-12.

Members: SWH DNS Morrison, Deputy DNS Julieanne Clift, Quality and Risk Manager Carlyn Dark and Health Information Project Worker Jamie Fogarty; community representatives Moira Baulch, Marjorie Crothers, Jodi Dalton, Gillian Davey, Julie Hoare, Linda Holland, Bill Malseed, Alex McBurnie, Keith McKenzie, Prue Neale, Liz Groot and David Russell.

DF = Director of Finance, DFBS = Director of Finance and Business Services, DMS = Director of Medical Services, DMHS = Director of Mental Health Services, DNS = Director of Nursing Services, DPCRS = Director of Primary, Community and Regional Services. ^ Resigned during 2011–12.

SENIOR STAFF

CHIEF EXECUTIVE OFFICER

Mr J Krygger BHA (UNSW), MBA (Monash), GAICD, AFACHSM CHE, AIM

MEDICAL SERVICES

Director of Medical Services
Dr P O'Brien MBBS, Dip Obst RACOG, MHA, AFACHSM CHE, FRACMA, FACRRM

Departmental Directors
Anaesthetics
Dr A Dawson MBBS, FANZCA
Critical Care
Dr N Bayley MBBS, FRACP*
Emergency Services
Dr T Baker MBBS, BMedSc, FACEM
Graduate Medical Education Regional Supervisor
Dr B Oppermann MBBS, MSc (Anat), D Obst RACOG
Medical Services Coordinator
Mr P Martin Cert App Sc, Ad Dip Bus Man, Cert IV Workplace T&A
Obstetrics
Dr C Beaton MBChB (Edin), FRANZCOG, FRCOG
Orthopaedics
Mr A Sutherland MBChB, FRCS (Edin), FRCS (Trauma & Ortho), MD (Hons)
Palliative Care
Dr E Fairbank MBBS, DPHC, FRACGP, FAChPM
Rehabilitation Services
Dr S Malcolm MBBS, BMedSci, FAFRM (FRACP)
Surgical Services
Mr S Fischer MBBS, FRACS

Senior Medical Officers – Warrnambool campus
Medical Staff Association Chairperson
Dr BF Kay MBBS, D Obst RACOG, FACRRM, FRACGP
Anaesthetists
Dr P Arnold MBBS, FANZCA
Dr C Bonney MBBS, FANZCA
Dr A Cain MBBS, FANZCA
Dr K Cronin MBBS, FANZCA
Dr A Dawson MBBS, FANZCA
Dr M Duane MBBS, FANZCA
Dr G Kilminster MBBS, FANZCA
Dr K Prest MBBS, FANZCA
Drug & Alcohol Physician
Dr R Brough MBBS, D Obst RCOG, APSAD Cert, FACRRM, FAChAM
General Practitioners
Dr A Baldam MBBS, BSc, Dip Av Med, AFOM (RCP), DRCOG
Dr I Barratt BSc, MBBS, DRCOG
Dr L Cameron MBBS
Dr A Chow MBBS, FRACGP
Dr T Cimpoesu MB (Rom), FRACGP
Dr J Duffy MBBS
Dr M Dunkley MBBS, DRANZCOG, FRACGP
Dr M Grave BSc, MBBS, FRACGP, Cert Man Med (RACGP), Grad Dip Fam Med (Monash), Cert Man Med (Paris), Dip Phys Med (Sydney)
Dr E Greenwood MBBS, Dip RANZCOG, FRACGP
Dr K Gunn MBBS, D Obst RACOG
Dr P Hall MBBS, D Obst RACOG, DA (Lond), FACRRM
Dr G Irvine MBBS, D Obst RACOG
Dr B Kay MBBS, D Obst RACOG, FACRRM, FRACGP
Dr S King MBBS, FRACGP
Dr M Lockhart MBBS
Dr J Manderson BSc (Hons), PhD, MBBS, FRACGP
Dr C McKellar MBBS
Dr C Mooney MBChB, MRCS, LRCP, DRCOG
Dr J Oleson MBBS
Dr P Oliver MBBS, FACRRM*
Dr B Oppermann MBBS, MSc (Anat), D Obst RACOG, FACRRM
Dr M Page MBBS, D Obst RACOG, FACRRM
Dr J Philpot MBBS
Dr M Quinn, MBBS
Dr F Reid MBChB, DAMFARCS
Dr A Robson MBBS (Hons), FRACGP
Dr J Rounsevell MBBS
Dr N Ryan MBBS, DA, FRACGP
Dr S Singh MBBS, MSurgOrtho
Dr T Slattery MBBS
Dr S Smith MBBS, DRACOG, FACRRM
Dr P Viney MBChB, DRANZCOG
Dr C Walters BMedSc, MBBS*
General Surgeons
Mr S Fischer MBBS, FRACS
Mr P Gan MBBS, FRACS
Mr B Mooney MBChB, BAO (Hons), BSc (Anat) (Hons), MCh, FRCSI, FACRRM, FRACS
Mr C Murphy MBChB, FRACS, FRCS (Glasgow), FRCSI
Mr J Ragg MBBS, FRACS
Neurologist
Dr J Waterston MBBS, MD, FRACP
Neurosurgeon
Mr T Han MBBS, FRACS
Obstetricians & Gynaecologists
Dr M Abe MBBS, MRCOG, MRCPI*
Dr C Beaton MBChB (Edin), FRANZCOG, FRCOG
Dr J Benson MBBS, MRANZCOG*
Dr I Hoffman MBBS, FRANZCOG
Dr M Koutsoukis MBBS, FRCOG, FRANZCOG
Dr D Rathnayaka MBBS, MD (Obs&Gyn)
Dr E Uren MBBS, FRANZCOG
Oncologists
Dr T Hayes MBBS (Hons), BMedSci (Hons), FRACP
Dr J Hounsell BSc, MBBS, FRACP, FRCPA
Ophthalmologists
Dr R Bunting MBBS, BSc Anat, FRCOphth, FRANZCO
Dr F Irani MBBS, Dip Anat, FRANZCO
Dr L Ong MBBS, FRANZCO
Orthopaedic Surgeons
Mr K Arogundade MBBS, FRCS, FRACS (Ortho)
Mr D Bainbridge MBBS, FRCS (Ed) (Orth), FRACS
Mr D Mladenovic MD (Belgrade), Spec Dip Ortho (Novi Sad), FRACS
Mr N Sundaram MBBS, LRCP, MRCS, FRACS, MCh (Orth), FRCS (Edin & Lond), FRCS (Orth), FAOA
Mr A Sutherland MBChB, FRCS (Edin), FRCS (Trauma and Ortho), MD (Hons)
Oto-Rhino-Laryngologists
Dr A Cass MBBS, FRACS
Dr B Clancy MBBS, FRACS
Paediatricians
Dr C Fiedler MD, FRACP (Paed)
Dr K Olinsky MBBS (Hons), Grad Dip Clin Res
Dr G Pallas BMed, FRACP (Paed)
Dr N Thies MBBS, DCH (Lond), FRACP (Paed)
Paediatric Surgeon
Mr A Woodward MBBS, FRCS, FRACS
Pathologist
Dr M Buchanan MBBS, FRCPA
Physicians
Dr N Bayley MBBS, FRACP
Dr C Charnley MBBS, FRACP
Dr J Gome MBBS, FRACP
Dr J Hounsell BSc, MBBS, FRACP, FRCPA
Dr C Lewis MBBS, FRACP
Dr B Morphett MBBS, FRACP
Dr S Nagarajah MBBS, FRACP
Dr M Page MBBS, FRACP
Plastic Surgeon
Mr R Toma MBBS, FRACS (Plast & Recons)
Psychiatrists
Dr M Ivers MBBS, FRANZCP
Dr G Ridley MBChB, MRCPsych, FRANZCP
Radiologists
Dr V Patheyar MBBS, MD, DNB, FRCR
Dr D Boldt MBChB, RANZCR
Urologist
Mr B Mooney MBChB, BAO (Hons), BSc (Anat) (Hons), MCh, FRCSI, FACRRM, FRACS

Senior Medical & Dental Officers - Camperdown campus
Medical Staff Association Chairperson
Dr E Lyon MBChB
Dental Officer (Visiting)
Dr A Wigell BSc (Hon), LDS (Vic)
General Practitioners
Dr A Brown MBBS, Dip Obst RACOG, Adv Cert Sports Med, FRACGP*
Dr T Fitzpatrick, MBBS

Dr E Grambas MBBS, Grad Dip Comp (MIT)
Dr E Lyon MBChB
Dr S Menzies MBBS, M Med, FRACGP, DRANZCOG, FACRRM
Dr W Rouse MBBS, Grad Dip Rural Health, DRANZCOG, FRACGP
Dr R Stewart MBBS, DRANZCOG, FACRRM*
Dr S Singh MBBS, MSurgOrtho
Dr J Thomas MBBS, Dip Anaes*
Dr J van Leerdam MBChB, MRCGP, MACNM, DA, DRCOG

General Surgeons
Mr S Eaton MBBS, FRACS
Mr T Fisher MBBS, FRACS
Mr J Ragg MBBS, FRACS

Obstetricians & Gynaecologists
Dr M Abe MBBS, MRCOG, MRCPI*
Dr C Beaton MBChB (Edin), FRANZCOG, FRCOG
Dr J Benson MBBS, MRANZCOG*
Dr I Hoffman MBBS, FRANZCOG
Dr E Uren MBBS, FRANZCOG

Oto-Rhino-Laryngologist
Dr B Clancy MBBS, FRACS

Orthopaedic Surgeons
Mr D Bainbridge MBBS, FRCS (Ed) (Orth), FRACS
Mr J Skelley MBChB (Otago), FRACS, FAOA

Paediatricians
Dr K Olinsky MBBS (Hons), Grad Dip Clin Res
Dr N Thies MBBS, DCH (Lond), FRACP (Paed)

Physicians
Dr N Bayley MBBS, FRACP
Dr C Charnley MBBS, FRACP
Dr J Gome MBBS, FRACP
Dr J Hounsell BSc, MBBS, FRACP, FRCPA
Dr C Lewis MBBS, FRACP
Dr S Nagarajah MBBS, FRACP
Dr M Page MBBS, FRACP

Psychiatrist
Dr M Atkins MBChB, Dip Ophth, LRCP (Edin), LRCS (Edin), LRCP&S (Glas), FRANZCP

Urologist
Mr L Dodds MBBS, FRACS (Urol)

ALLIED HEALTH

Department Managers

Counselling & Support Services
Mr S Storer BA, BSW

Nutrition & Dietetics
Ms S Baudinette BSc (Nutrition), Grad Dip (Dietetics)

Occupational Therapy
Ms J Gibbs-Dwyer BAppSc (OT), MAHTA, MOTA, MOT

Physiotherapy
Mr B Hoekstra Dip Psyche (Neth), Dip Phys (Neth), BPsych (Neth), MPhys (Melb), MAPA

Podiatry
Ms K Anderson BPod (Hons)

Speech Pathology
Ms K Brown BAppSc (Sp Path), MSpPath
Ms K Carlin (Acting) BArts/BSpPath (Hons) CPSP

CLINICAL SUPPORT SERVICES

Service Managers

Biomedical Engineering Services
Mr G Szegi BAppSc (Biophysics/Instrumental Science)

Centre Against Sexual Assault
Mrs H Wilson MSW, BComm, Dip Soc Studies

Education Resource Centre (Library)
Ms J Chan MIM, Grad Cert IS (Archive & Records)

Health Information Services
Ms M Atkinson Ass Dip (MRA), RMRA

Medical Imaging Service
Mr L Pontonio MIR, Dip App Sc (Med Radiography) (Wbool campus)
Ms D Shelton MIR (Cdown campus)

Pathology Service
Dr M Buchanan MBBS, FRCPA
Ms P Martin MAppSc, BAppSc*

Pharmacy
Mr B Dillon BPharm, Grad Dip Hosp Pharm*
Ms L Spence, BPharm, Post Grad Dip Clin Pharm

PRIMARY, COMMUNITY & REGIONAL SERVICES

Director of Primary, Community & Regional Services
Mr C Fraser BProsOrth, Dip App Sc

Campus Managers/Coordinators/EOs

David Newman Adult Day Centre
Ms M McKinnon BEd, Cert TEFL

Lismore Community Health
Mrs M Williams RN, BAppSc, Ad Nursing (Comm Health Major), Grad Dip Geront

Macarthur Community Health
Mr F McLindin RN

Manifold Place Community Health
Ms S Poole RN, Cert Paed

Primary Care Partnership
Mr M Brennan BSc, MN&D

Program Managers

Aboriginal Programs Manager
Mr A Miller, Cert IV in Alcohol and Other **Drugs, Cert IV Project Management**
Ms L Green Cert Aged & Dis Services, Cert Equity Pub Serv, Cert Diabetes Prev & Man*

Clinical Systems & Data Manager – Non-Admitted
Ms K Anderson, BPod (Hons)

IICC Transition Manager
Ms J Weir BAppSc (Pod), Grad Dip Rehab Studies

Quality & Health Promotion Manager Community Health
Ms C Loria RN, RM, Cert CCU, Cert Oncology, Grad Dip Comm Health

SACS Manager
Ms K Brown, BAppSci (Speech Path), MA (App Linguistics)

Warrnambool Community Health Manager
Ms J Dureau-Finn BNurs, Ad Dip Bus Man, Ad Dip Man (HR)

Dental Officers

Director of Dental Services/Senior Dentist
Dr MD Mercado (DDM) UP Mla (MDSc) Melb

Warrnambool Dental Officers (Public Clinic)
Dr T Fang BDSc (Melb)
Dr P Kao BDSc (Melb)
Dr K Supasisi BDSc
Dr M Tan BDSc
Dr H Sekiguchi BDSc
Dr P Nguyen DDS

Warrnambool Dental Officers (Visiting)
Dr E Carlsson DDS (Stockholm)
Dr C Cugadasan BSc (Hons), BDSc
Dr T Davies BDSc
Dr R Sanderson BDS
Dr S Wilde BDS (Liverpool)

NURSING SERVICES

Director of Nursing
Mrs S Morrison RN, MBA (USQ), MHA (UNSW), BN,
Dip Nursing, Cert Computer Bus App, FRCNA, AFCHSM CHE

Deputy Director of Nursing
Ms J Clift RN, MHA (UNSW), RM, BN (Nursing Admin), Dip Nursing, Cert Intensive Care

Assistant Directors of Nursing
Mrs K Henry RN, BN
Mrs A Janes RN, BN, Grad Cert Medical-Surgical Nursing

Managers

Access
Mrs M Coffey RN, BN, Dip Periop Nursing

Education & Training
Mrs J Smart RN, MPET, BMan (Employment Relations) (USA), Cert IV Workplace T&A, MRCNA

Perioperative Services
Mr A Kelly RN, Grad Dip Health Admin & Info Systems, Cert Periop Nursing

Quality & Risk
Mrs K Harrison RN, MHSM (CSU), ON, BN, Grad Cert (Ad Nursing), MRCNA, AAQHR*
Mrs C Dark RN, Grad Dip Admin (Health Sciences), Cert Advanced Chemotherapy, Cert Information Technology *(commenced December 2011)*

Safety & Security
Mr T Roberts MBA (Deakin), Cert Management (SCU), Cert Workplace Leadership, Ad Dip OH&S

Unit Managers
Acute Care
Ms J Hallinan RN, Cert Workplace Leadership, Dip Business
Critical Care
Ms M Beard RN, MNP (Critical Care), BN, Grad Dip Critical Care (RMIT), Cert IV Workplace T&A, MRCNA, MACCCN
Day Stay/Haemodialysis
Ms S McLauchlan RN, BN
District Nursing Service/Hospital in the Home
Mrs L Brooks RN, RM, MNS, BN, Grad Dip Ad Nurs Ed, Ad Dip Business (HR), Ad Dip Bus Man, MRCNA
Emergency Department
Ms K Sloan RN, MNP (Emerg), RM, Coronary Care Cert, BN, Grad Dip HS Man (CSU), MRCNA, MCENA, MCNPA
Maternity/Neonatal/Gynaecology
Mr P Logan RN, MPH (Latrobe), RM, BN, Grad Dip Public Health
Medical/Palliative Care
Mr J Quinlivan RN, RPN, BN, Dip Fine Arts, Cert Computer Business Applications, Grad Cert Health Man, Cert IV in Workforce Training
Operating Theatres
Ms R Piper RN, RM, Cert Periop Nursing
Paediatrics
Mrs S Marsh RN, Cert Computer Business Applications, MRCNA
Rehabilitation and Withdrawal & Support Service
Mrs H Moyle RN, Dip App Sci Nursing, BN, Ad Dip Man, Cert IV Workplace T&A
Short Stay/Oncology
Mrs J Rowe RN, Cert Workplace Leadership, Dip Bus

Programs
Post Acute Care/Transition Care
Mrs F Torpy RN, Master Prof Ed & Training (Deakin), BN
South West Community Based Palliative Care Program
Mrs B King RN, Master Clinical Nursing Studies (Palliative Care)
Dr E Fairbank MBBS, DPHC, FRACGP, FAChPM
Wound Management/Nurse Practitioner
Mrs T Swanson RN, NPWM, AA, Master HSc (Nursing), Grad Dip (Periop), Cert WNDM, Dip Nursing (USA), FAWMA, FMACNP

MENTAL HEALTH SERVICES

Director of Mental Health Services
Mrs C Byrne RPN, Grad Dip Social Sc (Drug Dependence), Grad Dip Bus (Health Admin), MAS (Innovation & Service Man, RMIT)
Assistant Deputy Director of Clinical Services
Dr M Ivers MB, BS, FRANZCP
Senior Nurse/Executive Officer
Ms A Morrison RPN, RN, BN (PB), Cert IV Workplace T & E, Grad Cert (TE), Ad Dip Bus Man

Managers
Aged Persons Mental Health
Mr R Porter BA, RPN, Ad Dip (Bus Man) Acc, Ad Dip (Hum Res) Acc

Child & Adolescent Mental Health Services
Ms J Radley RPN, Grad Dip (Child Psychotherapy), Grad Cert (Devel Psych), Ad Dip (Bus Man) Acc, Ad Dip (Hum Res) Acc
Community Adult Teams
Mr J McInnes BA, BSW
Primary Mental Health Team
Mr N Place BA, BSW, Ad Dip (Bus Man) Acc, Ad Dip (Hum Res) Acc
Warrnambool Adult Community Mental Health Services
Mr J McInnes BA (SW), Dip (SW)
Residential Mental Health Services Acute Inpatient Unit
Mr C Healey RPN Psych Nursing (Grad Cert), Ad Dip (Bus Man) Acc
Extended Care Inpatient Unit
Ms J Edge RPN Public Health (Addictions) (Grad Cert)
Service Development
Mrs J Bateman BSc (Psych) (Hons), MAPS, Ad Dip (Bus Man) Acc
Quality Coordinator
Ms J Doman Cert IV Health Admin, Cert IV Frontline Man
Staff Development Officer
Mrs J Punch RPN, Cert IV Workplace T&A (TAFE), Ad Dip (Bus Man) Acc

Team Leaders
Camperdown Community Mental Health Services
Mr P McNelly RN, RN Learning Disabilities (UK), Cert CBT (Man Uni), Cert Couns (BAC Man Uni), Cert AIDS & HIV (ENB), Cert Man Studies (Lan Uni)
Hamilton Community Mental Health Services
Mr T James RN, RPN, BHSc (Man)
Portland Community Mental Health Services
Mr F Nittsjo BA (Psych) (Hons), Ad Dip (Bus Man) Acc
Mental Health Medical Services
Dr J Deb MB, BS (India)
Dr B Flynn BSc (Med) FRANZCP
Dr M Ivers MB, BS, FRANZCP
Dr S Kasimahanti MB, BS, MD (India) Assoc Prof Psych (India)*
Dr I Neerakal MB, BS (India)
Dr R Ranasinghe MB, BS, MD (Sri Lanka)
Dr G Ridley MB, ChB, MRC Psych, FRANZCP
Dr S Davies MBBS, DTM&H, FRACGP

CAMPERDOWN CAMPUS

Campus Manager
Mr R Jubb RN MHS, Grad Dip Crit Care, Dip Bus

Unit Managers
Acute Services
Mr G Holmes RN, Grad Cert Ortho
Aged Care Facility (Merindah Lodge)
Mrs C Leithhead RN, Dip Remedial Therapy, Ad Dip Psych Nursing, Adv Dip Myotherapy
Operating Theatre
Mrs N Delaney RN, Grad Dip Periop Nursing, Cert III Sterilisation/Technician, Dip Bus

FINANCE & BUSINESS SERVICES

Director of Finance & Business Services
Mr A Trigg BComm (Acc/Fin), ASA, GAICD, AHSFMA
Deputy Director of Finance
Mr D McLaren BBus (Deakin), CPA
Assistant Director of Finance
Ms L Bramich BBus (Deakin), ASA, CPA

Managers
Buildings & Infrastructure
Mr S Kendrick B Eng (Hons) Integrated Engineering MIHEA (Nottingham Trent)
Capital Redevelopment
Mr W Hall Cert Hospital Supply Man (Mayfield)
Catering Services
Mr D Church Cert Catering, LIHHC, Dip FSM
Community Partnerships
Ms S Morey MFIA
General Services
Mr D Miller Adv Cert Man (TAFE)
Human Resources
Mr G Mitchell BEc (Monash), BHA (UNSW)
Deputy Human Resources
Mr A Giblin Adv Dip Bus Man (Gordon Inst), Adv Dip HR (Gordon Inst)
Remuneration
Mrs L Uzkuraitis
Retail Operations
Mr C Grapentin Adv Dip Man
Staff Health & Wellbeing
Miss A Hilton BA (Deakin)
Supply Services
Mr T Hoy Cert Hospital Supply Man (Mayfield)

*Resigned during 2011–12

LIFE GOVERNORS

A Life Governorship is the highest recognition South West Healthcare can bestow. Our recipients have given an outstanding contribution to the organisation over a prolonged period of time. At our 2011 Annual General Meeting, two extra ordinary volunteers were added to this elite honor roll.

June Ford-Crothers was awarded Life Governorship for 20 years service as a one-to-one volunteer in our Palliative Care Program. She has compassionately supported numerous patients, their carers and families, offering emotional and physical help whenever needed. This includes taking patients to and from medical appointments, taking them shopping, sitting with them while their carer has time out, and always providing a listening ear for the concerns and worries these people share at this traumatic time in their lives. A wonderful ambassador of our work, June has also helped raise thousands of dollars to support our Palliative Care Program activities.

Barbara Hill was awarded Life Governorship for her equally valuable contribution to our Palliative Care Program. For the past 20 years she has organised and held weekly relaxation/ meditation sessions for our palliative care patients, their carers and families. An enormous number of our seriously ill patients have gained tremendous benefit from the stress-relief techniques they've learned. With a great understanding of the pressure that carers and families are under when caring for a terminally ill loved one, Barbara's relaxation/meditation sessions provide a tranquil atmosphere where the cares and trials of everyday life can be forgotten, for precious moments in time.

New Life Governors Barbara Hill (left) and June Ford Crothers with Board Chairman Chris Logan.

LIFE GOVERNORS

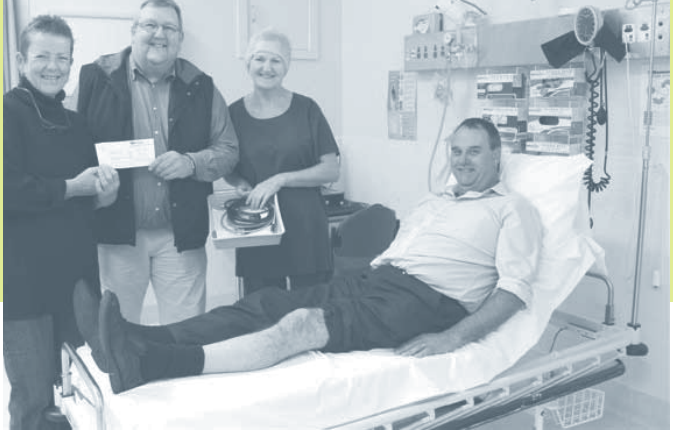
Mrs S Addinsall
Mrs Jan Aitken
Dr BS Alderson
Mrs BS Alderson
Mr Lyall Allen
Mr AL Anderson
Mrs GI Anderson
Mrs Isobel Anderson
Mrs JF Anderson
Mr Ian Armstrong
Mrs Joan Askew
Mr R Baker
FH Baker
Mrs VG Balmer
Mr NI Bamford
Mrs Heather Barker
WT Barr
Mrs Moira Baulch
Mrs Beverley Bell
Mrs Shirley Bell
Mrs JA Bell
Mr GB Bennett
Mrs Iris Bickley
Miss Helen Bishop
Mr RJ Borbidge
Mr NC Boyd
Mr CG Boyle
Mr N Bradley
Mr David Bradshaw
Mr GN Brown
Dr Anthony (Tony) Brown
Mrs Irene Bruce
LG Buchholz
Mr T Buckley
Mr CW Burgin
Mrs L Burleigh
Mrs Lorna Burnham
Mrs Jean Byron
Mr Jack Caple
Mr Stan Carroll
Mrs Valda Carroll
Mrs P Chadwick
Mrs EC Chaffey
ML Charles
Mrs FA J Chislett
Mrs Helen Chislett
Mr David Chittick
Mrs Diane Clanchy
Mr John Clark
Mr Alistair Cole
Mrs SE Cole
LJ Collins
Mrs Joy Conlin
Mrs Frances Coupe
Mrs M Cox
Mrs Marjorie Crothers
Mr JP Daffy
Mr A Dalton
Mrs RC Dawson
Mr A DeGaris
Mr S DeGaris
Mrs Gloria Dickson
Miss Judy Donnelly
Miss Helen Douglas
Mr GW Dowling
Mrs L Dowling
Mr Tony Dupleix
Mrs Veronica Earls
Mrs A Elliot
G Elliot
Mr PV Emery
Mr W Ferguson
Mr J Finch
Mr ER Ford
Mrs June Ford-Crothers*
Mrs June Foster
Mrs CE Fraser
BD French
Ms S Gay
R Gellie
Mrs FM George
Mr MW George
Mrs Norma Gilbert
Mrs Shirley Goldstraw
Mrs Helen Gollop
Mrs Joan Goodacre
Mrs E Goodwin
Mrs Lesley Gordon
Mrs B Gow
Mrs P Grace
HT Grimwade
Mrs Sheila Habel
Mr RE Harris
Mrs Joy Hartley
Mr AJ Hartley
Mrs A Havard
Mrs Monica Hayes
Mr P Heath

Mrs Mavis Heazlewood
Dr Les Hemingway
Mrs Joan Henderson
Mr Oscar Henry
Mr AJ Hill
Mrs Barbara Hill*
Mrs DM Hill
Mr GL Hill
Mr J Hill
Miss L Hill
Mrs P Hill
AK Hirth
Mr W Hocking
Mrs Lorraine Hoey
Mrs Ann Holmes
Mr John Holmes
Mr W Holmes
HJ Holmes
Mr WJ Holton
Mrs A Hooton
GN Hornsby
JS Hosking
Mrs E Howell
Mrs Sharon Huf
Mrs Mary Hutchings
Mr R Hyde
Mrs Winnie Hynes
Mr David Jellie
Mr DA Jenkins
Mr Barry Johnson
Mrs Margot Johnson
Mr Rex Johnson
Mrs Isobel Jones
Mr HT Jones
Mrs Edna Keillor
Mr AE Kelly
Mr DJ Lafferty
Mrs Helen Laidlaw
Mrs Val Lang
Mr GA Larsen
Mrs B Laythe
Mrs Margot Lee
S Lee
Sen AWR Lewis
Mr PE Lillie
Mr Frank Lodge
Mrs Hilary Lodge
Mr RW Lucas
Mrs Wendy Ludeman
Mrs AG Lumsden
Mrs E Luxton
Dr E Lyon
Mr ID Macdonald
Mrs ID Macdonald
Mrs AF MacInnes
S Mack
MC Mack
Mrs Isobel Macpherson
Mrs L Maher
Mr WG Manifold
Mr NS Marshall
Mrs Norma Marwood
Mrs M Mathison
Mrs D McConnell
Mrs Bev McCosh
Mrs Norma McCosh
Mrs L McCosh
Mrs R McCrabb
Mr H McFarlane
Mr John McGrath
Mr Peter McGregor
Mrs Glenda McIlveen
Mr Ernie McKenna
Mrs Mary McKenna
Mrs Judy McKenzie
Mrs Nola McKenzie
Mr Trevor McKenzie
Mrs H McLaren
Mrs Shirley McLean
Mr C McLeod
Mr Don McRae
Mrs W McWhinney
Dr John Menzies
JE Meyer
Mrs S Millard
Mr J Miller
Mr Andrew Miller
Mrs J Mills
Mr Ivan Mirtschin
Miss Mabel Mitchell
Mrs Coral Moore
Mrs Nancy Moore
Mr Robert Moore
Mr F Moore
Mr James Moran
Mr J Morris Jnr
Mr W Morris
Mrs V Morrissey
Mrs I Mulligan
AE Murdock
Mrs G Mutten
Nestle Sports & Social Club
Mrs Sheryl Nicolson
Mrs J Nield
Mr AW Noel
Mrs HW Norman
Mrs Alison Northeast
Mr JB Norton
Mrs Helen Nunn
Dr Keith Nunn
Mrs Barbara O'Brien
Mrs M Officer
Mrs Judy O'Keefe
Miss K O'Leary
JR Oman
Mr L O'Rourke
Mr W Owens
Mr Ken Parker
Mrs TJ Parker
Mrs GR Parsons
Mrs ME Paterson
Mr DR Patterson
Mrs Phyllis Peart
Dr Ian Pettigrew
Mr Bill Phillpot
Ms Barbara Piesse
Mrs G Pike
Mrs Gloria Rafferty
Mrs Margaret Richardson
Mrs N Risk
Mr DM Ritchie
Mr Ric Robertson
Mrs Phillip Ross
Mr NJ Rowley
Mr Peter Roysland
Mr JC Rule
Mrs Gladys Russell
Mr Leo Ryan
Mrs Sue Sambell
Mr John Samon
Mr RG Sampson
Mrs Eileen Savery
Mr A E Scott
Mr L Sedgley
Mrs G Sharrock
Mr N Sharrock
Mr TT Shaw
Mrs A B Smart
Mr M Smill
Mrs Ann Smith
Michelle Smith
Ms G Stevens
Mr GC Sullivan
Mrs B Surkitt
Mrs Nance Swinton
Mrs Stuart Swinton
Mr DN Symons
Mrs NM Tapp
Mrs D Taylor
Mrs Robbie Taylor
Miss Kate Taylor
Mr F Taylor
Mr HC Taylor
Miss Yvonne Teale
Mrs A Thorpe
Mr JT Thorton
Mrs AJ Trotter
Mr SW Waldron
Mr JB Walker
Mrs H Wallace
Mrs Judith Wallace
Mrs RJ Wallace
Mrs E Watson
RJ Webster
Mrs D Wedge
RV Wellman
Mr AC Whiffen
Mrs JC Whitehead
Mr G Whiteside
Mr J Wilkinson
Mrs June Williams
Mrs Marion Williams
Mrs Zelda Williams
Mrs GJ Wilson
Mr John Wilson
Mrs NT Wines
Mr WJ Wines
Mrs Anne Wright
Mrs Edna Wynd

*2011-12 SWH Life Governors

Our condolences are extended to the families and friends of Life Governor Mr Edwin (Eddie) Northeast who passed away in October 2011 and Life Governor Mrs Rita Williams who passed away in January 2012.

OUR DONORS



On behalf of our Camperdown & District Hospital Auxiliary, member Lois Dupleix donates $48,000 to Board Chairman Chris Logan to purchase three fibreoptic scopes, first-ever Emergency Department video teleconferencing technology, new air conditioning for the hospital kitchen and beautification work for the hospital grounds. Theatre Nurse Joanne Teal and Camperdown Campus Manager Rod Jubb familiarise themselves with the arthroscopic equipment. Photo courtesy of The Chronicle and photographer Helen Gaut.

The overwhelming generosity of 1,078 donors allowed us to reach the $3.5M target of our Warrnambool Base Hospital Medical Equipment Appeal on September 10. Over 31 weeks an average $113,000 was gifted weekly (in cash and/or pledged instalments) by individuals, businesses, corporations, charitable trusts, local councils, clubs and SWH employees – all wanting to do everything they could to ensure our region has the best equipped Base Hospital in regional Australia.

Our volunteer Medical Equipment Appeal Committee, capably led by Chairman Bill Phillpot and vitally supported by our local media, excelled. In recognition of Bill's efforts, the Board of Directors named our new Warrnambool Base Hospital Boardroom after him (see Chairman and CEO'S Report).

This unprecedented financial and inkind assistance enabled us to purchase the most modern and technologically advanced medical equipment available. Additional to the $3.5M raised by this appeal throughout 2010-12, $319,000 was raised in 2011-12 to:

Establish first-time initiatives, including:

- Video conferencing equipment for our Warrnambool and Camperdown Emergency Departments to provide video link up to trauma specialists in Melbourne via our Rural Critical Care Support Project
- A successful three-month Palliative Care Arts Therapy Pilot Program that led to the establishment of a Palliative Care Arts Therapy Scholarship
- A sensory garden for our Extended Care Inpatients Unit
- Cyber Youth, a unique mental health consumer-focussed project involving 18–25 year olds who may have experienced geographic isolation from both personal and professional supports (see Research)
- Delta Therapy Dogs visits to our Extended Care Inpatients Unit (see Profile: Our Services)

Finance first-ever medical equipment purchases, including:

- Blue-tooth Cancer Lymph Node Detector
- Warrnambool Emergency Department Digital Macroview Otoscope
- Dialysis Unit Defibrillator
- Macarthur Community Health multi functioning video conferencing equipment
- Camperdown Operating Theatre Scope Buddy
- Nutrition Department Carbohydrate-Counting iPad and Apps

As always, our auxiliaries, staff and Murray2Moyne Relay Cycle Team were star-performers, raising $69,461, $2,000 and $26,000 respectively.

SWH AUXILARIES

Camperdown & District Hospital	48,000
Friends & Relatives of Merindah Lodge (FROM)	2,087
Warrnambool Ladies	8,374
Woolsthorpe	11,000

SWH MURRAY2MOYNE CYCLE RELAY TEAM

Warrnambool College	2,000

SWH STAFF

Camperdown Hospital Charity Ball	8,006
Warrnambool Charity Golf Day	9,500
Workplace Giving Program	8,500

BEQUESTS

Lasting legacies totalling $170,832 were bequeathed by Dorothy Eaton, John Gordon, Alexander Murdoch, Rev Reg Peirce and Lorna Price.

IN MEMORIUM GIFTS

The families and friends of 20 loved ones gifted $23,945 in memory of Adrian Burleigh, Mary Canavan, Leila Rose Chow, Keith Cockayne, Ronald Cole, Joan Farley, Dorothy Fleming, Arthur (Gos) Hall, Peg Harper, Kevin Humphrey, Darren Kearney, Chris Leonie, Don MacKechnie, Michael O'Brien, Tony O'Flaherty, Isabel Ruf, Albert (Len) Stacey, Margaret Van Run, Des Watt and John Wilson.

For the complete 2011-12 list of donors please go to our website.

Perioperative Services Manager Tony Kelly shows representatives of the two groups that kicked off our successful $64,000 Cancer Lymph Node Detector Appeal, the Warrnambool & District Breast Cancer Support Group's Phyllis McLeish (left) and Reid Stockfeeds' Director Rosali Langdon and Sales & Technical Representative Daniel Allen, what all the excitement's about. Used to detect the spread of breast cancer and melanoma, this high-tech piece of medical equipment identifies potentially cancerous lymph nodes, sparing patients from having to undergo unnecessary radical surgery. Photo courtesy of The Standard and photographer Rob Gunstone.

The work of SWH Paediatrician Dr Nick Thies (right) was recognised at the 2011 Victorian Rural Doctors Awards when Health Minister David Davis presented him with the Rural Workforce Agency Victoria Award for Outstanding Contribution to Rural Communities. Wife Lyn shared the moment.

South West Healthcare

SWH HOSPITALS

Warrnambool Base Hospital
Ryot Street
Warrnambool 3280
p 03 5563 1666
e info@swh.net.au

Camperdown Hospital
Robinson Street
Camperdown 3260
p 03 5593 7300
e frontdesk@swh.net.au

SWH MENTAL HEALTH SERVICES

Warrnambool Community Health
Koroit Street
Warrnambool 3280
p 03 5561 9100

Camperdown
64 Scott Street
Camperdown 3260
p 03 5593 6000

Portland
63 Julia Street
Portland 3305
p 03 5522 1000

Hamilton
12 Foster Street
Hamilton 3300
p 03 5551 8418

SWH COMMUNITY HEALTH CENTRES

Warrnambool Community Health
Koroit Street
Warrnambool 3280
p 03 5564 4190
e warrnamboolch@swh.net.au

Manifold Place
Manifold Street
Camperdown 3260
p 03 5593 1892
e mplace2@swh.net.au

David Newman Adult Day Centre
Church Street
Camperdown 3260
p 03 5593 2717
e dcentre@swh.net.au

Lismore Community Health
High Street
Lismore 3324
p 03 5558 3000
e lismore@swh.net.au

Macarthur Community Health
12 Ardonachie Street
Macarthur 3286
p 03 5552 2000
e macarthurch@swh.net.au

SWH AGED CARE FACILITY

Merindah Lodge
Robinson Street
Camperdown 3260
p 03 5593 1290
e merindah@swh.net.au

www.southwesthealthcare.com.au

dezigned by adz@work

APPENDIX 1

Summary of financial results	2011/12	2010/11	2009/10	2008/09	2007/08
Revenue (excludes capital items)	122,994	116,028	104,350	97,160	91484
Expenditure (excludes capital items)	123,947	116,722	103,728	97,600	91834
NET RESULT BEFORE CAPITAL ITEMS	**(953)**	**(694)**	**622**	**(440)**	**(350)**
Capital revenue	28,537	44,953	28,550	853	1891
Capital/other expenditure	6,260	5,724	5,905	10,361	3194
COMPREHENSIVE RESULT FOR THE YEAR	**21,324**	**38,535**	**23,267**	**(9,948)**	**(1,653)**
Total Assets	183,091	158,638	119,377	90,543	89,169
Total Liabilities	28,310	25,181	24,455	18,888	19,540
Net Assets	154,781	133,457	94,922	71,655	69,629
Total Equity	154,781	133,457	94,922	71,655	69,629

APPENDIX 2

DISCLOSURE INDEX

The Annual Report of South West Healthcare is prepared in accordance with all relevant Victorian legislation. This index has been prepared to facilitate identification of compliance with statutory disclosure requirements.

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APPENDIX 3

STATUTORY REQUIREMENTS

Manner of Establishment

South West Healthcare is an incorporated body under, and regulated by, the Health Services Act 1988.

Freedom of Information Requests

Requests for documents in the possession of South West Healthcare are directed to the Freedom of Information Manager and all requests are processed in accordance with the Freedom of Information Act 1982. A fee is levied for this service, based on the time involved in retrieving and copying the requested documents.

The Hospitals Part II publication, which details publication requirements of the Freedom of Information Act, is available from the Health Information Services Department, for perusal by the general public during weekday office hours.

A total of 247 requests under the Freedom of Information Act were processed during the 2011-12 financial year.

South West Healthcare's nominated officers under the Freedom of Information Act:

Principal Officer	Mr John F Krygger, Chief Executive Officer
Medical Principal Officer	Dr Peter O'Brien, Director of Medical Services
Freedom of Information Manager	Mr Myles Hawkins, Health Information Administrator

Reporting Requirements

In accordance with the requirements of the Directions of the Minister for Finance under the Financial Management Act 1994 the following information has been prepared and is available upon request, where applicable:

(a) declarations of pecuniary interest;

(b) details of publications produced;

(c) details of changes in fees, charges and rates charged by the entity;

(d) details of any major external reviews;

(e) details of overseas visits;

(f) details of major promotional, public relations and marketing activities undertaken by the entity to develop community awareness of the entity and the services it provides;

(g) details of assessments and measures undertaken to improve the occupational health and safety of employees;

(h) general statement on industrial relations within the entity and details of time lost through industrial accidents and disputes

(i) list of major committees sponsored by the entity, the purposes of each committee and the extent to which the purposes have been achieved.

Details of Individual Consultancies

Consultant	Purpose of consultancy	Start Date	End Date	Total approved project (excluding GST)	Expenditure 2011/12	Future expenditure (excluding GST)
Kardinia Health	GP Clinic Business Plan	01/05/2011	30/06/2012	12,607	12,607	
PharmConsult	Review of pharmacy services	01/07/2011	30/08/2011	17,398	17,398	

In 2011/12, SWH engaged four consultancies where the total fees payable to the consultants were less than $10,000, with a total expenditure of $21,836

Building Act 1993

Compliance

South West Healthcare complies with the building and maintenance provisions of the Building Act 1993.

Competitive Neutrality

Policy Statement

South West Healthcare has implemented and continues to comply with, the National Competition Policy and the requirements of the Victorian Government Competitive Neutrality (CN) Policy.

In addition a CN review has been completed at South West Healthcare in 2011/12 and the review found that South West Healthcare was compliant with CN Policy.

APPENDIX 3

Responsible Minister

The Responsible Minister for South West Healthcare is:

The Honourable David Davis, MP, Minister for Health	01/07/2011 - 30/06/2012
The Honourable Mary Wooldridge, MLA, Minister for Mental Health	01/07/2011 - 30/06/2012

Commercial Appointments

External Auditors	Coffey Hunt & Co
Internal Auditors	RSM Bird Cameron
Bankers	Australia & New Zealand Banking Group Ltd

Whistleblowers Protection Act (2001)

South West Healthcare has policies and procedures in place to enable total compliance with the Act and which provide a safe environment in which disclosures can be made, people are protected from reprisal and the investigation process is clear and provides a fair outcome. The privacy of all individuals involved in a disclosure is assured of protection at all times. South West Healthcare is committed to the principles of the Act and at no time will improper conduct by the Service or any of its employees by condoned. A copy of the policy is available upon request.

Disclosures

Since the introduction of the Act in 2002 there have been no disclosures received and no notification of disclosures to the Ombudsman or any other external agency. Disclosures will be received by:

Mr John F Krygger	Chief Executive Officer
	South West Healthcare, Warrnambool, Victoria 3280
The Ombudsman	Level 3, 459 Collins Street,
	Melbourne, Victoria 3000 (Phone 1800 806 314)

Attestation on Compliance with Australian/New Zealand Risk Management Standard

I, John Francis Krygger certify that South West Healthcare has risk management processes in place consistent with the Australian/New Zealand Risk Management Standard and an internal control system is in place that enables the Executives to understand, manage and satisfactorily control risk exposures. The audit committee verifies this assurance and that the risk profile of South West Healthcare has been critically reviewed within the last 12 months.

John F Krygger
Chief Executive Officer

Warrnambool
15 August, 2012

South West Healthcare

Financial Statements 2012

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Board member's, accountable officer's and chief finance & accounting officer's declaration

We certify that the attached financial statements for South West Healthcare have been prepared in accordance with Standing Direction 4.2 of the *Financial Management Act* 1994, applicable Financial Reporting Directions, Australian Accounting Standards, Australian Accounting Interpretations and other mandatory professional reporting requirements.

We further state that, in our opinion, the information set out in the comprehensive operating statement, balance sheet, statement of changes in equity, cash flow statement and notes to and forming part of the financial statements, presents fairly the financial transactions during the year ended 30 June 2012 and the financial position of South West Healthcare at 30 June 2012.

At the time of signing, we are not aware of any circumstance which would render any particulars included in the financial statements to be misleading or inaccurate.

We authorise the attached financial statements for issue on this day.

Chris Logan
Chairperson

Warrnambool
21 August 2012

John Krygger
Chief Executive Officer

Warrnambool
21 August 2012

Andrew Trigg
Chief Finance & Accounting Officer

Warrnambool
21 August 2012

VAGO
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INDEPENDENT AUDITOR'S REPORT

To the Board Members of South West Healthcare

The Financial Report

The accompanying financial report for the year ended 30 June 2012 of South West Healthcare which comprises the comprehensive operating statement, balance sheet, statement of changes in equity, cash flow statement, notes comprising a summary of significant accounting policies and other explanatory information, and the Board Member's, Accountable Officer's and Chief Finance and Accounting Officer's declaration has been audited.

The Board Members' Responsibility for the Financial Report

The Board Members of South West Healthcare are responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards, and the financial reporting requirements of the *Financial Management Act 1994*, and for such internal control as the Board Members determine is necessary to enable the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

As required by the *Audit Act 1994*, my responsibility is to express an opinion on the financial report based on the audit, which has been conducted in accordance with Australian Auditing Standards. Those standards require compliance with relevant ethical requirements relating to audit engagements and that the audit be planned and performed to obtain reasonable assurance about whether the financial report is free from material misstatement.

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

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

Independent Auditor's Report (continued)

Independence

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

Opinion

In my opinion, the financial report presents fairly, in all material respects, the financial position of South West Healthcare as at 30 June 2012 and of its financial performance and its cash flows for the year then ended in accordance with applicable Australian Accounting Standards, and the financial reporting requirements of the *Financial Management Act 1994.*

Matters Relating to the Electronic Publication of the Audited Financial Report

This auditor's report relates to the financial report of South West Healthcare for the year ended 30 June 2012 included both in South West Healthcare's annual report and on the website. The Board Members of South West Healthcare are responsible for the integrity of South West Healthcare's website. I have not been engaged to report on the integrity of South West Healthcare's website. The auditor's report refers only to the subject matter described above. It does not provide an opinion on any other information which may have been hyperlinked to/from these statements. If users of the financial report are concerned with the inherent risks arising from publication on a website, they are advised to refer to the hard copy of the audited financial report to confirm the information contained in the website version of the financial report.

MELBOURNE
22 August 2012

for D D R Pearson
Auditor-General

Auditing in the Public Interest

COMPREHENSIVE OPERATING STATEMENT FOR THE YEAR ENDED 30 JUNE 2012

	Note	2012 $000	2011 $000
REVENUE FROM OPERATING ACTIVITIES	2	122,418	115,369
REVENUE FROM NON-OPERATING ACTIVITIES	2	576	659
Employee Benefits	3	(83,284)	(76,920)
Non Salary Labour Costs	3	(7,901)	(7,612)
Supplies & Consumables	3	(14,490)	(14,292)
Other Expenses From Continuing Operations	3	(18,272)	(17,898)
NET RESULT BEFORE CAPITAL AND SPECIFIC ITEMS		**(953)**	**(694)**
Capital Purpose Income	2	28,537	44,953
Depreciation and Amortisation	4	(6,160)	(5,538)
Finance Costs	5	-	(3)
Expenditure Using Capital Purpose Income	3	(100)	(183)
NET RESULT FOR THE YEAR		**21,324**	**38,535**
Other Comprehensive Income			
Net fair value revaluation on Non Financial Assets		-	-
COMPREHENSIVE RESULT FOR THE YEAR		**21,324**	**38,535**

This Statement should be read in conjunction with the accompanying notes

BALANCE SHEET AS AT 30 JUNE 2012

ASSETS	Note	2012 $000	2011 $000
Current Assets			
Cash and Cash Equivalents	6	9,411	11,584
Receivables	7	3,741	3,746
Inventories	8	1,437	1,311
Other Assets	9	72	131
Total Current Assets		**14,661**	**16,772**
Non Current Assets			
Receivables	7	1,390	569
Property, Plant & Equipment	10	167,040	141,297
Total Non-Current Assets		**168,430**	**141,866**
TOTAL ASSETS		**183,091**	**158,638**
LIABILITIES			
Current Liabilities			
Payables	11	7,742	6,961
Provisions	12	17,526	16,050
Other Liabilities	13	826	451
Total Current Liabilities		**26,094**	**23,462**
Non Current Liabilities			
Provisions	12	2,216	1,719
Total Non-Current Liabilities		**2,216**	**1,719**
TOTAL LIABILITIES		**28,310**	**25,181**
NET ASSETS		**154,781**	**133,457**
EQUITY			
Property, Plant & Equipment Revaluation Reserve	14a	13,749	13,749
Restricted Specific Purpose Reserve	14a	22	22
Contributed Capital	14b	66,744	66,744
Accumulated Surpluses / (Deficits)	14c	74,266	52,942
TOTAL EQUITY	**14d**	**154,781**	**133,457**
Contingent Assets and Contingent Liabilities	18		
Commitments for Expenditure	17		

This Statement should be read in conjunction with the accompanying notes

STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 30 JUNE 2012

	Note	Property, Plant & Equipment Revaluation Surplus $'000	Restricted Specific Purpose Surplus $'000	Contributions by Owners $'000	Accumulated Surpluses / (Deficits) $'000	$'000
Balance at 1 July 2010		**13,749**	**22**	**66,744**	**14,407**	**94,922**
Net result for the year	14c	-	-	-	38,535	38,535
Balance at 30 June 2011		**13,749**	**22**	**66,744**	**52,942**	**133,457**
Net result for the year	14c	-	-	-	21,324	21,324
Balance at 30 June 2012		**13,749**	**22**	**66,744**	**74,266**	**154,781**

This Statement should be read in conjunction with the accompanying notes

CASH FLOW STATEMENT FOR THE YEAR ENDED 30 JUNE 2012

	Note	2012 $000	2011 $000
CASH FLOWS FROM OPERATING ACTIVITIES			
Operating Grants from Government		108,374	102,743
Patient Fees Received		3,342	3,261
Private Practice Fees Received		420	217
Interest Received		390	695
Other Receipts Received		7,725	7,492
GST Received from/ (paid to) ATO		5,731	6,823
Employee Benefits paid		(80,267)	(76,651)
Fee for service Medical Officers		(7,710)	(7,612)
Payments for Supplies & Consumables		(19,127)	(18,781)
Other Payments		(18,408)	(18,658)
Cash Generated from Operations		**470**	**(471)**
Capital Grants from Government		26,737	42,172
Capital Donations and Bequests Received		1,202	1,337
NET CASH INFLOW/(OUTFLOW) FROM OPERATING ACTIVITIES	15	**28,409**	**43,038**
CASH FLOWS FROM INVESTING ACTIVITIES			
Payments for Non-Financial Assets		(32,130)	(47,783)
Proceeds from Sale of Non-Financial Assets		861	901
NET CASH INFLOW/(OUTFLOW) FROM INVESTING ACTIVITIES		**(31,269)**	**(46,882)**
NET INCREASE / (DECREASE) IN CASH HELD		**(2,860)**	**(3,844)**
CASH AND CASH EQUIVALENTS BEGINNING OF PERIOD		11,166	15,010
CASH AND CASH EQUIVALENTS END OF PERIOD	6	**8,306**	**11,166**

This Statement should be read in conjunction with the accompanying notes

NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

(a) Statement of compliance

These financial statements are a general purpose financial report which have been prepared in accordance with the *Financial Management* Act 1994 and applicable Australian Accounting Standards (AASs) issued by the Australian Accounting Standards Board (AASB).

The financial statements also comply with relevant Financial Reporting Directions (FRDs) issued by the Department of Treasury and Finance, and relevant Standing Directions (SDs) authorised by the Minister for Finance.

The Health Service is a not-for profit entity and therefore applies the additional Aus paragraphs applicable to "not-for-profit" Health Services under the AASs.

The annual financial statements were authorised for issue by the Board of South West Healthcare on 15 August 2012.

(b) Basis of accounting preparation and measurement

Accounting policies are selected and applied in a manner which ensures that the resulting financial information satisfies the concepts of relevance and reliability, thereby ensuring that the substance of the underlying transactions or other events is reported.

The accounting policies set out below have been applied in preparing the financial statements for the year ended 30 June 2012, and the comparative information presented in these financial statements for the year ended 30 June 2011.

The going concern basis was used to prepare the financial statements.

These financial statements are presented in Australian dollars, the functional and presentation currency of the Health Service.

The financial statements, except for cash flow information, have been prepared using the accrual basis of accounting. Under the accrual basis, items are recognised as assets, liabilities, equity, income or expenses when they satisfy the definitions and recognition criteria for those items, that is they are recognised in the reporting period to which they relate, regardless of when cash is received or paid.

The financial statements are prepared in accordance with the historical cost convention, except for the revaluation of certain non-financial assets and financial instruments, as noted. Particularly, exceptions to the historical cost convention include:

- Non-current physical assets, which subsequent to acquisition, are measured at valuation and are re-assessed with sufficient regularity to ensure that the carrying amounts do not materially differ from their fair values; and
- The fair value of assets other than land is generally based on their depreciated replacement value.

Historical cost is based on the fair values of the consideration given in exchange for assets.

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

The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period or in the period of the revision, and future periods if the revision affects both current and future periods. Judgements made by management in the application of AASs that have significant effects on the financial statements and estimates, with a risk of material adjustments in the subsequent reporting period, are disclosed throughout the notes to the financial statements and estimates, with a risk of material adjustments in the subsequent reporting period, relate to:

- the fair value of land, buildings, infrastructure, plant and equipment (refer to Note 1(j);
- actuarial assumptions for employee benefit provisions based on likely tenure of existing staff, patterns of leave claims, future salary movements and future discount rates (refer to Note 1(k).

(c) Reporting Entity

The financial statements include all the controlled activities of South West Healthcare.

Its principal address is:

Ryot Street
Warrnambool
Victoria 3280.

A description of the nature of South West Healthcare's operations and its principal activities is included in the report of operations, which does not form part of these financial statements.

(d) Principles of Consolidation

Intersegment Transactions

Transactions between segments within the South West Healthcare have been eliminated to reflect the extent of the South West Healthcare's operations as a group.

Jointly controlled assets or operations

Interests in jointly controlled assets or operations are not consolidated by South West Healthcare, but are accounted for in accordance with the policy outlined in Note 1(j) Financial assets.

(e) Scope and presentation of financial statements

Fund Accounting

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

Services Supported By Health Services Agreement and Services Supported By Hospital and Community Initiatives

Activities classified as *Services Supported by Health Services Agreement* (HSA) are substantially funded by the Department of Health and includes Residential Aged Care Services (RACS) and are also funded from other sources such as the Commonwealth, patients and residents, while *Services Supported by Hospital and Community Initiatives* (H&CI) are funded by the Health Service's own activities or local initiatives and/or the Commonwealth.

Residential Aged Care Service

The *South West Healthcare Residential Aged Care Service* operations are an integral part of South West Healthcare and shares its resources. An apportionment of land and buildings has been made based on floor space. The results of the two operations have been segregated based on actual revenue earned and expenditure incurred by each operation in Note 2b to the financial statements.

Comprehensive operating statement

The Comprehensive operating statement includes the subtotal entitled 'Net result Before Capital & Specific Items' to enhance the understanding of the financial performance of South West Healthcare. This subtotal reports the result excluding items such as capital grants, assets received or provided free of charge, depreciation, and items of an unusual nature and amount such as specific income and expenses. The exclusion of these items is made to enhance matching of income and expenses so as to facilitate the comparability and consistency of results between years and Victorian Public Health Services. The 'Net result Before Capital & Specific Items' is used by the management of South West Healthcare, the Department of Health and the Victorian Government to measure the ongoing performance of Health Services in operating hospital services.

Capital and specific items, which are excluded from this sub-total, comprise:

- Capital purpose income, which comprises all tied grants, donations and bequests received for the purpose of acquiring non-current assets, such as capital works, plant and equipment or intangible assets. It also includes donations of plant and equipment (refer Note 1 (f). Consequently the recognition of revenue as capital purpose income is based on the intention of the provider of the revenue at the time the revenue is provided.
- Depreciation and amortisation, as described in Note 1 (g)
- Assets provided or received free of charge (refer to Note 1 (f) and (g))
- Expenditure using capital purpose income, comprises expenditure which either falls below the asset capitalisation threshold or doesn't meet asset recognition criteria and therefore does not result in the recognition of an asset in the balance sheet, where funding for that expenditure is from capital purpose income.

Balance sheet

Assets and liabilities are categorised either as current or non-current.

Statement of changes in equity

The statement of changes in equity presents reconciliations of each non-owner and owner equity opening balance at the beginning of the reporting period to the closing balance at the end of the reporting period. It also shows separately changes due to amounts recognised in the comprehensive result and amounts recognised in other comprehensive income related to other non-owner changes in equity.

Cash flow statement

Cash flows are classified according to whether or not they arise from operating activities, investing activities, or financing activities. This classification is consistent with requirements under *AASB 107 Statement of Cash Flows*.

(f) Income Recognition

Income is recognised in accordance with AASB 118 *Revenue* and is recognised as to the extent that it is probable that the economic benefits will flow to South West Healthcare and the income can be reliably measured. Unearned income at reporting date is reported as income received in advance.

Amounts disclosed as revenue are, where applicable, net of returns, allowances and duties and taxes.

Government Grants and other transfers of income (other than contributions by owners)

Grants are recognised as income when the Health Service gains control of the underlying assets in accordance with AASB 1004 Contributions. For reciprocal grants the Health Service is deemed to have assumed control when the performance has occurred under the grant. For non-reciprocal grants the Health Service is deemed to have assumed control when the grant is received or receivable. Conditional grants may be reciprocal or non-reciprocal depending on the terms of the grant.

Contributions are deferred as income in advance when the Health Service has a present obligation to repay them and the present obligation can be reliably measured.

Indirect Contributions from the Department of Health

- Insurance is recognised as revenue following advice from the Department of Health.
- Long Service Leave (LSL) - Revenue is recognised upon finalisation of movements in LSL liability in line with the arrangements set out in the Metropolitan Health and Aged Care Services Division Hospital Circular 14/2009.

Patient and Resident Fees

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

Private Practice Fees

Private practice fees are recognised as revenue at the time invoices are raised.

Revenue from commercial activities

Revenue from commercial activities such as commercial laboratory medicine is recognised at the time invoices are raised.

Donations and Other Bequests

Donations and bequests are recognised as revenue when received. If donations are for a special purpose, they may be appropriated to a reserve, such as the specific restricted purpose reserve.

Interest Revenue

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

Sale of investments

The gain/loss on the sale of investments is recognised when the investment is realised.

Resources Provided and Received Free of Charge or for Nominal Consideration

Resources provided or received free of charge or for nominal consideration are recognised at their fair value when the transferee obtains control over them, irrespective of whether restrictions or conditions are imposed over the use of the contributions, unless received from another Health Service or agency as a consequence of a restructuring of administrative arrangements. In the latter case, such transfer will be recognised at carrying value. Contributions in the form of services are only recognised when a fair value can be reliably determined and the services would have been purchased if not donated.

(g) Expense Recognition

Expenses are recognised as they are incurred and reported in the financial year to which they relate.

Cost of Goods Sold

Costs of goods sold are recognised when the sale of an item occurs by transferring the cost or value of the item/s from inventories.

Employee expenses

Employee expenses include:

- Wages and salaries;
- Annual leave;
- Sick leave;
- Long service leave; and
- Superannuation expenses which are reported differently depending upon whether employees are members of defined benefit or defined contribution plans.

Defined contribution superannuation plans

In relation to defined contribution (i.e. accumulation) superannuation plans, the associated expense is simply the employer contributions that are paid or payable in respect of employees who are members of these plans during the reporting period. Contributions to defined contribution superannuation plans are expensed when incurred.

Defined benefit superannuation plans

The amount charged to the comprehensive operating statement in respect of defined benefit superannuation plans represents the contributions made by the Health Service to the superannuation plans in respect of the services of current Health Service staff during the reporting period. Superannuation contributions are made to the plans based on the relevant rules of each plan, and are based upon actuarial advice.

Employees of South West Healthcare are entitled to receive superannuation benefits and South West Healthcare contributes to both the defined benefit and defined contribution plans. The defined benefit plan(s) provide benefits based on years of service and final average salary.

The name and details of the major employee superannuation funds and contributions made by South West Healthcare are as follows:

Fund	Contributions Paid or Payable for the year	
	2012	2011
	$'000	$'000
Defined benefit plans:		
Health Super Fund	460	469
State Superannuation Fund	117	148
Defined contribution plans:		
Health Super Fund	4,952	4,775
Hesta Super Fund	907	787

Depreciation

Assets with a cost in excess of $1,000 are capitalised and depreciation has been provided on depreciable assets so as to allocate their cost or valuation over their estimated useful lives. Depreciation is generally calculated on a straight line basis, at a rate that allocates the asset value, less any estimated residual value over its estimated useful life. Estimates of the remaining useful lives and depreciation method for all assets are reviewed at least annually, and adjustments made where appropriate. This depreciation charge is not funded by the Department of Health.

Depreciation is provided on property, plant and equipment, including freehold buildings, but excluding land. Depreciation begins when the asset is available for use, which is when it is in the location and condition necessary for it to be capable of operating in a manner intended by management.

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

	2012	2011
Buildings		
- Structure Shell Building Fabric	Up to 42 years	Up to 42 years
- Site Engineering Services and Central Plant	Up to 30 years	Up to 30 years
Central Plant		
- Fit Out	Up to 30 years	Up to 30 years
- Trunk Reticulated Building Systems	Up to 30 years	Up to 30 years
Plant & Equipment	Up to 30 years	Up to 30 years
Medical Equipment	Up to 20 years	Up to 20 years
Computers and Communication	Up to 5 years	Up to 5 years
Furniture and Fitting	Up to 20 years	Up to 20 years
Motor Vehicles	Up to 13 years	Up to 13 years
Leasehold Improvements	Up to 7 years	Up to 7 years

As part of the Buildings valuation, building values were componentised and each component assessed for its useful life which is represented above.

Finance Costs

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

Finance costs include:

- finance charges in respect of finance leases recognised in accordance with AASB 117 *Leases*.

Resources Provided or Received Free of Charge or for Nominal Consideration

Resources provided or received free of charge or for nominal consideration are recognised at their fair value when the transferee obtains control over them, irrespective of whether restrictions or conditions are imposed over the use of the contributions, unless received from another Health Service or agency as a consequence of a restructuring of administrative arrangements. In the latter case, such transfer will be recognised at carrying value. Contributions in the form of services are only recognised when a fair value can be reliably determined and the services would have been purchased if not donated.

(h) Financial instruments

Financial instruments arise out of contractual agreements that give rise to a financial asset of one entity and a financial liability or equity instrument of another entity. Due to the nature of the Southwest Healthcare's activities, certain financial assets and financial liabilities arise under statute rather than a contract. Such financial assets and financial liabilities do not meet the definition of financial instruments in AASB 132 Financial Instruments: Presentation. For example, statutory receivables arising from taxes, fines and penalties do not meet the definition of financial instruments as they do not arise under contract.

Where relevant, for note disclosure purposes, a distinction is made between those financial assets and financial liabilities that meet the definition of financial instruments in accordance with AASB 132 and those that do not.

The following refers to financial instruments unless otherwise stated.

Categories of non-derivative financial instruments

Loans and receivables

Loans and receivables are financial instrument assets with fixed and determinable payments that are not quoted on an active market. These assets are initially recognised at fair value plus any directly attributable transaction costs. Subsequent to initial measurement, loans and receivables are measured at amortised cost using the effective interest method, less any impairment.

Loans and receivables category includes cash and deposits (refer to Note 1(i)), term deposits with maturity greater than three months, trade receivables, loans and other receivables, but not statutory receivables.

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

Held-to-maturity investments

If the Health Service has the positive intent and ability to hold nominated investments to maturity, then such financial assets may be classified as held-to-maturity. Held-to-maturity financial assets are recognised initially at fair value plus any directly attributable transaction costs. Subsequent to initial recognition held-to-maturity financial assets are measured at amortised cost using the effective interest method, less any impairment losses.

The Health Service makes limited use of this classification because any sale or reclassification of more than an insignificant amount of held-to-maturity investments not close to their maturity, would result in the whole category being reclassified as available-for-sale. The Health Service would also be prevented from classifying investment securities as held-to-maturity for the current and the following two financial years.

The held-to-maturity category includes certain term deposits and debt securities for which the entity concerned intends to hold to maturity.

Financial liabilities at amortised cost

Financial instrument liabilities are initially recognised on the date they are originated. They are initially measured at fair value plus any directly attributable transaction costs. Subsequent to initial recognition, these financial instruments are measured at amortised cost with any difference between the initial recognised amount and the redemption value being recognised in profit and loss over the period of the interest-bearing liability, using the effective interest rate method.

Financial instrument liabilities measured at amortised cost include all of the Health Service's contractual payables, deposits held and advances received, and interest-bearing arrangements other than those designated at fair value through profit or loss.

(i) Financial assets

Cash and Cash Equivalents

Cash and cash equivalents comprise cash on hand and cash at bank, deposits at call and highly liquid investments with an original maturity of three months or less, which are held for the purpose of meeting short term cash commitments rather than for investment purposes, which are readily convertible to known amounts of cash and are subject to insignificant risk of changes in value.

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

Receivables

Receivables consist of:

- Statutory receivables, which includes predominantly amounts owing from the Victorian Government and GST input tax credits recoverable; and
- Contractual receivables, which includes of mainly debtors in relation to goods and services, loans to third parties, accrued investment income, and finance lease receivables.

Trade debtors are carried at nominal amounts due and are due for settlement within 30 days from the date of recognition. Collectability of debts is reviewed on an ongoing basis, and debts which are known to be uncollectible are written off. A provision for doubtful debts is recognised when there is objective evidence that an impairment loss has occurred. Bad debts are written off when identified.

Receivables that are contractual are classified as financial instruments. Statutory receivables are not classified as financial instruments.

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

Investments and Other Financial Assets

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

Investments are classified as loans and receivables.

South West Healthcare classifies its other financial assets between current and non-current assets based on the purpose for which the assets were acquired. Management determines the classification of its other financial assets at initial recognition.

South West Healthcare assesses at each balance sheet date whether a financial asset or group of financial assets is impaired.

Investments in jointly controlled assets and operations

In respect of any interest in jointly controlled assets, South West Healthcare recognises in the financial statements:

- its share of jointly controlled assets;
- any liabilities that it had incurred;
- its share of liabilities incurred jointly by the joint venture;
- any income earned from the selling or using of its share of the output from the joint venture; and
- any expenses incurred in relation to being an investor in the joint venture.

For jointly controlled operations South West Healthcare recognises:

- the assets that it controls;
- the liabilities that it incurs
- expenses that it incurs; and
- the share of income that it earns from selling outputs of the joint venture

Impairment of Financial Assets

At the end of each reporting period South West Healthcare assesses whether there is objective evidence that a financial asset or group of financial asset is impaired. All financial instrument assets, except those

measured at fair value through profit or loss, are subject to annual review for impairment.

Receivables are assessed for bad and doubtful debts on a regular basis. Bad debts considered as written off and allowances for doubtful receivables are expensed.

The amount of the allowance is the difference between the financial asset's carrying amount and the present value of estimated future cash flows, discounted at the effective interest rate.

Where the fair value of an investment in an equity instrument at balance date has reduced by 20 percent or more than its cost price or where its fair value has been less than its cost price for a period of 12 or more months, the financial asset is treated as impaired.

In order to determine an appropriate fair value as at 30 June 2012 for its portfolio of financial assets, South West Healthcare obtained a valuation based on the best available advice using an estimated market value through a reputable financial institution. This value was compared against valuation methodologies provided by the issuer as at 30 June 2012. These methodologies were critiqued and considered to be consistent with standard market valuation techniques.

In assessing impairment of statutory (non-contractual) financial assets, which are not financial instruments, professional judgement is applied in assessing materiality using estimates, averages and other computational methods in accordance with AASB 136 *Impairment of Assets*.

Net Gain/(Loss) on Financial Instruments

Net gain/(loss) on financial instruments includes:

- realised and unrealised gains and losses from revaluations of financial instruments that are designated at fair value through profit or loss or held-for-trading;
- impairment and reversal of impairment for financial instruments at amortised cost; and
- disposals of financial assets.

(j) Non-Financial Assets

Inventories

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

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

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

Cost is assigned to land for sale (undeveloped, under development and developed) and to other high value, low volume inventory items on a specific identification of cost basis.

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

Inventories acquired for no cost or nominal considerations are measured at current replacement cost at the date of acquisition.

Inventories acquired at no cost or for nominal consideration are measured at current replacement cost at the date of acquisition.

Property, Plant and Equipment

All non-current physical assets are measured initially at cost and subsequently revalued at fair value less accumulated depreciation and impairment.

Crown Land is measured at fair value with regard to the property's highest and best use after due consideration is made for any legal or constructive restrictions imposed on the asset, public announcements or commitments made in relation to the intended use of the asset. Theoretical opportunities that may be available in relation to the asset(s) are not taken into account until it is virtually certain that any restrictions will no longer apply.

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

Plant, Equipment and Vehicles are recognised initially at cost and subsequently measured at fair value less accumulated depreciation and impairment. Depreciated historical cost is generally a reasonable proxy for fair value because of the short lives of the assets concerned.

Revaluations of Non-current Physical Assets

Non-current physical assets are measured at fair value and are revalued in accordance with FRD 103D *Non-current physical assets*. This revaluation process normally occurs at least every five years, based upon the asset's Government Purpose Classification, but may occur more frequently if fair value assessments indicate material changes in values. Independent valuers are used to conduct these scheduled revaluations and any interim revaluations are determined in accordance with the requirements of the FRDs. Revaluation increments or decrements arise from differences between an asset's carrying value and fair value.

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

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

Revaluation increases and revaluation decreases relating to individual assets within an asset class are offset against one another within that class but are not offset in respect of assets in different classes.

Revaluation surplus are normally not transferred to accumulated funds on derecognition of the relevant asset.

In accordance with FRD 103D, South West Healthcare's non-current physical assets were assessed to determine whether revaluation of the non-current physical assets was required.

Other non-financial assets

Prepayments

Other non-financial assets include prepayments which represent payments in advance of receipt of goods or services or that part of expenditure made in one accounting period covering a term extending beyond that period.

Disposal of Non-Financial Assets

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

Impairment of Non-Financial Assets

Apart from intangible assets with indefinite useful lives, all other assets are assessed annually for indications of impairment, except for:

- inventories; and
- financial assets;

If there is an indication of impairment, the assets concerned are tested as to whether their carrying value exceeds their possible recoverable amount. Where an asset's carrying value exceeds its recoverable amount, the difference is written-off as an expense except to the extent that the write-down can be debited to an asset revaluation surplus amount applicable to that same class of asset.

If there is an indication that there has been a change in the estimate of an asset's recoverable amount since the last impairment loss was recognised, the carrying amount shall be increased to its recoverable amount. This reversal of the impairment loss occurs only to the extent that the asset's carrying amount does not exceed the carrying amount that would have been determined, net of depreciation or amortisation, if no impairment loss had been recognised in prior years.

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

(k) Liabilities

Payables

These amounts consist predominantly of liabilities for goods and services.

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

The normal credit terms are usually Nett 30 days.

Borrowings

Borrowings in the balance sheet are recognised at fair value upon initial recognition. Subsequent to initial recognition, borrowings are measured at amortised cost with any difference between the initial recognised amount and the redemption value being recognised in the net result over the period of the borrowing using the effective interest method. Fair value is determined in the manner described in Note 16.

Provisions

Provisions are recognised when the Health Service has a present obligation, the future sacrifice of economic benefits is probable, and the amount of the provision can be measured reliably.

The amount recognised as a provision is the best estimate of the consideration required to settle the present obligation at reporting date, taking into account the risks and uncertainties surrounding the obligation. Where a provision is measured using the cash flows estimated to settle the present obligation, its carrying amount is the present value of those cash flows, using a discount rate that reflects the time value of money and risks specific to the provision.

When some or all of the economic benefits required to settle a provision are expected to be received from a third party, the receivable is recognised as an asset if it is virtually certain that recovery will be received and the amount of the receivable can be measured reliably.

Employee Benefits

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

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

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

Long Service Leave

The liability for long service leave (LSL) is recognised in the provision for employee benefits.

Current Liability - unconditional LSL (representing 10 or more years of continuous service) is disclosed in the notes to the financial statements as a current liability even where the South West Healthcare does not expect to settle the liability within 12 months because it will not have the unconditional right to defer the settlement of the entitlement should an employee take leave within 12 months.

The components of this current LSL liability are measured at:

- present value - component that the South West Healthcare does not expect to settle within 12 months; and
- nominal value - component that the South West Healthcare expects to settle within 12 months.

Non-Current Liability - conditional LSL (representing less than 10 years of continuous service) is disclosed as a non-current liability. There is an unconditional right to defer the settlement of the entitlement until the employee has completed the requisite years of service. Conditional LSL is required to be measured at present value.

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

Termination Benefits

Termination benefits are payable when employment is terminated before the normal retirement date or when an employee accepts voluntary redundancy in exchange for these benefits.

Liabilities for termination benefits are recognised when a detailed plan for the termination has been developed and a valid expectation has been raised with those employees affected that the terminations will be carried out. The liabilities for termination benefits are recognised in other creditors unless the amount or timing of the payments is uncertain, in which case they are recognised as a provision.

On-Costs

Employee benefit on-costs, such as payroll tax, workers compensation and superannuation are recognised together with provisions for employee benefits.

Superannuation liabilities

South West Healthcare does not recognise any unfunded defined benefit liability in respect of the superannuation plans because the Health Service has no legal or constructive obligation to pay future benefits relating to its employees; its only obligation is to pay superannuation contributions as they fall due. The Department of Treasury and Finance administers and discloses the State's defined benefit liabilities in its financial statements.

(l) Leases

Leases are classified at their inception as either operating or finance leases based on the economic substance of the agreement so as to reflect the risks and rewards incidental to ownership.

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

Finance Leases

Entity as lessee

Finance leases are recognised as assets and liabilities at amounts equal to the fair value of the lease property or, if lower, the present value of the minimum lease payment, each determined at the inception of the lease. The lease asset is depreciated over the shorter of the estimated useful life of the asset or the term of the lease. Minimum lease payments are apportioned between reduction of the outstanding lease liability, and the periodic finance expense which is calculated using the interest rate implicit in the lease, and charged directly to the comprehensive operating statement.

Operating Leases

Rental income from operating lease is recognised on a straight-line basis over the term of the relevant lease.

Operating lease payments, including any contingent rentals, are recognised as an expense in the comprehensive operating statement on a straight line basis over the lease term, except where another systematic basis is more representative of the time pattern of the benefits derived from the use of the leased asset.

(m) Equity

Contributed Capital

Consistent with Australian Accounting Interpretation 1038 *Contributions by Owners Made to Wholly-Owned Public Sector Entities* and FRD 119 *Contributions by Owners*, appropriations for additions to the net asset base have been designated as contributed capital. Other transfers that are in the nature of contributions or distributions that have been designated as contributed capital are also treated as contributed capital.

Property, Plant & Equipment Revaluation Reserve

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

Specific Restricted Purpose Reserve

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

(n) Commitments

Commitments for future expenditure include operating and capital commitments arising from contracts. These commitments are disclosed by way of a note (refer to Note 17) at their nominal value and are inclusive of the goods and services tax ("GST") payable. In addition, where it is considered appropriate and provides additional relevant information to users, the net present values of significant individual projects are stated. These future expenditures cease to be disclosed as commitments once the related liabilities are recognised on the balance sheet.

(o) Contingent assets and contingent liabilities

Contingent assets and contingent liabilities are not recognised in the balance sheet, but are disclosed by way of note and, if quantifiable, are measured at nominal value. Contingent assets and contingent liabilities are presented inclusive of GST receivable or payable respectively.

(p) Goods and Services Tax

Income, expenses and assets are recognised net of the amount of associated GST, unless the GST incurred is not recoverable from the taxation authority. In this case it is recognised as part of the cost of acquisition of the asset or as part of the expense.

Receivables and payables are stated inclusive of the amount of GST receivable or payable. The net amount of GST recoverable from, or payable to, the taxation authority is included with other receivables or payables in the balance sheet.

Cash flows are presented on a gross basis. The GST components of cash flows arising from investing or financing activities which are recoverable from, or payable to the taxation authority, are presented as an operating cash flow.

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

(q) Rounding Of Amounts

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

Minor discrepancies in tables between total and the sum of components are due to rounding.

(r) New Accounting Standards and Interpretations

Certain new accounting standards and interpretations have been published that are not mandatory for 30 June 2012 reporting period.

As at 30 June 2012, the following standards and interpretations had been issued by the AASB but were not yet effective. They become effective for the first financial statements for reporting periods commencing after the stated operative dates as detailed in the table below.

The Health Service has not and does not intend to adopt these standards early.

Standard / Interpretation	Summary	Applicable for annual reporting periods beginning on	Impact on public sector entity financial statements
AASB 9 *Financial instruments*	This standard simplifies requirements for the classification and measurement of financial assets resulting from Phase 1 of the IASB's project to replace IAS 39 *Financial Instruments: Recognition and Measurement* (AASB 139 *Financial Instruments: Recognition and Measurement).*	1 Jan 2013	Detail of impact is still being assessed.
AASB 10 *Consolidated Financial Statements*	This Standard establishes principles for the presentation and preparation of consolidated financial statements when an entity controls one or more other entities and supersedes those requirements in AASB 127 *Consolidated and Separate Financial Statements* and Interpretation 112 *Consolidation - Special Purpose Entities*.	1 Jan 2013	Not-for-profit entities are not permitted to apply this Standard prior to the mandatory application date. The AASB is assessing the applicability of principles in AASB 10 in a not-for-profit context. As such, impact will be assessed after the AASB's deliberation.
AASB 11 *Joint Arrangements*	This Standard requires entities that have an interest in arrangements that are controlled jointly to assess whether the arrangement is a joint operation or joint venture. AASB 11 shall be applied for an arrangement that is a joint operation. It also replaces parts of requirements in AASB 131 *Interests in Joint Ventures*.	1 Jan 2013	Not-for-profit entities are not permitted to apply this Standard prior to the mandatory application date. The AASB is assessing the applicability of principles in AASB 11 in a not-for-profit context. As such, impact will be assessed after the AASB's deliberation.
AASB 12 *Disclosure of Interests in Other Entities*	This Standard requires disclosure of information that enables users of financial statements to evaluate the nature of, and risks associated with, interests in other entities and the effects of those interests on the financial statements. This Standard replaces the disclosure requirements in AASB 127 and AASB 131.	1 Jan 2013	Not-for-profit entities are not permitted to apply this Standard prior to the mandatory application date. The AASB is assessing the applicability of principles in AASB 12 in a not-for-profit context. As such, impact will be assessed after the AASB's deliberation.
AASB 13 *Fair Value Measurement*	This Standard outlines the requirements for measuring the fair value of assets and liabilities and replaces the existing fair value definition and guidance in other AASs. AASB 13 includes a 'fair value hierarchy' which ranks the valuation technique inputs into three levels using unadjusted quoted prices in active markets for identical assets or liabilities; other observable inputs; and unobservable inputs.	1 Jan 2013	Disclosure for fair value measurements using unobservable inputs are relatively onerous compared to disclosure for fair value measurements using observable inputs. Consequently, the Standard may increase the disclosures for public sector entities that have assets measured using depreciated replacement cost.

Standard / Interpretation	Summary	Applicable for annual reporting periods beginning on	Impact on public sector entity financial statements
AASB 119 *Employee Benefits*	In this revised Standard for defined benefit superannuation plans, there is a change to the methodology in the calculation of superannuation expenses, in particular there is now a change in the split between superannuation interest expense (classified as transactions) and actuarial gains and losses (classified as 'Other economic flows - other movements in equity') reported on the comprehensive operating statement.	1 Jan 2013	Not-for-profit entities are not permitted to apply this Standard prior to the mandatory application date. While the total superannuation expense is unchanged, the revised methodology is expected to have a negative impact on the net result from transactions of the general government sector and for those few Victorian public sector entities that report superannuation defined benefit plans
AASB 127 *Separate Financial Statements*	This revised Standard prescribes the accounting and disclosure requirements for investments in subsidiaries, joint ventures and associates when an entity prepares separate financial statements.	1 Jan 2013	Not-for-profit entities are not permitted to apply this Standard prior to the mandatory application date. The AASB is assessing the applicability of principles in AASB 127 in a not-for-profit context. As such, impact will be assessed after the AASB's deliberation.
AASB 128 *Investments in Associates and Joint Ventures*	This revised Standard sets out the requirements for the application of the equity method when accounting for investments in associates and joint ventures.	1 Jan 2013	Not-for-profit entities are not permitted to apply this Standard prior to the mandatory application date. The AASB is assessing the applicability of principles in AASB 128 in a not-for-profit context. As such, impact will be assessed after the AASB's deliberation.
AASB 1053 *Application of Tiers of Australian Accounting Standards*	This Standard establishes a differential financial reporting framework consisting of two tiers of reporting requirements for preparing general purpose financial statements.	1 July 2013	The Victorian Government is currently considering the impacts of Reduced Disclosure Requirements (RDRs) for certain public sector entities and has not decided if RDRs will be implemented in the Victorian public sector.
AASB 2010-2 *Amendments to Australian Accounting Standards arising from Reduced Disclosure Requirements*	This Standard makes amendments to many Australian Accounting Standards, including Interpretations, to introduce reduced disclosure requirements to the pronouncements for application by certain types of entities.	1 July 2013	The Victorian Government is currently considering the impacts of Reduced Disclosure Requirements (RDRs) for certain public sector entities and has not decided if RDRs will be implemented in the Victorian public sector.

Standard / Interpretation	Summary	Applicable for annual reporting periods beginning on	Impact on public sector entity financial statements
AASB 2010-7 *Amendments to Australian Accounting Standards arising from AASB 9 (December 2010) [AASB 1, 3, 4, 5, 7, 101, 102, 108, 112, 118, 120, 121, 127, 128, 131, 132, 136, 137, 139, 1023 & 1038 and Interpretations 2, 5, 10, 12, 19 & 127]*	These consequential amendments are in relation to the introduction of AASB 9.	1 Jan 2013	No significant impact is expected from these consequential amendments on entity reporting.
AASB 2010-8 *Amendments to Australian Accounting Standards - Deferred Tax: Recovery of Underlying Assets [AASB 112]*	This amendment provides a practical approach for measuring deferred tax assets and deferred tax liabilities when measuring investment property by using the fair value model in AASB 140 *Investment Property*.	Beginning 1 Jan 2012	This amendment provides additional clarification through practical guidance.
AASB 2010-10 *Further Amendments to Australian Accounting Standards - Removal of Fixed Dates for First-time Adopters* *[AASB 2009-11 & AASB 2010-7]*	The amendments ultimately affect AASB 1 *First-time Adoption of Australian Accounting Standards* and provide relief for first-time adopters of Australian Accounting Standards from having to reconstruct transactions that occurred before their date of transition to Australian Accounting Standards.	1 Jan 2013	No significant impact is expected on entity reporting.
AASB 2011-2 *Amendments to Australian Accounting Standards arising from the Trans-Tasman Convergence Project - Reduced Disclosure Requirements* *[AASB 101 & AASB 1054]*	The objective of this amendment is to include some additional disclosure from the Trans-Tasman Convergence Project and to reduce disclosure requirements for entities preparing general purpose financial statements under Australian Accounting Standards - Reduced Disclosure Requirements.	1 July 2013	The Victorian Government is currently considering the impacts of Reduced Disclosure Requirements (RDRs) and has not decided if RDRs will be implemented in the Victorian public sector.
AASB 2011-3 *Amendments to Australian Accounting Standards - Orderly Adoption of Changes to the ABS GFS Manual and Related Amendments [AASB 1049]*	This amends AASB 1049 to clarify the definition of the ABS GFS Manual, and to facilitate the adoption of changes to the ABS GFS Manual and related disclosures.	1 July 2012	This amendment provides clarification to users preparing the whole of government and general government sector financial reports on the version of the GFS Manual to be used and what to disclose if the latest GFS Manual is not used. No impact on departmental or entity reporting.
AASB 2011-4 *Amendments to Australian Accounting Standards to Remove Individual Key Management Personnel Disclosure Requirements* *[AASB 124]*	This Standard amends AASB 124 *Related Party Disclosures* by removing the disclosure requirements in AASB 124 in relation to individual key management personnel (KMP).	1 July 2013	No significant impact is expected from these consequential amendments on entity reporting.

Standard / Interpretation	Summary	Applicable for annual reporting periods beginning on	Impact on public sector entity financial statements
AASB 2011-6 *Amendments to Australian Accounting Standards - Extending Relief from Consolidation, the Equity Method and Proportionate Consolidation - Reduced Disclosure Requirements* *[AASB 127, AASB 128 & AASB 131]*	The objective of this Standard is to make amendments to AASB 127 *Consolidated and Separate Financial Statements*, AASB 128 *Investments in Associates* and AASB 131 *Interests in Joint Ventures* to extend the circumstances in which an entity can obtain relief from consolidation, the equity method or proportionate consolidation.	1 July 2013	The Victorian Government is currently considering the impacts of Reduced Disclosure Requirements (RDRs) and has not decided if RDRs will be implemented in the Victorian public sector.
AASB 2011-7 *Amendments to Australian Accounting Standards arising from the Consolidation and Joint Arrangements Standards* *[AASB 1, 2, 3, 5, 7, 9, 2009-11, 101, 107, 112, 118, 121, 124, 132, 133, 136, 138, 139, 1023 & 1038 and Interpretations 5, 9, 16 & 17]*	This Standard outlines consequential changes arising from the issuance of the five 'new Standards' to other Standards. For example, references to AASB 127 *Consolidated and Separate Financial Statements* are amended to AASB 10 *Consolidated Financial Statements* or AASB 127 *Separate Financial Statements*, and references to AASB 131 *Interests in Joint Ventures* are deleted as that Standard has been superseded by AASB 11 and AASB 128 (August 2011).	1 Jan 2013	No significant impact is expected from these consequential amendments on entity reporting.
AASB 2011-8 *Amendments to Australian Accounting Standards arising from AASB 13* *[AASB 1, 2, 3, 4, 5, 7, 9, 2009-11, 2010-7, 101, 102, 108, 110, 116, 117, 118, 119, 120, 121, 128, 131, 132, 133, 134, 136, 138, 139, 140, 141, 1004, 1023 & 1038 and Interpretations 2, 4, 12, 13, 14, 17, 19, 131 & 132]*	This amending Standard makes consequential changes to a range of Standards and Interpretations arising from the issuance of AASB 13. In particular, this Standard replaces the existing definition and guidance of fair value measurements in other Australian Accounting Standards and Interpretations.	1 Jan 2013	Disclosures for fair value measurements using unobservable inputs is potentially onerous, and may increase disclosures for assets measured using depreciated replacement cost.
AASB 2011-9 *Amendments to Australian Accounting Standards - Presentation of Items of Other Comprehensive Income* *[AASB 1, 5, 7, 101, 112, 120, 121, 132, 133, 134, 1039 & 1049]*	The main change resulting from this Standard is a requirement for entities to group items presented in other comprehensive income (OCI) on the basis of whether they are potentially reclassifiable to profit or loss subsequently (reclassification adjustments). These amendments do not remove the option to present profit or loss and other comprehensive income in two statements, nor change the option to present items of OCI either before tax or net of tax.	1 July 2012	This amending Standard could change the current presentation of 'Other economic flows- other movements in equity' that will be grouped on the basis of whether they are potentially reclassifiable to profit or loss subsequently. No other significant impact will be expected.
AASB 2011-10 *Amendments to Australian Accounting Standards arising from AASB 119 (September 2011)* *[AASB 1, AASB 8, AASB 101, AASB 124, AASB 134, AASB 1049 & AASB 2011-8 and Interpretation 14]*	This Standard makes consequential changes to a range of other Australian Accounting Standards and Interpretation arising from the issuance of AASB 119 *Employee Benefits*.	1 Jan 2013	No significant impact is expected from these consequential amendments on entity reporting.

Standard / Interpretation	Summary	Applicable for annual reporting periods beginning on	Impact on public sector entity financial statements
AASB 2011-11 *Amendments to AASB 119 (September 2011) arising from Reduced Disclosure Requirements*	This Standard makes amendments to AASB 119 *Employee Benefits* (September 2011), to incorporate reduced disclosure requirements into the Standard for entities applying Tier 2 requirements in preparing general purpose financial statements.	1 July 2013	The Victorian Government is currently considering the impacts of Reduced Disclosure Requirements (RDRs) and has not decided if RDRs will be implemented in the Victorian public sector.
AASB 2011-12 *Amendments to Australian Accounting Standards arising from Interpretation 20* *[AASB 1]*	This Standard makes amendments to AASB 1 *First-time Adoption of Australian Accounting Standards*, as a consequence of the issuance of IFRIC Interpretation 20 *Stripping Costs in the Production Phase of a Surface Mine*. This Standard allows the first-time adopters to apply the transitional provisions contained in Interpretation 20.	1 Jan 2013	There may be an impact for new agencies that adopt Australian Accounting Standards for the first time. No implication is expected for existing entities in the Victorian public sector.
2011-13 *Amendments to Australian Accounting Standard - Improvements to AASB 1049*	This Standard aims to improve the AASB 1049 *Whole of Government and General Government Sector Financial Reporting* at the operational level. The main amendments clarify a number of requirements in AASB 1049, including the amendment to allow disclosure of other measures of key fiscal aggregates as long as they are clearly distinguished from the key fiscal aggregates and do not detract from the information required by AASB 1049. Furthermore, this Standard provides additional guidance and examples on the classification between 'transactions' and 'other economic flows' for GAAP items without GFS equivalents.	1 July 2012	No significant impact is expected from these consequential amendments on entity reporting.
2012-1 *Amendments to Australian Accounting Standards - Fair Value Measurement - Reduced Disclosure Requirements* *[AASB 3, AASB 7, AASB 13, AASB 140 & AASB 141]*	This amending Standard prescribes the reduced disclosure requirements in a number of Australian Accounting Standards as a consequence of the issuance of AASB 13 *Fair Value Measurement.*	1 July 2013	As the Victorian whole of government and the general government (GG) sector are subject to Tier 1 reporting requirements (refer to AASB 1053 *Application of Tiers of Australian Accounting Standards*), the reduced disclosure requirements included in AASB 2012-1 will not affect the financial reporting for Victorian whole of government and GG sector.
AASB Interpretation 20 *Stripping Costs in the Production Phase of a Surface Mine*	This Interpretation clarifies when production stripping costs should lead to the recognition of an asset and how that asset should be initially and subsequently measured.	1 Jan 2013	No significant impact is expected on entity reporting.

(s) Category Groups

South West Healthcare has used the following category groups for reporting purposes for the current and previous financial years.

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

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

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

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

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

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

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

Residential Aged Care including Mental Health (RAC incl. Mental Health) referred to in the past as psychogeriatric residential services, comprises those Commonwealth-licensed residential aged care services in receipt of supplementary funding from DH under the mental health program. It excludes all other residential services funded under the mental health program, such as mental health funded community care units (CCUs) and secure extended care units (SECs).

Other Services excluded from Australian Health Care Agreement (AHCA) (Other) comprises revenue/expenditure for services not separately classified above, including: Public Health Services including Laboratory testing, Blood Borne Viruses / Sexually Transmitted Infections clinical services, Kooris liaison officers, immunisation and screening services, Drugs services including drug withdrawal, counselling and the needle and syringe program, Dental Health services including general and specialist dental care, school dental services and clinical education, Disability services including aids and equipment and flexible support packages to people with a disability, Community Care programs including sexual assault support, early parenting services, parenting assessment and skills development, and various support services. Health and Community Initiatives also falls in this category group.

NOTE 2: REVENUE

		HSA 2012 $000	HSA 2011 $000	H&CI 2012 $000	H&CI 2011 $000	Total 2012 $000	Total 2011 $000
Revenue from Operating Activities							
Government Grants							
- Department of Health		100,643	94,472	-	-	100,643	94,472
- Dental Health Services Victoria		1,308	1,284	-	-	1,308	1,284
- Commonwealth Government							
- Residential Aged Care Subsidy		2,410	2,072	-	-	2,410	2,072
- Other		3,197	2,661	-	-	3,197	2,661
Total Government Grants		**107,558**	**100,489**	**-**	**-**	**107,558**	**100,489**
Indirect Contributions by Department of Health							
- Insurance		270	2,831	-	-	270	2,831
- Long Service Leave		822	346	-	-	822	346
Total Indirect Contributions by Department of Health		**1,092**	**3,177**	**-**	**-**	**1,092**	**3,177**
Patient and Resident Fees	(refer Note 2b)	3,552	3,171	-	-	3,552	3,171
Total Patient & Resident Fees		**3,552**	**3,171**	**-**	**-**	**3,552**	**3,171**
Business Units & Specific Purpose Funds							
Private Practice Fees		-	-	542	227	542	227
Food Services		-	-	1,091	938	1,091	938
Retail Services		-	-	894	718	894	718
Linen Service		-	-	970	934	970	934
Other Activities		-	-	727	1,141	727	1,141
Total Business Units & Specific Purpose Funds		**-**	**-**	**4,224**	**3,958**	**4,224**	**3,958**
Other Revenue from operating Activities		5,992	4,574	-	-	5,992	4,574
Sub -Total Revenue from Operating Activities		**118,194**	**111,411**	**4,224**	**3,958**	**122,418**	**115,369**
Revenue from Non Operating Activities							
Interest		-	-	576	659	576	659
Sub-Total Revenue from Non Operating Activities		**-**	**-**	**576**	**659**	**576**	**659**
Revenue from Capital Purpose Income							
State Government Capital Grants							
- Equipment and Infrastructure		914	1,641	-	-	914	1,641
- Capital Redevelopment Grants		26,507	42,133	-	-	26,507	42,133
Residential Accommodation Payments	(refer Note 2b)	137	155	-	-	137	155
Net Gain / (Loss) on Sale of Non-Financial Assets	(refer Note 2c)	-	-	(49)	(84)	(49)	(84)
Donations and Bequests		-	-	1,028	1,108	1,028	1,108
Sub -Total Revenue from Capital Purpose Income		**27,558**	**43,929**	**979**	**1,024**	**28,537**	**44,953**
Total Revenue	(refer Note 2a)	**145,752**	**155,340**	**5,779**	**5,641**	**151,531**	**160,981**

Indirect contributions by Department of Health:
Department of Health makes insurance payments on behalf of the Health Services. These amounts have been brought into account in determining the operating result for the year by recording them as revenue and expenses.

NOTE 2a: ANALYSIS OF REVENUE BY SOURCE

	Admitted Patients	Outpatients	EDS	Ambulatory	Aged & Home Care	RAC	Mental Health	Primary Health	Other	Total
	2012 $000	2012 $000	2012 $000	2012 $000	2012 $000	2012 $000	2012 $000	2012 $000	2012 $000	2012 $000
Revenue from Services Supported by Health Service Agreement										
Government Grants	68,782	4,785	4,515	5,003	2,165	2,310	15,197	2,440	3,183	108,380
Indirect Contributions by Department of Health	270	-	-	-	-	-	-	-	-	270
Patient and Resident Fees (refer Note 2b)	2,348	315	-	-	280	433	-	40	136	3,552
Other	5,908	-	-	-	-	-	84	-	-	5,992
Capital Purpose Income	27,558	-	-	-	-	-	-	-	-	27,558
Sub-Total Revenue from Services Supported by Health Services Agreement	**104,866**	**5,100**	**4,515**	**5,003**	**2,445**	**2,743**	**15,281**	**2,480**	**3,319**	**145,752**
Revenue From Services Supported by Hospital and Community Initiatives										
Business Units & Specific Purpose Funds	-	-	-	-	-	-	-	-	4,224	4,224
Other	-	-	-	-	-	-	-	-	576	576
Capital Purpose Income	-	-	-	-	-	-	-	-	979	979
Sub-Total Revenue from Services Supported by Hospital & Community Initiatives	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**5,779**	**5,779**
Total Revenue	**104,866**	**5,100**	**4,515**	**5,003**	**2,445**	**2,743**	**15,281**	**2,480**	**9,098**	**151,531**

	Admitted Patients	Outpatients	EDS	Ambulatory	Aged & Home Care	RAC	Mental Health	Primary Health	Other	Total
	2011 $000	2011 $000	2011 $000	2011 $000	2011 $000	2011 $000	2011 $000	2011 $000	2011 $000	2011 $000
Revenue from Services Supported by Health Service Agreement										
Government Grants	61,932	4,914	4,050	5,037	2,133	2,083	14,466	2,497	3,723	100,835
Indirect Contributions by Department of Health	2,831	-	-	-	-	-	-	-	-	2,831
Patient and Resident Fees (refer Note 2b)	1,879	285	-	-	309	511	-	43	144	3,171
Other	4,345	-	-	-	-	-	229	-	-	4,574
Capital Purpose Income	43,929	-	-	-	-	-	-	-	-	43,929
Sub-Total Revenue from Services Supported by Health Services Agreement	**114,916**	**5,199**	**4,050**	**5,037**	**2,442**	**2,594**	**14,695**	**2,540**	**3,867**	**155,340**
Revenue From Services Supported by Hospital and Community Initiatives										
Business Units & Specific Purpose Funds	-	-	-	-	-	-	-	-	3,958	3,958
Other	-	-	-	-	-	-	-	-	659	659
Capital Purpose Income	-	-	-	-	-	-	-	-	1,024	1,024
Sub Total Revenue From Services Supported by Hospital and Community Initiatives	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**5,641**	**5,641**
Total Revenue	**114,916**	**5,199**	**4,050**	**5,037**	**2,442**	**2,594**	**14,695**	**2,540**	**9,508**	**160,981**

Indirect contributions by Department of Health:
Department of Health makes insurance payments on behalf of the Health Services. These amounts have been brought into account in determining the operating result for the year by recording them as revenue and expenses.

NOTE 2b: PATIENTS AND RESIDENT FEES RAISED

Patient & Resident Fees	**Total 2012 $000**	**Total 2011 $000**
Recurrent		
Acute		
- Inpatients	2,348	1,879
- Outpatients	771	781
Residential Aged Care		
- Nursing Home	433	511
Total Recurrent	**3,552**	**3,171**
Capital Purpose:		
Residential Accommodation Payments	137	155
Total Capital	**137**	**155**

NOTE 2c: NET GAIN / (LOSS) ON DISPOSAL OF NON-FINANCIAL ASSETS

	Total 2012 $000	**Total 2011 $000**
Proceeds from Disposal of Non-Current Assets		
Plant & Equipment	-	-
Motor Vehicles	861	901
Total Proceeds from Disposal of Non-Current Assets	**861**	**901**
Less: Written Down Value of Non Current Assets Sold		
Plant & Equipment	3	10
Motor Vehicles	907	975
Total Written Down Value of Non Current Assets Sold	**910**	**985**
Net Gains / (Loss) on Disposal of Non-Current Assets	**(49)**	**(84)**

NOTE 3: EXPENSES

	HSA 2012 $000	HSA 2011 $000	H&CI 2012 $000	H&CI 2011 $000	Total 2012 $000	Total 2011 $000
Employee Benefits						
Salaries & Wages	72,016	66,780	1,402	1,284	73,418	68,064
Workcover	906	728	34	20	940	748
Long Service Leave	2,480	1,922	10	8	2,490	1,930
Superannuation	6,310	6,127	126	51	6,436	6,178
Total Employee Benefits	**81,712**	**75,557**	**1,572**	**1,363**	**83,284**	**76,920**
Non Salary Labour Costs						
Fee for Service Medical Officers	**7,711**	**7,612**	**190**	**-**	**7,901**	**7,612**
Supplies & Consumables						
Drug Supplies	4,759	4,922	-	-	4,759	4,922
Medical & Surgical Supplies	8,121	7,638	250	354	8,371	7,992
Food Supplies	1,148	1,029	212	349	1,360	1,378
Total Supplies & Consumables	**14,028**	**13,589**	**462**	**703**	**14,490**	**14,292**
Other Expenses from Continuing Operations						
Domestic Services and Supplies	1,593	1,383	34	25	1,627	1,408
Fuel Light Power &Water	1,111	928	127	120	1,238	1,048
Insurance Costs Funded by DH	1,775	2,831	-	-	1,775	2,831
Repairs & Maintenance	1,631	1,305	153	340	1,784	1,645
Maintenance Contracts	515	557	-	-	515	557
Motor Vehicles	514	458	36	32	550	490
Administrative Expenses	8,314	7,918	848	675	9,162	8,593
Patient Transport	1,528	1,221	-	-	1,528	1,221
Bad Debts	-	3	-	-	-	3
Audit Fees - VAGO Audit of Financial statements	43	42	1	1	44	43
Audit Fees - Other	49	59	-	-	49	59
Total Other Expenses from Continuing Operations	**17,073**	**16,705**	**1,199**	**1,193**	**18,272**	**17,898**
Expenditure using Capital Purpose Income						
Other Expenses	100	183	-	-	100	183
Total Expenditure using Capital Purpose Income	**100**	**183**	**-**	**-**	**100**	**183**
Depreciation and Amortisation	-	-	6,160	5,538	6,160	5,538
Finance Costs	-	3	-	-	-	3
Total Expenses	**120,624**	**113,649**	**9,583**	**8,797**	**130,207**	**122,446**

NOTE 3a: ANALYSIS OF EXPENSES BY SOURCE

	Admitted Patients	Outpatients	EDS	Ambulatory	Aged & Home Care	RAC	Mental Health	Primary Health	Other	Total
	2012 $000	2012 $000	2012 $000	2012 $000	2012 $000	2012 $000	2012 $000	2012 $000	2012 $000	2012 $000
Services Supported by Health Services Agreement										
Employee Benefits	51,657	3,384	2,996	3,320	1,622	2,230	12,652	1,646	2,203	81,710
Non salary labour benefits	7,706	-	-	-	-	4	-	-	-	7,710
Supplies & consumables	10,608	699	619	686	335	53	235	340	455	14,030
Other Expenses from continuing operations	10,976	723	640	709	347	499	2,358	351	471	17,074
Sub-Total Expenses from Services Supported by Health Services Agreement	**80,947**	**4,806**	**4,255**	**4,715**	**2,304**	**2,786**	**15,245**	**2,337**	**3,129**	**120,524**
Services Supported by Hospital and Community Initiatives										
Employee Benefits	-	-	-	-	-	-	-	-	1,761	1,761
Supplies & Consumables	-	-	-	-	-	-	-	-	463	463
Other Expenses from continuing operations	-	-	-	-	-	-	-	-	1,199	1,199
Depreciation and Amortisation (refer Note 4)	-	-	-	-	-	-	-	-	6,160	6,160
Sub-Total Expenses from Services Supported by Hospital and Community Initiatives	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**9,583**	**9,583**
Services Supported by Capital Sources										
Other Expenses	-	-	-	-	-	-	-	-	100	100
Sub-Total Expenses from Services Supported by Capital Resources	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**100**	**100**
Total Expenses	**80,947**	**4,806**	**4,255**	**4,715**	**2,304**	**2,786**	**15,245**	**2,337**	**12,812**	**130,207**

	Admitted Patients	Outpatients	EDS	Ambulatory	Aged & Home Care	RAC	Mental Health	Primary Health	Other	Total
	2011 $000	2011 $000	2011 $000	2011 $000	2011 $000	2011 $000	2011 $000	2011 $000	2011 $000	2011 $000
Services Supported by Health Services Agreement										
Employee Benefits	46,245	3,404	2,651	3,298	1,599	2,219	11,946	1,663	2,532	75,557
Non salary labour benefits	7,608	-	-	-	-	4	-	-	-	7,612
Supplies & consumables	9,992	745	581	722	350	46	235	364	554	13,589
Other Expenses from continuing operations	10,620	793	618	768	372	198	2,358	388	590	16,705
Finance Costs (refer Note 5)	3	-	-	-	-	-	-	-	-	3
Sub-Total Expenses from Services Supported by Health Services Agreement	**74,468**	**4,942**	**3,850**	**4,788**	**2,321**	**2,467**	**14,539**	**2,415**	**3,676**	**113,466**
Services Supported by Hospital and Community Initiatives										
Employee Benefits	-	-	-	-	-	-	-	-	1,363	1,363
Supplies & Consumables	-	-	-	-	-	-	-	-	703	703
Other Expenses from continuing operations	-	-	-	-	-	-	-	-	1,193	1,193
Depreciation and Amortisation (refer Note 4)	-	-	-	-	-	-	-	-	5,538	5,538
Sub-Total Expenses from Services Supported by Hospital and Community Initiatives	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**8,797**	**8,797**
Services Supported by Capital Sources										
Other Expenses	-	-	-	-	-	-	-	-	183	183
Sub-Total Expenses from Services Supported by Capital Resources	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**183**	**183**
Total Expenses	**74,468**	**4,942**	**3,850**	**4,788**	**2,321**	**2,467**	**14,539**	**2,415**	**12,656**	**122,446**

NOTE 3b

Analysis of Expenses by Internally Managed and Restricted Specific Purpose Funds for Services Supported by Hospital and Community Initiatives	2012 $000	2011 $000
Private Practice Fees	490	204
Linen Service	710	698
Food Services	967	715
Retail Services	678	703
Other Activities	578	939
Total	**3,423**	**3,259**

NOTE 4: DEPRECIATION & AMORTISATION

Depreciation	2012 $000	2011 $000
Buildings	3,701	3,656
Plant & Equipment	445	332
Medical Equipment	845	598
Computers & Communications	476	346
Furniture and Fittings	194	102
Motor Vehicles	495	500
Total Depreciation	**6,156**	**5,534**
Amortisation		
Leased Assets	4	4
Total Amortisation	4	4
Total Depreciation & Amortisation	**6,160**	**5,538**

NOTE 5: FINANCE COSTS

	2012 $000	2011 $000
Finance Charges on Finance Leases	-	3
TOTAL	**-**	**3**

NOTE 6: CASH AND CASH EQUIVALENTS

For the purposes of the Cash Flow Statement, cash assets includes cash on hand and in banks, and short-term deposits which are readily convertible to cash on hand, and are subject to an insignificant risk of change in value, net of outstanding bank overdrafts.

	2012 $000	2011 $000
Cash on Hand	4	4
Cash at Bank	1,361	2,034
Deposits at Call	8,046	9,546
Cash at End of Reporting Period	**9,411**	**11,584**
Represented by:		
Cash for Health Service Operations (as per Cash Flow Statement)	8,306	11,166
Cash at Bank South West Alliance of Rural Health	257	(54)
Cash for Monies Held in Trust		
- Endowment Fund	22	22
- Deposits at Call	826	450
TOTAL	**9,411**	**11,584**

NOTE 7: RECEIVABLES

	2012 $000	2011 $000
Current		
Contractual		
Acute - Inpatient	509	254
Acute - Outpatient	125	63
Aged Care - Nursing Home	86	70
Regional Institutions	1,910	1,385
South West Alliance of Rural Health (SWARH)	295	560
Linen Service Debtors	135	136
Accrued Investment Income	52	164
Less Provision for Bad Debts	(34)	(24)
	3,078	**2,608**
Statutory		
GST Receivable	365	637
Accrued Government Grants	298	501
	663	**1,138**
Total Current Receivables	**3,741**	**3,746**
Non Current		
Statutory		
Long Service Leave - DHS	1,390	569
Total Non Current Receivables	1,390	569
Total Receivables	**5,131**	**4,315**
(a) Movement in the Allowance for doubtful debts		
Balance at beginning of year	24	12
Amounts written off during the year	(8)	(5)
Amounts recovered during the year	18	17
Balance at end of year	**34**	**24**

(b) Ageing analysis of receivables

Please refer to Note 16 (b) for the ageing analysis of receivables

(c) Nature and extent of risk arising from receivables

Please refer to Note 16 (b) for the nature and extent of credit risk arising from receivables

NOTE 8: INVENTORIES

	2012 $000	2011 $000
Pharmaceuticals at cost	466	420
General Supplies at cost	350	378
Healthcare Shop Supplies at cost	172	114
Bulk Linen Store - Linen Service at cost	179	133
Linen in Use at Net Realisable Value	270	241
South West Alliance of Rural Health at cost	-	25
Total Inventories	**1,437**	**1,311**

NOTE 9: OTHER ASSETS

	2012 $000	2011 $000
Prepayments	47	52
South West Alliance of Rural Health	25	79
Total Other Assets	**72**	**131**

NOTE 10: PROPERTY, PLANT & EQUIPMENT

	Gross Cost/ Valuation 2012 $000	Gross Cost/ Valuation 2011 $000	Accum. Deprec. 2012 $000	Accum. Deprec. 2011 $000	Net Assets at 2012 $000	Net Assets at 2011 $000
Land at fair value	16,235	16,235	-	-	16,235	16,235
Buildings at fair value	42,873	42,873	10,873	7,269	32,000	35,604
Subtotal	**59,108**	**59,108**	**10,873**	**7,269**	**48,235**	**51,839**
Buildings at cost	2,416	1,305	169	72	2,247	1,233
Buildings under construction at cost	101,359	76,898	-	-	101,359	76,898
Plant & Equipment at fair value	8,814	6,487	4,507	4,061	4,307	2,426
Medical Equipment at fair value	12,206	10,484	7,166	6,372	5,040	4,112
Computers & Communications at fair value	5,353	4,490	3,829	3,356	1,524	1,134
Furniture & Fittings at fair value	2,932	1,960	1,216	1,022	1,716	938
Motor Vehicles at fair value	3,418	3,531	806	819	2,612	2,712
Leased Assets at cost	46	46	46	41	0	5
Subtotal	**136,544**	**105,201**	**17,739**	**15,743**	**118,805**	**89,458**
Total	**195,652**	**164,309**	**28,612**	**23,012**	**167,040**	**141,297**

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

	Land	Buildings & Buildings under construct.	Plant & Equip.	Medical Equip.	Comp. & Commun.	Furniture & Fittings	Motor Vehicles	Leased Assets	Total
Balance at 1 July 2010	16,235	73,504	2,130	2,552	903	440	2,666	9	98,439
Additions	-	43,888	617	2,176	555	625	1,520	-	49,381
Disposals	-	-	-	(10)	-	-	(975)	-	(985)
Revaluation increments / (decrements)	-	-	-	-	-	-	-	-	-
Depreciation/amortisation expense (refer Note 4)	-	(3,656)	(332)	(598)	(346)	(102)	(500)	(4)	(5,538)
Balance at 1 July 2011	**16,235**	**113,736**	**2,415**	**4,120**	**1,112**	**963**	**2,711**	**5**	**141,297**
Additions	-	25,571	2,338	1,769	887	946	1,302	-	32,813
Disposals	-	-	-	(3)	-	-	(907)	-	(910)
Revaluation increments / (decrements)	-	-	-	-	-	-	-	-	-
Depreciation/amortisation expense (refer Note 4)	-	(3,701)	(446)	(846)	(475)	(194)	(494)	(4)	(6,160)
Balance at 30 June 2012	**16,235**	**135,606**	**4,307**	**5,040**	**1,524**	**1,715**	**2,612**	**1**	**167,040**

Land and buildings carried at valuation

An independent valuation of the Health Service's property, plant and equipment was performed by the Valuer-General Victoria to determine the fair value of the land and buildings. The valuation, which conforms to Australian Valuation Standards, was determined by reference to the amounts for which assets could be exchanged between knowledgeable willing parties in an arm's length transaction. The Valuation was based on independent assessments.

The effective date of the valuation is 30 June 2009

NOTE 11: PAYABLES

	2012 $000	2011 $000
Current		
Contractual		
Trade Creditors	3,242	2,307
Accrued Expenses	4,500	4,654
TOTAL CURRENT	**7,742**	**6,961**

(a) Maturity analysis of payables

Please refer to Note 16(c) for the ageing analysis of payables

(b) Nature and extent of risk arising from payables

Please refer to Note 16(c) for the nature and risk arising from payables

NOTE 12: PROVISIONS

	2012 $000	2011 $000
CURRENT PROVISIONS		
Employee Benefits		
- unconditional and expected to be settled within 12 months	8,969	8,175
- unconditional and expected to be settled after 12 months	6,659	6,250
Provisions related to employee benefit on-costs		
Unconditional and expected to be settled within 12 months (nominal value)	801	773
Unconditional and expected to be settled after 12 months (present value)	1,097	852
Total Current Provisions	**17,526**	**16,050**
NON-CURRENT PROVISIONS		
Employee Benefits	1,988	1,538
Provisions related to employee benefit on-costs	228	181
Total Non-current Provisions	**2,216**	**1,719**

	2012 $000	2011 $000
Current Employee Benefits		
Unconditional LSL entitlement	8,664	7,954
Accrued wages and salaries	2,538	1,990
Annual leave entitlements	6,128	5,890
Accrued days off	196	216
Total Current Employee Benefits	**17,526**	**16,050**
Non-Current Employee Benefits		
Conditional long service leave entitlements (present value)	2,216	1,719
Total	**19,742**	**17,769**
Movement in Long Service Leave:		
Balance at start of year	9,673	8,766
Provision made during the year	2,481	1,983
Settlement made during the year	(1,313)	(1,076)
Balance at end of year	**10,841**	**9,673**

NOTE 13: OTHER LIABILITIES

		2012 $000	2011 $000
Monies Held in trust			
- Patient Monies held in Trust		826	451
Total		**826**	**451**
Represented by the following assets:			
Cash Assets	(Note 6)	826	451
Total		**826**	**451**

NOTE 14: EQUITY & RESERVES

	2012 $000	2011 $000
(a) Reserves		
Property, Plant & Equipment Revaluation Reserve		
Balance at the beginning of the reporting period	13,749	13,749
Revaluation Increment/ (Decrements)		
Land	-	-
Buildings	-	-
Balance at the end of the reporting period	**13,749**	**13,749**
Represented by:		
Land	11,950	11,950
Buildings	1,799	1,799
	13,749	**13,749**
Restricted Specific Purpose Reserve		
Balance at the beginning of the reporting period	22	22
Balance at the end of the reporting period	**22**	**22**
Total Reserves	**13,771**	**13,771**
(b) Contributed Capital		
Balance at the beginning of the reporting period	66,744	66,744
Capital Contribution received from Victorian Government	-	-
Balance at the end of the reporting period	**66,744**	**66,744**
(c) Accumulated Surpluses/(Deficits)		
Balance at the beginning of the reporting period	52,942	14,407
Net Result for the Year	21,324	38,535
Balance at the end of the reporting period	**74,266**	**52,942**
(d) Total Equity at end of financial year	**154,781**	**133,457**

NOTE 15: RECONCILIATION OF NET RESULT FOR THE YEAR TO NET CASH INFLOW/ (OUTFLOW) FROM OPERATING ACTIVITIES

	2012 $000	2011 $000
Net Result for the Year	21,324	38,535
NON CASH MOVEMENTS		
Non Cash Revenue	(684)	(1,602)
Depreciation & Amortisation	6,160	5,538
Net (Gain)/Loss from Sale of Plant & Equipment	49	84
Change in Inventories	(150)	400
Change in Operating Assets & Liabilities		
(Increase) / Decrease in Receivables	(837)	224
(Increase) / Decrease Other Current Liabilities	239	(525)
Increase / (Decrease) in Payables	(25)	(1,129)
Increase /(Decrease) in Employee Entitlements	1,151	1,435
(Increase)/Decrease in Other Current Assets	1,182	78
NET CASH INFLOW / (OUTFLOW) FROM OPERATING ACTIVITIES	**28,409**	**43,038**

NOTE 16: FINANCIAL INSTRUMENTS

(a) Financial Risk Management Objectives and Policies

South West Healthcare's principal financial instruments comprise of:

- Cash assets
- Term Deposits
- Receivables
- Payables
- Finance Lease payables
- Accommodation Bonds

Details of the significant accounting policies and methods adopted, including the criteria for recognition, the basis of measurement and the basis on which income and expenses are recognised, with respect to each class of financial asset, financial liability and equity instrument are discosed in Note 1 to the financial statements. The main purpose in holding financial instruments is to prudentially manage South West Healthcare financial risks within the government policy parameters.

Categorisation of financial instruments

	Carrying Amount 2012 $000	Carrying Amount 2011 $000
Financial Assets		
Cash and cash equivalents	9,411	11,584
Loans and Receivables	3,376	3,109
Total Financial Assets (i)	**12,787**	**14,693**
Financial Liabilities		
At amortised cost	8,568	7,412
Total Financial Liabilities (ii)	**8,568**	**7,412**

i) The total amount of financial assets disclosed here excludes statutory financial receivables (i.e. GST input tax credit recoverable)

ii) The total amount of financial liabilities disclosed here excludes statutory payables (i.e. Taxes payables)

NOTE 16: FINANCIAL INSTRUMENTS (CONTINUED)

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

	Net holding gain/(loss) 2012 $'000	Net holding gain/(loss) 2011 $'000
Financial Assets		
Cash and Cash Equivalents (i)	576	659
Designated at Fair Value through Profit or Loss (iii)	-	-
Held-for-Trading at Fair Value through Profit or Loss (iii)	-	-
Loans and Receivables (i)	-	-
Available for Sale (i)		
Total Financial Assets	**576**	**659**
Financial Liabilities		
Designated at Fair Value through Profit or Loss (iii)	-	-
Held-for-Trading at Fair Value through Profit or Loss (iii)	-	-
At Amortised Cost (ii)	-	3
Total Financial Liabilities	**-**	**3**

(i) For cash and cash equivalents, loans or receivables and available-for-sale financial assets, the net gain or loss is calculated by taking the movement in the fair value of the asset, interest revenue, plus or minus foreign exchange gains or losses arising from revaluation of the financial assets, and minus any impairment recognised in the net result;

(ii) For financial liabilities measure at amortised cost, the net gain or loss is calculated by taking the interest expense, plus or minus foreign exchange gains or losses arising from the revaluation of financial liabilities measured at amortised cost; and

(iii) For financial assets and liabilities that are held-for-trading or designated at fair value through profit or loss, the net gain or loss is calculated by taking the movement in the fair value of the financial asset or liability.

(b) Credit Risk

Credit risk arises from the contractual financial assets of the Health Service, which comprise cash and deposits, non-statutory receivables and available for sale contractual financial assets. The Health Service's exposure to credit risk arises from the potential default of a counter party on their contractual obligations resulting in financial loss to the Health Service. Credit risk is measured at fair value and is monitored on a regular basis.

Credit risk associated with the Health Service's contractual financial assets is minimal because the main debtor is the Victorian Government. For debtors other than the Government, it is the Health Service's policy to only deal with entities with high credit ratings of a minimum Triple-B rating and to obtain sufficient collateral or credit enhancements, where appropriate.

In addition, the Health Service does not engage in hedging for its contractual financial assets and mainly obtains contractual financial assets that are on fixed interest, except for cash assets, which are mainly cash at bank. As with the policy for debtors, the Health Service's policy is to only deal with banks with high credit ratings.

Provision of impairment for contractual financial assets is recognised when there is objective evidence that the Health Service will not be able to collect a receivable. Objective evidence includes financial difficulties of the debtor, default payments, debts which are more than 60 days overdue, and changes in debtor credit ratings.

Except as otherwise detailed in the following table, the carrying amount of contractual financial assets recorded in the financial statements, net of any allowances for losses, represents South West Healthcare's maximum exposure to credit risk without taking account of the value of any collateral obtained.

NOTE 16: FINANCIAL INSTRUMENTS (CONTINUED)

Credit quality of contractual financial assets that are neither past due nor impaired

2012	Financial institutions (AAA credit rating) $'000	Government agencies (AAA credit rating) $'000	Government agencies (BBB credit rating) $'000	Other (min BBB credit rating) $'000	Total $'000
Financial Assets					
Cash and Cash Equivalents	9,411				9,411
Receivables-Debtors		2,746		630	3,376
Total Financial Assets	**9,411**	**2,746**	**-**	**630**	**12,787**
2011					
Financial Assets					
Cash and Cash Equivalents	11,584				11,584
Receivables-Debtors		2,819		290	3,109
Total Financial Assets	**11,584**	**2,819**	**-**	**290**	**14,693**

Ageing analysis of financial asset as at 30 June

	Carrying Amount	Not Past Due and Not Impaired	Past Due but Not Impaired				Impaired Financial Assets
			Less than 1 Month	1-3 Months	3 months - 1 Year	1-5 Years	
2012	$'000	$'000	$'000	$'000	$'000	$'000	$'000
Financial Assets							
Cash and Cash Equivalents	9,411	9,411	-	-	-	-	-
Receivables - Debtors	3,376	3,026	239	92	19	-	-
Total Financial Assets	**12,787**	**12,437**	**239**	**92**	**19**	**-**	**-**
2011							
Financial Assets							
Cash and Cash Equivalents	11,584	11,584	-	-	-	-	-
Receivables- Debtors	3,109	2,956	68	77	8	-	-
Total Financial Assets	**14,693**	**14,540**	**68**	**77**	**8**	**-**	**-**

NOTE 16: FINANCIAL INSTRUMENTS (CONTINUED)

(c) Liquidity Risk

Liquidity risk is the risk that the Health Service would be unable to meet its financial obligations as and when they fall due.

The Health Service's maximum exposure to liquidity risk is the carrying amounts of financial liabilities as disclosed in the face of the balance sheet. The Health Service manages its liquidity risk as follows:

Term deposits, investments and cash held at financial institutions are managed with variable maturity dates and take into consideration cashflow requirements of the Health Service from month to month.

Trade creditors are paid in accordance with their trading terms; and accommodation bonds are refunded when the resident departs the aged care facility.

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

Maturity analysis of financial liabilities as at 30 June

		Maturity Dates				
	Carrying Amount	Contractual Cash Flows	Less than 1 Month	1-3 Months	3 months - 1 Year	1-5 Years
2012	**$'000**	**$'000**	**$'000**	**$'000**	**$'000**	**$'000**
Financial Liabilities						
Payables	7,742	7,742	7,742			
Accommodation Bonds	826	826	826			
Total Financial Liabilities	**8,568**	**8,568**	**8,568**	**-**	**-**	**-**
2011						
Financial Liabilities						
Payables	6,961	6,961	6,961			
Accommodation Bonds	451	451	451	-	-	-
Total Financial Liabilities	**7,412**	**7,412**	**7,412**	**-**	**-**	**-**

(d) Market Risk

South West Healthcare's exposure to market risk are primarily through interest rate risk with only insignificant exposure to foreign currency risk and other price risks. Objectives, policies and processes used to manage each of these risks are disclosed in the paragraph below.

Currency Risk

South West Healthcare is exposed to insignificant foreign currency risk through its payables relating to purchases of supplies and consumables from overseas. This is because of a limited amount of purchases denominated in foreign currencies and a short timeframe between commitment and settlement.

Interest Rate Risk

Exposure to interest rate risk might arise primarily through the South West Healthcare's interest bearing liabilities. Minimisation of risk is achieved by mainly undertaking fixed rate or non-interest bearing financial instruments. For financial liabilities , the health service mainly undertake financial liabilities with relatively even maturity profiles.

Other Price Risk

South West Healthcare is exposed to normal price fluctuations from time to time through market forces.

Where adequate notice is provided by suppliers, additional purchases are made for long term goods.

NOTE 16: FINANCIAL INSTRUMENTS (CONTINUED)

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

	*Weighted Average Effective Interest	Carrying Amount	Interest Rate Exposure		
			Fixed Interest Rate	Variable Interest Rate	Non Interest Bearing
2012	**Rates (%)**	**$'000**	**$'000**	**$'000**	**$'000**
Financial Assets					
Cash and Cash Equivalents (i)	5.44	9,411	7,724	1,687	-
Receivables - Debtors		3,376	-	-	3,376
Total Financial Assets		**12,787**	**7,724**	**1,687**	**3,376**
Financial Liabilities					
Payables		7,742	-	-	-
Accommodation Bonds		826	-	-	-
Total Financial Liabilities		**8,568**	**-**	**-**	**-**
2011					
Financial Assets					
Cash and Cash Equivalents (i)	6.03	11,584	9,056	2,528	-
Receivables- Debtors		3,109	-	-	3,109
Total Financial Assets		**14,693**	**9,056**	**2,528**	**3,109**
Financial Liabilities					
Payables		6,961	-	-	-
Accommodation Bonds		451	-	-	-
Total Financial Liabilities		**7,412**	**-**	**-**	**-**

(i) The carrying amount must exclude types of statutory financial assets and liabilities (i.e. GST input tax credit and GST payable)

(d) Market Risk (cont)

Sensitivity Disclosure Analysis

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

- A parallel shift of +1% and -1% in market interest rates (AUD) from year-end rates of 6%;

- A parallel shift of +1% and -1% in inflation rate from year-end rates of 2%

NOTE 16: FINANCIAL INSTRUMENTS (CONTINUED)

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

	Carrying Amount	Interest Rate Risk				Other Price Risk			
		-1%		+1%		-1%		+1%	
		Profit	Equity	Profit	Equity	Profit	Equity	Profit	Equity
2012	**$'000**	**$'000**	**$'000**	**$'000**	**$'000**	**$'000**	**$'000**	**$'000**	**$'000**
Financial Assets									
Cash and Cash Equivalents(i)	9,411	(94)	(94)	94	94	-	-	-	-
Receivables	3,376	-	-	-	-	-	-	-	-
Financial Liabilities									
Payables		-	-	-	-	-	-	-	-
Interest Bearing Liabilities		-	-	-	-	-	-	-	-
Accommodation Bonds	826	8	8	(8)	(8)	-	-	-	-
	Carrying Amount	Interest Rate Risk				Other Price Risk			
		-1%		+1%		-1%		+1%	
		Profit	Equity	Profit	Equity	Profit	Equity	Profit	Equity
2011	**$'000**	**$'000**	**$'000**	**$'000**	**$'000**	**$'000**	**$'000**	**$'000**	**$'000**
Financial Assets									
Cash and Cash Equivalents(i)	11,584	(116)	(116)	116	116	-	-	-	-
Receivables	3,109	-	-	-	-	-	-	-	-
Financial Liabilities									
Payables	6,961	-	-	-	-	-	-	-	-
	451	5	5	(5)	(5)	-	-	-	-

(i) The carrying amount must exclude types of statutory financial assets and liabilities (i.e. GST input tax credit and GST payable)

(e) Fair Value

The fair values and net fair values of financial instrument assets and liabilities are determined as follows:

Level 1 - the fair value of financial instrument assets and liabilities with standard terms and conditions and traded in active liquid markets are determined with reference to quoted market prices; and

Level 2 -the fair value is determined using inputs other than quoted prices that are observable for the financial asset or liability, either directly or indirectly: and

Level 3 - the fair value is determined in accordance with generally accepted pricing models based on discounted cash flow analysis using unobservable market inputs.

South West Healthcare considers that the carrying amount of financial instrument assets and liabilities recorded in the financial statements to be a fair approximation of their fair values, because of the short-term nature of the financial instruments and the expectation that they will be paid in full.

The following table shows that the fair values of the contractual financial assets and liabilities are the same as the carrying amounts.

Comparison between carrying amount and fair value

	Carrying Amount 2012 $'000	Fair Value 2012 $'000	Carrying Amount 2011 $'000	Fair Value 2011 $'000
Financial Assets				
Cash and Cash Equivalents	9,411	9,411	11,584	11,584
Receivables-Debtors	3,376	3,376	3,109	3,109
Total Financial Assets	**12,787**	**12,787**	**14,693**	**14,693**
Financial Liabilities				
Payables	7,742	7,742	6,961	6,961
Interest Bearing Liabilities	-	-	-	-
Accommodation Bonds	826	826	451	451
Total Financial Liabilities	**8,568**	**8,568**	**7,412**	**7,412**

NOTE 17: COMMITMENTS FOR EXPENDITURE

	2012 $000	2011 $000
Capital Expenditure Commitments		
Payable:		
Land & Buildings	1,405	30,226
Total Capital Expenditure Commitments	**1,405**	**30,226**
Land & Buildings		
Not later than one year	1,405	23,964
Later than 1 year and not later than 5 years	-	6,262
Total	**1,405**	**30,226**

	2012 $000	2011 $000
Lease Commitments		
Non- cancellable		
Operating Leases		
Commitments in relation to rental of buildings and medical & other equipment leases are payable as follows:		
Not later than one year	322	354
Later than one year but not later than 5 years	387	371
TOTAL	**709**	**725**

NOTE 18: CONTINGENT LIABILITIES AND CONTINGENT ASSETS

Details of estimates of maximum amounts of contingent liabilities are as follows:

Contingent Liabilities	2012 $000	2011 $000
Quantifiable		
Other - Recallable DHS Capital Grant	-	33
Total Quantifiable Liabilities	**-**	**33**

South West Healthcare is unaware of any contingent assets in existence.

NOTE 19: SEGMENT REPORTING

	Hospital Warrnambool Campus		Hospital Camperdown Campus		Nursing Home Camperdown Campus		Linen Service		Mental Health		Macarthur		Eliminations		Consolidated	
	2012 $000	2011 $000	2012 $000	2011 $000	2012 $000	2011 $000	2012 $000	2011 $000	2012 $000	2011 $000	2012 $000	2011 $000	2012 $000	2011 $000	2012 $000	2011 $000
REVENUE																
External Segment Revenue	124,436	133,972	6,793	7,257	2,881	2,840	970	937	15,382	14,739	493	577	-	-	150,955	160,322
Intersegment revenue	-	-	-	-	-	-	803	778	-	-	-	-	(803)	(778)	-	-
Total Revenue	**124,436**	**133,972**	**6,793**	**7,257**	**2,881**	**2,840**	**1,773**	**1,715**	**15,382**	**14,739**	**493**	**577**	**(803)**	**(778)**	**150,955**	**160,322**
EXPENSES																
External Segment Expenses	100,768	93,807	8,140	7,842	3,094	3,072	1,630	1,603	16,012	15,560	563	562	-	-	130,207	122,446
Intersegment expenses	803	778	-	-	-	-	-	-	-	-	-	-	(803)	(778)	-	-
Total Expenses	**101,571**	**94,585**	**8,140**	**7,842**	**3,094**	**3,072**	**1,630**	**1,603**	**16,012**	**15,560**	**563**	**562**	**(803)**	**(778)**	**130,207**	**122,446**
Net Result from ordinary activities	**22,865**	**39,387**	**(1,347)**	**(585)**	**(213)**	**(232)**	**143**	**112**	**(630)**	**(821)**	**(70)**	**15**	**-**	**-**	**20,748**	**37,876**
Interest Income	576	659	-	-	-	-	-	-	-	-	-	-	-	-	576	659
Net Result for Year	**23,441**	**40,046**	**(1,347)**	**(585)**	**(213)**	**(232)**	**143**	**112**	**(630)**	**(821)**	**(70)**	**15**	**-**	**-**	**21,324**	**38,535**
OTHER INFORMATION																
Segment Assets																
Unallocated Assets	163,980	139,198	6,135	5,740	1,682	1,909	2,364	2,145	8,065	8,725	865	921	-	-	183,091	158,638
Total Assets	**163,980**	**139,198**	**6,135**	**5,740**	**1,682**	**1,909**	**2,364**	**2,145**	**8,065**	**8,725**	**865**	**921**	**-**	**-**	**183,091**	**158,638**
Segment Liabilities																
Unallocated Liabilities	21,137	20,450	1,557	1,366	1,292	830	1,615	283	2,600	2,157	109	95	-	-	28,310	25,181
Total Liabilities	**21,137**	**20,450**	**1,557**	**1,366**	**1,292**	**830**	**1,615**	**283**	**2,600**	**2,157**	**109**	**95**	**-**	**-**	**28,310**	**25,181**
Acquisition of Property, Plant and Equipment and Intangible Assets	30,103	48,052	696	681	57	52	1,391	7	537	493	29	96	-	-	32,813	49,381
Depreciation and Amortisation Expense	4,224	3,579	866	849	308	301	117	127	574	610	71	72	-	-	6,160	5,538
Non Cash Expenses other than Depreciation	270	2,831	-	-	-	-	-	-	-	-	-	-	-	-	270	2,831

Business Segments:	**Services:**
Hospital	Acute and Rehabilitation Inpatient and Non Inpatient Health Services
Linen Service	Linen/Laundry Services
Mental Health	Acute Psychiatric Inpatient and Community Services
Community Health Service	Primary and Community Health Services
Aged Care (Camperdown)	Nursing Home/Hostel

GEOGRAPHICAL SEGMENT

South West Healthcare operates predominantly in South West Victoria.

NOTE 20a: RESPONSIBLE PERSON-RELATED DISCLOSURES

Responsible Ministers:	Period:
The Honourable David Davis, MP, Minister for Health,	01/07/2011 - 30/06/2012
The Honourable Mary Wooldridge, MLA, Minister for Mental Health	01/07/2011 - 30/06/2012

Governing Board:	Period:		Period:
Mrs. S. Muldoon	01/07/2011 - 30/06/2012	Mr. F. Broekman	01/07/2011 - 30/06/2012
Ms. F. Melican	01/07/2011 - 30/06/2012	Mrs. M. Alexander	01/07/2011 - 30/06/2012
Mr. C. Logan	01/07/2011 - 30/06/2012	Mr. S. Callaghan	01/07/2011 - 30/06/2012
Mr. J. Maher	01/07/2011 - 30/06/2012	Mr. R. Worland	01/07/2011 - 30/06/2012
Mr. A.McNeil	01/07/2011 - 30/06/2012	Mr. T. Brain	01/07/2011 - 30/06/2012

Accountable Officer:	Period:
Mr. J. Krygger	01/07/2011 - 30/06/2012

Remuneration of Responsible Persons

	Total Remuneration	
Income Band:	**2012**	**2011**
$310,000 - $319,999	1	-
$300,000 - $309,999	-	1
0- $9999	10	10
Total Numbers	**11**	**11**
	2012 $000	**2011 $000**
Total Remuneration	**317**	**308**

Nil remuneration is received by Board of Directors
Amounts relating to Responsible Ministers are reported in the financial statements of the Department of Premier and Cabinet

Retirement Benefits of Responsible Persons

Retirement benefits paid by the reporting entity in connection with the retirement of Responsible Persons during the year.	-	-

Other Transactions of Responsible Persons and their Related Entities	2012 $000	2011 $000
Mr S.Callaghan is a director of Callaghan Motors which provides repairs, maintenance and purchase of motor vehicles on normal commercial terms & conditions.	163	355

NOTE 20b: RESPONSIBLE PERSON-RELATED DISCLOSURES

Executive Officer Disclosures

The numbers of executive officers, other than Ministers and Accountable Officers, and their base and total remuneration during the reporting period are shown in the table below in their relevant income bands. Total remuneration is inclusive of bonus payments,long service leave payments,redundancy payments and retirement benefits.

	Total Remuneration		Base Remuneration	
	2012	**2011**	**2012**	**2011**
$300,000 - $309,999	1	-	1	-
$290,000 - $299,999	-	1	-	1
$180,000 - $189,999	1	-	1	-
$170,000 - $179,999	2	2	2	2
$160,000 - $169,999	-	1	-	1
$150,000 - $159,999	1	-	1	-
$140,000 - $149,999	-	1	-	1
Total Numbers	**5**	**5**	**5**	**5**
	$000	**$000**	**$000**	**$000**
Total Remuneration	**992**	**950**	**992**	**950**

Remuneration includes Superannuation Guarantee Levy, Employer superannuation contributions, deemed value of motor vehicle and all non-cash benefits.

NOTE 21: EVENTS OCCURRING AFTER THE BALANCE SHEET DATE

There were no events occurring after reporting date which require more information.

NOTE 22: JOINTLY CONTROLLED OPERATIONS AND ASSETS

	Principal Activity	Ownership Interest	
		2012	2011
Name of Entity		%	%
South West Alliance of Rural Health	Information Technology	15.39	15.64

A Health Service interest in assets employed in the above jointly controlled operations and assets is detailed below. The amounts are included in the financial statements and consolidated financial statements under their respective asset categories.

	2012 $'000	2011 $'000
South West Alliance of Rural Health		
Current Assets		
Cash and Cash Equivalents	257	(54)
Receivables	295	560
Inventories	-	25
Other Current Assets	25	79
Total Current Assets	**577**	**610**
Non Current Assets		
Property, Plant & Equipment	21	26
Total Non Current Assets	**21**	**26**
Total Assets	**598**	**636**
Current Liabilities		
Payables	214	261
Provisions	239	229
Total Current Liabilities	**453**	**490**
Non Current Liabilities		
Provisions	39	32
Total Non Current Liabilities	**39**	**32**
Total Liabilities	**492**	**522**

A Health Service interest in revenue and expenses resulting from jointly controlled operations and assets is detailed below:

	2012 $'000	2011 $'000
South West Alliance of Rural Health		
Revenue		
Other Revenue	4,256	2,760
Total Revenue	**4,256**	**2,760**
Expenses		
Employee Expenses	842	732
Maintenance Contracts	1,187	244
Leases Expense	232	229
Other	1,996	1,644
Total Expenses	**4,257**	**2,849**
Net Result Before Capital & Specific Items	**(1)**	**(89)**
Finance Costs	-	3
Depreciation	4	7
Net Result	**(5)**	**(96)**

South West Healthcare

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