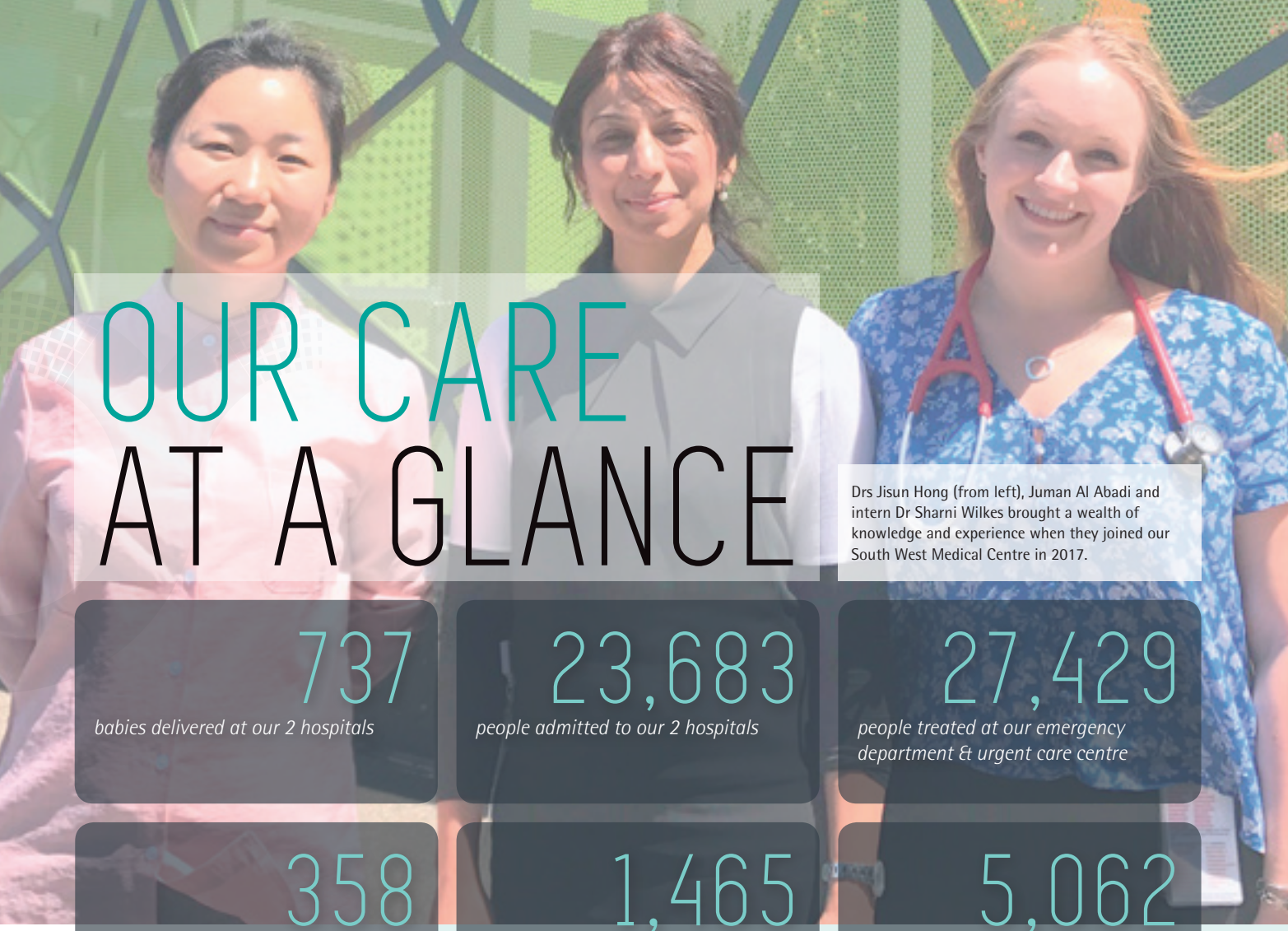
South West Healthcare

ANNUAL REPORT 2017-18



OUR CARE AT A GLANCE

Drs Jisun Hong (from left), Juman Al Abadi and intern Dr Sharni Wilkes brought a wealth of knowledge and experience when they joined our South West Medical Centre in 2017.

737
babies delivered at our 2 hospitals

23,683
people admitted to our 2 hospitals

27,429
people treated at our emergency department & urgent care centre

358
registered volunteers across our campuses

1,465
staff employed across our campuses

5,062
ambulance arrivals at our emergency department & urgent care centre

22,929
visits to our southwest dental services

31,898
community mental health contact hours provided

92,452
occasions of service provided for treatment by our primary & community services

7,658
patients had surgery in our 2 hospitals' operating suites

53,757
inpatients rooms cleaned by our environmental services

1,456
tonnes of dirty linen processed by our linen services

256,665
meals prepared for inpatients by our food services

1,695
nights of accomodation booked at Rotary House

220,627
number of individual requisitions processed by our regional supply service

FRONT COVER
Resident Gwenyth Matthews and Merindah Lodge enrolled nurse Rebecca Young were the stars of our 2017–18 campaign promoting the comprehensive range of services we offer older people at Merindah Lodge, Camperdown Community Health, and our David Newman Adult Day Centre. (See Services and Programs for details.)

This report provides performance, quality and financial information covering the 2017–18 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, also, to read our *2017–18 Quality Account.*

HOW TO CONTACT US

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SWHnews

OUR VISION

Outstanding healthcare in partnership with our regional community.

OUR MISSION

To provide a comprehensive range of high quality health and wellbeing services for people in South West Victoria.

OUR VALUES

Caring	We are compassionate and responsive to the needs of users of our service, their families, our staff and volunteers.
Respect	We behave in a manner that demonstrates trust and mutual understanding.
Integrity	We are transparent and ethical in all that we do.
Excellence	We continually review and analyse performance to ensure best practice.
Leadership	We set clear direction that encourages team work, innovation and accountability.

OUR COMMUNITY

110,000 people live in South West Victoria, a vibrant region consisting of the five 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 150 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 CONTRIBUTION TO THE COMMUNITY

We are the region's largest employer: 1,465 people work for South West Healthcare. Our local economy benefits to the tune of approximately $125m per annum.

OUR FUTURE

It has been exciting to progress both our Warrnambool Base Hospital and Camperdown Campus redevelopments. If realised, South West Healthcare will be one of the most advanced facilities in regional Australia allowing us to deliver our growing complement of specialist services in a welcoming and supportive environment. Meantime *Ngootyoong*, our $4.8m Prevention and Recovery Centre (PARC), has added a new contemporary domain of care to our Mental Health Services, advancing the mental health of our clients in a friendly environment.

We cared for a record number of people this year. Our patients rated our level of care as one of the highest in the state. We are proud of this result and determined to continue achieving these high standards. Our unprecedented increased demand can only be met through our dedicated, caring and committed workforce whose work environment and culture we are invested in improving. In 2018–19 we will again meet our ambitious elective surgery waiting list target, lead Victoria in delivering surgery on time, and continue expanding our clinical specialties whilst maintaining our unwavering commitment to improve the patient and consumer experience.

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FINANCIAL STATEMENTS 2017

Leading our KeepCups Revolution to save energy, water, resources and landfill is Environmental Sustainability Committee's Eliza Bartram (from left), Dr Rochelle Hine, Nicole Maroniti, Elvira Hewson, Maria Chadderton and Jenny Lukeis.

HIGHLIGHTS

- 13TH CONSECUTIVE YEAR RECORD OF PATIENT THROUGHPUT
- EXCEEDED ALL ACTIVITY TARGETS
- MET, AND REDUCED TO RECORD-LOW, ELECTIVE SURGERY WAITING LIST TARGET
- OPENED $4.8M PREVENTION & RECOVERY CENTRE (PARC)
- CONTINUED STRONG FINANCIAL PERFORMANCE WITH TOTAL OPERATING BUDGET OF $182M
- BUILT $350,000 WARRNAMBOOL EMERGENCY DEPARTMENT BEHAVIOURAL ASSESSMENT ROOM
- COMMENCED MASTER PLANNING FOR WARRNAMBOOL BASE HOSPITAL AND CAMPERDOWN CAMPUS
- RECORD NUMBER OF REGISTERED VOLUNTEERS

THIS REPORT IS PRINTED ON GRANGE OFFSET.
PEFC CERTIFIED, CARBON NEUTRAL AND MANUFACTURED BY AUSTRALIAN PAPER.

CHAIRMAN & CEO'S REPORT

South West Healthcare is dedicated to providing outstanding healthcare in partnership with our regional community through achieving outcomes of our strategic directions. 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 2018.*

The 2017–18 year has seen South West Healthcare experience another year of sustained and unprecedented growth. Committed to meeting the challenge of increasing demand and rising costs we delivered within our funding envelope whilst providing our largest-ever number of services.

Our teams have responded with professionalism, care and dedication to ensure our clients and patients received safe, high quality care at all times. We continue to deliver new services in the region, including urology, which again provides services closer to home; a great outcome for the community and our region.

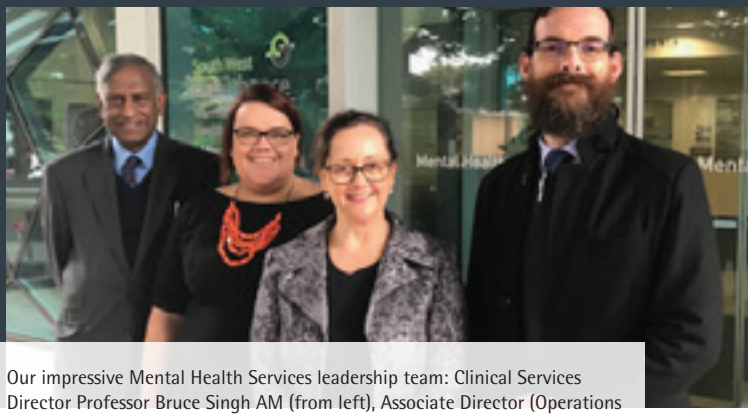
On February 5 2018, 30 new hospital medical officers and registrars joined our workforce.

RECORD 23,683 INPATIENTS

Glenthompson's Jotham Gellert helps Infection Control coordinator Jenny Lukeis (from left), Paediatrics Unit clinical nurse specialist Megan Gleeson, Sepsis Project lead Lynn Gardiner, dietitian Fontaine Portelli and hospital medical officer Dr Matt Chenoweth spread the word about the importance of hand hygiene.

A record-breaking 917 employees participated in our 2018 People Matter survey – 74% more than in 2017.

The stunning grounds of our purpose-built $4.8m Prevention and Recovery Centre (PARC).



Our impressive Mental Health Services leadership team: Clinical Services Director Professor Bruce Singh AM (from left), Associate Director (Operations & Performance) Jodi Bateman, Director Karyn Cook and Clinical Director/ Authorised Psychiatrist Dr Jacques Claassen.

MASTERPLAN UNVEILED

Significant input from users, staff, the community and medical specialists led to the Silver Thomas Handley design of our proposed Warrnambool Base Hospital clinical tower which will house state-of-the-art operating theatres, centralised sterilising and pathology departments, an emergency department and inpatient, paediatrics and dialysis units.

In the last three years, South West Healthcare has seen 30 percent more patients treated through our acute facility which has, in part, contributed to our budget, staffing and services almost doubling in the past decade.

Activity highlights more than 150,000 treatments were provided across our regional and campus-based services; 23,683 inpatients were cared for (a 5.7 percent increase on 2016–17) and 7,658 patients had surgery. We also led Victoria in providing 100 percent of people requiring a colonoscopy within the clinically-recommended time. We helped deliver 737 babies (an 8.7 percent increase on 2016–17) and 27,429 people attended our Emergency Department in Warrnambool and Urgent Care Centre in Camperdown (a 2.7 percent increase on 2016–17). Our Mental Health Services worked across the region to deliver 2,642 episodes of care to new and existing clients (equal to more than 32,000 hours of direct care) whilst patient numbers at our Primary & Community Services, including our dental, general practice clinic, campuses and allied health services, soared to a combined 92,452. It is also very pleasing to note not only did we met the elective surgery waiting list target, we reduced it to a record low whilst also meeting targets for people having surgery in their designated timeframe. A $478k surplus was achieved despite the 16 percent increase in inpatients, mental health and primary and community numbers.

Importantly, whilst delivering on these demands we remain committed to ensuring a positive experience is received by our patients and clients. Throughout the year independent surveys revealed we have consistently achieved 97–100 percent for adult patients reporting their hospital stay to have been a positive experience. Furthermore, 98 percent said a staff member had helped them when they needed assistance, within a reasonable time. In regards to the question, 'Overall, did you feel you were treated with respect and dignity while you were in hospital?' 96 percent responded positively. We are happy with this result as we strive to improve patient experiences across all areas of our health service.

Our new Consumer and Community Advisory Committee will inform the current and future community engagement strategy including providing feedback on issues within South West Healthcare. This will enhance healthcare outcomes through acting on feedback we receive and providing direction to the organisation.

Our workforce of more than 1,700 staff and volunteers are dedicated to providing great care. Creating a positive environment for staff leads to a more positive experience for our consumers and we will continue to develop initiatives that allow our workforce to live our values, and feel empowered to represent them. Our 2018 independent

Warrnambool's Colin Bristol was the first patient to benefit from the arrival of our Camperdown Hospital's $160,000 image intensifier. His surgical team included surgeon Nick Russell (left) and assistant Alasdair Vu. In 2017–18 we performed 7,658 surgical procedures at our two hospitals – 17.7 percent more than 2016–17.

A Cumorah Foundation grant presented by South West Community Foundation chair Barrie Baker (left) to our Environmental Sustainability project officer Elvira Hewson and Buildings and Infrastructure manager Ray Bennett allowed us to install more solar panels at Rotary House. This is expected to generate an additional 4.2Mwh per year, representing a 30 percent reduction in electricity use.

It was another incredibly busy year for our Warrnambool Emergency Department team who treated 25,253 patients – 3.3 percent more than 2016-17. Here, Dr Sharlene Bowes and emergency nurses Jacqui Skene, Kylie Dorney and Vanessa Buhlman participate in onsite Australian College of Emergency Medicine-funded training. Photo: The Standard and photographer Anthony Brady.

People Matter survey resulted in the highest-ever number of staff participating – a response rate of 77 percent. The results will be used to develop strategies with our teams that promote a supportive, caring, safe and positive environment. Recently, our executive and staff committed to making South West Healthcare an even safer place to receive care by committing to a 95 percent Fluvax target – 10 percent above the government target. We aim to ensure we don't transmit the flu in the winter period and, together, all health agencies in the South West of Victoria have committed to achieve this.

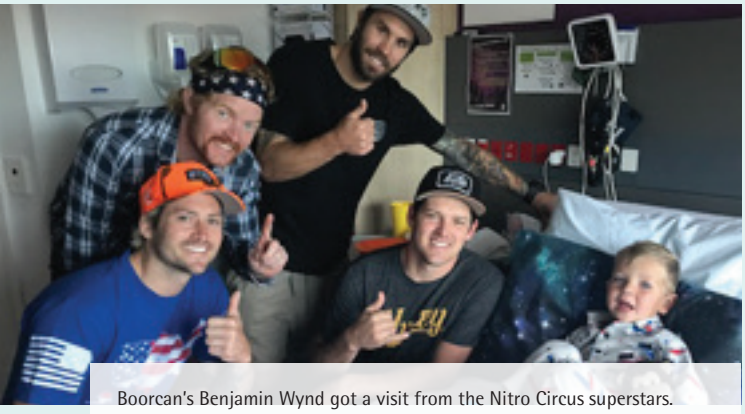
The official opening of our newly-completed $4.8m Prevention and Recovery Centre (PARC) in Moore Street, Warrnambool, took place in February 2018 with the service reaching full occupancy in June 2018. This vital Mental Health Service now enables mental health treatment, support and recovery care in a home-like environment. South West communities can now access short-term residential support without the need for an inpatient admission, and also receive intensive treatment and support after discharge to further enhance their recovery.

The unveiling of the concept diagrams for the Warrnambool Base Hospital redevelopment was an exciting phase of the master planning process this year and, if realised, will see the most advanced, purpose-built hospital in Australia for its size. This development is needed to deliver safe and effective care in a supportive environment for all patients and staff. It includes new theatres, emergency department, inpatients wards and underground carpark, enabling us to meet increasing demand. Planning for the delivery of this project continues as we aim for State and Federal Government funding commitments to proceed. In addition, we were very thankful for the State Government commitment to approve the masterplan project for our Camperdown campus which includes the hospital, aged care, community health and mental health services. The master plan and feasibility process is targeted for completion in September 2018.

Significant highlights in the 2017–18 year included the official openings of our Prevention & Recovery Centre (PARC), Camperdown Hospital's palliative care suite, the donor-funded Rehabilitation/GEM therapy garden, and the behavioural assessment room in our Warrnambool Emergency Department. On the environmental sustainability front, our commitment to improve our efficiency through a solar program in Warrnambool and Camperdown is due for completion in late 2018. Research-wise we were delighted Renee Clapham, Rochelle Hine and Josy Thomas attained their doctorates.

SAVING LIVES

The 40-year careers of stomal therapy clinical nurse consultant Jenny Fox (pictured with CEO Craig Fraser) and education & training manager Jenice Smart were celebrated at our 2017 Staff Service Awards. In all, we recognised 116 employees who'd reached 10, 15, 20, 25, 30, 35 and 40-year milestones totalling 2,100 years of service.



Boorcan's Benjamin Wynd got a visit from the Nitro Circus superstars.

Our four-legged volunteers have been enriching the lives of our patients with weekly visits for the past eight years. In his front-row seat at our 2018 National Volunteer Week celebrations, Crumpet is about to receive a Certificate of Appreciation for five years of service.

Think sepsis. Act fast. That's the message of our award-winning Sepsis Project campaign promoting the time-critical need for early identification of this life threatening illness and the equally time-critical need for prompt intervention to improve patient mortality outcomes. One of 11 regional health services involved in a new statewide collaborative project to help improve outcomes for patients diagnosed with sepsis, our Sepsis Project was named the most outstanding at a Better Care Victoria Sepsis collaborative workshop in May 2018. Celebrating the news is our Emergency Department staff Jessica Brereton (back row, from left), Grant Holmes, Anna Hoekstra, Carolyn Koster, Aaron Jarmyn (front row, from left), Sepsis Project lead Lynn Gardiner, Dr Veena Patheyar and Sepsis Project clinical lead Dr Susan Thomas.

We can only deliver great care through the excellent contribution made by our staff and volunteers, here at South West Healthcare. We sincerely thank all of you who been involved in the delivery of services and programs this past year. Your commitment to providing exceptional care, and your warm interactions with those needing this care, contributes to better health and wellbeing outcomes for everyone involved: our patients, clients, consumers and residents, and their families, carers and friends.

The South West community is a strong, collaborative and united community who we rely on for support and feedback to continually improve and reach our goals. We do not take this support for granted and we thank everyone for our positive and ongoing relationships.

At the official opening of our Warrnambool Base Hospital Rehabilitation/ GEM therapy garden, guests, donors, staff and volunteers participated in the smoke cleansing ceremony performed by Uncle Rob Lowe (pictured) and Uncle Locky Eccles. The donor-funded garden is designed to stimulate the senses of patients, visitors and staff.

We also thank our Board of Directors and Executive Team for their dedication, commitment and leadership. Significantly, we acknowledge the chairman of our Board John Maher's final year after 11 years as a Board Director of South West Healthcare, including the past five as Chair. John has overseen a vast number of improvements and growth throughout his tenure and we recognise his voluntary commitment and passion to develop a great health service for the region.

We also recognise and thank the Victorian Government, Department of Health and Human Services and the Federal Government for their commitment to South West Healthcare and for supporting us to deliver such a comprehensive health service in South West Victoria.

The upcoming 12 months will see a number of key initiatives being developed, including the possibility of continuing our capital program by commencing our proposed Warrnambool Base Hospital redevelopment and furthering our proposed Camperdown campus development. A new South West Healthcare Strategic plan will be created in 2019 to further guide and articulate the organisation's future role in meeting the demand and improving the population health of our communities.

CRAIG FRASER
Chief Executive Officer
July 12 2018

JOHN MAHER
Chairman, Board of Directors
July 12 2018

STATEMENT OF STRATEGIC DIRECTION 2014-19

OUR VISION

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OUR VALUES

Caring

We are compassionate and responsive to the needs of users of our service, their families and our staff and volunteers.

Respect

We behave in a manner that demonstrates trust and mutual understanding.

Integrity

We are transparent and ethical in all that we do.

Excellence

We continually review and analyse performance to ensure best practice.

Leadership

We set clear direction that encourages team work, innovation and accountability.

1. PARTNERING WITH OUR COMMUNITY

Strategic Direction

We will develop strong and enduring relationships with our communities and partner organisations.

Strategies

- Develop and implement a community engagement plan
- Develop formal partnership agreements with relevant agencies in the region to quantify service provision
- Maximise fundraising opportunities to generate $250K+ each year to purchase medical equipment
- Develop Memorandums of Understanding with surrounding Aboriginal Health Services to articulate partnering charter

2. DRIVING A QUALITY AND SAFETY CULTURE

Strategic Direction

We will provide high quality health and wellbeing services.

We will provide an organisational culture that is safe and risk aware.

Strategies

- Implement contemporary, robust and evidence based Models of Care across all services
- Continue to develop risk management and clinical governance systems that address key risk areas
- Develop and implement an organisation wide safety plan

We entered a team in the inaugural 2017 Warrnambool Wheelchair Basketball Corporate Cup to support the development of a sporting pathway for local people with a physical disability. Our players were occupational therapists Alanna Finn (back row, from left) and Hannah Rippon, physiotherapists Darcy Dalton and Corey McLaughlin, occupational therapists Amy Smith, Ruth Alger (front row, from left), Tom Chapman, Rachael Couch, JP Karunanithi and Heidi Manson.

3. DELIVERING EFFICIENT SERVICES AND INFRASTRUCTURE

Strategic Direction

We will maintain our financial viability and sustainability.

We will provide the highest quality facilities, equipment and information technology infrastructure.

Strategies

> Deliver a minimum surplus of 0.5% of total revenue each year
> Provide contemporary clinical and business information that supports excellence in decision making
> Drive the implementation of sophisticated electronic solutions that improve patient care
> Secure Government commitment to facilitate developments/ redevelopments:
  - Stage 2 Warrnambool Base Hospital
  - Camperdown Hospital
  - Prevention and Recovery Centre (PARC)
  - Community Health facilities

4. DEVELOPING A HIGH PERFORMING WORKFORCE

Strategic Direction

We will strengthen the existing culture that attracts, supports and retains high calibre people.

We will develop a teaching and research profile that stimulates service delivery improvement.

Strategies

> Communicate our values and objectives and effectively manage our people so that South West Healthcare is acknowledged as a great place to work
> Identify and develop leadership talent throughout the organisation
> Encourage teamwork and learning opportunities aimed at improving health outcomes
> Collaborate strongly with Deakin University and other training providers in education, training and research

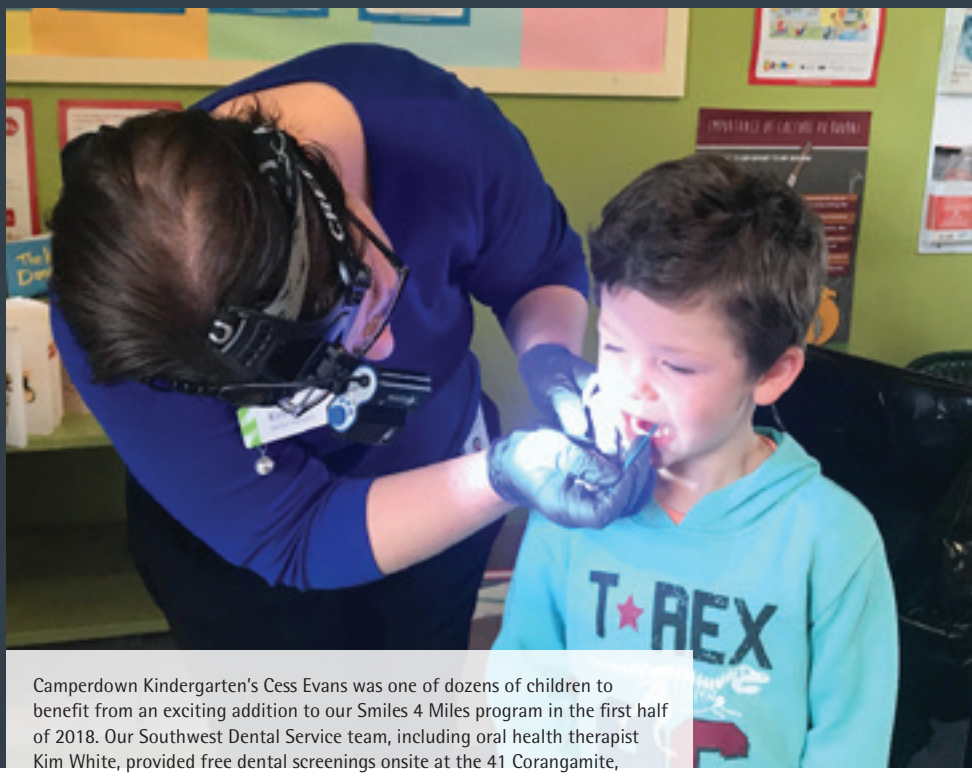
5. ENCOURAGING SERVICE INNOVATION

Strategic Direction

We will continue to build an integrated, accessible service that is responsive to the needs of our community.

Strategies

> Develop and implement a plan to identify initiatives that support our role as a sub regional health service provider
> Continue to actively participate in and deliver innovative outcomes through Government/Department sponsored regional sustainability initiatives
> Secure $500K+ of external grants each year to fund new ideas, equipment and/or products and services



Camperdown Kindergarten's Cess Evans was one of dozens of children to benefit from an exciting addition to our Smiles 4 Miles program in the first half of 2018. Our Southwest Dental Service team, including oral health therapist Kim White, provided free dental screenings onsite at the 41 Corangamite, Warrnambool, Moyne, Southern Grampians and Glenelg early childhood services/kindergartens participating in our Smiles 4 Miles screening program.

STATEMENT OF PRIORITIES

Des Kenna was one of our Merindah Lodge residents who made striking poppies with our activities coordinator Linda Gaut in readiness for ANZAC Day. The centre of each poppy was an agapanthus painted black.

In 2017–18 South West Healthcare will contribute to the achievement of the government's commitments by:

GOALS	STRATEGIES	HEALTH SERVICE DELIVERABLES	OUTCOMES
BETTER HEALTH			
A system geared to prevention as much as treatment Everyone understands their own health and risks Illness is detected and managed early Healthy neighbourhoods and communities encourage BETTER HEALTH	Reduce statewide risks Build healthy neighbourhoods Help people to stay healthy Target health gaps	Reduce the risk of multi-resistant infections by implementing an electronic decision support tool to assist in managing appropriate prescribing of antimicrobials. The system will improve both the efficient use of antibiotics and result in a decrease in multi-resistant infection rate.	Partially Achieved. The implementation of an electronic decision support tool to assist medical staff to prescribe appropriate antibiotics was delayed due to technical issues. The project implementation is now due in June 2018.
		Improve identification of, and response to, people experiencing family violence through implementation of statewide Strengthening Hospital Responses to Family Violence (SHRFV) project. South West Healthcare (SWH) will implement the policies and processes across eight South West health services by September 2018.	Achieved. – Regional executive steering group in place with clear agreement on budget allocation moving forward and Memorandum of Understandings (MOUs) in process of finalisation. – Additional resources recruited. Regional engagement and implementation strategy developed and implemented. – SWH workforce support policy ratified. Regional policies in final stages of development. – Workplace support launches completed across the region with further targeted workplace support training for managers in progress. – Patient response policy development in process across the region with planned completion by Sept 2018 and roll out of staff training across Oct/Nov 2018. Summary: – On track to achieve strategy which will carry over into 2018–19 (planned two-year project).
		Expand the access to Mental Health Services (MHS) in the region with the opening of a Prevention and Recovery Centre (PARC) service in late 2017. Review the model of care in consultation with consumers, carers and staff to meet the needs of the communities of South West Victoria.	Achieved. – Prevention and Recovery Centre (PARC) tender awarded to Mind Australia. Partnership commenced in late Jan 2018 and PARC opened to consumers (guests) from March 2018. Joint PARC Governance Committee commenced in April 2018, including SWH and Mind Executives. The MHS Service Wide Model of Care Review to commence in July 2019.
		Promote improved community health through implementation of the health promotion plan and the achievement of six strategies from the Healthy Together Victoria Achievement Framework.	Achieved. – Partnerships formalised with SW TAFE, Warrnambool City Council and nine local schools to promote the implementation of the Achievement Program (AP) and activities delivered to promote staff health and wellbeing. – 54 early years settings (kindergarten, day care and primary schools) across Warrnambool, Corangamite, Moyne, Southern Grampians and Glenelg registered for Smiles 4 Miles with other focus areas being mental health, physical activity, healthy eating and oral health.

GOALS	STRATEGIES	HEALTH SERVICE DELIVERABLES	OUTCOMES
BETTER ACCESS			
Care is always there when people need it More access to care in the home and community People are connected to the full range of care and support they need There is equal access to care BETTER ACCESS	Plan and invest Unlock innovation Provide easier access Ensure fair access	Develop and implement a comprehensive user-group strategy for the capital redevelopment at Warrnambool and Camperdown campuses. This will be demonstrated by the successful establishment and engagement of 10 user groups.	Achieved. – Six master planning (MP) design workshops held. These workshops were led by the principal consultants on the project (architects) in conjunction with the SWH. Extensive user review and input sought into each MP design option presented for the respective campuses. – Detailed community engagement plan developed by SWH, in conjunction with the communication department of the Victorian Health and Human Services Building Authority (VHHSBA), and implemented. Resulted in four community advisory group meetings that allowed community representatives to have input into the MP phase of this project. Engagement sessions also held for key service delivery partners, including Ambulance Victoria and Police. – 35 staff user groups across all divisions, departments and clinical streams, provided input. – Clinical users and leaders undertook number of site visits to recently-built health services to explore best practice design. – Following extensive user and consumer engagement into the design phase, a preferred MP option for each site has been approved. – The Community Advisory Group, led by Member for Western Victoria James Purcell, has undertaken a variety of initiatives and feedback activities which have been fed into the Master Plan.
		Work with the Consumer and Community Advisory Committee (CCAC) to develop and monitor a consumer engagement paper.	Achieved. Summary of consumer engagement to date: – SWH CCAC Co-Design Workshop, conducted in Dec 2017 following a forum in Nov 2017, with current CCAC members, a number of involved SWH staff and the Senior Policy Officer Patient Experience and Outcomes, Consumers in Partners Branch, Secretariat from Safer Care Victoria. – Recruitment of consumers for the CCAC commenced late Jan 2018. – Development of Terms of Reference and Membership finalised and the group established. – Consumers and community members also participated in user groups and facility walkabouts enabling them to provide direct feedback in relation to way-finding, and minor and major capital works planning for PARC and capital redevelopment planning of Warrnambool and Camperdown campuses.

GOALS	STRATEGIES	GOALS	STRATEGIES
BETTER ACCESS			
BETTER ACCESS		Ensure the communities of Warrnambool, Camperdown and South West Victoria are engaged in the capital redevelopment planning process through consumer engagement strategies and other identified processes.	Achieved. – Progress detailed in 1.2 Planning for Capital Redevelopment.
		Improve utilisation of Hospital in the Home, Sub-Acute and Community programs to improve patient outcomes and reduce inpatient length of stay by increasing clinician's knowledge around what services are available and encouraging flexibility and innovation within existing programs.	Partially achieved. – SWH is undertaking two projects to improve patient outcomes and reduce patient length of stay: – The Patient Flow Pathway Project has resulted in an improved length of stay for patients. – The Sepsis Project has resulted in the introduction of a care pathway commencing in the Emergency Department (ED) that to date has resulted in the right treatment commencing in appropriate timeframes. This project will roll out to other areas in 2018–19. Alongside this work an escalation policy within the ED has been developed and a system to identify patients remaining in hospital who no longer require hospital care.
		Improve Emergency Department (ED) patient streams to ensure patients receive appropriate care and Emergency Department access key performance indicators are met.	Partially achieved. – SWH has experienced an increase in ED presentations across all categories, from the previous year, and this highlights the challenge in meeting the ED access key performance indicators. Significant work has been undertaken in the following areas: – A trial of an ED escalation plan to facilitate patient flow. – A review of the medical teams set up and response to ED patients requiring review for admission. – SWH was successful in receiving Better Care Victoria funding (Project Worker for 12 months) to join the Patient Flow Partnership project of 15 health services to improve patient flow. Whilst some improvement can be demonstrated, total patients discharged within 4 hours remains below target. This will remain a key area of focus in 2018–19.
		Improve access to elective surgery by reviewing the waiting list process and outpatient clinic model.	Achieved. SWH has achieved both the targeted elective admissions and the target ESIS waiting list. – ESIS waiting list: – Target: 730 – Actual: 726 – ESIS Admissions to June 2018: – YTD target: 3,490 – YTD actual: 3,750 Summary: – A number of strategies implemented throughout the year, including additional theatre lists at both Camperdown and Warrnambool campuses. This has resulted in ESIS targets being achieved.

GOALS	STRATEGIES	HEALTH SERVICE DELIVERABLES	OUTCOMES
BETTER CARE			

Target zero avoidable harm
 	
Healthcare that focusses on outcomes
 	
Patients and carers are active partners in care
 	
Care fits together around people's needs
 	
BETTER CARE
	Put quality first
	
	Join up care
	
	Partner with patients
	
	Strengthen the workforce
	
	Embed evidence
	
	Ensure equal care
		Fully implement the framework for Preventing Occupational Violence and Aggression across the organisation.	Achieved.
			– Code Grey (response to patient aggression) is under review to ensure the Code Grey response is compliant to the standards.
			– A suite of KPIs for ongoing monitoring has been developed and is now being refined.
			– Weapons Policy has been reviewed and endorsed.
			– Onsite placement of Work Safe violence against health workers posters.
			– Investigated a risk management process to ensure compliance with overnight Code Grey response requirements.
			– Reviewed training to ensure compliance for staff in Code Grey team.
			– Reviewed the Governance component of the Occupational Violence and Aggression Framework and implemented the following:
			  – Review of Board KPI reporting.
			  – Designated Committee.
			  – Action Plan.
			– Reviewed the risk register in relation to violence and aggression work plan.

		Lead the development of robust clinical governance systems that can be applied across the region. These clinical governance systems will determine key performance indicators that demonstrate safe and effective care.	Achieved. A number of specific initiatives have been completed including: – Medical credentialing system Mercury Credential implemented and first joint-Regional Credentials and Scope of Practice Committee meeting, using the electronic credentialing system, conducted in May 2018. – South West Clinical Council Memorandum of Understanding (MOU) and Terms of Reference (TOR) approved in Dec 2017. – Project support officer appointed. Currently meeting with all agencies. – First Health Accord South West Victoria Clinical Council meeting planned for second half of 2018. – Sub-committees' functional and regular reports provided at monthly Health Accord CEO Coalition meetings. Summary: – This joint alliance of South West health services is progressing well and significant progress was made in 2017–18.

GOALS	STRATEGIES	GOALS	STRATEGIES
BETTER CARE			
BETTER CARE	Develop and implement a plan to educate staff about obligations to report patient safety concerns.	Develop a plan and provide education to staff on patient safety and obligations to report patient safety concerns.	Achieved. – Education plan developed to provide indepth education to managers and senior clinicians on open disclosure, and an education module adapted to meet the needs of the remaining staff. Summary: – Embedded Morbidity and Mortality Committee that reviews serious patient safety issues. – Ongoing training on Victorian Health Incident Management System (VIHMS), Open Disclosure, Indepth Case Reviews. – Weekly review of serious incidents, complaints and medico legal matters. – Training on conducting Root Cause Analysis. – Completion of Root Cause Analysis when required, and action plan to implement recommendations.
	Establish agreements to involve external specialists in clinical governance processes for each major area of activity (including mortality and morbidity review).	Undertake one clinical audit utilising the Victorian Managed Insurance Authority model and external clinical expertise to identify any gaps in the provision of safe and appropriate care.	Achieved. – A review of the Risk Register and ED indicators identified access and patient flow challenges for Mental Health presentations at the Emergency Department. This created system challenges including exceeding 24-hour stays, and access to statewide Child and Adolescent Mental Health Services (CAMHS) beds. To respond to this, an internal audit was commissioned to commence in June 2018.
	In partnership with consumers, identify three priority improvement areas using Victorian Healthcare Experience Survey data and establish an improvement plan for each. These should be reviewed every six months to reflect new areas for improvement in patient experience.	In partnership with consumers, identify three priority improvement areas using the Victorian Healthcare Experience Survey data and establish an improvement plan for each.	Achieved. – Improvement plan established with the main areas relating to discharge planning and providing information in a variety of methods patients can understand. The improvement plans are currently being reported to the Quality Care Committee. Once the Consumer Advisory Committee (CCAC) is fully operational in 2018–19, these plans will be reported to this committee.

18 graduate nurses participated in our 2017 Graduate Nurse Program including Kayla Spicer (left) who completed rotations through various units at both of our hospitals, including our Rehabilitation Unit where she worked alongside associate nurse unit manager Nick Van Zelst and enrolled nurse Wendy Harris.

PERFORMANCE PRIORITIES

HIGH QUALITY AND SAFE CARE		TARGET	2017/18 ACTUALS
	Accreditation against the NSQHS Standards	Full Compliance	Achieved
	Compliance with the Commonwealth's Aged Care Accreditation Standards	Full Compliance	Achieved
Infection Prevention & Control	Compliance with the Hand Hygiene Australia program	80%	90.8%
	Percentage of healthcare workers immunised for influenza	75%	85%
Patient Experience	Victorian Healthcare Experience Survey – Patient experience	95% positive exp.	97%
	Victorian Healthcare Experience Survey – Discharge care	75% very positive exp.	80.3%
	Victorian Healthcare Experience Survey – Cleanliness	70%	87.3%
Healthcare Associates Infections (HAI'S)	Healthcare-associated adult intensive care unit (ICU) infections central line – associated blood stream infections	0	1.9
Adverse Events	Sentinel events	0	3
	Mortality - Number of deaths in low mortality DRGs[1]	0	
Mental Health	Mental health – percentage of adult inpatients who are readmitted within 28 day of discharge	14%	14%
	Mental health – Rate of seclusion events relating to an acute admission - composite seclusion rate	≤15/1,000	6
	Mental health – Rate of seclusion events relating to an adult acute admission	≤15/1,000	6
	Mental health – Rate of seclusion events relating to an aged acute admission	≤15/1,000	5
	Mental health – Ppercentage of child and adolescent patients with post-discharge follow-up within seven days	75%	93%
	Mental health – Percentage of adult patients who have post – discharge follow-up within seven days	75%	95%
	Mental health – Percentage of aged patients who have post – discharge follow – within seven days	75%	96%
Maternity & Newborn	Rate of singleton term infants without birth anomalies with APGAR score <7 to 5 minutes Warrnambool	≤1.6%	1.6%
	Camperdown	≤1.6%	0.0%
	Rate of severe foetal growth restriction in singleton pregnancy undelivered by 40 weeks Warrnambool	≤28.6%	14.3%
	Camperdown	≤28.6%	0.0%
Continuing Aged Care	Functional independence gain from admission to discharge, relative to length of stay	≥0.39 (GEM) and ≥0.645 (rehab)	0.56 0.944

STRONG GOVERNANCE, LEADERSHIP AND CULTURE	TARGET	2017/18 ACTUALS
ORGANISATIONAL CULTURE		
PEOPLE MATTER SURVEY		
Percentage of staff with an overall positive response to safety and culture questions	80%	70%
Percentage of staff with a positive response to the question, 'I am encouraged by my colleagues to report any patient safety concerns I may have'	80%	79%
Percentage of staff with a positive response to the question, 'Patient care errors are handled appropriately in my work area'	80%	73%
Percentage of staff with a positive response to the question, 'My suggestions about patient safety would be acted upon if I expressed them to my manager'	80%	73%
Percentage of staff with a positive response to the question, 'The culture in my work area makes it easy to learn from the errors of others'	80%	65%
Percentage of staff with a positive response to the question, 'Management is driving us to be a safety-centred organisation'	80%	70%
Percentage of staff with a positive response to the question, 'This health service does a good job of training new and existing staff'	80%	61%
Percentage of staff with a positive response to the question, 'Trainees in my discipline are adequately supervised'	80%	62%
Percentage of staff with a positive response to the question, 'I would recommend a friend or relative to be treated as a patient here'	80%	79%

[1] This indicator was withdrawn during 2017–18 and is currently under review by the Victorian Agency for Health Information.

TIMELY ACCESS TO CARE		TARGET	2017/18 ACTUALS
EMERGENCY CARE			
Percentage of patients transferred from ambulance to Emergency Department within 40 minutes		90%	99%
Percentage of Triage Category 1 emergency patients seen immediately		100%	100%
Percentage of Triage Category 1 to 5 emergency patients seen within clinically recommended time		80%	78%
Percentage of emergency patients with a length of stay in the Emergency Department less than four hours		81%	67%
Number of patients with a length of stay in the Emergency Department greater than 24 hours		0	3
ELECTIVE SURGERY			
Percentage of urgency Category 1 elective surgery patients admitted within 30 days		100%	100%
Percentage of urgency Category 1, 2 and 3 elective surgery patients admitted within clinically recommended time		94%	92.5%
Percentage of patients on the waiting list who have waited longer than clinically recommended time for their respective triage category		5%	0.7%
Number of patients on the elective surgery waiting list		730	726
Number of hospital initiated postponements per 100 scheduled elective surgery admissions		< 8/100	10.1
Number of patients admitted from the elective surgery waiting list		3,490	3,760
SPECIALIST CLINICS			
Percentage of urgent patients referred by a GP or external specialist who attended a first appointment within 30 days		100%	93.2%
Percentage of routine patients referred by a GP or external specialist who attended a first appointment within 365 days		90%	100%
EXECUTIVE FINANCIAL MANAGEMENT		**TARGET**	**2017/18 ACTUALS**
FINANCE			
Annual Operating Result ($M)		0	$478k
Cash Management	Trade creditorss	< 60 days	43 days
	Patient fee debtors	< 60 days	40 days
WIES activity performance	WIES (public and private) performance to target (%)	100%	101.63%
ASSET MANAGEMENT			
Adjusted current asset ratio		0.70	0.78
Days of available cash		14 days	24.5 days
ACTIVITY AND FUNDING		**TARGET**	**2017/18 ACTUALS**
Funding Type			**Activity Achievement**
Acute Admitted	WIES Public		14,007
	WIES Private		1,285
	WIES (Public and Private)		15,292
	WIES DVA		203
	WIES TAC		105
	WIES TOTAL		15,600
Sub Acute & Non-Acute Admitted	Rehab Public Subacute WIES		231
	Rehab Private Subacute WIES		32
	GEM Public Subacute WIES		192
	GEM Private Subacute WIES		35
	Palliative Care Public Subacute WIES		113
	Palliative Care Private Subacute WIES		13
	Sub Acute DVA WIES		19
	Transition Care – Bed Days		2,170
	Transition Care – Home Days		2,846
Sub Acute Non-Admitted	Health Independence Program		26,079
Aged Care	Residential Aged Care		10,860
	HACC		6,915
Mental Health & Drug Services	Mental Health Ambulatory		32,178
	Mental Health Residential		730
	Mental Health Inpatient – Secure Unit		1,095
	Mental Health Inpatient – Available Bed Days		5,475
	Drug Services		132
Primary Health	Community Health / Primary Care Programs		14,786
Community Health Contacts by Campus	Warrnambool Community Health		65,280
	Manifold Place / David Newman Centre		12,738
	Macarthur Community Health		4,094
	Lismore Community Health		3,689
	Regional Dental Service		22,929
	South West Medical Centre (GP Clinic)		22,279

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 255 requests under the *Freedom of Information Act* were processed during the 2017–18 financial year.

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

Principal Officer
Mr Craig Fraser, Chief Executive Officer

Medical Principal Officer
Dr Nic Van Zyl, Director of Medical Services

Freedom of Information Manager
Ms Yash Tandon, Health Information Manager

CARERS RECOGNITION ACT 2012

The *Carers Recognition Act 2012* recognises, promotes and values the role of people in care relationships. South West Healthcare understands the different needs of persons in care relationships and that care relationships bring benefits to the patients, their carers and to the community. South West Healthcare takes all practicable measures to ensure that its employees, agents and carers have awareness and understanding of the care relationships principles and this is reflected in our commitment to a model of patient and family-centred care and to involving carers in the development and delivery of our services.

SAFE PATIENT CARE ACT 2015

South West Healthcare has no matters to report in relation to its obligations under section 40 of the *Safe Patient Care Act 2015*.

DETAILS OF 2017-18 CONSULTANCIES

In 2017–18 there was one consultancy where the total fees payable to the consultants were $10,000 or greater. The total expenditure incurred during 2017–18 in relation to this consultancy is $55,000.

In 2017–18 there were eight consultancies where the total fees payable to the consultant were less than $10,000. The total expenditure incurred during 2017–18 in relation to these consultancies is $39,281.

VICTORIAN INDUSTRY PARTICIPATION POLICY (VIPP)

South West Healthcare had one applicable contract for a service partnership to operate a Prevention and Recovery Centre (PARC) with a value of $2,615,833 and the contract commenced and was completed during 2017–18. A VIPP was not required because it was local in nature and was 100% local content (ICN 2017/ICN 34098). SWH complies with the *VIPP Act 2003*.

REPORTING REQUIREMENTS

In compliance with the requirements of FRD 22H *Standard Disclosures in the Report of Operations*, details in respect of the items listed below have been retained by South West Healthcare and are available to the relevant Ministers, Members of Parliament and the public on request (subject to the Freedom of Information requirements, if applicable):

(a) A statement that declarations of pecuniary interests have been duly completed by all relevant officers;
(b) Details of shares held by a senior officer as nominee or held beneficially in a statutory authority or subsidiary;
(c) Details of publications produced by the entity about itself, and how these can be obtained;
(d) Details of changes in prices, fees, charges, rates and levies charged by the entity;
(e) Details of any major external reviews carried out on the entity;
(f) Details of major research and development activities undertaken by the entity;
(g) Details of overseas visits undertaken including a summary of the objectives and outcomes of each visit;
(h) Details of major promotional, public relations and marketing activities undertaken by the entity to develop community awareness of the entity and its services;
(i) Details of assessments and measures undertaken to improve the occupational health and safety of employees;
(j) A general statement on industrial relations within the entity and details of time lost through industrial accidents and disputes;
(k) A list of major committees sponsored by the entity, the purposes of each committee and the extent to which the purposes have been achieved; and
(l) Details of all consultancies and contractors including:
  – consultants/contractors engaged;
  – services provided; and expenditure committed to/for each engagement.

CAR PARKING FEES

South West Healthcare complies with the DHHS hospital circular on car parking fees and details of car parking fees and concession benefits can be viewed at http://www.southwesthealthcare.com.au/swh

BUILDING ACT 1993

Compliance

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

DETAILS OF INDIVIDUAL CONSULTANCIES (VALUED AT $10,000 OR GREATER)	PURPOSE OF CONSULTANCY	EXPENDITURE (VALUED AT $10,000 OR GREATER)
Lisa Delaney Consulting	Mental Health Services Review	55,000

DETAILS OF INFORMATION AND COMMUNICATION TECHNOLOGY (ICT) EXPENDITURE

The total ICT expenditure incurred during 2017–18 is $4.866 million (excluding GST) with the details shown below.

($ MILLION)		
Business As Usual (BAU) ICT expenditure (**TOTAL**) (excluding GST)	Operational expenditure (excluding GST)	Capital expenditure (excluding GST)
$4.866 million	$4.125 million	$0.761 million

SUMMARY OF FINANCIAL RESULTS	2017/18	2016/17	2015/16	2014/15	2013/14
Revenue (excludes capital items)	181,692	163,529	151,037	146,513	139,726
Expenditure (excludes capital items)	181,214	163,829	150,439	145,575	138,944
NET RESULTS BEFORE CAPITAL ITEMS	**478**	**(300)**	**598**	**938**	**782**
Capital Revenue	3,514	9,049	15,541	3,044	46,231
Capital/other Expenditure	15,059	12,948	13,194	13,311	8,844
COMPREHENSIVE RESULT FOR THE YEAR	**(11,067)**	**(4,199)**	**2,945**	**(9,329)**	**38,169**
Total Assets	222,830	232,485	233,688	220,735	221,473
Total Liabilities	44,191	42,779	39,783	35,156	31,183
Net Assets	178,639	189,706	193,905	185,579	190,290
TOTAL EQUITY	**178,639**	**189,706**	**193,905**	**185,579**	**190,290**

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.

RESPONSIBLE MINISTERS 2017-18

The Responsible Ministers for South West Healthcare:

The Honourable Jill Hennessy MP, Minister for Health

The Honourable Martin Foley MP, Minister for Mental Health, Minister for Housing, Disability and Ageing

COMMERCIAL APPOINTMENTS

External Auditors McLaren Hunt Audit & Assurance

Internal Auditors RSM Bird Cameron

Bankers Australia & New Zealand Banking Group Ltd

PROTECTED DISCLOSURE ACT 2012

South West Healthcare has in place appropriate procedures for disclosures in accordance with the *Protected Disclosure Act 2012*. No protected disclosures were made under the Act in 2017–18.

DISCLOSURES

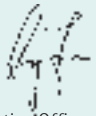
Since the introduction of the Act in 2002 there have been no disclosures received and no notification of disclosures to the Ombudsman or any other external agency. Disclosures will be received by:

Mr Craig Fraser, 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 Data Integrity

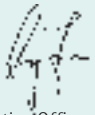
I, Craig Fraser, certify that South West Healthcare has put in place appropriate internal controls and processes to ensure that reported data reasonably reflects actual performance. South West Healthcare has critically reviewed these controls and processes during the year.



Craig Fraser, Chief Executive Officer
Warrnambool – 21 August, 2018

Attestation on Conflict of Interest

I, Craig Fraser, certify that South West Healthcare has put in place appropriate internal controls and processes to ensure that it has complied with the requirements of hospital circular 07/2017 Compliance reporting in health portfolio entities (Revised) and has implemented a 'Conflict of Interest' policy consistent with the minimum accountabilities required by the VPSC. Declaration of private interest forms have been completed by all executive staff within South West Healthcare and members of the board, and all declared conflicts have been addressed and are being managed. Conflict of interest is a standard agenda item for declaration and documenting at each executive board meeting.



Craig Fraser, Chief Executive Officer
Warrnambool – 21 August, 2018

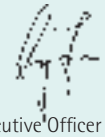
Attestation on Financial Management Compliance

I, Russell Worland, on behalf of the Responsible Body, certify that South West Healthcare has complied with the applicable Standing Directions of the Minister for Finance under the *Financial Management Act 1994* and Instructions.

Russell Worland, Board Chair
Warrnambool – 29 August, 2018

Attestation on Compliance with Health Purchasing Victoria (HPV) Health Purchasing Policies

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



Craig Fraser, Chief Executive Officer
Warrnambool – 21 August, 2018

PROFILE

Our Centre for Research, Education and Training (CREaT) launched an exciting leadership development program in 2018 for staff wanting to contribute positively to patient care by developing their ability to lead. Here, CREaT manager Barbara Moll (front) and CEO Craig Fraser (far right) meet up with some of the successful applicants.

South West Healthcare has been caring for the health and wellbeing of South West Victorians for more than one-and-a-half centuries. This year, our Warrnambool Base Hospital turned 164 years old and our Camperdown Hospital turned 109.

Consisting of two public hospitals, a mental health services division, an aged care facility and five community health centres, in 2017–18 we provided 150 medical, nursing, mental health, allied health and community health services to the 110,000 people who live in Warrnambool, Moyne, Corangamite, Southern Grampians and Glenelg.

REGIONAL MAP

1. Warrnambool campus
2. Camperdown campus
3. Lismore campus
4. Macarthur campus
5. Portland campus
6. Hamilton campus

OUR LOCATIONS

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 x 2 (including an adult day centre)
> Macarthur
> Lismore

Our aged care facility is based at:

> Camperdown (on the grounds of our Camperdown Hospital)

OUR SERVICES

Of the 150 medical, nursing, mental health, allied health and community health services we provided in 2017–18 (see Services and Programs), the newest included the establishment of two region-first initiatives:

> In February 2018 we opened Ngootyoong, our region's first Prevention and Recovery Centre (PARC). The $4.8m Warrnambool facility provides short term residential mental health care and support in a home-like environment for people throughout our region.

We chose Mind Australia, one of Australia's leading community-managed specialist mental health service providers, to partner with us. Mind Australia is delivering non-clinical care and support services. This partnership provides enormous opportunity to blend expertise in mental health recovery and clinical treatment, ensuring the success of the initiative.

Ngootyoong adds to our suite of bed-based services in Warrnambool and the extensive community-based services across the entire South West region. It enables us to tailor recovery-oriented treatment for individual consumers.

> During Mental Health Week 2017 we launched a new South West Victorian initiative aimed at providing a more rapid response and improved outcomes for people experiencing mental health crisis. The Mental Health and Police Response (MHaP) sees a dual community response from both a police officer and an experienced mental health clinician in situations where the 000 responder has determined mental distress to be a key factor in the presenting incident.

Based out of the Warrnambool police station, it's managed by our SWH Mental Health Services Adult Mental Health Community Access Team. The Victorian Department of Health and Human Services funded response commenced in November 2018. Its initial focus is the Warrnambool area because data indicates this is where the greatest demand for the service is. The plan is to eventually roll MHaP across the entire region.

In the communal kitchen of our Prevention and Recovery Centre (PARC) Mind Australia Community Mental Health Professionals Anna Drylie (left) and Linda Williams get set to cook scones to share with guests and co-workers, creating a sense of a homelike, welcoming and safe environment.

SWH Mental Health Services Warrnambool Adult Team manager Dr Rochelle Hine and Warrnambool Senior Sergeant Shane Keogh welcome the Mental Health and Police Response (MHaP).

SERVICES AND PROGRAMS

	WARRNAMBOOL BASE HOSPITAL	CAMPERDOWN HOSPITAL	WARRNAMBOOL CH	CAMPERDOWN CH	LISMORE CH	MACARTHUR CH	DAVID NEWMAN ADC, CAMPERDOWN	MERINDAH LODGE CAMPERDOWN	WARRNAMBOOL MHS	CAMPERDOWN MHS	HAMILTON MHS	PORTLAND MHS
Aboriginal Health Promotion			•									
Access & Information		•	•	•	•	•						
Accommodation (Rotary House)	•											
Acute Care	•	•										
Advance Care Planning	•	•	•	•	•	•		•				
Aged Care (residential)								•				
Anaesthetics												
– Specialist	•	•										
– General Practitioner		•										
Brain Activities, Stimulation & Engagement	•											
Breast Cancer Support	•	•										
– Breast Prosthesis			•									
Cancer Support	•	•										
Cardiac												
– Exercise Stress Testing	•		•									
– Monitoring (Echocardiograms)	•	•										
– Rehabilitation	•											
Care Coordination	•		•	•	•							
Centre Against Sexual Assault (SW CASA)	•			•								
Childcare		•				•						
Child & Maternal Health					•	•						
Chronic Illness			•	•	•	•						
Cognitive Dementia & Memory			•									
Community Health Nursing					•	•						
Continence/Urology	•		•	•		•						
Coronary Care	•											
Dairy Support – Farmer Health & Wellbeing			•	•	•	•						
Day Surgery	•	•										
Delta Therapy Dogs	•								•			
Dentistry	•		•	•								
Dermatology (private consultations)	•											
Diabetes Education & Resources	•	•	•	•	•	•		•				
Discharge Planning	•	•	•	•	•							
District Nursing	•	•	•		•	•						
Drug & Alcohol Withdrawal & Support	•	•										
Ear, Nose & Throat Surgery	•	•										
Emergency	•	•										
Emergency Relief				•								
Endoscopy	•	•										
Equipment Hire						•						
– South West Healthcare Supplies	•	•										
Falls & Balance Clinic			•									
Financial Counselling				•								
Fracture Clinic	•											
Fresh Deliver Meals	•											
GP Clinic					•	•						
– South West Medical Centre			•									
Gastroenterology	•											
General Medicine	•	•										
General Surgery	•	•										
Geriatric Medicine	•							•				
– Geriatric Evaluation & Management	•											
Gynaecology												
– Specialist	•	•										
– General Practitioner		•										
Haemodialysis	•											
Haemofiltration	•											
Hand Therapy	•		•									
Health Education	•	•	•	•	•	•	•					
Health Promotion			•	•	•	•						
Health Self-Management			•	•	•	•	•					
Healthy Mothers Healthy Babies Program			•									
Hearing								•				
– Australian Hearing Program								•				
– Hearing Aids				•	•							
– Victorian Infant Hearing Screening	•			•								
Home Care (Paediatrics)	•											
Hospital In The Home	•	•	•			•						
Intensive Care/Critical Care	•											
Internet Kiosk						•						
Legal Aid				•								
Library	•											
Meals on Wheels		•			•	•						
Medical Imaging	•	•										
Memory Enhancement							•					
Men's Shed					•	•						
Mental Health												
– Acute Inpatient	•											
– Adult	•								•	•	•	•

	WARRNAMBOOL BASE HOSPITAL	CAMPERDOWN HOSPITAL	WARRNAMBOOL CH	CAMPERDOWN CH	LISMORE CH	MACARTHUR CH	DAVID NEWMAN ADC, CAMPERDOWN	MERINDAH LODGE CAMPERDOWN	WARRNAMBOOL MHS	CAMPERDOWN MHS	HAMILTON MHS	PORTLAND MHS
– Aged Persons	•								•	•	•	•
– Child & Adolescent incl CASEA	•								•	•	•	•
– Consultation Liaison Services	•											
– Consumer & Carer Participation	•								•	•	•	•
– Early Intervention & Dual Diagnosis	•								•		•	
– Expanded Discharge Support Initiative									•	•	•	•
– Extended Care Inpatient	•											
– Families where a Parent has a Mental Illness									•	•	•	•
– Mental Health & Police Response									•			
– Multiple & Complex Needs Initiative									•			
– Perinatal Emotional Health Program	•	•							•	•	•	•
– Prevention and Recovery Care (PARC)									•			
– Primary Mental Health									•	•	•	•
– Psychological Therapy Services									•	•	•	•
– Therapeutic Programs									•	•		
Midwifery												
– Inpatient	•	•										
– Continuity Midwife Program	•											
– Domiciliary	•	•										
– Shared Care Maternity Service		•										
Music Therapy	•							•				
Needle Exchange			•	•	•	•						
Neonatal Special Care	•											
Nutrition & Dietetics	•	•	•	•	•	•		•				
Obstetrics												
– Specialist	•	•										
– General Practitioner		•										
Occupational Therapy	•	•	•	•	•			•				
Oncology	•											
Operating Theatre & Recovery	•	•										
Ophthalmology	•							•				
Orthopaedics	•	•										
Ostomy Association Clinic			•									
Paediatric Feeding Clinic			•									
Paediatrics/Adolescent Care	•	•	•									
Palliative Care												
– Inpatient	•	•						•				
– Community Based	•	•	•		•	•						
PAP Screen Clinic					•							
Pathology	•	•			•	•						
Pharmacy	•											
Physiotherapy	•	•	•	•	•			•				
– Post Arthroplasty Review	•											
Planned Activity Groups					•	•	•			•		•
Plastic & Reconstructive Surgery	•											
Podiatry	•		•	•	•	•		•				
Pre Admission Clinic	•	•										
Prosthetics Clinic	•											
Pulmonary Rehabilitation			•									
Refugee Health			•									
Rehabilitation												
– Inpatient	•											
– Community Based			•									
– Intensive Home Based			•									
Residential in Reach				•								
Respiratory Health	•		•									
Respite Care								•				
Sexual Assault After Hours Crisis Care	•											
Smoking Cessation	•	•	•			•						
Social Work & Counselling	•	•	•	•		•		•				
South West Healthcare Supplies (retail shop)	•											
Speech Pathology	•	•	•	•				•				
Stomal Therapy	•											
Strength Training				•	•	•		•				
Stroke Liaison	•											
Subacute Pathways Access	•	•	•		•	•						
Telecare						•						
Telemetry	•	•										
Transesophageal Echocardiography	•											
Transition Care Program	•		•									
Transport						•	•					
Treatment Room					•	•						
Urology	•	•										
Women's Health	•				•	•						
– Women's Health Clinic	•				•							
– Ante Natal Clinic	•	•										
– Gynaecology Clinic	•											
– Young Women's Pregnancy & Parenting	•											
Wound Management	•	•	•		•			•				
Volunteer Program	•	•	•		•	•	•	•				

ADC Adult Day Centre
CH Community Health
MHS Mental Health Services

OUR 23,683 HOSPITAL INPATIENTS

> Our Warrnambool Base Hospital cared for 21,425 inpatients
  - a 6.2 percent increase on 2016–17's 20,170 (1,255 more)
> Our Camperdown Hospital cared for 2,258 inpatients
  - a 1.3 percent increase on 2016–17's 2,229 (29 more)

WHERE THEY CAME FROM

The majority of our hospital inpatients came from the Local Government Area in which the hospital they attended is located:

> 55.2 percent (11,833) of our Warrnambool Base Hospital inpatients were Warrnambool City residents
> 55.3 percent (1,248) of our Camperdown Hospital inpatients were Corangamite Shire residents

OUR 27,429 EMERGENCY/URGENT CARE PATIENTS

> Our Warrnambool Emergency Department treated 25,253 patients
  - a 3.3 percent increase on 2016–17's 24,443 (810 more)
> Our Camperdown Urgent Care Centre treated 2,176 patients
  - a 4.4 percent decrease on 2016–17's 2,277 (101 less)

WHERE THEY CAME FROM

The majority of our Emergency Department patients came from the Local Government Area in which the hospital they attended is located:

> 61.6 percent (15,546) of our Warrnambool Base Hospital ED patients were Warrnambool City residents
> 90.6 percent (1,972) of our Camperdown Hospital UCC patients were Corangamite Shire residents

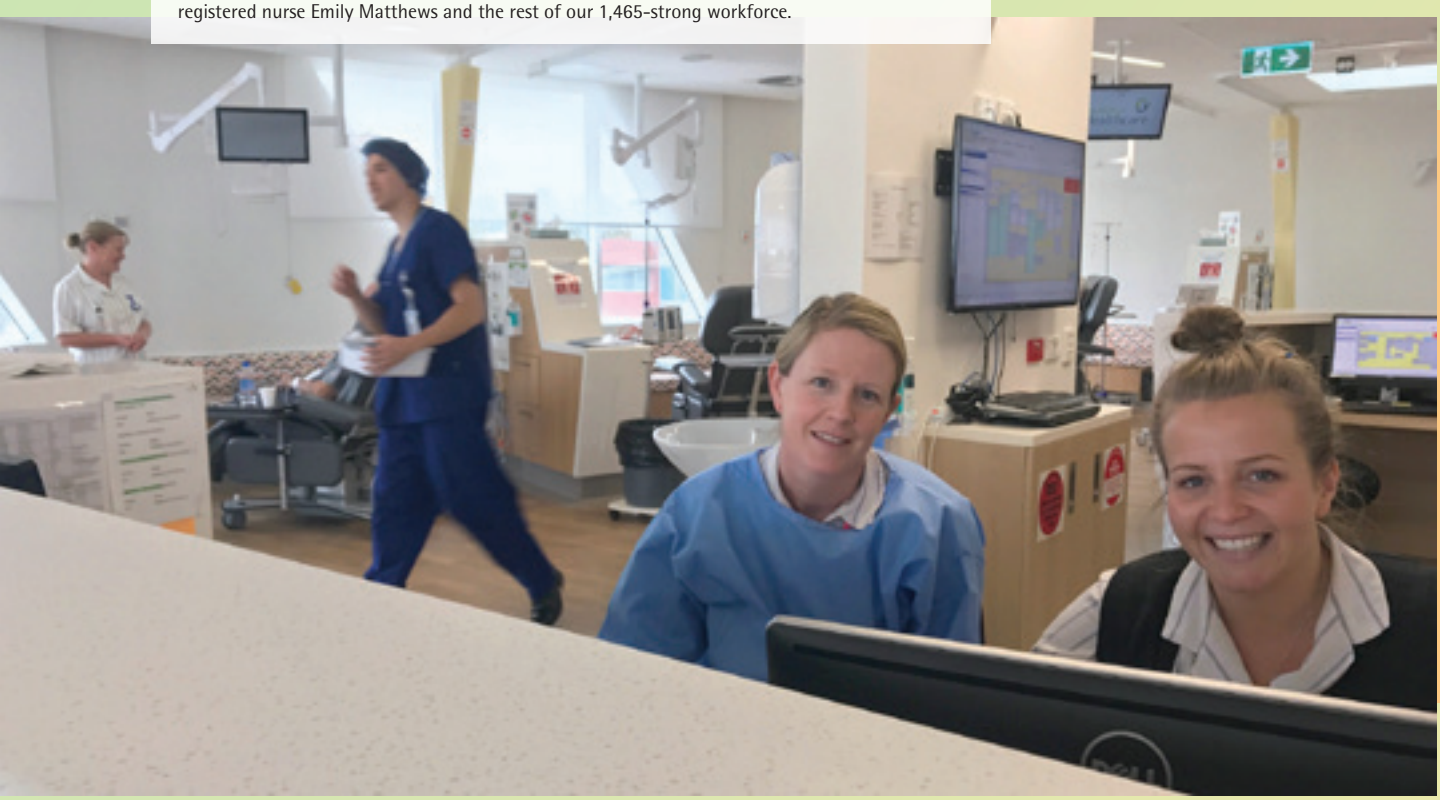
INPATIENTS RESIDENCE BY SWH HOSPITAL 2017-18

INPATIENTS RESIDENCE	WARRNAMBOOL BASE HOSPITAL	CAMPERDOWN HOSPITAL
Warrnambool	11,833	638
Moyne	4,108	253
Corangamite	2,241	1,248
Glenelg	1,304	27
Southern Grampians	979	20
Colac Otway	56	28
Rest of Victoria	526	39
SA	271	2
NSW	25	0
QLD	24	0
WA	8	2
ACT	1	0
NT	1	0
TAS	11	1
Overseas	21	0
No fixed address	11	0
Unknown	5	0
TOTAL	**21,425**	**2,258**

EMERGENCY/URGENT CARE PATIENTS RESIDENCE BY SWH HOSPITAL 2017-18

PATIENTS RESIDENCE	WARRNAMBOOL BASE HOSPITAL	CAMPERDOWN HOSPITAL
Warrnambool	15,546	25
Moyne	4,907	40
Corangamite	1,896	1,972
Glenelg	679	6
Southern Grampians	310	3
Colac Otway	56	25
Rest of Victoria	1,318	82
SA	147	6
NSW	88	5
QLD	84	7
WA	46	2
ACT	2	1
NT	4	0
TAS	16	0
Overseas	80	2
No fixed address	57	0
Unknown	17	0
TOTAL	**25,253**	**2,176**

Throughout the year, independent surveys revealed we consistently achieved 97–100 percent for adult patients reporting their hospital stay to have been a positive experience. That's well-deserved recognition for the commitment and compassion of McGrath Foundation nurse Rebecca Hay (left), registered nurse Emily Matthews and the rest of our 1,465-strong workforce.



THE AGE OF OUR 23,683 INPATIENTS

The 61–65 age group was the highest rating inpatient group at our Warrnambool Base Hospital, accounting for 10.1 percent. The 76–80 age group was the second highest at 9.6 percent followed by the 66–70 age group at 8.9 percent. (In 2016-17, the 66–70 age group was the highest rating at 10.9 percent, followed by the 61–65s at 9.9 and the 76–80s at 8.8.)

The 66–70 age group was the highest rating inpatient group at our Camperdown Hospital, accounting for 9.7 percent. The 71–75 age group was the second highest at 9.6 percent followed by the 61–65 age group at 9.1. (In 2016-17, the 66–70 age group was the highest rating at 10.4 percent, followed by the 61–65s at 10.1 and the 56–60s at 9.8.)

It is worth noting:

> The 0–5 inpatient figures at both hospitals (7.1 percent at Warrnambool and 1.9 percent at Camperdown) include Midwifery Unit births

> The Camperdown Hospital figures do not include our aged care Merindah Lodge residents.

SWH INPATIENTS BY AGE 2017-18

INPATIENTS AGE	WARRNAMBOOL BASE HOSPITAL	CAMPERDOWN HOSPITAL
	TOTAL	TOTAL
0–5	1,516	42
6–10	367	6
11–15	364	31
16–20	536	73
21–25	761	119
26–30	919	104
31–35	949	78
36–40	1,038	87
41–45	794	115
46–50	1,012	138
51–55	1,410	192
56–60	1,452	185
61–65	2,155	205
66–70	1,899	220
71–75	1,844	217
76–80	2,056	161
81–85	1,263	152
86–90	794	82
>90	296	51
TOTAL	21,425	2,258

OCCUPATIONAL HEALTH, SAFETY & WELLBEING

2017–18 saw a continued focus on ensuring South West Healthcare has an effective system for managing health, safety and wellbeing across the organisation.

Our SWH Health, Safety and Wellbeing teams are primarily responsible for the ongoing development and maintenance of staff health, safety, wellbeing, return-to-work, incident/accident prevention, injury management, rehabilitation, employee assistance programs, security, OHS risk management including provision of policies, safe work procedures and information and staff training to meet compliance with the *OE&HS Act (2004)* and other relevant regulations, standards and codes of practice.

Our Health Promotion team organised a terrific mix of stimulating to help keep staff healthy and happy. One of them was our Ride 2 Work Day which clearly was a winner judging by this pic with Health Promotion–Working with Indigenous Communities worker Wren Bowie (left) and occupational therapist Lisa Worden.

Effective environmental cleaning is of critical importance in reducing the risk of healthcare-associated infections. With numerous benefits for infection control and environmental sustainability, we implemented a chemical-free microfibre cleaning system as part of our daily cleaning program across all patient wards in 2017 following a successful trial involving Environmental Sustainability project officer Elvira Hewson (from left), Infection Control coordinator Jenny Lukeis, Environmental Services (ES) coordinator Jamie Sabo and ES assistants Peter Lumsden and Judy Gapes.

Camperdown allied health workers, speech pathologist Claire McGlone (back row, from left), administration officer Tanya Lafferty, occupational therapist Nikky Jewell, dietician Casey Weel, access & integrated care clinician Cheryl Poole and occupational therapist Rachael Mason, wait their turn as Camperdown Hospital ward clerk Jan Reilly gets her 2018 flu vaccination from immunisation nurse Natasha Swayn.

SIGNIFICANT OUTCOMES FOR 2017-18

- Influenza-vaccinated 85% of our 2017 workforce (1,436 staff vaccinated) – 10% above the Victorian target
- Implemented chemical-free microfiber cleaning system as part of daily cleaning program for all patient wards to maximise infection control and environmental sustainability
- Appointed project officer to implement the Preventing & Managing Occupational Violence & Aggression (OVA) Framework
- Tailored OVA training conducted for Camperdown's Merindah Lodge aged care staff and Warrnambool Emergency Department staff
- Developed centralised storeroom, and improved processes, for accessing bariatric patient equipment at Warrnambool Base Hospital
- Retro-fitted many Linen Service machines with safety switches and lock out devices to reduce OHS risks to staff
- Developed safe operating procedures for all Linen Service equipment and manual handling tasks
- Purchased hover mats to reduce manual handling risk in Warrnambool Theatres and South West Regional Cancer Centre
- Purchased ride-on mechanical floor scrubber/cleaner for Warrnambool Environmental Services to reduce manual handling risk
- Purchased many miscellaneous items to reduce OHS risk, including ergonomic chairs and height adjustable desks/computer stands
- Achieved 99% compliance for monthly OH&S inspections of 62 departments
- Achieved 917 employee responses to our 2018 People Matter Survey – a 74.3% increase on 2017's 526 employee responses
- Continued departmental-level bullying and harassment training and further departmental-level training on SWH Values
- Continued participation in Victorian Government's Achievement Program to actively support the health and wellbeing of our employees
- Conducted numerous worksite assessments and functional capacity assessments improving staff health and safety
- Commenced roll out of Strengthening Hospital Responses to Family Violence (SHRFV) initiative and successfully implemented a Family Violence–Workplace Support Policy & Procedure
- Delivered Developing Resilience course for staff
- Provided ongoing support to staff through our Employee Assistance Program, including critical incident stress management support.

STAFF SERVICE AWARDS

Of the impressive line-up of 52 presentations at the third biennial Barwon South Western and Grampians Allied Health Conference, 11 of them showcased South West Healthcare quality improvement/research projects carried out by occupational therapist Thomas Chapman (back row, from left), physiotherapist Madison Pyke, allied health assistant Samantha Morley, occupational therapist Rachael Couch, dietitian Fontaine Portelli, health promotion officer Jacinta Lenehan, occupational therapists Amy Smith and Lisa Worden (front row, from left), physiotherapist Madison Rush, allied health & ambulatory rehabilitation manager Kait Brown, occupational therapist Hannah Rippon, allied health clinical educator Jane Hurley and (absent from this pic) occupational therapist Anna Densley and quality improvement coordinator Carly McKew.

STAFF NUMBERS (FULL TIME EQUIVALENT/FTE)

	Current Month	Current Month	YTD	YTD
FULL TIME EQUIVALENT	FTE JUNE 2017	FTE JUNE 2018	JUNE 2017	JUNE 2018
Admin./Clerical	163.78	162.07	155.26	157.80
Allied Health	139.57	136.79	114.58	136.32
Hotel/Allied Services	159.05	167.69	156.85	166.45
Medical	76.61	86.77	70.93	81.50
Medical Support	54.17	53.48	70.95	53.65
Nursing	470.10	482.10	466.83	476.47
TOTAL	**1,063.28**	**1088.90**	**1,035.40**	**1072.19**

OCCUPATIONAL VIOLENCE STATISTICS

	2017–18
1. Workcover accepted claims with an occupational violence cause per 100 FTE	1
2. Number of accepted Workcover claims with lost time injury with an occupational violence cause per 1,000,000 hours worked	0.56
3. Number of occupational violence incidents reported	221
4. Number of occupational violence incidents reported per 100 FTE	20.61
5. Percentage of occupational violence incidents resulting in a staff injury, illness or condition	0.45%

STAFF GENDER/EMPLOYMENT STATUS

	JUNE 2018	JUNE 2017	JUNE 2016	JUNE 2015	JUNE 2014
FEMALE					
Full Time	298	282	278	271	258
Part Time	766	742	725	704	680
Casual	120	100	91	115	105
(Sub Total)	**1184**	**1,124**	**1,094**	**1,090**	**1,043**
MALE					
Full Time	190	204	179	187	176
Part Time	78	71	62	64	56
Casual	13	20	16	20	12
(Sub Total)	**281**	**295**	**257**	**271**	**244**
TOTAL	**1,465**	**1,419**	**1,351**	**1,361**	**1,287**

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

For the purposes of the Occupational Violence Statistics the following definitions apply:

- Occupational violence: any incident where an employee is abused, threatened or assaulted in circumstances arising out of, or in the course of their employment
- Incident: occupational health and safety incidents reported in the health service incident reporting system (Code Grey reporting not included)
- Accepted Workcover claims: accepted Workcover claims lodged in 2017–18
- Lost time: greater than one day.

WORKCOVER: HOURS LOST AND CLAIMS

HOURS LOST TO INJURY OR ILLNESS

SWH CAMPUS/SITE	2017–18	2016–17	2015–16	2014–15	2013–14
WARRNAMBOOL CAMPUS					
Acute Services					
Nursing Services	3,261	1,882	522	472	936.25
Support Services/Administration	2,372	2,531.5	2,685	2,261	3,068.5
Medical Services/Allied Health	120	450	463	44	219.5
Mental Health Services	0	0	0	184	453
Linen Service	2,289	223	1,019	524	0
CAMPERDOWN CAMPUS					
Nursing Services	1,620	1,512	1,619	671	432
Support Services/Administration	212	0	0	390	0
Medical Services/Allied Health	0	0	0	0	0
LISMORE CAMPUS	0	0	0	0	0
MACARTHUR CAMPUS	0	0	0	0	0
TOTAL	**9,874**	**6,598.5**	**6,308**	**4,546**	**5,109.25**

NUMBER OF NEW 'STANDARD' CLAIMS

SWH CAMPUS/SITE	2017–18	2016–17	2015–16	2014–15	2013–14
WARRNAMBOOL CAMPUS					
Acute Services					
Nursing Services	3	3	6	3	6
Support Services/Administration	2	3	5	3	4
Medical Services/Allied Health	1	0	0	0	1
Mental Health Services	0	1	0	2	2
Linen Service	5	1	3	3	0
CAMPERDOWN CAMPUS					
Nursing Services	1	1	3	3	3
Support Services/Administration	1	0	0	2	0
Medical Services/Allied Health	0	0	0	0	0
LISMORE CAMPUS	0	0	0	0	0
MACARTHUR CAMPUS	0	0	0	0	0
TOTAL	**13**	**9**	**17**	**16**	**16**

CORPORATE AND CLINICAL GOVERNANCE

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 2017–18 the Board of Directors met 11 times.

CHAIRMAN - JOHN MAHER

Retired (Senior Executive – Australia Post)

Appointed November 2006

Sub Committee Board Executive (Chair); Financial Performance, Audit & Risk; Quality Care; Medical & Dental Appointments (Chair); Governance & Remuneration (Chair); South West Service Design (Chair); Corangamite Health Collaborative; Joint Liaison

Attendance **10/11 (91%) board meetings**

VICE CHAIRMAN - RUSSELL WORLAND

Consultant – Watertight PL

Diploma Public Administration (Local Government), CM

Appointed July 2008

Sub Committee Board Executive; Financial Performance, Audit & Risk; Governance & Remuneration; Consumer & Community Advisory (Chair); Project Control Group – Warrnambool & Camperdown Redevelopment; South West Service Design; Corangamite Health Collaborative (Chair)

Attendance 11/11 (100%) board meetings

DEPUTY VICE CHAIRMAN - DR BERNADETTE NORTHEAST

Manager – Volunteering Warrnambool, Warrnambool City Council

Bachelor Science (Hons), Doctor Philosophy

Appointed July 2015

Sub Committees Board Executive; Quality Care Committee (Chair); Governance & Remuneration; Medical & Dental Appointments; Human Research Ethics (Chair); Joint Liaison; Project Control Group- Prevention and Recovery Centre

Attendance 11 of 11 (100%) board meetings

CHAIRMAN, FINANCE COMMITTEE - STEVE CALLAGHAN

Dealer Principal – Callaghan Motors

Bachelor Business (Accounting)

Appointed November 2005

Sub Committees Board Executive; Financial Performance, Audit & Risk (Chair); Governance & Remuneration

Attendance 9 of 11 (82%) board meetings

DIRECTOR - NARELLE ALLEN

Manager, Brand & Strategic Marketing – South West TAFE
Graduate Certificate of Marketing

Appointed July 2015
Sub Committees Consumer & Community Advisory; Quality Care
Attendance 10 of 11 (91%) board meetings

DIRECTOR - BILL BROWN

Director, Advisor & Lawyer – Orange Advisory P/L
Bachelor Laws, Bachelor Economics, GIA (Cert)

Appointed July 2017
Sub Committees Financial Performance, Audit & Risk; Human Research Ethics
Attendance 11 of 11 (100%) board meetings

DIRECTOR - KYLIE GASTON

Councillor – Warrnambool City Council
Bachelor Arts (Communications/Media Studies), Diploma Public Administration (Local Government)

Appointed July 2017
Sub Committees Consumer & Community Advisory; Quality Care
Attendance 8/11 (73%) board meetings

DIRECTOR - RICHARD MONTGOMERY

Managing Principal – Montgomery Carey & Associates PL
Fellow Chartered Accountant (FCA), ATIA, Bachelor Commerce (Accounting)

Appointed January 2013
Sub Committees Financial Performance, Audit & Risk; Quality Care
Attendance 9/11 (82%) board meetings

DIRECTOR - DR GEOFFREY TOOGOOD

Cardiologist – Peninsula Health Alfred Health
MBBS FRACP FCSANZ FHRS AFRACMA Grad Cert Health Service Management ACCAM AFCAsM

Appointed July 2017
Sub Committee Quality Care
Attendance 9/11 (82%) board meetings

DIRECTOR - JENNY WATERHOUSE

Senior Accountant, Warrnambool City Council
Bachelor Commerce (Accounting & Economics), Chartered Accountant (CA)

Appointed July 2016
Sub Committees Financial Performance, Audit & Risk; Medical & Dental Appointments
Attendance 11/11 (100%) board meetings

ORGANISATIONAL STRUCTURE

BOARD OF DIRECTORS
Principal Committees

CHIEF EXECUTIVE OFFICER
CRAIG FRASER

Community Partnerships Services

DIRECTOR OF FINANCE & ORGANISATIONAL PERFORMANCE
ANDREW TRIGG

- Financial Services
- Human Resources
- Organisational Performance
- Quality, Performance & Risk
- Supply Services

DIRECTOR OF MEDICAL SERVICES
DR NIC VAN ZYL

- Diagnostic Services
- Education/Research/Ethics Services
- Emergency Services
- Health Information Services
- Hospital Medical Officers
- Medical Library
- Pharmacy
- South West Centre Against Sexual Assault
- Visiting Medical Staff

DIRECTOR OF MENTAL HEALTH SERVICES
KARYN COOK

- Aged Persons Health Services
- Camperdown Mental Health Services
- Child & Adolescent Mental Health Services
- Hamilton Mental Health Services
- Inpatient Services
- Mental Health Access Team
- Portland Mental Health Services
- Prevention & Recovery Care (PARC) Centre
- Primary Mental Health, Psychological
- Treatment & Perinatal Emotional Health Services
- Warrnambool Adult Mental Health Services

DIRECTOR OF NURSING SERVICES
JULIANNE CLIFT

- Access Management
- Alcohol & Other Drugs Services
- Chemotherapy Services
- Critical Care Services
- Dialysis Services
- Geriatric Evaluation & Management Services
- Maternity Services
- Nursing Services
- Palliative Care Services
- Perioperative Services
- Rehabilitation Services
- Regional Palliative Care Services

DIRECTOR OF PRIMARY & COMMUNITY SERVICES
KERRYN ANDERSON

- Aboriginal Programs
- Allied Health
- Ambulatory Rehabilitation Services
- Care Coordination Programs
- District Nursing & HITH Service
- Lismore Community Health
- Macarthur Community Health
- Camperdown Community Health Services
- Regional Dental Services
- South West Medical Centre
- Subacute Pathways Access
- Warrnambool Community Health

DIRECTOR OF SERVICE DEVELOPMENT
JAMIE BRENNAN

- Biomedical Services
- Buildings & Infrastructure
- Camperdown Hospital
- Environmental Services
- Food Services
- Information Technology Services
- Merindah Lodge
- Retail Services
- South West Regional Linen Service

EXECUTIVE TEAM

CRAIG FRASER

BProsOrth, Dip Applied Science, GAICD, AFCHSE

Chief Executive Officer

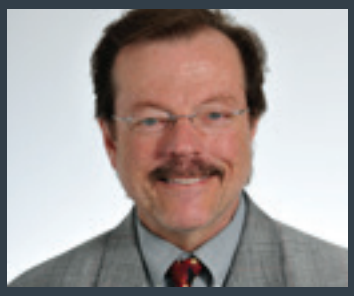
Craig has more than 25 years' experience as a senior manager and executive in the Victorian public health sector having worked in metropolitan teaching hospitals prior to moving into regional health. He was appointed to the Chief Executive Officer role in September 2017 after leading the development of our Primary and Community Services Division over 12 years. He is committed to continually improving services to enhance client and patient safety, access and the patients' overall experience, whilst enhancing the health of individuals and their communities.

ANDREW TRIGG

BComm (Accounting/Finance), ASA, GAICD

Director of Finance & Business Services

Andrew has worked in the Victorian public health sector for 32 years, joining South West Healthcare in 2005. He has held positions at executive management level for more than the past 20 years in roles combining 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.



DR NIC VAN ZYL

MBChB, MMed (CH), FAFPHM, MBL, PMP

Director of Medical Services

Nic joined South West Healthcare as Director of Medical Services in January 2018. He has a strong background in medical administration and public health medicine with a keen interest in clinical governance in rural regional Victoria. He is Clinical Associate Professor of the Deakin Clinical School and a member of the Deakin University School of Medicine Advisory Board.

JULIANNE CLIFT

RN, MHA (UNSW), RM, BN (Nursing Administration), Dip Nursing, Cert Intensive Care

Director of Nursing Services

Julianne was appointed Director of Nursing in 2012 after working as our Deputy Director of Nursing for two years. Having gained extensive experience in a range of roles in hospitals and health services in the Northern Territory, Mildura and Hunter New England in New South Wales, she is committed to improving the patient journey.

KARYN COOK

RN, Dip App Sc (Psych Nsg); BN, Grad Dip Young People Mental Health, Dip AOD, Dip Bus M'Ment, M, Ad. Nsg Prac, GAICD, MACMHN

Director of Mental Health Services

Karyn commenced mental health nursing in the 1980s, developing a particular interest in working with young people and alcohol & other drugs (AOD) treatment before shifting into vocational rehabilitation and OHS roles in the NT, ACT and Victoria. Holding senior clinical and executive management roles in mental health, AOD treatment, and justice sectors in Victoria and the NT, she joined SWH in 2016. She is passionate about embracing diversity within healthcare for staff and consumers; quality, safety and clinical governance; ensuring a person-centred approach to the recovery journey for consumers, and inclusive of their carers.

KERRYN ANDERSON

BPod (Hons)

Director of Primary & Community Services

Kerryn was formally appointed to our executive team, as our first female Director of Primary and Community Services, in December 2017 after working at South West Healthcare since 2000. With a strong clinical background, she has more recently worked in various project and management roles. She has a comprehensive understanding of the Primary and Community Services Division and is committed to continued development and provision of high quality services for the community that are responsive to changing community needs.

JAMIE BRENNAN

BHealth Science (Physiotherapy), Cert Healthcare Innovation and Entrepreneurship, AFACHSM

Director of Service Development

Jamie became our first Director of Service Development in 2014. He has more than a decade of experience in a diverse range of senior project management, support services and medical services roles at large regional health services. His role includes responsibility for the operation of non-clinical support services, our Camperdown Hospital and Merindah Lodge. Jamie is committed to person-centred care, innovation, continuous improvement and the development of commercial opportunities to ensure the sustainability of health service delivery within the public health setting.

PRINCIPAL COMMITTEES

The Board of Directors is supported by eight Principal Committees.

BOARD EXECUTIVE COMMITTEE

This committee has the authority to act on behalf of the Board of Directors, when necessary, between meetings of the Board provided all decisions taken are referred to the next meeting of the Board. This need arose five times in 2017–18.

Members: SWH Board Chairman John Maher (Chair), SWH Board Directors Steve Callaghan, Dr Bernadette Northeast and Russell Worland.

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 2017–18.

Members: SWH Board Chairman John Maher; SWH Board Directors Bill Brown, Steve Callaghan (Chair), Richard Montgomery, Jenny Waterhouse and Russell Worland; SWH CEO Craig Fraser, DFOP Andrew Trigg, DPCS Kerryn Anderson, DSD Jamie Brennan and Financial Services Manager David McLaren.

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 once in 2017–18.

Members: SWH Board Chairman John Maher (Chair); SWH Board Directors Steve Callaghan, Dr Bernadette Northeast and Russell Worland.

HUMAN RESEARCH ETHICS COMMITTEE

This committee ensures that human research undertaken by, or in partnership with, South West Healthcare is designed and conducted in accordance with the Australian code for the conduct of research, and is ethically reviewed and monitored in accordance with the NHMRC National Statement on Ethical Conduct in Human Research. This committee met five times in 2017–18.

Members: SWH Board Directors Dr Bernadette Northeast (Chair) and Bill Brown; SWH DMS Dr Peter O'Brien (July-Aug 2017), DMS Dr Nic van Zyl (from Jan 2018), DPCS Kerryn Anderson, DNS Julianne Clift, DMHS Karyn Cook, Education Research & Workforce Development Manager Barbara Moll, Karyn Bentley/clinical nurse, Marjorie Crothers/pastoral care (July-April 2018), Ondrea Howie/legal (July-Feb 2018); Gordon Johnson/male lay person; Dr Stewart Malcolm/clinical; Sarah McLean/counselling (July-Dec 2017); Anthony Gleeson/counselling (Jan-June 2018); Dr Daryl Pedler/research and Sandra Robinson/research (June-Oct 2017).

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 three times in 2017–18.

Members: SWH Board Chairman John Maher (Chair); SWH Board Directors Dr Bernadette Northeast and Jenny Waterhouse; SWH CEO Craig Fraser, DMS Dr Peter O'Brien (July-Aug 2017), DMS Dr Nic van Zyl (from Jan 2018), Human Resources Manager Graeme Mitchell and Medical Staff Association representative Mr Brendan Mooney.

PROJECT CONTROL GROUP (PCG) COMMITTEES

These committees have the primary responsibility for overseeing capital redevelopment projects. They determine the scope, quality, time and budget standards and monitor the progress of the projects against these standards.

***Warrnambool & Camperdown Redevelopment PCG Committee**: South West Healthcare's interests on this committee are served by the membership of SWH Board Director Russell Worland, SWH CEO Craig Fraser and DSD Jamie Brennan.*

***Prevention and Recovery Centre (PARC) PCG Committee**: South West Healthcare's interests on this committee are served by the membership of SWH Board Director Dr Bernadette Northeast and DMHS Karyn Cook.*

QUALITY CARE COMMITTEE

This committee provides leadership and advice to the Board of Directors in the assessment and evaluation of the safety and quality of all health services provided by the organisation. It is the major vehicle for ensuring South West Healthcare provides effective and safe clinical governance. This committee met 11 times in 2017–18.

Members: SWH Board Chairman John Maher; SWH Board Directors Narelle Allen, Kylie Gaston, Richard Montgomery, Dr Bernadette Northeast (Chair from Sept 2017), Dr Geoffrey Toogood, Jenny Waterhouse (July-Aug 2017) and Russell Worland (Chair July-Aug 2017); SWH

SENIOR STAFF

CEO Craig Fraser, DFOP Andrew Trigg, DNS Julianne Clift, DMS Dr Peter O'Brien (July-Aug 2017), DMS Dr Nic van Zyl (from Jan 2018), DMHS Karyn Cook, DPCS Kerryn Anderson, Camperdown Campus Manager Janine Dureau-Finn, Quality, Performance & Risk Manager Catherine Loria and Visiting Medical Officers representative Dr Stewart Malcolm.

CONSUMER & COMMUNITY ADVISORY COMMITTEE

This committee provides advice to South West Healthcare to reflect consumer, carer and community views in our service delivery, planning and policy development. This year it participated in the development of our 2017 Quality Account report and reviewed issues arising from patient satisfaction surveys and consumers. It also monitored and reviewed the requirements of Standard 2 of the National Safety and Quality Healthcare Service Standards (Partnering with Consumers) which resulted in the development of a Consumer Engagement Framework. This committee met 7 times in 2017–18.

Members: SWH Board Directors Narelle Allen, Kylie Gaston, Jenny Waterhouse (July–Aug 2017) and Russell Worland (Chair); SWH DNS Julianne Clift, DMHS Karyn Cook, Regional Palliative Care Coordinator/Secretariat Andrea Janes, Acting Deputy DNS Peter Logan, Quality, Performance & Risk Manager Catherine Loria, Consumer Engagement & Liaison Officer Jill Warne; community representatives Terry Brain, Lesley Brown, Elaine Hill, Heather Hillman, Julie Hoare, Karen Jackson, Zara Lukeis, Eila Lyon (MHS consumer consultant), Alex McBurnie, Greg McNamara, Pru Neale, Philip Shaw, Alison Tickner (MHS carer consultant), Amanda Wearne, Victoria Wilson and Ben Witham.

DFOP	Director of Finance & Organisational Performance
DMS	Director of Medical Services
DMHS	Director of Mental Health Services
DNS	Director of Nursing Services
DPCS	Director of Primary & Community Services
DSD	Director of Service Development

CHIEF EXECUTIVE OFFICER

Mr C Fraser
BProsOrth, Dip Applied Science, GAICD, AFCHSE (from Sept 11 2017/interim July 1-Sept 8 2017)

MEDICAL SERVICES

Director of Medical Services
Dr P O'Brien MBBS, Dip Obst RACOG, MHA, FRACMA, FACRRM* (to Aug 18 2017)
Dr A Mah BMedSci, MBBS, FRACMA, FACHSM, MBA, HKCHSE, MAICD (acting Aug 21-Dec 31 2017)
Dr Nic van Zyl MBChB, MMed (CH), FAFPHM, MBL, PMP (from Jan 1 2018)

DEPARTMENTAL DIRECTORS

Anaesthetics
Dr A Dawson MBBS, FANZCA
Dr J Muir MBChB, LRCP, LRCS (Edin), LRCS&P (Glas), DA, FRCA, FANZCA, PG Cert CU

Critical Care
Dr C Lewis MBBS, FRACP, FCICM
Dr M Page MBBS, FRACP

Emergency Services
Dr J Brown MBBS, DRANZCOG, FACEM, Grad Dip Clin ED

General Medicine Services
Dr J Gome MBBS, FRACP

General Surgical Services
Mr P Gan MBBS, FRACS
Mr B Mooney BAO (Hons), BSc (Anat) (Hons), MCh, FRCSI, FACRRM, FRACS

Infection Prevention and Control
Dr M Page MBBS, FRACP

Mental Health (Clinical) Services
Dr J Claassen MBChB FRANZCP
Prof B Singh AM MBBS (HonII), PhD, FPRCP, FRANZCP, FRACP

Obstetrics
Dr R Buchanan MBBS, FRANZCOG
Dr M Koutsoukis MBBS, FRCOG, FRANZCOG

Orthopaedics
Mr A Sutherland MBChB, FRCS, FRCS (Trauma & Ortho), MD (Hons), FRACS

Palliative Care
Dr E Greenwood MBBS, Dip RANZCOG, FRACGP, Grad Dip Pall Care

Paediatrics & Child Health Services
Dr M Agarwal FRACP (Neonat), FRACP (Paed)

Rehabilitation Services
Dr S Malcolm MBBS, BMedSci, FAFRM, FRACP

Sub-Specialty Surgical Services
Mr R Toma MBBS, FRACS (Plast & Recons)

DEPARTMENTAL SUPERVISORS

Intern Training
Dr B Condon MBBS, FRACGP, Grad Cert Clin Ed

Medical Specialist Training
Dr A Clissold MBBS, FRACP

SENIOR MEDICAL OFFICERS - WARRNAMBOOL CAMPUS

Addiction Medicine Physician
Dr R Brough MBBS, D Obst RCOG, APSAD Cert, FACRRM, FAChAM

Anaesthetists
Dr P Arnold MBBS, FANZCA
Dr C Bonney 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*
Dr G Reilly MBChB, MRCS, FRCA, FANZCA
Dr C Surtees MBChB, FANZCA
Dr S Watty MBBS, FANZCA

Emergency Physicians
Dr J Brown MBBS, DRANZCOG, FACEM. Grad Dip Clin ED
Dr M Cooney MBBS, FACEM
Dr F Schreve MBChB, FACEM, Grad Dip Emerg Health (Aeromed Retrieval)

General Practitioners
Dr C Aragon Doc Med, FRACGP*
Dr I Barratt BSc, MBBS, DRCOG*
Dr L Cameron MBBS
Dr T Cimpoesu MB (Rom), FRACGP
Dr B Condon MBBS, FRACGP, Grad Cert Clin Ed
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 A Hedgland MBChB, Dip Paed, FRACGP
Dr B Kay MBBS, D Obst RACOG, FACRRM, FRACGP
Dr M Lockhart MBBS
Dr J Manderson BSc (Hons), PhD, MBBS, FRACGP
Dr C Mooney MBChB, MRCS, LRCP, DRCOG
Dr D Pedler MBBS, D Obs RCOG, FRACGP, MPH, DHSc
Dr N Ryan MBBS DA, FRACGP
Dr S Singh MBBS MSurgOrtho

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

Geriatrician/Physician
Dr J Dikiciyan MBBS, BMedSci, FRACP
Dr B Jafari DM, FRACP

Haematologists/General Physicians
Dr J Brotchie MBBS, BMedSci, FRACP
Dr J Hounsell BSc, MBBS, FRACP, FRCPA

Neurologist
Dr J Waterston MBBS, MD, FRACP

Neurosurgeon
Dr J Waterston MBBS, MD, FRACP

Obstetricians & Gynaecologists
Dr M Abe FRANZCOG FRCOG
Dr C Beaton MBChB, FRANZCOG, FRCOG
Dr R Buchanan MBBS, FRANZCOG
D K Cornell MBBS, BSc, FRANZCOG
Dr M Koutsoukis MBBS, FRCOG, FRANZCOG*
Dr E Uren MBBS, FRANZCOG

Oncologists
Dr I Collins MBChB, MSc (Inf), MRCPI, FRACP
Dr T Hayes MBBS (Hons), BMedSci (Hons), FRACP
Dr O Klein DM, FRACP

Ophthalmologists
Dr R Bunting MBBS, BScAnat, FRCOphth, FRANZCO
Dr R Harvey MBBS, BSc, FRCOphth
Dr L Ong MBBS, FRANZCO

Orthopaedic Surgeons
Mr K Arogundade MBBS, FRCS, FRACS (Ortho)
Mr M Dooley MBBS, FRACS
Mr U Landgraf MBBS, Dr Med, Spec Ortho & Trauma (Ger)
Mr A Mitra MBBS, FRCSI (Gen Surg), FRCS (Trauma and Ortho)
Mr N Russell MBBS, BE (Hons), FRACS (Ortho)
Mr A Sutherland MBChB, FRCS, FRCS (Trauma & Ortho), MD (Hons), FRACS

Oto-Rhino-Laryngologists
Dr A Cass MBBS, FRACS
Dr B Clancy MBBS, FRACS

Paediatricians
Dr M Agarwal, FRACP (Neonat), FRACP (Paed)
Dr C Fiedler MD, FRACP (Paed)
Dr C McCasker MBBS, FRACP (Paed)
Dr K Olinsky MBBS (Hons), Grad Dip Clin Res, FRACP (Paed)
Dr N Thies MBBS, DCH, FRACP (Paed)*

Paediatric Surgeon
Mr A Woodward MBBS, FRCS, FRACS*

Pathologist
Dr D Blaxland MBBS, FRCPA

Physicians
Dr N Barraclough MBBS, BSc (Physio), FRACP
Dr N Bayley MBBS, FRACP
Dr C Charnley MBBS, FRACP
Dr A Clissold MD, FRACP
Dr J Gome MBBS, FRACP
Dr J Hounsell BSc, MBBS, FRACP, FRCPA
Dr C Lewis MBBS, FRACP, FCICM
Dr B Morphett MBBS, FRACP
Dr S Nagarajah MBBS, FRACP
Dr M Page MBBS, FRACP
Dr S Sebastian Thazhath MBBS, MD, FRACP, PhD

Plastic & Reconstructive Surgeons
Mr J Masters MBChB, BHB, FRACS
Mr R Toma MBBS, FRACS (Plast & Recons)

Radiation Oncologists
Dr T Gleisner MBBS, FRANZCR*
Dr K So MBBS, FRANZCR

Radiologist
Dr V Patheyar MBBS, MD, DNB, FRCR

Rehabilitation Physicians
Dr S Malcolm MBBS, BMedSci, FAFRM, FRACP
Dr C Manu Doctor-Medic, FAFRM, FRACP

Respiratory Physician/General Physician
Dr A Bradbeer MBBS, FRACP

Urogynaecologists
Dr L Ow MBBS, FRANZCOG

Urologists
Mr A Davidson MBBS, FRACS (Urol)
Mr B Mooney MBChB, BAO (Hons), BSc (Anat) (Hons), MCh, FRCSI, FACRRM, FRACS

Vascular Surgeon
Mr R Mayer MBBS, Dip Surg Anat, FRACS

SENIOR MEDICAL & DENTAL OFFICERS - CAMPERDOWN CAMPUS

General Practitioners
Dr M Ahmadi DM
Dr A Crompton MBBS, DRCOG, DA RCP&S, Grad Dip App Sc (Nut & Env Med)
Dr T Fitzpatrick MBBS
Dr E Grambas MBBS, Grad Dip Comp (MIT)*
Dr P Kaye MBBS, MRCGP, D Obst RCOG, DCH, FRACGP*
Dr D Loo MBBS, FRACGP*
Dr E Lyon MBChB
Dr E Masih MBChB
Dr H Mayer MBBS, BMedSci , DCH, DRANZCOG*
Dr S Menzies MBBS, M Med, FRACGP, DRANZCOG, FACRRM
Dr W Rouse MBBS, Grad Dip Rural Health, DRANZCOG, FRACGP
Dr A Singh MBBS, MSurgOrtho

General Surgeons
Mr D Abbas MBChB, FRACS
Mr T Fisher MBBS, FRACS
Mr J Ragg MBBS, FRACS

Obstetricians & Gynaecologists
Dr R Buchanan MBBS, FRANZCOG
Dr C Beaton MBChB, FRANZCOG, FRCOG
Dr E Uren MBBS, FRANZCOG
Oto-Rhino-Laryngologist
Dr B Clancy MBBS, FRACS
Orthopaedic Surgeon
Mr N Russell MBBS, BE (Hons), FRACS (Ortho)
Paediatricians
Dr K Olinsky MBBS (Hons), Grad Dip Clin Res
Dr N Thies MBBS, DCH, FRACP (Paed)*
Physicians
Dr N Barraclough MBBS, B Sc (Physio), FRACP
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, FCICM
Dr S Nagarajah MBBS, FRACP
Dr M Page MBBS, FRACP
Urogynaecologists
Dr L Ow MBBS, FRANZCOG
Urologist
Mr A Davidson MBBS, FRACS (Urol)

CLINICAL SUPPORT SERVICES MANAGERS

Centre Against Sexual Assault
Ms M Clapham BNur, Grad Dip Adol Health & Welfare, Grad Dip Man
Education, Research & Workforce Development
Mrs B Moll BSc (Hons) Sp & H Th, Post Grad Cert Strategic Workforce Development, MA Leadership & Development in Health & Social Care
Education Resource Centre (Library)
Ms H Obst BSc (Chem)/B Teach (Sec), Med (Library), AALIA (CP)
Health Information Services
MMs M Atkinson Ass Dip (MRA), RMRA
Medical Imaging Service
Mr L Pontonio MIR, Dip App Sc (Med Radiol) (Wbool campus)
Ms D Shelton MIR (Cdown campus)
Medical Services
Mr P Martin Cert App Sc, Ad Dip Bus Man, Cert IV WT&A
Pathology Service
Ms J Bevan BSc
Pharmacy
Ms L Spence BPharm, Post Grad Dip Clin Pharm

NURSING SERVICES

Director of Nursing
Ms J Clift RN, MHA (UNSW), RM, BN (Nursing Admin), Dip Nursing, Cert Intensive Care
Deputy Director Specialist Services Nursing
Mr P Logan RN, MPH, RM, BN, Grad Dip Pub Health (acting)
Assistant Directors Nursing
MMrs K Henry RN, BN
Mrs J McGovern RN, BN, Grad Dip Nursing Crit Care

MANAGERS/COORDINATORS

Access
Mrs I Wynd RN, Pro Cert Health Service Man
Ms J Droste RN (acting)
Ms S Anderton RN, MN (Nurse Pract), Grad Dip Crit Care, BN (acting)
Education
Ms K Bentley MHM, RN, MEN, RM, BM
Elective Surgery
Mrs M Coffey RN, BN, Dip Periop Nursing
Perioperative Services
Mr A Kelly RN, Grad Dip Health Admin & Info Systems, Cert Periop Nursing

UNIT MANAGERS

Acute Care
Ms J Hallinan RN, Cert Workplace Leadership, Dip Bus
Critical Care
Ms T Johnston RN, Grad Dip Crit Care
Day Stay
Ms S McClusky RN, BN
Emergency Department
Ms A Kelson RN, Grad Dip Crit Care
Maternity/Neonatal/Gynaecology
Mrs J Facey RN, RM, IBCLC (acting)
Medical/Palliative Care
Mr J Quinlivan RN, RPN, BN, Dip Fine Arts, Cert Computer Bus Apps, Grad Cert Health Man, Cert IV Workforce Training
Operating Theatres
Ms J Canny RN, Mast Periop Nursing, BN, Cert IV Human Res Man, Cert IV T&A
Paediatrics
Mrs S Marsh RN, Cert Computer Bus Appls, MRCNA
Rehabilitation and Withdrawal & Support Service
Mrs H Moyle RN, Dip App Sci Nursing, BN, Ad Dip Man, Cert IV WT&A
Short Stay/Oncology
Mrs J Rowe RN, Cert Workplace Leadership, Dip Bus

PROGRAM COORDINATORS

South West Community Based Palliative Care
Mrs A Janes RN, BN, Grad Cert Med-Surg Nursing, Dip Management

MENTAL HEALTH SERVICES

Director of Mental Health Services (MHS)
Ms K Cook RN, Dip App Sc (Psych Nsg), BN, Grad Dip Young People Mental Health, Dip AOD, Dip Bus M'Ment, M, Ad Nsg Prac, GAICD, PMP
Associate Director (Operations & Performance) Mental Health
Ms J Bateman BSc (Hons), Ad Dip (Bus Man) Acc MoEnterprise
Senior Mental Health Nurse
Ms J Radley RPN, Grad Dip (Child Psych), Grad Cert (Devel Psych), Ad Dip (Bus Man) Acc, Ad Dip (Hum Res) Acc

MANAGERS

Community Adult Teams
Aged Persons MHS
Mr R Porter BA, RPN, Ad Dip (Bus Man) Acc, Ad Dip (Hum Res) Acc
Child & Adolescent MHS
Ms C O'Keeffe RN Div1, BNursing, Grad Dip (MH), Grad Dip (Youth MH), Cert IV AOD, Ad Dip (Bus Man) Acc (maternity leave from Dec 4 2017)
Ms R Robertson MPsych Clin, Ad Dip (Bus Man) (from Jan 21 2018)
Primary Mental Health Team
Mr N Place BA, BSW, Ad Dip (Bus Man) Acc, Ad Dip (Hum Res) Acc
Warrnambool Adult Mental Health Team
Dr R Hine PhD (Monash), MSoc Work, BSoc Work, Cert IV WT&A, Cert OHS

Quality Coordinator
Ms J Punch RPN Ad Dip (Bus Man) Acc
Service Development
Ms A Tickner, Carer Consultant (acting until Feb 16 2018)
Ngootyoong Prevention and Recovery Centre (PARC)
Ms R Morrison BSW (from April 3 2017)
Psychiatric Nurse Consultant
Ms E Williams RN Div1, BNursing (Hons), Post Grad Dip MH Nursing

Residential Services
Ms C Porter RPN Div1 & 3, Dip Management
Clinical Nurse Coordinator
Mr N O'Brien RN Div1* (to June 16 2017)
Ms J Edge RPN Pub Health (Addictions) (Grad Cert) (acting from July 24 2017)
Extended Care Inpatient Unit
Ms J Ashworth RN Div1, M Mental Health (acting from June 12 2018)

TEAM LEADERS

Camperdown Community MHS
Mr L Miller RN Div1 BNursing, Cert IV T&A
Hamilton Community MHS
Mr P Kumar Premnath M Occ Ther
Portland Community MHS
Mr F Nittsjo BA (Psych) (Hons), Ad Dip (Bus Man) Acc

SENIOR PSYCHIATRISTS

Clinical Director – Mental Health Services & Authorised Psychiatrist
Dr J Claassen MBChB, FRANZCP, Cert Forensic Psych (from Mar 19 2018)
Director of Clinical Services
Prof B Singh AM MBBS (HonII), PhD, FPRCP, FRANZCP, FRACP
Director of Medical Training (Mental Health)
Dr R Ranasinghe MB BS, MD (Psych), FRANZCP, Cert Child Adol Psych
Director of ECT (Mental Health)
Dr A Keerthiratne MBBS, MD (Psych), FRANZCP

Dr S Cabarkapa BPharm (Hons), Doctor of Medicine* (to May 27 2018)
Dr M Ivers MBBS, FRANZCP
Dr A Jagad MBBS, MD (Psych), Post Grad Dip Psychiatry (from July 3 2017)
Dr A Keerthiratne MBBS, MD (Psych), FRANZCP
Dr C Li MBBS, iBSc (from Feb 5 2018)
Dr Z Radovic Doctor of Medicine, Senior Psychiatric Registrar (from Oct 16 2017)
Dr P Rajapakshe MBBS, Post Grad Dip Psychiatry (from Aug 28 2017)
Dr R Ranasinghe MB BS, MD (Psych), FRANZCP, Cert Child Adol Psych
Dr A Ratnayake MBBS, MD (Psych), FRANZCP (from Feb 5 2018)
Dr Y Rohanachandra MBBS, MD (Psych), Cert Teaching Higher Ed* (to Mar 2018)

PRIMARY& COMMUNITY SERVICES

Director of Primary & Community Services
Kerryn Anderson BPod(Hons) (from Dec 18 2017/acted July 1- Dec 15 2017)

CAMPUS MANAGERS

David Newman Adult Day Centre
Ms R Van Wollingen BNurs, MPublic Health* (to Mar 23 2018)
Ms S Ryan BNurs, Grad Dip Midwifery, Dip Bus Mgmnt (from May 28 2018)
Lismore Community Health
Ms R Van Wollingen BNurs, MPublic Health* (to Mar 23 2018)
Ms S Ryan BNurs, Grad Dip Midwifery, Dip Bus Mgmnt (from May 28 2018)
Macarthur Community Health
Mr D Keilar RN, Adv Dip Bus Mgmnt, Adv Dip Bus Mgmnt (HR)
Manifold Place Community Health
Ms R Van Wollingen BNurs, MPublic Health* (to Mar 23 2018)
Ms S Ryan BNurs, Grad Dip Midwifery, Dip Bus Mgmnt (from May 28 2018)
Warrnambool Community Health
Mr D Keilar RNu, Adv Dip Bus Mgmnt, Adv Dip Bus Mgmnt (HR)

PROGRAM MANAGERS

Access & Performance
Ms J Hogarth BSpPath (acting from July 1 2018/permanent from Mar 12 2018)
District Nursing Service/Hospital in the Home
Mr P Crimmin RN, Cert Commerce, Grad Cert Stoma Therapy
Health Promotion
Ms R Van Wollingen BNurs, MPublic Health* (to Mar 23 2018)
Ms S Ryan BNurs, Grad Dip Midwifery, Dip Bus Mgmnt (from May 28 2018)

SOUTHWEST DENTAL SERVICE

Business Manager
Mr C Grapentin Adv Dip Man

DENTAL OFFICERS

Dr Craig Gove BDS (Dund)
Dr Ji Yoon Ha, DDS* (to May 18 2018)
Dr Caitlyn Huang BDS (Adelaide)
Dr Yuzhou Jiang BDSc
Dr KH Lai BDSc* (to Mar 2 2018)
Dr KH Li BHSc (Dent), MDent* (to Oct 12 2017)
Dr Jayashree Narayana-Murthy BDS, ADC
Dr Abhimanyu Prabhu DDS
Dr Nishtha Shah BDS, ADC
Dr K Vo BHSc (Dent), MDent* (to Oct 17 2017)
Dr T Won DDS* (to Feb 13 2018)

SOUTH WEST MEDICAL CENTRE

Clinical Lead
Dr A Vigneswaran MBBS, FRACGP
Practice Manager
Mrs S Cook Adv Dip Bus & HR, Cert IV TAA

ALLIED HEALTH & AMBULATORY REHABILITATION SERVICES

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

DEPARTMENT MANAGERS

Aboriginal Health Social Work & Counselling
Ms J Hatherall BA Social Work (acting to Oct 16 2017)
Ms S Baudinette BSc (Nutrition), Grad Dip (Dietetics) (acting from Oct 17 2017-Feb 11 2018)
Ms J Winstanley BA(Hons) Approved Social Work (from Feb 12 2018)
Ambulatory Rehabilitation
Ms R Clapham MSc (TSP) (Hon), BSpPath, BA (Linguistics), PhD
Dietetics
Ms S Baudinette BSc (Nutrition), Grad Dip (Dietetics)
Occupational Therapy
Ms H Manson BOcc Therapy
Physiotherapy
Ms R Morgan BPhysio

Podiatry
Mr R Beavan MchS BSc (Hons) Podiatry
Speech Pathology
Ms S Bennett BSpPath (acting to Feb 26 2018)
Ms C Nailon BSpPath, DipMgt (from April 23 2018)

FINANCE & ORGANISATIONAL PERFORMANCE

Director of Finance & Organisational Performance
Mr A Trigg BComm (Acc/Fin), ASA, GAICD

MANAGERS

Budget & Performance Reporting
Mr C McGrath BCom, CPA
Community Partnerships Services
Ms S Morey MFIA
Financial Services
Mr D McLaren BBus, CPA
Human Resources
Mr G Mitchell BEc, BHA
Infection Prevention & Control
Mrs J Lukeis BSci Nursing, Dip Nursing, Grad Cert Infectious Diseases, Grad Cert Periop Nursing, Grad Cert Infection Control
Quality, Performance & Risk
Ms C Loria RN, RM, Cert CCU, Cert Oncol, Grad Dip Comm Health, Ad Dip Man SACS
Redesigning Care
Mrs L McCann RN, Cert ICU, MPET
Regional Financial Systems
Ms L Bramich BBus, ASA, CPA
Regional Supply Chain
Mr T Hoy Cert Hospital Supply Man
Safety & Security
Mr T Roberts MBA, Cert Man (SCU), Cert Workplace Leadership, Ad Dip OH&S
Staff Health & Wellbeing
Ms A Hilton BA
Workforce & Remuneration Systems
Ms S Rees BCom (Acc), BBus, BAppSci, Grad Dip Sec Ed (from April 19 2018)

SERVICE DEVELOPMENT

Director of Service Development
Mr J Brennan BHealth Sci (Physio), Cert Healthcare Innovation & Entrepreneurship, AFACHSM

MANAGERS

Biomedical Engineering Services
Mr G Szegi BAppSc (Biophysics/ Instrumental Sci)
Buildings, Infrastructure & Environmental Services
Mr R Bennett Dip Mech Eng, BH Eng, MIEAust CPEng, MIHEAust
Corangamite Health Collaborative Project
Ms J Creely BSci BBus Admin(Acc)
Education, Quality & Projects
Mr R Jubb RN MHS, Grad Dip Crit Care, Dip Bus
Food Services
Mr I Powlton Cert Catering, Dip FSM* (to March 29 2018)
Mr C McLeod (acting from March 30 2018)
ICT Manager
Ms T O'Keefe BBus (ICT & Acc), Grad Dip Ed
Redevelopment Project Manager
Ms S Hilton BNursing, Dip Neuro, Dip Acute Care (High Dependency) (from Oct 23 2017)
South West Regional Linen Service & Business Services
Ms K Dubyna Grad Cert Bus Admin, ACHSM

CAMPERDOWN HOSPITAL

Campus Manager
Mrs J Dureau-Finn BNurs, Ad Dip Bus Man, Ad Dip Man (HR)
Acute Services
Ms N Swayn RN, Grad Cert RIPERN
Aged Care Services (Merindah Lodge)
Mrs L Lucas RN
Operating Theatre
Mrs N Delaney RN, Grad Dip Periop Nursing, Cert III Steril/Tech, Dip Bus

* Resigned/retired during 2017–18

THE 2017 RECIPIENT OF OUR MOST PRESTIGIOUS AWARD

Aged behaviour cognition nurse and nurse practitioner candidate Maggie How-Ely was awarded our 2017 AEW Matthews Memorial Travelling Scholarship.

Created by our Board of Directors in 1991 in memory of former long-serving CEO, the late Allan Matthews, it allows recipients to travel overseas to be exposed to international best practice models, programs and other initiatives. Generously funded by the AL Lane Foundation, it's the most prestigious honor a SWH employee can receive.

Maggie will attend the International Council of Nurses' Nurse Practitioner/ Advanced Care Practice Nursing Conference in The Netherlands in August 2018. She will also undertake work experience alongside geriatric nurse practitioners at the Royal Infirmary of Edinburgh, Scotland.

Maggie hopes to learn more about the role of the nurse practitioner and ideas on how to effectively practice within a changing healthcare setting. She also hopes to gain a current perspective on how nurse practitioners work within a health care team, and gain geriatric and mental health focused practical experience.

We held a special morning tea at Macarthur Community Health to recognise life governor Sharon Muldoon's 32-year involvement in healthcare governance. Board chair John Maher (centre) and CEO Craig Fraser attended.

LIFE GOVERNORS

A Life Governorship is the most prestigious recognition South West Healthcare can bestow. Our recipients have given an outstanding contribution to our health service over a prolonged period of time.

At our 2017 Annual General Meeting six extraordinary volunteers were added to this elite honor roll:

- Damian Goss, a palliative care volunteer for the past 17 years, has compassionately supported patients both in hospital and in their homes. He's highly regarded for his massage therapy and willingness to mentor newer volunteers.
- Lorraine Graham, a Lismore Ladies Auxiliary member for the past 29 years, is the driving force behind some of the auxiliary's largest fundraising events.
- Chris Logan was appointed to the Board of Directors in 2004. His 13-year tenure included chair of the Board from 2010–13 during which time he oversaw the commissioning and opening of the $115m Warrnambool Base Hospital acute facility.
- Heather McCosker, a palliative care volunteer for the past 17 years, has provided a range of support activities to patients, including family support and patient companionship.
- Sharon Muldoon's 32-year involvement in healthcare governance began in 1984 when she joined the Macarthur Hospital Board of Management. President at the time the hospital amalgamated with SWH in 2000, she joined and remained on our Board until 2017. During her four-year term as chair in 2006, she oversaw the detailed planning to construct the Warrnambool Base Hospital's new $115m acute facility.
- Lynette Stammberger, a Lismore Ladies Auxiliary member for the past 16 years, has held executive positions that have resulted in sound financial management.

Certificates of Appreciation were awarded to SWH Lismore Ladies Auxiliary members Gwenda Shaw and Wendy Webster for their prolonged and ongoing support (11 and 15 years respectively).

[From left] Life governors Damian Goss, Heather McCosker, Chris Logan and [Below] Lynette Stammberger. Absent: Lorraine Graham.

We held a special morning tea at Macarthur Community Health to recognise life governor Sharon Muldoon's 32-year involvement in healthcare governance. Board chair John Maher (centre) and CEO Craig Fraser attended.

Mrs Margaret Agnew (2012)
Mrs Jan Aitken
Mary Alexander (2015)
Mr Lyall Allen
Mr AL Anderson
Mrs GI Anderson
Mrs JF Anderson
Mr Ian Armstrong (2007)
Mrs Joan Askew
FH Baker
Mr R Baker
Mrs VG Balmer
Mr NI Bamford
Mr Rob Baker
Mrs Heather Barker
WT Barr
Mrs Moira Baulch
Mrs Beverley Bell
Mrs JA Bell
Mrs Shirley Bell (1989)
Mrs Iris Bickley
Miss Helen Bishop
Mr NC Boyd
Mr CG Boyle
Mr N Bradley
Mr David Bradshaw
Mr GN Brown
Dr Anthony (Tony) Brown (2005)
Mrs Irene Bruce
Mr CW Burgin
Mrs L Burleigh
Mrs Lorna Burnham
Mrs Jean Byron
Mr Jack Caple
Mr Stan Carroll
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 (2004)
Mrs Veronica Cuzens (2012)
Mr Jack Daffy
Mr A Dalton
Mr Simon DeGaris
Mrs Gloria Dickson
Miss Judy Donnelly
Mr GW Dowling
Mrs L Dowling
Mr Tony Dupleix (2004)
Mrs Veronica Earls
Mrs A Elliot
G Elliot
Mr PV Emery
Mr W Ferguson
Mr J Finch
Mr ER Ford
Mrs June Ford-Crothers (2011)
Mrs CE Fraser
BD French
R Gellie
Mrs FM George
Mr MW George
Mrs Claire Gibbons (2015)
Mrs Norma Gilbert
Mrs Ann Glennon (2012)
Mrs Shirley Goldstraw
Mrs Helen Gollop (2009)
Mrs Joan Goodacre
Mrs E Goodwin
Mr Damian Goss (2017)*
Mrs Helen Goss (2016)
Mrs P Grace
Mrs Lorraine Graham (2017)*
Mrs Gwen Grayson (2014)
Mrs Sheila Habel
Mr RE Harris
Mr AJ Hartley
Mrs Joy Hartley
Mrs A Havard
Mrs Monica Hayes
Mr P Heath
Mrs Mavis Heazlewood
Mr Oscar Henry
Mr AJ Hill
Mrs Barbara Hill (2011)
Mrs DM Hill
Mr GL Hill
Mr J Hill
Miss L Hill
Mrs P Hill
Mr W Hocking
Mrs Lorraine Hoey (2010)
Mrs Ann Holmes
HJ Holmes
Mr John Holmes
Mr WJ Holton
Mrs A Hooton
GN Hornsby
JS Hosking
Mrs E Howell
Mr Mervyn Hoy (2016)
Mr Ray Hoy (2014)
Mrs Sharon Huf
Mrs Mary Hutchings
Mr R Hyde
Mrs Elwyn Jasper (2015)
Mr Murray Jasper (2015)
Mr David Jellie (2007)
Mr Barry Johnson
Mrs Margot Johnson
Mr Rex Johnson
Mrs Edna Keillor (2008)
Mr AE Kelly
Mrs Helen Laidlaw
Mrs Val Lang
Mr GA Larsen
Mrs B Laythe
Mrs Margot Lee (2009)
Mr S Lee
Sen AWR Lewis
Mr PE Lillie
Mrs Hilary Lodge
Mr Chris Logan (2017)*
Mr RW Lucas
Mrs Wendy Ludeman
Mrs AG Lumsden
Mrs Elizabeth Luxton
Dr E Lyon
Mr ID Macdonald
Mrs ID Macdonald
Mrs AF MacInnes
S Mack
MC Mack
Mrs Isobel Macpherson (2007)
Mrs L Maher
Mr NS Marshall
Mrs Norma Marwood
Mrs Jess Mathison
Mrs D McConnell
Mrs Bev McCosh
Mrs L McCosh
Mrs Norma McCosh
Mrs Janice McCrabb
Mr John McGrath
Mr Peter McGregor
Mrs Glenda McIlveen (2009)
Mr Ernie McKenna
Mrs Mary McKenna
Mrs Judy McKenzie
Mrs Olive McKenzie (2015)
Mr Trevor McKenzie
Mrs Heather McCosker (2017)*
Mrs H McLaren
Mrs Shirley McLean
Mr C McLeod
Mr Don McRae
Mrs Wendy McWhinney
Ms Felicity Melican (2013)
Dr John Menzies
JE Meyer
Mr Andrew Miller
Mr J Miller
Mrs J Mills
Mr Ivan Mirtschin
Miss Mabel Mitchell
Mrs Coral Moore
Mr F Moore
Mrs Nancy Moore
Mr Robert Moore
Mr James Moran
Mr J Morris Jnr
Mr W Morris
Mrs Sharon Muldoon (2017)*
Mrs I Mulligan
AE Murdock
Mrs G Mutten
Nestle (Fonterra) Sports & Social Club
Mrs Sheryl Nicolson
Mr AW Noel
Mrs HW Norman
Mrs Alison Northeast
Mr JB Norton
Mrs Helen Nunn
Mrs Barbara O'Brien
Mrs Judy O'Keefe
Miss K O'Leary
Mr L O'Rourke
Mr W Owens
Mrs Dianne Papworth (2016)
Mr Ken Parker
Mrs TJ Parker
Mrs GR Parsons
Mr DR Patterson
Mrs ME Paterson
Mrs Phyllis Peart
Dr Ian Pettigrew
Mr Bill Phillpot OAM
Ms Barbara Piesse
Mrs G Pike
Mrs Gloria Rafferty
Mrs Margaret Richardson
Mr DM Ritchie
Mr Ric Robertson
Mrs Judy Ross
Mr NJ Rowley
Mr Peter Roysland
Mr JC Rule
Mr Leo Ryan
Mrs Sue Sambell
Mr John Samon
Mr RG Sampson
Mrs Eileen Savery
Mr A E Scott
Mr L Sedgley
Mr TT Shaw
Mrs A B Smart
Mr M Smill
Mrs Ann Smith
Michelle Smith
Mrs Lynette Stammberger (2017)*
Ms G Stevens
Mr GC Sullivan
Mrs B Surkitt
Mrs Ailsa Swinton
Mrs Mona Swinton (2014)
Mr DN Symons
Ms Carolyn Taylor (2014)
Mrs D Taylor
Mr F Taylor
Mr HC Taylor
Miss Kate Taylor
Mrs Robbie Taylor
Miss Yvonne Teale
Mrs A Thorpe
Mrs AJ Trotter
Mr SW Waldron
Mr JB Walker
Mrs H Wallace
Mrs Judith Wallace
Mrs RJ Wallace
Mrs D Wedge
RV Wellman
Mr AC Whiffen
Mr G Whiteside
Mr J Wilkinson
Mrs June Williams
Mrs Marion Williams (2010)
Mrs Zelda Williams
Mr John Wilson
Mrs NT Wines
Mr WJ Wines
Mrs Anne Wright (2007)

Our condolences are extended to the family and friends of life governors Mrs Nance Swinton and Mr Don Jenkins who passed away in June 2018.

*Awarded Life Governorship in 2017–18

VOLUNTEERS

358 AMAZING INDIVIDUALS

Our South Western Regional Palliative Care Service (SWRPCS) more than doubled its volunteer team in 2017 following a very successful recruitment drive. The signing up of 42 more people, including Margo Gilchrist (left) and Christine Matthew, allowed SWRPCS to expand its volunteer service to the far boundaries of almost everywhere in Corangamite and Moyne except the Skipton-Lismore-Derrinallum area where a recruitment drive is now underway. Since Glenormiston's Maureen Honeyman died in September 2017, Margo and Christine have continued to visit her husband of 48 years, Jimmy. "They're both locals and talking with them has been great. I don't think I would have got through without them," he says.

WHERE OUR VOLUNTEERS HELP

SWH CAMPUS/SITE	2017–18
Camperdown Hospital	93
David Newman Adult Day Centre	19
Lismore Community Health	12
Macarthur Community Health	32
Merindah Lodge	14
Warrnambool Base Hospital	166
Warrnambool Community Health	9
Warrnambool Mental Health Services	12
TOTAL	**358**

Another 43 people joined our 358-strong team of registered volunteers in 2017–18. This significant 13.7 percent increase helped us to deliver more than 30 programs, organisation-wide.

> At our Warrnambool Base Hospital 100 volunteers fulfil the duties of 57 volunteer-specific position descriptions related to onsite programs in our Medical, Rehabilitation, Acute, Haemodialysis and Paediatrics Units, and in our in Allied Health, District Nursing, Community Health, and Emergency Department. As of this year, they also now support our Cardiac Rehabilitation team and our ECIU – Focus on Recovery Incorporated program. Another 66 palliative-specific volunteers support nine inpatient and community-based palliative care programs to provide support to patients and clients, and their carers and families, across our catchment area.

> Our Planned Activity Group at Lismore Community Health is supported by four volunteers who assist with meals preparation and group activities for our rurally and socially isolated clients. Another eight volunteers form our SWH Lismore Community Health Women's Auxiliary to help raise funds to support our work in and around Lismore.

Camperdown campus service award recipients: Jan Ellis (from left), Valda Coverdale, Amanda Manifold, Jenny Hillman, Tony Dupleix, Shirley Rantall, Ron Absalom, Carmel Absalom, Louise Abelard. Absent: Lois Dupleix.

Warrnambool campus service award recipients: Eve Grant (from left), Terry King, Lynette Brodie, Marilyn Rantall, Prue McCombie, Ros MacBain and Heather Love.

- Of Camperdown Hospital's 93 volunteers, 66 support our Meals on Wheels service. Others volunteer via their involvement with our Camperdown & District Hospital Auxiliary and our Camperdown Hospital Trolley Auxiliary.
- Volunteer assistance at Merindah Lodge sees seven volunteers and seven Friends & Relatives of Merindah (FROM) members assisting with a variety of activities including bacon and egg mornings, craft, music, outdoor gardening, social outings, pet therapy visits and bus driving.
- David Newman Adult Day Centre's 19 volunteers provide a range of activities for its 55 members, including music programs, armchair dancing, driving the bus to and from events, assisting with kitchen duties and craft. They offer support and friendship via the centre's A Well For Life Group, Out and About Group, Men's Social Group and Social Support Groups.
- At Warrnambool Community Health one volunteer assists our diabetes team, one assists our continence team and a third volunteer does administration tasks. Four permanent volunteers form part of our Ostomy Association along with three part-time volunteers.
- Bus driving, transporting clients to medical appointments, Planned Activity Group assistance, gardening, Telecare and Broadband for Seniors are some of the many activities our 32 volunteers at Macarthur Community Health help with.
- Eight volunteers support our Warrnambool Mental Health Services Acute Inpatient Unit and Hider House therapeutic day program and another four help run the weekly BBQ for these consumers/carers in the community, and consumers who are inpatients.

THE EDUCATION AND TRAINING OF OUR VOLUNTEERS

Our registered volunteers receive regular training and upskilling as individual and group needs arise. Training provided during 2017–18 included a Wellness Together mental health workshop, bereavement support education and palliative care training. We also took a busload of palliative care volunteers to the 2018 Melbourne Palliative Care Volunteers Conference.

RECOGNISING OUR VOLUNTEERS

At our 2017 AGM the following registered volunteers were awarded life governorship:

- Lismore Ladies Auxiliary's Lorraine Graham and Lynette Stumberger
- Palliative care volunteers Damian Goss and Heather McCuskey.

At our 2017 AGM the following registered volunteers were awarded certificates of appreciation:

- Lismore Ladies Auxiliary's Gwenda Shaw and Wendy Webster.

At our 2017 Camperdown Year in Review service awards were presented to 10 individuals who'd collectively volunteered at our Camperdown campus for 185 years:

- Camperdown & District Hospital Auxiliary members Tony Dupleix and Lois Dupleix (35 years) and Louise Abelard (10)
- CWA Evening Branch members Amanda Manifold and Valda Coverdale (25)
- Meals on Wheels' Shirley Rantall (20); Carmel Absalom, Ron Absalom, Jan Ellis (10) and Jenny Hillman (5).

At our 2017 Warrnambool Volunteers AGM service awards were presented to 14 individuals who'd collectively volunteered at our Warrnambool campus for 155 years:

- Lynette Brodie, Marion Bugged, Helen Goss, Judy Stephen and Jennifer Tippet (20); Prue McCombie and Marilyn Rantall (10); Eve Grant, Neville Hogan, Terry King, Heather Love, Ros MacBain, Margaret Stonehouse and Sarah Turner (5).

At our 2018 National Volunteer Week celebrations one of our four-legged Delta Society registered volunteer team, the adorable Crumpet, was presented with a certificate of appreciation for his first five years of service.

The exceptional work of our volunteers also earned statewide recognition. Our Camperdown Friends & Relatives of Merindah (FROM) committee and our Warrnambool Brain Activities, Stimulation & Engagement (BASE) team won 2017 Australian Government National Group Volunteer Awards for Wannon for their commitment and passion in caring for others, and for their significant contributions to our communities.

OVERWHELMING COMMUNITY SUPPORT

DONORS

Camperdown Rock the Clock Committee's Becky McCann (left), midwife Kirsty Mitchell and mum-to-be Claire Dowling rest on the birthing suite bed we plan to replace when we reach our $25,000 appeal target. Becky's committee donated $1,000 to the Camperdown Hospital cause.

The overwhelming support of our donors allowed us to raise $557,736 in 2017–18 – a 32 percent increase on 2016–17. This saw to the financing of otherwise unaffordable medical equipment and initiatives to help treat and care for our communities.

We celebrated four particularly significant donor-related achievements. The first will save local men having to travel away for their prostate cancer biopsies, the second adds a touch of cultural vibrancy to our Mental Health Services, and the third and fourth are already making big impacts:

> In just 15 weeks we raised $306,378 to fund the purchasing of our first prostate cancer detector. This state-of-the-art Transperineal Ultrasound MRI integrated (TPUS) system will allow us to provide western Victoria with its first public-hospital TPUS Prostate Biopsy Service. 1 in 5 local men will be affected by prostate cancer by the time they're 85. We want to provide the best diagnostics, treatments and care for them, right here, where they live. This specialised equipment will enable targeted tumour biopsy, reduce the risk of post-procedural infection and improve patient outcomes.
This 2018 appeal continued to receive donations after it was officially closed. With the blessing of these donors, we commenced fundraising for a $48,000 bipolar plasma resection system. This equipment will significantly reduce the surgical time, minimise complications and reduce side effects associated with Trans Urethral Resection of the Prostate (the surgical procedure for prostate cancer).

> A $20,000 donation enabled the creation of more inclusive and welcoming consulting rooms in our Community Mental Health Services. Having rooms and spaces specifically designed for and with Aboriginal people, families and carers with children, and young people, demonstrates a commitment to create environments within our services that are safe and welcoming to improve access to services for all people who need them.

Celebrating the news we'd hit our prostate cancer detector appeal target: Peterborough prostate cancer survivors Bob Hesketh and Neil Matheson (centre), flanked by Peter's Project Foundation (PPF) director Glenys Phillpot (from left), SWH appeal manager Suzan Morey, urologist Mr Adee Davidson, Warrnambool Racing Club CEO Peter Downes and PPF director Vicki Jellie. PPF and WRC donated $100,000 and $14,086 respectively.
Image: The Standard & photographer Morgan Hancock.

- We officially opened our Camperdown Hospital's palliative care suite in September 2017. It has the only funded palliative care bed in the Corangamite Shire. Donors including the hospital's auxiliary, Peter's Project Foundation and the Inner Varnika Music Festival Committee gifted $20,000 for the redevelopment of two hospital rooms into a spacious bedroom, bathroom, kitchenette and sitting room, complete with a furnished veranda providing a sweeping view of tree tops and the town's iconic clock tower.
- We officially opened our professionally-designed rehabilitation/GEM therapy garden in March 2018. Located in the courtyard of our Warrnambool Base Hospital main foyer, this two-year $200,000 initiative impressed the surveyors during our 2017 National Safety & Quality Health Service Standards accreditation survey and stole the limelight of our 2017 World Environment Day activities. It was generously funded by the John Gordon Estate, Midfield Meat International, Lorna Roberts Bequest, Dorothy Eaton Bequest and our SWH Rehabilitation Unit/GEM Therapy Garden Staff Committee.

Other medical equipment and initiatives financed by donors and fundraising included:

Paediatrics Unit vital signs monitor	10,000
Community Palliative Care extendable beds x 2	7,196
Critical Care Unit paediatric ventilator	$17,500
Merindah Lodge commercial rotating-toaster	$1,440
Dialysis Unit blood coag	$1,200
Camperdown Hospital delivery suite oxygen blender	$2,750
Warrnambool Rotary House solar panels	$4,000
Emergency Department patient transfer trolleys x 2	$16,000
Publishing of South Western Regional Palliative Care Carers Companion x 150	$2,700
Weekly visits by Delta Therapy Dogs to our Warrnambool campus	$2,400
SWH Chemotherapy hoverjack	$6,045
Midwifery Unit milk warmers x 2	$2,800
Acute Unit vital signs monitor	$4,750
Paediatrics Unit defibrillator	$5,000

As always, our auxiliaries, Murray2Moyne Relay Cycle Teams and staff generously donated their time, expertise and energy to raise $28,611, $19,835 and $10,665 respectively while $119,695 was received in bequests and memorial gifts.

SWH AUXILARIES

Camperdown & District Auxiliary	15,567
Camperdown & District Trolley Auxiliary	700
Friends & Relatives of Merindah	94
Warrnambool Auxiliary	5,750
Woolsthorpe Auxiliary	6,500

SWH MURRAY2MOYNE TEAMS

Grassmere Primary School	7,900
Scrubbers & The Gasman	3,551
Warrnambool College	8,384

SWH STAFF

Camperdown Hospital Fundraising Committee	4,767
Rehabilitation Unit/GEM Therapeutic Garden Committee	1,843
Workplace Giving Program	4,055

BEQUESTS

Lasting legacies totalling $109,810 were bequeathed by John Gordon, Margaret Jansen, Alexander Murdoch and Nora Place.

IN MEMORIUM GIFTS

Families and friends gifted $9,885 in memory of Alan Bant, Keith Jubb, Ann Kuttner, John Norton, Max Preece, Murray Silver and Mark Yourn.

Our Camperdown Mental Health Services spent its part of a $20,000 donation aimed at creating more inclusive and welcoming consulting rooms on this stunning mural by local artist Merrian Dennis, and on sensory aides including these specially-weighted toy animals held by occupational therapist Rachel Kealley and registered nurse Belinda Timms.

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.

REPORT OF OPERATIONS

FINANCIAL STATEMENTS

Legislation

SWH is a registered

ndis National Disability Insurance Scheme

Provider

- Continence
- Exercise Physiology
- District Nursing
- Dietetics
- Occupational Therapy
- Physiotherapy
- Podiatry
- Social Work
- Speech Pathology

For more information phone

5563 4000

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
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

South West Healthcare

www.southwesthealthcare.com.au

SWHnews

SWH COMMUNITY HEALTH CENTRES

Warrnambool Community Health
Koroit Street
Warrnambool 3280
p 03 5563 4000
e intake@swh.net.au

Manifold Place
140 Manifold Street
Camperdown 3260
p 03 5557 0900
e mplace2@swh.net.au

David Newman Adult Day Centre
20A Church Street
Camperdown 3260
p 03 5593 7364
e dcentre@swh.net.au

Lismore Community Health
High Street
Lismore 3324
p 03 5558 3000
e lismore2@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
York Street
Camperdown 3260
p 03 5593 7366
e merindah@swh.net.au

South West Healthcare

FINANCIAL STATEMENTS 2017-18

South West Healthcare

BOARD MEMBER'S, ACCOUNTABLE OFFICER'S AND CHIEF FINANCE & ACCOUNTING OFFICER'S DECLARATION

The attached financial statements for *South West Healthcare* have been prepared in accordance with Direction 5.2 of the Standing Directions of the Minister for Finance under the *Financial Management Act 1994* , applicable Financial Reporting Directions, Australian Accounting Standards including 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 accompanying notes, presents fairly the financial transactions during the year ended 30 June 2018 and the financial position of *South West Healthcare* at 30 June 2018.

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

We authorise the attached financial statements for issue on 23 August 2018.

.....

Mr Russell Worland
Board Member

Warrnambool

23 August 2018

.....

Craig Fraser
Chief Executive Officer

Warrnambool

23 August 2018

.....

Andrew Trigg
Chief Finance & Accounting Officer

Warrnambool

23 August 2018

Independent Auditor's Report

Victorian Auditor-General's Office

To the Board of South West Healthcare

Opinion	I have audited the financial report of South West Healthcare (the health service) which comprises the: • balance sheet as at 30 June 2018 • comprehensive operating statement for the year then ended • statement of changes in equity for the year then ended • cash flow statement for the year then ended • notes to the financial statements, including significant accounting policies • board member's, accountable officer's and chief finance & accounting officer's declaration. In my opinion the financial report presents fairly, in all material respects, the financial position of the health service as at 30 June 2018 and their financial performance and cash flows for the year then ended in accordance with the financial reporting requirements of Part 7 of the *Financial Management Act 1994* and applicable Australian Accounting Standards.
Basis for Opinion	I have conducted my audit in accordance with the *Audit Act 1994* which incorporates the Australian Auditing Standards. I further describe my responsibilities under that Act and those standards in the *Auditor's Responsibilities for the Audit of the Financial Report* section of my report. My independence is established by the *Constitution Act 1975.* My staff and I are independent of the health service in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants* (the Code) that are relevant to my audit of the financial report in Victoria. My staff and I have also fulfilled our other ethical responsibilities in accordance with the Code. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.
Other Information	The Board of the health service are responsible for the Other Information, which comprises the information in the health service's annual report for the year ended 30 June 2018, but does not include the financial report and my auditor's report thereon. My opinion on the financial report does not cover the Other Information and accordingly, I do not express any form of assurance conclusion on the Other Information. However, in connection with my audit of the financial report, my responsibility is to read the Other Information and in doing so, consider whether it is materially inconsistent with the financial report or the knowledge I obtained during the audit, or otherwise appears to be materially misstated. If, based on the work I have performed, I conclude there is a material misstatement of the Other Information, I am required to report that fact. I have nothing to report in this regard.
Board's responsibilities for the financial report	The Board of the health service is responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards and the *Financial Management Act 1994*, and for such internal control as the Board determines is necessary to enable the preparation and fair presentation of a financial report that is free from material misstatement, whether due to fraud or error. In preparing the financial report, the Board is responsible for assessing the health service's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless it is inappropriate to do so.

Auditor's responsibilities for the audit of the financial report

As required by the *Audit Act 1994,* my responsibility is to express an opinion on the financial report based on the audit. My objectives for the audit are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

As part of an audit in accordance with the Australian Auditing Standards, I exercise professional judgement and maintain professional scepticism throughout the audit. I also:

- identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- obtain an understanding of internal control relevant to the audit 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 health service's internal control
- evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Board
- conclude on the appropriateness of the Board's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the health service's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify my opinion. My conclusions are based on the audit evidence obtained up to the date of my auditor's report. However, future events or conditions may cause the health service to cease to continue as a going concern.
- evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

I communicate with the Board regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

MELBOURNE
27 August 2018

Ron Mak
as delegate for the Auditor-General of Victoria

COMPREHENSIVE OPERATING STATEMENT FOR THE FINANCIAL YEAR ENDED 30 JUNE 2018

	Note	2018 $'000	2017 $'000
REVENUE FROM OPERATING ACTIVITIES	2.1	181,313	163,156
REVENUE FROM NON-OPERATING ACTIVITIES	2.1	379	373
Employee Benefits	3.1	(118,498)	(108,775)
Non Salary Labour Costs	3.1	(12,524)	(11,807)
Supplies & Consumables	3.1	(24,636)	(21,613)
Other Expenses	3.1	(12,409)	(10,100)
Administrative Expenses	3.1	(13,147)	(11,534)
NET RESULT BEFORE CAPITAL AND SPECIFIC ITEMS		478	(300)
Capital Purpose Income	2.1	3,514	9,049
Impairment of Non-financial Assets	3.1	-	(10)
Depreciation	4.2	(14,861)	(12,892)
Expenditure Using Capital Purpose Income	3.1	(152)	(164)
Finance Costs	3.3	(33)	(127)
NET RESULT AFTER CAPITAL & SPECIFIC ITEMS		**(11,054)**	**(4,444)**
OTHER ECONOMIC FLOWS INCLUDED IN NET RESULT			
Net Gain/(loss) on Non-financial Assets	7.2	(128)	60
Revaluation of Long Service Leave	3.4	115	185
TOTAL OTHER ECONOMIC FLOWS INCLUDED IN NET RESULT		**(13)**	**245**
NET RESULT FOR THE YEAR		**(11,067)**	**(4,199)**
COMPREHENSIVE RESULT		**(11,067)**	**(4,199)**

This Statement should be read in conjunction with the accompanying notes

BALANCE SHEET AS AT 30 JUNE 2018

	Note	2018 $'000	2017 $'000
ASSETS			
Current Assets			
Cash and Cash Equivalents	6.2	9,458	14,866
Receivables	5.1	6,028	7,704
Investments and Other Financial Assests	4.1	7,100	-
Inventories	5.2	1,886	1,756
Prepayments and Other Assets	5.4	45	3
Total Current Assets		**24,517**	**24,329**
Non Current Assets			
Receivables	5.1	4,582	3,460
Property, Plant & Equipment	4.2	193,731	204,696
Total Non Current Assets		**198,313**	**208,156**
TOTAL ASSETS		**222,830**	**232,485**
LIABILITIES			
Current Liabilities			
Payables	5.5	9,382	10,685
Borrowings	6.1	330	392
Provisions	3.4	28,738	26,078
Other Liabilities	5.3	2,482	2,682
Total Current Liabilities		**40,932**	**39,837**
Non Current Liabilities			
Borrowings	6.1	234	475
Provisions	3.4	3,025	2,467
Total Non Current Liabilities		**3,259**	**2,942**
TOTAL LIABILITIES		**44,191**	**42,779**
NET ASSETS		**178,639**	**189,706**
EQUITY			
Property, Plant & Equipment Revaluation Surplus	8.1a	56,713	56,713
Restricted Specific Purpose Surplus	8.1b	22	22
Contributed Capital	8.1b	76,744	76,744
Accumulated Surpluses / (Deficits)	8.1c	45,160	56,227
TOTAL EQUITY		**178,639**	**189,706**
Commitments	6.3		

This Statement should be read in conjunction with the accompanying notes

STATEMENT OF CHANGES IN EQUITY FOR THE FINANCIAL YEAR ENDED 30 JUNE 2018

	Note	Property, Plant & Equipment Revaluation Surplus $'000	Restricted Specific Purpose Surplus $'000	Contributed Capital $'000	Accumulated Surpluses/ (Deficits) $'000	Total $'000
Balance at 1 July 2016		**56,713**	22	**76,744**	**60,426**	**193,905**
Net result for the year	8.1	-	-	-	(4,199)	(4,199)
Balance at 30 June 2017		**56,713**	**22**	**76,744**	**56,227**	**189,706**
Net result for the year	8.1	-	-	-	(11,067)	(11,067)
Balance at 30 June 2018		**56,713**	**22**	**76,744**	**45,160**	**178,639**

This Statement should be read in conjunction with the accompanying notes

CASH FLOW STATEMENT FOR THE FINANCIAL YEAR ENDED 30 JUNE 2018

	Note	2018 $'000	2017 $'000
CASH FLOWS FROM OPERATING ACTIVITIES		**Inflows / (Outflows)**	**Inflows / (Outflows)**
Operating Grants from Government		154,894	141,335
Capital Grants from Government		2,347	7,189
Patient and Resident Fees Received		5,236	4,780
Private Practice Fees Received		1,806	1,579
Donations and Bequests Received		762	560
GST Received from/ (paid to) ATO		4,303	4,158
Interest Received		379	430
Other Receipts		15,073	11,109
TOTAL RECEIPTS		**184,800**	**171,140**
Employee Expenses Paid		(115,077)	(107,100)
Non-Salary Labour Costs		(12,476)	(11,807)
Payments for Supplies and Consumables		(23,739)	(24,955)
Finance Costs			
Other Payments		(27,980)	(20,254)
TOTAL PAYMENTS		**(179,272)**	**(164,116)**
NET CASH INFLOW FROM / (USED IN) OPERATING ACTIVITIES	**8.2**	**5,528**	**7,024**
CASH FLOWS FROM INVESTING ACTIVITIES			
Purchase of Investments		(7,100)	-
Purchase of Non-Financial Assets		(4,482)	(9,588)
Proceeds from Sale of Non-Financial Assets		485	775
NET CASH FLOW FROM / (USED IN) INVESTING ACTIVITIES		**(11,097)**	**(8,813)**
NET INCREASE / (DECREASE) IN CASH AND CASH EQUIVALENTS HELD		(5,569)	(1,789)
CASH AND CASH EQUIVALENTS AT BEGINNING OF FINANCIAL YEAR		11,384	13,173
CASH AND CASH EQUIVALENTS AT END OF FINANCIAL YEAR	6.2	**5,815**	**11,384**

This Statement should be read in conjunction with the accompanying notes

BASIS OF PRESENTATION

The financial statements are prepared in accordance with Australian Accounting Standards and relevant FRDs.

These financial statements are presented in Australian dollars and the historical cost convention is used unless a different measurement basis is specifically disclosed in the note associated with the item measured on a different basis.

The accrual basis of accounting has been applied in the preparation of these financial statements whereby assets, liabilities, equity, income and expenses are recognised in the reporting period to which they relate, regardless of when cash is received or paid.

Consistent with the requirements of AASB 1004 Contributions (that is contributed capital and its repayment) are treated as equity transactions and, therefore, do not form part of the income and expenses of the hospital.

Additions to net assets which have been designated as contributions by owners are recognised as contributed capital. Other transfers that are in the nature of contributions to or distributions by owners have also been designated as contributions by owners.

Transfers of net assets arising from administrative restructurings are treated as distributions to or contribution by owners.

Transfer of net liabilities arising from administrative restructurings are treated as distribution to owners.

NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

These annual financial statements represent the audited general purpose financial statements for South West Healthcare (ABN 41 189 754 233) for the period ended 30 June 2018.

The purpose of the report is to provide users with information about the Health Services' stewardship of resources entrusted to it.

(A) STATEMENT OF COMPLIANCE

These financial statements are general purpose financial statements which have been prepared in accordance with the Financial Management Act 1994, and applicable AASs, which include interpretations issued by the Australian Accounting Standards Board (AASB). They are presented in a manner consistent with the requirements of *AASB101 Presentation of Financial Statements*.

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 AAS's.

The annual financial statements were authorised for issue by the Board of South West Healthcare on 23/08/2018.

(B) REPORTING ENTITY

The financial statements includes 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 Healthcares' operations and its principal activities is included in the report of operations, which does not form part of these financial statements.

(C) BASIS OF ACCOUNTING PREPARATION & 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 2018, and the comparative information presented in these financial statements for the year ended 30 June 2017.

The financial statements are prepared on a going concern basis. (Refer to note 8.11 Economic dependency)

These financial statements are presented in Australian Dollars, the functional and presentation currency of South West Healthcare.

All amounts shown in the financial statements have been rounded to the nearest dollar, unless otherwise stated.

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

The Health Service operates on a fund accounting basis and maintains three funds: Operating, Specific Purpose and Capital Funds.

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.

Judgements, estimates and assumptions are required to be made about the carrying values of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on professional judgements derived from historical experience and various other factors that are believed to be reasonable under the circumstances. Actual results may differ from these estimates.

Revisions to accounting estimates are recognised in the period in which the estimate is revised and also in future periods that are affected by the revision. Judgements and assumptions made by management in the application of AASBs that have significant effects on the financial statements and estimates relate to:

- The fair value of land, buildings and plant and equipment (refer to Note 4.2 Property, Plant and Equipment);
- Superannuation expense (refer to Note 3.5 Superannuation);
- Employee benefit provisions are based on likely tenure of existing staff, patterns of leave claims, future salary movements and future discount rates (refer to Note 3.4 Employee Benefits in the Balance Sheet).

Goods and Services Tax (GST)

Income, expenses and assets are recognised net of the amount of associated GST, unless the GST incurred is not recoverable from the Australian Taxation Office (ATO). In this case the GST payable 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 ATO 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 ATO, are presented as operating cash flow.

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

(D) INTERSEGMENT TRANSACTIONS

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

(E) JOINTLY CONTROLLED OPERATION

Joint control is the contractually agreed sharing of control of an arrangement, which exists only when decisions about the relevant activities require the unanimous consent of the parties sharing control.

In respect of any interest in joint operations, South West Healthcare recognises in the financial statements:

- its assets, including its share of any assets held jointly;
- any liabilities including its share of liabilities that it had incurred;
- its revenue from the sale of its share of the output from the joint operation;
- its share of the revenue from the sale of the output by the operation; and
- its expenses, including its share of any expenses incurred jointly.

South West Healthcare is a Member of the Southwest Alliance of Rural Health Joint Venture and retains joint control over the arrangement, which it has classified as a joint operation (refer to Note 8.9).

NOTE 2: FUNDING DELIVERY OF OUR SERVICES

South West Healthcare's overall objective is to deliver programs and services that support and enhance the wellbeing of all Victorians.

To enable the health service to fulfil its objective it receives income based on parliamentary appropriations. The health service also receives income from the supply of services.

STRUCTURE

2.1 Analysis of revenue by source

NOTE 2.1: ANALYSIS OF REVENUE BY SOURCE

	Admitted Patients 2018 $'000	Non Admitted 2018 $'000	EDS 2018 $'000	Mental Health 2018 $'000	RAC incl. Mental Heath 2018 $'000	Aged Care 2018 $'000	Primary Health 2018 $'000	Other 2018 $'000	Total 2018 $'000
Government Grants	95,212	14,474	15,172	20,787	2,520	2,340	1,690	6,513	158,708
Indirect Contributions by Department of Health and Human Services	1,242	-	-	-	-	-	-	-	1,242
Patient and Resident Fees	2,930	598	-	42	609	297	-	682	5,158
Commercial Activities	-	-	-	-	-	-	-	7,336	7,336
Other Revenue from Operating Activities	4,972	-	-	242	-	-	-	3,655	8,869
Total Revenue from Operating Activities	**104,356**	**15,072**	**15,172**	**21,071**	**3,129**	**2,637**	**1,690**	**18,186**	**181,313**
Interest	-	-	-	-	-	-	-	379	379
Total Revenue from Non Operating Activities	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**379**	**379**
Capital Purpose Income (excluding Interest)	-	-	-	-	-	-	-	3,514	3,514
Total Capital Purpose Income	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**3,514**	**3,514**
Total Revenue	**104,356**	**15,072**	**15,172**	**21,071**	**3,129**	**2,637**	**1,690**	**22,079**	**185,206**

	Admitted Patients 2017 $'000	Non Admitted 2017 $'000	EDS 2017 $'000	Mental Health 2017 $'000	RAC incl. Mental Heath 2017 $'000	Aged Care 2017 $'000	Primary Health 2017 $'000	Other 2017 $'000	Total 2017 $'000
Government Grants	86,761	14,169	12,919	18,292	2,386	2,370	1,611	4,572	143,080
Indirect Contributions by Department of Health and Human Services	561	-	-	-	-	-	-	-	561
Patient and Resident Fees	2,409	479	-	86	585	245	50	375	4,229
Commercial Activities	-	-	-	-	-	-	-	6,936	6,936
Other Revenues from Operating Activities	8,187	-	-	153	-	-	-	-	8,340
Total Revenue from Operating Activities	**97,918**	**14,648**	**12,919**	**18,531**	**2,971**	**2,615**	**1,661**	**11,883**	**163,146**
Interest	-	-	-	-	-	-	-	373	373
Other Non-Operating Revenue	-	-	-	-	-	-	-	10	10
Total Revenue from Non Operating Activities	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**383**	**383**
Capital Purpose Income (excluding Interest)	-	-	-	-	-	-	-	9,049	9,049
Total Capital Purpose Income	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**9,049**	**9,049**
Total Revenue	**97,918**	**14,648**	**12,919**	**18,531**	**2,971**	**2,615**	**1,661**	**21,315**	**172,578**

NOTE 2.1: ANALYSIS OF REVENUE BY SOURCE (CONTINUED)

Revenue 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 at fair value.

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)

In accordance with AASB 1004 *Contributions*, government grants and other transfers of income (other than contributions by owners) are recognised as income when the Health Service gains control of the underlying assets irrespective of whether conditions are imposed on the Health Service's use of the contributions.

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 and Human Services

> Insurance is recognised as revenue following advice from the Department of Health and Human Services.

> Long Service Leave (LSL) - Revenue is recognised upon finalisation of movements in LSL liability in line with the arrangements set out in the Metropolitan Health and Aged Care Services Division Hospital Circular 04/2017.

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 provision of meals to external users are recognised on an accrual basis.

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 surplus, such as specific restricted purpose surplus.

Other Revenue from Operating Activities

Other income includes non property rental, salaries and wages recoveries, clinical placement revenue, equipment hire fees and recoveries from other health agencies.

Interest Revenue

Interest revenue is recognised on a time proportionate basis that takes in account the effective yield of the financial asset, which allocates interest over the relevant period.

Fair Value of Assets and Services Received Free of Charge or for Nominal Consideration

Resources 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 received as a donation.

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 acute and subacute admitted patients services, where services are delivered in public hospitals.

> **Non Admitted Services** comprises acute and subacute non admitted services, where services are delivered in public hospitals clinics and provide models of integrated community care, which significantly reduces the demand for hospital beds and supports the transition from hospital to home in a safe and timely manner.

> **Emergency Department Services (EDs)** comprises all emergency department services.

> **Mental Health Services** comprises all specialised mental health services providing a range of inpatient, community based residential, rehabilitation and ambulatory services which treat and support people with a mental illness and their families and carers. These services aim to identify mental illness early, and seek to reduce its impact through providing timely acute care services and appropriate longer-term accommodation and support for those living with a mental illness.

> **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 the department 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 and secure extended care units.

> **Aged Care** comprises a range of in home, specialist geriatric, residential care and community based programs and support services, such as Home and Community Care (HACC) that are targeted to older people, people with a disability, and their carers.

> **Primary, Community and Dental Health** comprises a range of home based, community based, community, primary health and dental services including health promotion and counselling, physiotherapy, speech therapy, podiatry and occupational therapy and a range of dental health services.

> **Other Services not reported elsewhere** (Other) comprises 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, 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, Health and Community Initiatives also falls in this category group.

NOTE 3: THE COST OF DELIVERING SERVICES

This section provides an account of the expenses incurred by the hospital in delivering services and outputs. In Section 2, the funds that enable the provision of services were disclosed and in this note the cost associated with provision of services are recorded.

STRUCTURE

3.1 Analysis of expenses by source
3.2 Analysis of expense and revenue by internally managed and restricted specific purpose funds
3.3 Finance Costs
3.4 Employee Benefits in the Balance Sheet
3.5 Superannuation

NOTE 3.1: ANALYSIS OF EXPENSES BY SOURCE

	Admitted Patients 2018 $'000	Non Admitted 2018 $'000	EDS 2018 $'000	Mental Health 2018 $'000	RAC incl. Mental Health 2018 $'000	Aged Care 2018 $'000	Primary Health 2018 $'000	Other 2018 $'000	Total 2018 $'000
Employee Expenses	61,991	9,627	9,665	18,062	3,330	1,723	1,151	12,949	118,498
Other Operating Expenses									
Non Salary Labour Costs	12,524	-	-	-	-	-	-	-	12,524
Supplies and Consumables	14,767	2,312	2,321	639	271	414	278	3,634	24,636
Other Expenses	15,081	2,282	2,283	1,999	190	405	258	3,057	25,555
Total Expenditure from Operating Activities	**104,363**	**14,221**	**14,269**	**20,700**	**3,791**	**2,542**	**1,687**	**19,640**	**181,213**
Finance Costs (refer note 3.3)	-	-	-	-	-	-	-	33	33
Other Non-Operating Expenses									
Expenditure for Capital Purposes	-	-	-	-	-	-	-	152	152
Impairment of Non-Financial Assets	-	-	-	-	-	-	-	-	-
Depreciation (refer note 4.3)	-	-	-	-	-	-	-	14,861	14,861
Total Other Expenses	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**15,046**	**15,046**
Total Expenses	**104,363**	**14,221**	**14,269**	**20,700**	**3,791**	**2,542**	**1,687**	**34,686**	**196,259**

	Admitted Patients 2017 $'000	Non Admitted 2017 $'000	EDS 2017 $'000	Mental Health 2017 $'000	RAC incl. Mental Health 2017 $'000	Aged Care 2017 $'000	Primary Health 2017 $'000	Other 2017 $'000	Total 2017 $'000
Employee Expenses	56,770	9,487	8,428	16,808	3,176	1,739	1,146	11,220	108,774
Other Operating Expenses									
Non Salary Labour Costs	11,800	-	-	7	-	-	-	-	11,807
Supplies and Consumables	12,955	2,194	1,950	634	255	403	267	2,955	21,613
Other Expenses	12,883	2,107	1,861	1,345	182	383	241	2,633	21,635
Total Expenditure from Operating Activities	**94,408**	**13,788**	**12,239**	**18,794**	**3,613**	**2,525**	**1,654**	**16,808**	**163,829**
Finance Costs (refer note 3.3)	-	-	-	-	-	-	-	127	127
Other Non-Operating Expenses									
Expenditure for Capital Purposes	-	-	-	-	-	-	-	164	164
Impairment of Non-Financial Assets	-	-	-	-	-	-	-	10	10
Depreciation (refer note 4.3)	-	-	-	-	-	-	-	12,892	12,892
Total Other Expenses	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**13,193**	**13,193**
Total Expenses	**94,408**	**13,788**	**12,239**	**18,794**	**3,613**	**2,525**	**1,654**	**30,001**	**177,022**

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

NOTE 3.1: ANALYSIS OF EXPENSE BY SOURCE (CONTINUED)

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

Employee expenses

Employee expenses include:

> Salaries and wages;
> Fringe benefits tax;
> Leave entitlements;
> Termination payments;
> Work cover premiums; and
> Superannuation expenses.

Grants and Other Transfers

These include transactions such as: grants, subsidies and personal benefit payments made in cash to individuals.

Other operating expenses

Other operating expenses generally represent the day-to-day running costs incurred in normal operations and include:

> Supplies and Consumables - Supplies and service costs which are recognised as an expense in the reporting period in which they are incurred. The carrying amounts of any inventories held for distribution are expenses when distributed.
> Fair value of assets, services and resources provided free of charge or for nominal consideration - Contributions of resources provided free of charge or for nominal consideration are recognised at their fair value when the transferee obtains control over them.
> Borrowing Costs of Qualifying Assets - In accordance with the paragraphs of AASB 123 Borrowing Costs applicable to not-for-profit public sector entities, South West Healthcare continues to recognise borrowing costs immediately as an expense, to the extent that they are directly attributable to the acquisition, construction or production of a qualifying asset.

Net Gain / (loss) on Non-Financial Assets

Net gain / (loss) on non-financial assets and liabilities includes realised and unrealised gains and losses as follows:

> Revaluation gains/(losses) of non-financial physical assets (refer Note 4.2 Property plant and equipment)
> Net gain/(loss) on disposal of non-financial assets

Any gain or loss on disposal of non-financial assets is recognised at the date of disposal.

Net Gain / (loss) on Financial Instruments

Net gain/ (loss) on financial instruments includes:

> Realised and unrealised gains and losses from revaluations of financial instruments at fair value;
> Impairment and reversal of impairment for financial instruments at amortised cost refer to Note 4.1 Investments and other financial assets; and
> Disposals of financial assets and derecognition of financial liabilities.

Other Gains / (losses) from Other Economic Flows

Other gains/(losses) include:

a. the revaluation of the present value of the long service leave liability due to changes in the bond rate movements, inflation rate movements and the impact of changes in probability factors; and
b. transfer of amounts from the reserves to accumulated surplus or net result due to disposal or derecognition or reclassification.

Derecognition of Financial Liabilities

A financial liability is derecognised when the obligation under the liability is discharged, cancelled or expires.

NOTE 3.2: COMMERCIAL ACTIVITIES

Analysis of Expense and Revenue by Internally Managed and Restricted Specific Purpose Funds

	Expenses		Revenue	
Commercial Activities	**2018 $'000**	**2017 $'000**	**2018 $'000**	**2017 $'000**
Private Practice Fees	1,819	1,735	1,902	1,847
Linen Service	1,709	1,503	2,004	1,861
Food Services	1,314	1,278	1,451	1,356
Retail Services	913	875	1,063	1,101
Other Activities	738	641	916	771
Total	**6,493**	**6,032**	**7,336**	**6,936**

NOTE 3.3: FINANCE COSTS

	2018 $'000	**2017 $'000**
Finance Charges on Finance Leases	33	127
TOTAL FINANCE COSTS	**33**	**127**

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.*

NOTE 3.4: EMPLOYEE BENEFITS IN THE BALANCE SHEET

	2018 $'000	**2017 $'000**
Current Provisions		
Employee Benefits (i)		
Annual Leave		
- unconditional and expected to be settled wholly within 12 months (ii)	7,903	7,244
- unconditional and expected to be settled wholly after 12 months (iii)	220	288
Long Service Leave		
- unconditional and expected to be settled wholly within 12 months (ii)	2,147	2,006
- unconditional and expected to be settled wholly after 12 months (iii)	9,983	9,326
Other - Salaries & Wages Accrued & ADO's		
- unconditional and expected to be settled within 12 months (ii)	5,412	4,472
	25,665	23,336
Provisions related to employee benefit on-costs		
- unconditional and expected to be settled wholly within 12 months (ii)	1,557	1,325
- unconditional and expected to be settled wholly after 12 months (iii)	1,516	1,417
	3,073	2,742
Total Current Provisions	**28,738**	**26,078**
Non-Current Provisions		
Employee Benefits (i)	2,690	2,193
Provisions related to employee benefit on-costs	336	274
Total Non-Current Provisions	**3,026**	**2,467**
Total Provisions	**31,764**	**28,545**

NOTE 3.4: EMPLOYEE BENEFITS IN THE BALANCE SHEET (CONTINUED)

	2018 $'000	2017 $'000
Current Employee Benefits and Related On-Costs		
Unconditional LSL Entitlement	13,645	12,749
Annual Leave Entitlements	9,384	8,473
Accrued Wages and Salaries	5,473	4,638
Accrued Days Off	236	218
Non-Current Employee Benefits and Related On-Costs		
Conditional Long Service Leave Entitlements (iii)	3,026	2,467
Total Employee Benefits and Related On-Costs	**31,764**	**28,545**

Movements in Provisions	2018 $'000	2017 $'000
Movement in Long Service Leave:		
Balance at start of year	15,216	14,648
Provision made during the year		
- Revaluations	(115)	(185)
- Expense Recognising Employee Service	3,455	2,657
Settlement made during the year	(1,930)	(1,904)
Balance at end of year	**16,626**	**15,216**

(i) Provisions for employee benefits consist of amounts for annual leave and long service leave accrued by employees, not including on-costs.
(ii) The amounts disclosed are nominal amounts
(iii) The amounts disclosed are discounted to present values

Employee Benefit Recognition

Provision is made for benefits accruing to employees in respect of wages and salaries, annual leave and long service leave for services rendered to the reporting date as an expense during the period the services are delivered.

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.

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.

Employee Benefits

This provision arises for benefits accruing to employees in respect of wages and salaries, annual leave and long service leave for services rendered to the reporting date.

Salaries and Wages, Annual Leave and Accrued Days Off

Liabilities for wages and salaries, including non-monetary benefits, annual leave, and are all recognised in the provision for employee benefits as 'current liabilities', because the health service does not have an unconditional right to defer settlements of these liabilities.

Depending on the expectation of the timing of settlement, liabilities for wages and salaries, annual leave and are measured at:

> Undiscounted value – if the health service expects to wholly settle within 12 months; or

> Present value – if the health service does not expect to wholly settle within 12 months.

Long Service Leave (LSL)

Liability for LSL is recognised in the provision for employee benefits.

Unconditional LSL is disclosed in the notes to the financial statements as a current liability, even where the health service 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. An unconditional right arises after a qualifying period.

The components of this current LSL liability are measured at:

> Undiscounted value – if the health service expects to wholly settle within 12 months; and

> Present value – if the health service does not expect to settle a component of this current liability within 12 months.

Conditional LSL 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. This non-current LSL liability is measured at present value.

Any gain or loss followed revaluation of the present value of non-current LSL liability is recognised as a transaction, except to the extent that a gain or loss arises due to changes in estimations e.g. bond rate movements, inflation rate movements and changes in probability factors which are then recognised as other economic flow.

Termination Benefits

Termination benefits are payable when employment is terminated before the normal retirement date or when an employee decides to accept an offer of benefits in exchange for the termination of employment.

On-Costs related to Employee Expense

Provision for on-costs, such as payroll tax, workers compensation and superannuation are recognised separately to provisions for employee benefits.

NOTE 3.5: SUPERANNUATION

	Paid Contributions for the Year		Outstanding Contributions at Year End	
	2018 $'000	2017 $'000	2018 $'000	2017 $'000
Defined Benefit Plans:				
First State Super (Health Super)	295	336	23	26
State Super Fund	117	113	10	8
Defined Contribution Plans:				
First State Super (Health Super)	6,130	5,970	488	491
Hesta Super fund	2,144	1,956	178	166
Other	262	132	30	14
Total	**8,948**	**8,507**	**729**	**705**

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

Defined Contribution Superannuation Plans

In relation to defined contributions (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.

South West Healthcare does not recognise any defined benefit liability in respect of the plan(s) because the entity 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 discloses the State's defined benefits liabilities in its disclosure of administered items.

However, superannuation contributions paid or payable for the reporting period are included as part of employee benefits in the comprehensive operating statement of the Health Service. The name, details and amounts expense in relation to the major employee superannuation funds and contributions made by the Health Services are as follows:

The name and details of the major employee superannuation funds and contributions made by South West Healthcare are disclosed above.

NOTE 4: KEY ASSETS TO SUPPORT SERVICE DELIVERY

The hospital controls infrastructure and other investments that are utilised in fulfilling its objectives and conducting its activities. They represent the key resources that have been entrusted to the hospital to be utilised for delivery of those outputs.

STRUCTURE

4.1 Investments & other financial assests
4.2 Property, plant & equipment
4.3 Depreciation and amortisation

NOTE 4.1: INVESTMENTS & OTHER FINANCIAL ASSETS

	2018 $'000	2017 $'000
CURRENT		
Investments		
Loans & Receivables		
Term Deposit		
Aust. Dollar Term Deposits > 3 Months	7,100	-
Total Current Other Financial Assests	**7,100**	**-**
TOTAL INVESTMENTS & OTHER FINANCIAL ASSESTS	**7,100**	**-**
Represented by:		
Health Service Funds	7,100	-
TOTAL	**7,100**	**-**

Investment Recognition

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 receivable assets.

South West Healthcare classifies its other financial assets between current and non-current assets based on the Board of Management's intention at balance date with respect to the timing of disposal of each asset. The Health Service assesses at each balance sheet date whether a financial asset or group of financial assets is impaired.

South West Healthcare's investments must comply with Standing Direction 3.7.2 - Treasury and Investment Risk Management.

All financial assets, except those measured at fair value through the Comprehensive Operating Statement are subject to annual review for impairment.

Derecognition of financial assets

A financial asset (or, where applicable, a part of a financial asset or part of a group of similar financial assets) is derecognised when:

> the rights to receive cash flows from the asset have expired; or
> the Health Service retains the right to receive cash flows from the asset, but has assumed an obligation to pay them in full without material delay to a third party under a 'pass through' arrangement; or
> the Health Service has transferred its rights to receive cash flows from the asset and either:
  (a) has transferred substantially all the risks and rewards of the asset; or
  (b) has neither transferred nor retained substantially all the risks and rewards of the asset, but has transferred control of the asset.

Where the Health Service has neither transferred nor retained substantially all the risks and rewards or transferred control, the asset is recognised to the extent of the Health Service's continuing involvement in the asset.

Impairment of Financial Assets

At the end of each reporting period, the Health Service assesses whether there is objective evidence that a financial asset or group of financial assets is impaired. All financial instrument assets, except those measured at fair value through the Comprehensive Income Statement, are subject to annual review for impairment.

NOTE 4.2: PROPERTY, PLANT AND EQUIPMENT

(a) Gross carrying amount and accumulated depreciation	2018 $'000	2017 $'000
Land		
- Land at Fair Value		
Freehold Land	9,317	9,317
Total Land	**9,317**	**9,317**
Buildings		
- Buildings at Fair Value	210,649	205,190
Less Accumulated Depreciation	39,731	28,787
	170,918	**176,403**
- Buildings Under Construction at Cost	1,074	5,163
	1,074	**5,163**
- Buildings - Leasehold Improvements at Fair Value	342	355
Less Accumulated Depreciation	117	-
	225	**355**
Total Buildings	**172,217**	**181,921**
Plant and Equipment		
- Plant and Equipment at Fair Value	8,927	8,722
Less Accumulated Depreciation	6,864	6,364
Total Plant and Equipment	**2,063**	**2,358**
Medical Equipment		
- Medical Equipment at Fair Value	15,030	14,238
Less Accumulated Depreciation	10,736	9,503
Total Medical Equipment	**4,294**	**4,735**
Computers & Communications		
- Computers & Communications at Fair Value	8,737	7,973
Less Accumulated Depreciation	7,092	6,321
Total Computers & Communications	**1,645**	**1,652**
Furniture and Fittings		
- Furniture and Fittings at Fair Value	4,025	3,863
Less Accumulated Depreciation	2,711	2,466
Total Furniture and Fittings	**1,314**	**1,397**
Motor Vehicles		
- Motor Vehicles at Fair Value	3,182	3,131
Less Accumulated Depreciation	857	647
Total Motor Vehicles	**2,325**	**2,484**
Leased Assets		
- Leased Assets at Cost (South West Alliance of Rural Health)	556	830
Less Accumulated Depreciation	-	-
Total Leased Assets	**556**	**830**
TOTAL	**193,731**	**204,694**

NOTE 4.2: PROPERTY, PLANT AND EQUIPMENT (CONTINUED)

(b) Reconciliations of the carrying amounts of each class of asset	Land $'000	Buildings & Buildings under construct. $'000	Plant & Equip. $'000	Medical Equip. $'000	Computers & Comms. $'000	Furniture & Fittings $'000	Motor Vehicles $'000	Leased Assets $'000	Total $'000
Balance at 1 July 2016	**9,329**	**184,860**	**2,685**	**4,430**	**1,717**	**1,550**	**2,200**	**971**	**207,742**
Additions	-	6,687	196	1,325	510	123	1,314	404	10,559
Disposals	(12)	-	-		(27)	-	(676)	-	(715)
Depreciation	-	(9,626)	(523)	(1,020)	(548)	(276)	(354)	(545)	(12,892)
Balance at 30 June 2017	**9,317**	**181,921**	**2,358**	**4,735**	**1,652**	**1,397**	**2,484**	**830**	**204,694**
Additions	-	1,359	201	833	879	163	932	144	4,511
Disposals	-	-	-	-	(3)		(610)	-	(613)
Depreciation	-	(11,063)	(484)	(1,275)	(883)	(256)	(482)	(418)	(14,861)
Balance at 30 June 2018	**9,317**	**172,217**	**2,075**	**4,293**	**1,645**	**1,304**	**2,324**	**556**	**193,731**

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 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 independent valuation was 30 June 2014.

In compliance with FRD 103F, in the year ended 30 June 2018, South West Healthcare's management conducted an annual assessment of the fair value of land and buildings and leased buildings. To facilitate this, management obtained from the Department of Treasury and Finance the Valuer General Victoria indices for the financial year ended 30 June 2018.

There was no material financial impact on change in the fair value of land and buildings.

NOTE 4.2: PROPERTY, PLANT & EQUIPMENT (CONTINUED)

(c) Fair value measurement hierarchy for assets as at 30 June 2018	Carrying Amount as at 30 June 2018	Fair value measurement at end of reporting period using:		
	$'000	Level 1 (i) $'000	Level 2 (i) $'000	Level 3 (i) $'000
Land at Fair Value				
Specialised land	9,317	-	-	9,317
Total of Land at Fair Value	**9,317**	**-**	**-**	**9,317**
Buildings at Fair Value				
Specialised Buildings	172,217	-	-	172,217
Total of Building at Fair Value	**172,217**	**-**	**-**	**172,217**
Plant and Equipment at Fair Value				
Plant, Equipment and Vehicles at Fair Value				
- Plant and Equipment	2,075	-	-	2,075
- Medical Equipment	4,293	-	-	4,293
- Computers and Communications	1,645	-	-	1,645
- Furniture and Fittings	1,304	-	-	1,304
- Motor Vehicles	2,324	-	-	2,324
Total of plant, equipment and vehicles at fair value	**11,641**	**-**	**-**	**11,641**
Leased Assets at Fair Value				
Leased Assets at Fair Value	556	-	-	556
Total Leased Assets at Fair Value	**556**	**-**	**-**	**556**
TOTAL	**193,731**			**193,731**

	Carrying Amount as at 30 June 2017	Fair value measurement at end of reporting period using:		
	$'000	Level 1 (i) $'000	Level 2 (i) $'000	Level 3 (i) $'000
Land at Fair Value				
Specialised land	9,317	-	-	9,317
Total of Land at Fair Value	**9,317**	**-**	**-**	**9,317**
Buildings at Fair Value				
Specialised Buildings	181,921	-	-	181,921
Total of Building at Fair Value	**181,921**	**-**	**-**	**181,921**
Plant and Equipment at Fair Value				
Plant, Equipment and Vehicles at Fair Value				
- Plant and equipment	2,358	-	-	2,358
- Medical equipment	4,735	-	-	4,735
- Computers and Communications	1,652	-	-	1,652
- Furniture and Fittings	1,397	-	-	1,397
- Motor Vehicles	2,484	-	-	2,484
Total of plant, equipment and vehicles at fair value	**12,626**	**-**	**-**	**12,626**
Leased Assets at Fair Value				
Leased Assets at Fair Value	830	-	-	830
Total Leased Assets at Fair Value	**830**	**-**	**-**	**830**
TOTAL	**204,694**			**204,694**

(i) Classified in accordance with the fair value hierarchy, see Note 1
(ii) Vehicles are categorised to level 3 assets if the depreciated repalcement cost is used in estimating the fair value.
There have been no transfers between levels during the period.

NOTE 4.2: PROPERTY, PLANT & EQUIPMENT (CONTINUED)

(d) Reconciliation of Level 3 fair value as at 30 June 2018

	Land $'000	Buildings & Buildings Under Const. $'000	Plant & Equip. $'000	Medical Equip. $'000	Computures & Comm. $'000	Furniture & Fittings $'000	Motor Vehicles $'000	Leased Assets $'000	Total $'000
Opening Balance	9,317	181,921	2,358	4,735	1,652	1,397	2,484	830	204,694
Purchases / (Sales) & Reclassifications Transfers in (out) of Level 3	-	1,359	201	833	876	163	322	144	3,898
Gain or losses recognised in net result									
– Depreciation	-	(11,063)	(484)	(1,275)	(883)	(256)	(482)	(418)	(14,861)
Subtotal	9,317	172,217	2,075	4,293	1,645	1,304	2,324	556	193,731
Items recognised in other comprehensive income									
- Revaluation	-	-	-	-	-	-	-	-	-
Subtotal	-	-	-	-	-	-	-	-	-
Closing Balance	**9,317**	**172,217**	**2,075**	**4,293**	**1,645**	**1,304**	**2,324**	**556**	**193,731**

There have been no transfers between levels during the period.

Reconciliation of Level 3 fair value as at 30 June 2017

	Land $'000	Buildings & Buildings Under Const. $'000	Plant & Equip. $'000	Medical Equip. $'000	Computures & Comm. $'000	Furniture & Fittings $'000	Motor Vehicles $'000	Leased Assets $'000	Total $'000
Opening Balance	9,329	184,860	2,685	4,430	1,717	1,550	2,200	971	207,742
Purchases / (Sales) & Reclassifications	(12)	6,687	196	1,325	483	123	638	404	9,844
Gain or losses recognised in net result									
– Depreciation	-	(9,626)	(523)	(1,020)	(548)	(276)	(354)	(545)	(12,892)
– Impairment loss	-	-	-	-	-	-	-	-	-
Subtotal	9,317	181,921	2,358	4,735	1,652	1,397	2,484	830	204,694
Items recognised in other comprehensive income									
- Revaluation	-	-	-	-	-	-	-	-	-
Subtotal	-	-	-	-	-	-	-	-	-
Closing Balance	**9,317**	**181,921**	**2,358**	**4,735**	**1,652**	**1,397**	**2,484**	**830**	**204,694**

There have been no transfers between levels during the period.
There were no changes in valuation techniques throughout the period to 30 June 2018.

For all assests measured at fair value, the current use is considered the highest and best use.

NOTE 4.2: (E) PROPERTY, PLANT & EQUIPMENT (Fair Value Determination)

Asset Class	Example of Types of Assets	Expected Fair Value Level	Likely Valuation Approach	Significant Inputs (Level 3 Only)
Specialised land (Crown/Freehold)	*- Land subject to restriction as at Level 3 and/or sale* *- Land in areas where there is not an active market*	*Level 3*	*Market approach*	Community Service Obligation (CSO)
Specialised Buildings	*Specialised buildings with limited Level 3 Depreciated replacement- Cost per square metre*	*Level 3*	*Depreciated replacement cost*	Cost per square metre Useful life
Vehicles	*If there is no active resale market Level 3*	*Level 3*	*Market approach*	Cost per unit
Plant & Equipment, Furniture & Fittings	*Specialised items with limited Level 3 alternative uses and/or substantial customisation*	*Level 3*	*Depreciated replacement cost approach*	Cost per unit Useful life

Initial Recognition

Items of property, plant and equipment are measured initially at cost and subsequently revalued at fair value less accumulated depreciation and impairment loss. Where an asset is acquired for no or nominal cost, the cost is its fair value at the date of acquisition.

Assets transferred as part of a merger/machinery of government change are transferred at their carrying amounts.

The initial cost for non-financial physical assets under finance lease (refer to Note 6.1) is measured at amounts equal to the fair value of the leased asset or, if lower, the present value of the minimum lease payments, each determined at the inception of the lease.

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 physical 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. Therefore, unless otherwise disclosed, the current use of these non-financial physical assets will be their highest and best uses.

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

Subsequent Measurement

Consistent with AASB 13 Fair Value Measurement, South West Healthcare determines the policies and procedures for both recurring property, plant and equipment fair value measurements, in accordance with the requirements of AASB 13 and the relevant FRDs.

All property, plant and equipment for which fair value is measured or disclosed in the financial statements are categorised within the fair value hierarchy.

For the purpose of fair value disclosures, South West Healthcare has determined classes of assets on the basis of the nature, characteristics and risks of the asset and the level of the fair value hierarchy as explained above.

For the purpose of fair value disclosures, the Health Service has determined classes of assets and liabilities on the basis of the nature, characteristics and risks of the asset or liability and the level of the fair value hierarchy as explained above.

In addition, the Health Service determines whether transfers have occurred between levels in the hierarchy by re-assessing categorisation (based on the lowest level input that is significant to the fair value measurement as a whole) at the end of each reporting period.

The *Valuer-General Victoria (VGV)* is South West Healthcare's independent valuation agency.

The estimates and underlying assumptions are reviewed on an ongoing basis.

Fair Value Measurement

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

Consideration of highest and best use (HBU) for non-financial physical assets

Judgements about highest and best use must take into account the characteristics of the assets concerned, including restrictions on the use and disposal of assets arising from the asset's physical nature and any applicable legislative/contractual arrangements.

In accordance with paragraph AASB 13.29, *Health Services* can assume the current use of a non-financial physical asset is its HBU unless market or other factors suggest that a different use by market participants would maximise the value of the asset.

Therefore, an assessment of the HBU will be required when the indicators are triggered within a reporting period, which suggest the market participants would have perceived an alternative use of an asset that can generate maximum value. Once identified, Health Services are required to engage with VGV or other independent valuers for formal HBU assessment.

These indicators, as a minimum, include:

External factors:

- Changed acts, regulations, local law or such instrument which affects or may affect the use or development of the asset;
- Changes in planning scheme, including zones, reservations, overlays that would affect or remove the restrictions imposed on the asset's use from its past use;
- Evidence that suggest the current use of an asset is no longer core to requirements to deliver a Health Service's service obligation;
- Evidence that suggests that the asset might be sold or demolished at reaching the late stage of an asset's life cycle.

Valuation hierarchy

Health Services need to use valuation techniques that are appropriate for the circumstances and where there is sufficient data available to measure fair value, maximising the use of relevant observable inputs and minimising the use of unobservable inputs.

All assets and liabilities for which fair value is measured or disclosed in the financial statements are categorised within the fair value hierarchy.

NOTE 4.2: PROPERTY, PLANT AND EQUIPMENT (CONTINUED)

Identifying unobservable inputs (level 3) fair value measurements

Level 3 fair value inputs are unobservable valuation inputs for an asset or liability. These inputs require significant judgement and assumptions in deriving fair value for both financial and non-financial assets.

Unobservable inputs shall be used to measure fair value to the extent that relevant observable inputs are not available, thereby allowing for situations in which there is little, if any, market activity for the asset or liability at the measurement date. However, the fair value measurement objective remains the same, i.e., an exit price at the measurement date from the perspective of a market participant that holds the asset or owes the liability. Therefore, unobservable inputs shall reflect the assumptions that market participants would use when pricing the asset or liability, including assumptions about risk.

Assumptions about risk include the inherent risk in a particular valuation technique used to measure fair value (such as a pricing risk model) and the risk inherent in the inputs to the valuation technique. A measurement that does not include an adjustment for risk would not represent a fair value measurement if market participants would include one when pricing the asset or liability i.e., it might be necessary to include a risk adjustment when there is significant measurement uncertainty. For example, when there has been a significant decrease in the volume or level of activity when compared with normal market activity for the asset or liability or similar assets or liabilities, and the Health Service has determined that the transaction price or quoted price does not represent fair value.

A Health Service shall develop unobservable inputs using the best information available in the circumstances, which might include the Health Service's own data. In developing unobservable inputs, a Health Service may begin with its own data, but it shall adjust this data if reasonably available information indicates that other market participants would use different data or there is something particular to the Health Service that is not available to other market participants. A Health Service need not undertake exhaustive efforts to obtain information about other market participant assumptions. However, a Health Service shall take into account all information about market participant assumptions that is reasonably available. Unobservable inputs developed in the manner described above are considered market participant assumptions and meet the object of a fair value measurement.

Specialised land and specialised buildings

The market approach is also used for specialised land and specialised buildings although is adjusted for the community service obligation (CSO) to reflect the specialised nature of the assets being valued. Specialised assets contain significant, unobservable adjustments; therefore these assets are classified as Level 3 under the market based direct comparison approach.

The CSO adjustment is a reflection of the valuer's assessment of the impact of restrictions associated with an asset to the extent that is also equally applicable to market participants. This approach is in light of the highest and best use consideration required for fair value measurement, and takes into account the use of the asset that is physically possible, legally permissible and financially feasible.

As adjustments of CSO are considered as significant unobservable inputs, specialised land would be classified as Level 3 assets.

For the health services, the depreciated replacement cost method is used for the majority of specialised buildings, adjusting for the associated depreciation. As depreciation adjustments are considered as significant and unobservable inputs in nature, specialised buildings are classified as Level 3 for fair value measurements.

An independent valuation of the Health Service's specialised land and specialised buildings was performed by the Valuer-General Victoria. The valuation was performed using the market approach adjusted for CSO. The effective date of the valuation is 30 June 2014.

Vehicles

The Health Service acquires new vehicles and at times disposes of them before completion of their economic life.

The process of acquisition, use and disposal in the market is managed by the Health Service who set relevant depreciation rates during use to reflect the consumption of the vehicles. As a result, the fair value of vehicles does not differ materially from the carrying value (depreciated cost).

Plant and equipment

Plant and equipment is held at carrying value (depreciated cost). When plant and equipment is specialised in use, such that it is rarely sold other than as part of a going concern, the depreciated replacement cost is used to estimate the fair value. Unless there is market evidence that current replacement costs are significantly different from the original acquisition cost, it is considered unlikely that depreciated replacement cost will be materially different from the existing carrying value.

There were no changes in valuation techniques throughout the period to 30 June 2018.

For all assets measured at fair value, the current use is considered the highest and best use.

Revaluations of non-current physical assets

Non-Current physical assets are measured at fair value and are revalued in accordance with FRD 103F *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 recognised in "other comprehensive income" and 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 the net result, the increment is recognised as income in the net result.

Revaluation decrements are recognised in 'other comprehensive income' to the extent that a credit balance exists in the asset revaluation surplus in respect of the same class of property, plant and equipment.

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 is not transferred to accumulated funds on derecognition of the relevant asset.

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

NOTE 4.3: DEPRECIATION

Depreciation	2018 $'000	2017 $'000
Buildings	11,063	9,626
Plant & Equipment	484	522
Medical Equipment	1,275	1,020
Computers & Communications	883	551
Furniture and Fittings	256	276
Motor Vehicles	482	354
Leased Assets	418	543
Total Depreciation	**14,861**	**12,892**

All infrastructure assets, buildings, plant and equipment and other non-financial physical assets that have finite useful lives are depreciated.

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.

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 as appropriate. This depreciation charge is not funded by the Department of Health and Human Services.

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.

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

	2018	2017
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 Fittings	Up to 20 years	Up to 20 years
Motor Vehicles	Up to 13 years	Up to 13 years
Leasehold Improvements	Up to 10 years	Up to 10 years

As part of the buildings valuation, building values were separated into components and each component assessed for its useful life which is represented above.

NOTE 5: OTHER ASSETS AND LIABILITIES

This section sets out those assets and liabilities that arose from the hospital's operations.

STRUCTURE

NOTE 5.1: RECEIVABLES

	2018 $'000	2017 $'000
CURRENT		
Contractual		
Patient Fees	682	542
Trade Debtors	3,220	3,108
South West Alliance of Rural Health	300	2,733
Accrued Investment Income	45	19
Less Allowance for Doubtful Debts	(34)	(40)
	4,213	**6,362**
Statutory		
GST Receivable	287	376
Accrued Government Grants	1,528	966
	1,815	**1,342**
Total Current Receivables	**6,028**	**7,704**
NON CURRENT		
Statutory		
Long Service Leave - Department of Health / Department of Health and Human Services	4,582	3,460
Total Non-Current Receivables	**4,582**	**3,460**
Total Receivables	**10,610**	**11,164**
(a) Movement in the Allowance for doubtful debts		
Balance at beginning of year	40	38
Amounts written off during the year	(14)	(18)
Amounts recovered during the year	8	20
Balance at end of year	**34**	**40**

Receivables consist of:

- Contractual receivables, which includes mainly debtors in relation to goods and services, patient fees, accrued investment income, and finance lease receivables; and
- Statutory receivables, which includes predominantly amounts owing from the Victorian Government and Goods and Services Tax ("GST") input tax credits recoverable.

Receivables that are contractual are classified as financial instruments and categorised as loans and receivables. Statutory receivables are recognised and measured similarly to contractual receivables (except for impairment), but are not classified as financial instruments because they do not arise from a contract.

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

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 the debts may not be collected and bad debts are written off when identified.

NOTE 5.2: INVENTORIES

	2018 $'000	2017 $'000
Pharmaceuticals at cost	790	640
General Supplies at cost	487	446
Healthcare Shop Supplies at cost	143	136
Bulk Linen Stock - Linen Service at cost	37	98
Linen in Use at Net Realisable Value	416	436
South West Alliance of Rural Health	13	-
Total Inventories	**1,886**	**1,756**

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 excludes depreciable assets.

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

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

NOTE 5.3: OTHER LIABILITIES

	2018 $'000	2017 $'000
Current		
Monies Held in Trust*		
– Patient Trust	69	71
– Accommodation Bonds (Refundable Entrance Fees)	2,413	2,611
Total Other Liabilities	**2,482**	**2,682**
Total Monies Held in Trust*		
Represented by the following assets:		
Cash Assets (refer to Note 6.2)	2,482	2,682
Total	**2,482**	**2,682**

NOTE 5.4: PREPAYMENT AND OTHER NON-FINANCIAL ASSETS

	2018 $'000	2017 $'000
Current		
Prepayments	45	3
Total Other Assests	**45**	**3**

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.

NOTE 5.5: PAYABLES

	2018 $'000	2017 $'000
CURRENT		
Contractual		
Trade Creditors	3,932	3,144
Accrued Expenses	4,248	3,939
Creditors – South West Alliance of Rural Health	825	2,965
Amounts payable to governments and agencies	255	472
Income in Advance- South West Alliance of Rural Health	122	165
TOTAL PAYABLES	**9,382**	**10,685**

Payables consist of:

> contractual payables which consist predominantly of accounts payable representing 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 those goods and services. The normal credit terms for accounts payable are usually Nett 30 days.

Note 5.5 (a): Maturity analysis of financial liabilities as at 30 June

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

			Maturity Dates			
	Total Carrying Amount $'000	Nominal Amount $'000	Less than 1 month $'000	1–3 months $'000	3 months – 1 year $'000	1–5 years $'000
2018						
Financial Liabilities						
At amortised cost						
Payables	9,382	9,382	9,382	-	-	-
Borrowings	564	564	-	-	330	234
Other Financial Liabilities (i)						
– Accommodation Bonds	2,413	2,413	2,413	-	-	-
– Monies in Trust	69	69	69	-	-	-
Total Financial Liabilities	**12,428**	**12,428**	**11,864**		**330**	**234**
2017						
Financial Liabilities						
At amortised cost						
Payables	10,685	10,685	10,685	-	-	-
Borrowings	867	867	-	-	392	475
Other Financial Liabilities (i)						
– Accommodation Bonds	2,611	2,611	2,611	-	-	-
– Monies in Trust	71	71	71	-	-	-
Total Financial Liabilities	**14,234**	**14,234**	**13,367**	**-**	**392**	**475**

(i) Ageing analysis of financial liabilities excludes the types of statutory financial liabilities (i.e. GST payable).

NOTE 6: HOW WE FINANCE OUR OPERATIONS

This section provides information on the sources of finance utilised by the hospital during its operations, along with interest expenses (the cost of borrowings) and other information related to financing activities of the hospital.

This section includes disclosures of balances that are financial instruments (such as borrowings and cash balances). Note: 7.1 provides additional, specific financial instrument disclosures.

STRUCTURE

NOTE 6.1: BORROWINGS

	2018 $'000	2017 $'000
CURRENT		
Australian Dollar Borrowings		
– Finance Lease Liability (South West Alliance of Rural Health)	330	392
	392	**346**
NON CURRENT		
Australian Dollar Borrowings		
– Finance Lease Liability (South West Alliance of Rural Health)	234	475
Total Non Current	**234**	**475**
TOTAL BORROWINGS	**564**	**867**

Finance leases are held by the South West Alliance of Rural Health and are secured by the rights to the leased assets being held by the lessor.

(a) Maturity analysis of borrowings

Please refer to Note 5.5 (a) for the ageing analysis of borrowings.

(b) Defaults and breaches

During the current and prior year, there were no defaults and breaches of any of the borrowings.

NOTE 6.1: BORROWINGS (CONTINUED)

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 accounted for as a non-financial physical asset and 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.

NOTE 6.2: 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.

	2018 $'000	2017 $'000
Cash on Hand	9	9
Cash at Bank	4,449	6,357
Deposits at Call	5,000	8,500
TOTAL CASH AND CASH EQUIVALENTS	**9,458**	**14,866**
Represented by:		
Cash for Health Service Operations (as per Cash Flow Statement)	5,815	11,384
Cash at Bank South West Alliance of Rural Health	1,140	778
Cash for Monies Held in Trust		
– Endowment Fund	22	22
– Deposits at Call	2,481	2,682
TOTAL CASH AND CASH EQUIVALENTS	**9,458**	**14,866**

Cash and cash equivalents recognised on the balance sheet 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 with an insignificant risk of changes in value.

For cash flow statement presentation purposes, cash and cash equivalents include bank overdrafts, which are included as liabilities on the balance sheet.

NOTE 6.3: COMMITMENTS FOR EXPENDITURE

(a) Commitments Payable	2018 $'000	2017 $'000
Capital Expenditure Commitments		
Plant & Equipment	564	136
Total Capital Expenditure Commitments	**564**	**136**
Lease Commitments		
Finance Leases		
Commitments in relation to finance leases are payable as follows:		
Current	854	423
Non-Current	606	499
	1,460	**922**
Total Lease Commitments	**1,460**	**922**
Operating Leases		
Commitments in relation to finance leases are payable as follows:		
Current	139	137
Non-Current	463	453
	602	**590**
Total Lease Commitments	**2,626**	**1,648**
Total Commitments (exclusive of GST)	**2,626**	**1,648**

(b) Commitments Payable	2018 $'000	2017 $'000
Nominal Values		
Capital expenditure commitments payable		
Less than 1 year	620	150
Total Capital expenditure commitments	**620**	**150**
Lease commitments payable		
Less than 1 year	1,092	616
Longer than 1 year but not longer than 5 years	1,176	1,047
Total lease commitments	**2,268**	**1,663**
Total Commitments (inclusive of GST)	**2,889**	**1,813**
Less GST recoverable from the Australian Tax Office	**263**	**165**
Total Commitments (exclusive of GST)	**2,626**	**1,648**

Commitments for future expenditure include operating and capital commitments arising from contracts. These commitments are disclosed by way of a note 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.

NOTE 7: RISKS, CONTINGENCIES & VALUATION UNCERTAINTIES

The hospital is exposed to risk from its activities and outside factors. In addition, it is often necessary to make judgements and estimates associated with recognition and measurement of items in the financial statements. This section sets out financial instrument specific information, (including exposures to financial risks) as well as those items that are contingent in nature or require a higher level of judgement to be applied, which for the hospital is related mainly to fair value determination.

STRUCTURE 7.1 Financial instruments 7.2 Contingent assets and contingent liabilities

NOTE 7.1: FINANCIAL INSTRUMENTS

(a) Financial Risk Management Objectives and Policies

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 South West 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*.

Categorisation of financial instruments 2018	Contractual financial assets - loans and receivables $'000	Contractual financial liabilities at amortised cost $'000	Total $'000
Contractual Financial Assets			
Cash and cash equivalents	9,458	-	9,458
Receivables			
– Trade debtors	3,220	-	3,220
– Other receivables	994	-	994
– Investments & Financial Assets - Term Deposits	7,100	-	7,100
Total Financial Assets (i)	**20,772**	**-**	**20,772**
Financial Liabilities			
Payables	-	9,382	9,382
Borrowings	-	564	564
Other Financial Liabilities			
– Accommodation bonds	-	2,413	2,413
– Other	-	69	69
Total Financial Liabilities (ii)	**-**	**12,428**	**12,428**

Categorisation of financial instruments 2017	Contractual financial assets - loans and receivables $'000	Contractual financial liabilities at amortised cost $'000	Total $'000
Contractual Financial Assets			
Cash and cash equivalents	14,866	-	14,866
Receivables			
– Trade debtors	3,108	-	3,108
– Other receivables	3,254	-	3,254
Total Financial Assets (i)	**21,228**	**-**	**21,228**
Financial Liabilities			
Payables	-	10,685	10,685
Borrowings	-	867	867
Other Financial Liabilities			
– Accommodation bonds	-	2,611	2,611
– Other	-	71	71
Total Financial Liabilities (ii)	**-**	**14,234**	**14,234**

(i) The carrying amount excludes statutory receivables (i.e. GST Receivable and DHHS Receivable) and statutory payables (i.e. Revenue advance and DHHS payable).

NOTE 7.1: FINANCIAL INSTRUMENTS (CONTINUED)

(b) Net holding gain/(loss) on financial instruments by category	Interest Income (Expense) 2018 $'000	Interest Income (Expense) 2017 $'000
Financial Assets		
Cash and Cash Equivalents (i)	379	373
Total Financial Assets	**379**	**373**
Financial Liabilities		
At amortised cost (ii)	33	127
Total Financial Liabilities	**33**	**127**

(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.

CATEGORIES OF 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 6.1), term deposits with maturity greater than three months, trade receivables, loans and other receivables, but not statutory receivables.

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.

NOTE 7.2: 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.

There are no known other contingent assets or liabilities for South West Healthcare at the date of this report.

NOTE 8: OTHER DISCLOSURES

This section includes additional material disclosures required by accounting standards or otherwise, for the understanding of this financial report.

STRUCTURE

NOTE 8.1: EQUITY

	2018 $'000	2017 $'000
(a) Surpluses		
Property, Plant & Equipment Revaluation Surplus[1]		
Balance at the beginning of the reporting period		
– Land	5,035	5,035
– Buildings	51,678	51,678
Balance at the end of the reporting period	**56,713**	**56,713**

(1) The property, plant and equipment asset revaluation surplus arises on the revaluation of property, plant and equipment.

(b) Restricted Specific Purpose Surplus		
Balance at the beginning of the reporting period	22	22
Balance at the end of the reporting period	**22**	**22**
Total Surpluses	**56,735**	**56,735**
Contributed Capital		
Balance at the beginning of the reporting period	76,744	76,744
Capital Contribution received from Victorian Government	-	-
Balance at the end of the reporting period	**76,744**	**76,744**
(c) Accumulated Surpluses / (Deficits)		
Balance at the beginning of the reporting period	56,227	60,426
Net Result for the Year	(11,067)	(4,199)
Balance at the end of the reporting period	**45,160**	**56,227**
Total Equity at end of financial year	**178,639**	**189,706**

NOTE 8.1: EQUITY (CONTINUED)

(c) Accumulated Surpluses/(Deficits)

Contributed Capital

Consistent with Australian Accounting Interpretation 1038 *Contributions by Owners Made to Wholly-Owned Public Sector Entities* and FRD 119A *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 to or distributions by owners, that have been designated as contributed capital are also treated as contributed capital.

Transfers of net assets arising from administrative restructurings are treated as contributions by owners. Transfers of net liabilities arising from administrative restructures are to go through the comprehensive operating statement.

Property, Plant and Equipment Revaluation Surplus

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

Specific Restricted Purpose Surplus

A specific restricted purpose surplus 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.

NOTE 8.2: RECONCILIATION OF NET RESULT FOR THE YEAR TO NET CASH INFLOW / (OUTFLOW) FROM OPERATING ACTIVITIES

	2018 $'000	2017 $'000
NET RESULT FOR THE PERIOD	(11,067)	(4,199)
Non Cash Movements		
Non Cash Revenue- Assets received from Department of Health & Human Services (DHHS) and Dental Health Services Victoria.	(329)	(924)
Depreciation	14,861	12,892
Movements included in investing and financing activities		
Net (Gain) / Loss from Sale of Plant & Equipment	128	(60)
Movements in assets and liabilities		
Change in Operating Assets & Liabilities		
– (Increase) / Decrease in Receivables	922	(3,390)
– (Increase) / Decrease in Other Assets	(459)	343
– Increase / (Decrease) in Payables	(1,969)	2,707
– Increase / (Decrease) in Provisions	3,021	1,917
– (Increase) / Decrease in Other Liabilities	535	(2,110)
– (Increase) / Decrease in Inventories	(115)	(152)
NET CASH INFLOW / (OUTFLOW) FROM OPERATING ACTIVITIES	**5,528**	**7,024**

NOTE 8.3: RESPONSIBLE PERSON DISCLOSURES

In accordance with the Ministerial Directions issued by the Minister for Finance under the *Financial Management Act 1994*, the following disclosures are made regarding responsible persons for the reporting period.

	Period
Responsible Ministers:	
The Honourable Jill Hennessy, Minister for Health, Minister for Ambulance Services	**01/07/2017 – 30/06/2018**
The Honourable Martin Foley, Minister for Mental Health, Minister for Housing, Disability and Ageing	**01/07/2017 – 30/06/2018**
Governing Board:	
Mr. J. Maher	**01/07/2017 - 30/06/2018**
Mrs. N. Allen	**01/07/2017 - 30/06/2018**
Mr. G. Toogood	**01/07/2017 - 30/06/2018**
Mr. S. Callaghan	**01/07/2017 - 30/06/2018**
Mr. B. Brown	**01/07/2017 - 30/06/2018**
Mr. R. Worland	**01/07/2017 - 30/06/2018**
Mr. R. Montgomery	**01/07/2017 - 30/06/2018**
Mrs. J. Waterhouse	**01/07/2017 - 30/06/2018**
Mrs. B. Northeast	**01/07/2017 - 30/06/2018**
Ms. K. Gaston	**01/07/2017 - 30/06/2018**
Accountable Officer:	
Mr C. Fraser	**01/07/2017 - 30/06/2018**

Remuneration of Responsible Persons

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

	2018 $'000	2017 $'000
Income Band		
$0 – $9,999	10	10
$270,000 – $279,999	**1**	**-**
$390,000 – $399,999	**-**	**1**
Total Numbers	**11**	**11**
Total remuneration received or due and receivable by		
Responsible Persons from the reporting entity amounted to:	**277**	**373**

Amounts relating to Responsible Ministers are reported in the financial statements of the Department of Premier and Cabinet.

NOTE 8.4: EXECUTIVE OFFICER DISCLOSURES

Remuneration of executive officers

The number of executive officers, other than Ministers and Accountable Officers, and their total remuneration during the reporting period are shown in the table below. Total annualised employee equivalent provides a measure of full time equivalent executive officers over the reporting period.

Remuneration comprises employee benefits in all forms of consideration paid, payable or provided in exchange for services rendered, and is disclosed in the following categories.

Short-term employee benefits include amounts such as wages, salaries, annual leave or sick leave that are usually paid or payable on a regular basis, as well as non-monetary benefits such as allowances and free or subsidised goods or services.

Post-employment benefits include pensions and other retirement benefits paid or payable on a discrete basis when employment has ceased.

Other long-term benefits include long service leave, other long-service benefit or deferred compensation.

Termination benefits include termination of employment payments, such as severance packages.

	Total Remuneration	
	2018 $'000	2017 (a) $'000
Short-term employee benefits	927	1,105
Post-employment benefits	91	120
Other long-term benefits	24	36
Total Remuneration (b)	**1,042**	**1,261**
Total Number of Executives (c)	**7**	**6**
Total Annualised Employee Equivalent (AEE) (d)	**5.60**	**6**

(i) The total number of executive officers includes persons who meet the definition of Key Management Personnel (KMP) of the entity under AASB 124 Related Party Disclosures and are also reported within the related parties note disclosure (Note 8.5).

(ii) Annualised employee equivalent is based on the time fraction worked over the reporting period. This is calculated as the total number of days employee is engaged to work during the week by the total number of full-time working days per week (this is generally five full working days per week - Equivalent of 40 hours per week).

NOTE 8.5: RELATED PARTIES

The hospital is a wholly owned and controlled entity of the State of Victoria. Related parties of the hospital include:

> all key management personnel and their close family members;
> all cabinet ministers and their close family members; and
> Jointly Controlled Operation - A member of the Southwest Alliance of Rural Health; and
> all hospitals and public sector entities that are controlled and consolidated into the whole of state consolidated financial statements.

Key management personnel (KMP) are those people with the authority and responsibility for planning, directing and controlling the activities of the Health Service and its controlled entities, directly or indirectly.

The Board of Directors and the Executive Directors of South West Healthcare and it's controlled entities are deemed to be KMPs.

Entity	KMP's	Position Title
South West Healthcare	Mr. J. Maher	Chair of the Board
South West Healthcare	Mrs. N. Allen	Board Member
South West Healthcare	Mr. G. Toogood	Board Member
South West Healthcare	Mr. S. Callaghan	Board Member
South West Healthcare	Mr. B. Brown	Board Member
South West Healthcare	Mr. R. Worland	Board Member
South West Healthcare	Mr. R . Montgomery	Board Member
South West Healthcare	Mrs. J. Waterhouse	Board Member
South West Healthcare	Mrs. B. Northeast	Board Member
South West Healthcare	Ms. K. Gaston	Board Member
South West Healthcare	Mr. C. Fraser	Chief Executive Officer
South West Healthcare	Mr. A. Trigg	Director of Financial Operations and Performance
South West Healthcare	Dr. P. O'Brien	Director of Medical Services (Resigned 18/08/17)
South West Healthcare	Dr. N. Van Zyl	Director of Medical Services (Commenced 08/01/18)
South West Healthcare	Ms. J. Clift	Director of Nursing
South West Healthcare	Mr. J. Brennan	Director of Service Development
South West Healthcare	Ms. K. Cook	Director Mental Health Services
South West Healthcare	Ms. K. Anderson	Director Primary and Community Services

COMPENSATION

	2018 $'000	2017 (a) $'000
Short term employee benefits (i)	1,175	1,422
Post-employment benefits	112	189
Other long-term benefits	31	47
Total (ii)	**1,318**	**1,658**

(i) Total remuneration paid to KMPs employed as a contractor during the reporting period through accounts payable has been reported under short-term employee benefits.
(ii) KMPs are also reported in Note 8.3 Responsible Persons or Note 8.4 Remuneration of Executives.

Significant transactions with key management personnel and other related parties

Given the breadth and depth of State government activities, related parties transact with the Victorian public sector in a manner consistent with other members of the public e.g. stamp duty and other government fees and charges. Further employment of processes within the Victorian public sector occur on terms and conditions consistent with the *Public Administration Act 2004* and Codes of Conduct and Standards issued by the Victorian Public Sector Commission.

Procurement processes occur on terms and conditions consistent with the Victorian Government Procurement Board requirements. Outside of normal citizen type transactions and amounts disclosed below, there were no related party transactions that involved key management personnel and their close family members. No provision has been required, nor any expense recognised, for impairment of receivables from related parties.

Other Transactions of Responsible Persons and their Related Parties

Mr S. Callaghan is a director of Callaghan Motors which provides repairs, maintenance and purchase of motor vehicles on normal commercial terms and conditions.

2018 $'000	2017 $'000
327	291

Significant transactions with government-related entities

South West Healthcare received funding from the Department of Health and Human Services of $142,900,189 (2017 $133,270,872).

Expenses incurred by the Health Service in delivering services and outputs are in accordance with Health Purchasing Victoria requirements.

Goods and services including procurement, diagnostics, patient meals and multi-site operational support are provided by other Victorian Health Service Providers on commercial terms.

Professional medical indemnity insurance and other insurance products are obtained from a Victorian Public Financial Corporation.

Treasury Risk Management Directions require the Health Service to hold cash (in excess of working capital) and investments, and source all borrowings from Victorian Public Financial Corporations.

NOTE 8.6: REMUNERATION OF AUDITORS

	2018 $'000	2017 $'000
Victorian Auditor-General's Office		
Audit of Financial Statement	46	45
	46	**45**
Other Providers		
Internal Audit Services	60	43
	60	**43**

NOTE 8.7: AASBs ISSUED THAT ARE NOT YET EFFECTIVE

Certain new Australian accounting standards have been published that are not mandatory for 30 June 2018 reporting period. DFT assesses the impact of all these new standards and advises South West Healthcare of their applicability and early adoption where applicable.

As at 30 June 2018, 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. South West Healthcare has not and does not intend to adopt these standards early.

Topic	Key requirements	Effective date	Impact on financial statements
AASB 9 *Financial Instruments*	The key changes introduced by AASB 9 include simplified requirements for the classification and measurement of financial assets, a new hedge accounting model and a revised impairment loss model to recognise expected impairment losses earlier, as opposed to the current approach that recognises impairment only when incurred.	1 Jan 2018	The assessment has identified the amendments are likely to result in earlier recognition of impairment losses and at more regular intervals. The initial application of AASB 9 is not expected to significantly impact the financial position however there will be a change to the way financial instruments are classified and new disclosure requirements.
AASB 2014-1 *Amendments to Australian Accounting Standards [Part E Financial Instruments]*	Amends various AASs to reflect the AASB's decision to defer the mandatory application date of AASB 9 to annual reporting periods beginning on or after 1 January 2018, and to amend reduced disclosure requirements.	1 Jan 2018	*This amending standard will defer the application period of AASB 9 to the 2018-19 reporting period in accordance with the transition requirements.*
AASB 2014-7 *Amendments to Australian Accounting Standards arising from AASB 9*	Amends various AAS's to incorporate the consequential amendments arising from the issuance of AASB 9.	1 Jan 2018	The assessment has indicated there will be no significant impact for the public sector.
AASB 15 *Revenue from Contracts with Customers*	The core principle of AASB 15 requires an entity to recognise revenue when the entity satisfies a performance obligation by transferring a promised good or service to a customer. Note that amending standard AASB 2015-8 Amendments to Australian Accounting Standards - Effective Date of AASB 15 has deferred the effective date of AASB 15 to annual reporting periods beginning on or after 1 January 2018, instead of 1 January 2017.	1 Jan 2018	The changes in revenue recognition requirements in AASB 15 may result in changes to the timing and amount of revenue recorded in the financial statements. The standard will also require additional disclosures on service revenue and contract modifications.
AASB 2014-5 *Amendments to Australian Accounting Standards arising from AASB 15*	Amends the measurement of trade receivables and the recognition of dividends as follows: > Trade receivables that do not have a significant financing component, are to be measured at their transaction price at initial recognition. > Dividends are recognised in the profit and loss only when: – the entity's right to receive payment of the dividend is established; – it is probable the economic benefits associated with the dividend will flow to the entity; and – the amount can be measured reliably.	01/01/2018 except amendments to AASB 9 (Dec 2009) and AASB 9 (Dec 2010) apply from 1 Jan 2018	The assessment has indicated there will be no significant impact for the public sector.
AASB 2015-8 *Amendments to Australian Accounting Standards - Effective Date of AAS 15*	This standards defers the mandatory effective date of AASB 15 from 1 January 2017 to 1 January 2018.	1 Jan 2018	This amending standard will defer the application period of AASB 15 for for-profit entities to the 2018-19 reporting period in accordance with the transition requirements.
AASB 2016-3 *Amendments to Australian Accounting Standards - Clarifications to AASB 15*	This Standard amends AASB 15 to clarify the requirements on identifying performance obligations, principal versus agent considerations and the timing of recognising revenue from granting a licence. The amendments require: > A promise to transfer to a customer a good or service that is 'distinct' to be recognised as a separate performance obligation; > For items purchased online, the entity is a principal if it obtains control of the good or service prior to transferring to the customer; and > For licences identified as being distinct from other goods or services in a contract, entities need to determine whether the licence transfers to the customer over time (right to use) or at a point in time (right to access).	1 Jan 2018	The assessment has indicated there will be no significant impact for the public sector, other than the impact identified for AASB 15 above.

Topic	Key requirements	Effective date	Impact on financial statements
AASB 2016-7 *Amendments to Australian Accounting Standards - Deferral of AASB 15 for Not-for-Profit-Entities*	This Standard defers the mandatory effective date of AASB 15 for not-for-profit-entities from 1 January 2018 to 1 January 2019.	1 Jan 2019	The amending standard will defer the application period of AASB 15 for not-for-profit entities to the 2019-20 reporting period.
AASB 2016-8 *Amendments to Australian Accounting Standards - Australian Implementation Guidance for Not-for-Profit-Entities*	AASB 2016-8 inserts Australian requirements and authoritative implementation guidance for not-for-profit-entities into AASB 9 and AASB 15. This Standard amends AASB 9 and AASB 15 to include requirements to assist not-for-profit entities in applying the respective standards to particular transactions and events.	1 Jan 2019	This standard clarifies the application of AASB 15 and AASB 9 in a not-for-profit context. The areas within these standards that are amended for not-for-profit application include: AASB 9 > Statutory receivables are recognised and measured similarly to financial assets. AASB 15 > The "customer" does not need to be the recipient of goods and/or services; > The "contract" could include an arrangement entered into under the direction of another party; > Contracts are enforceable if they are enforceable by legal or "equivalent means"; > Contracts do not have to have commercial substance, only economic substance; and > Performance obligations need to be "sufficiently specific" to be able to apply AASB 15 to these transactions.
AASB 16 *Leases*	The key changes introduced by AASB 16 include the recognition of operating leases (which are currently not recognised) on balance sheet.	1 Jan 2019	The assessment has indicated that most operating leases, with the exception of short term and low value leases will come on to the balance sheet and will be recognised as right of use assets with a corresponding lease liability. In the operating statement, the operating lease expense will be replaced by depreciation expense of the asset and an interest charge. There will be no change for lessors as the classification of operating and finance leases remains unchanged.
AASB 1058 *Income of Not-for-Profit-Entities*	AASB 1058 standard will replace the majority of income recognition in relation to government grants and other types of contributions requirements relating to public sector not-for-profit entities, previously in AASB 1004 *Contributions*. The restructure of administrative arrangement will remain under AASB 1004 and will be restricted to government entities and contributions by owners in a public sector context. AASB 1058 establishes principles for transactions that are not within the scope of AASB 15, where the consideration to acquire an asset is significantly less than fair value to enable not-for-profit entities to further their objective.	1 Jan 2019	The current revenue recognition for grants is to recognise revenue up front upon receipt of the funds. This may change under AASB 1058, as capital grants for the construction of assets will need to be deferred. Income will be recognised over time, upon completion and satisfaction of performance obligations for assets being constructed, or income will be recognised at a point in time for acquisition of assets. The revenue recognition for operating grants will need to be analysed to establish whether the requirements under other applicable standards need to be considered for recognition of liabilities (which will have the effect of deferring the income associated with these grants). Only after that analysis would it be possible to conclude whether there are any changes to operating grants. The impact on current revenue recognition of the changes is the phasing and timing of revenue recorded in the profit and loss statement.

The following accounting pronouncements are also issued but not effective for the 2017-18 reporting period. At this stage, the preliminary assessment suggests they may have insignificant impacts on public sector reporting.

> AASB 2016–5 Amendments to Australian Accounting Standards – Classification and Measurement of Share-based Payment Transactions
> AASB 2016–6 Amendments to Australian Accounting Standards – Applying AASB 9 Financial Instruments with AASB 4 Insurance Contracts
> AASB 2017–1 Amendments to Australian Accounting Standards – Transfers of Investment Property, Annual Improvements 2014-2016 Cycle and Other Amendments
> AASB 2017–3 Amendments to Australian Accounting Standards – Clarifications to AASB 4
> AASB 2017–4 Amendments to Australian Accounting Standards – Uncertainty over Income Tax Treatments
> AASB 2017–5 Amendments to Australian Accounting Standards – Effective Date of Amendments to AASB 10 and AASB 128 and Editorial Corrections
> AASB 2017–6 Amendments to Australian Accounting Standards – Prepayment Features with Negative Compensation
> AASB 2017–7 Amendments to Australian Accounting Standards – Long-term Interests in Associates and Joint Ventures
> AASB 2018–1 Amendments to Australian Accounting Standards – Annual Improvements 2015 – 2017 Cycle
> AASB 2018–2 Amendments to Australian Accounting Standards – Plan Amendments, Curtailment or Settlement

NOTE 8.8: EVENTS OCCURRING AFTER THE BALANCE SHEET DATE

Assets, liabilities, income or expenses arise from past transactions or other past events. Where the transactions result from an agreement between the Health Service and other parties, the transactions are only recognised when the agreement is irrevocable at or before the end of the reporting period.

Adjustments are made to amounts recognised in the financial statements for events which occur between the end of the reporting period and the date when the financial statements are authorised for issue, where those events provide information about conditions which existed at the reporting date.

Note disclosure is made about events between the end of the reporting period and the date the financial statements are authorised for issue where the events relate to conditions which arose after the end of the reporting period that are considered to be of material interest.

There have been no material events which have occurred subsequent to the reporting date which require further disclosure.

NOTE 8.9: JOINTLY CONTROLLED OPERATIONS AND ASSETS

Name of Entity	Principal Activity	Ownership Interest	
		2018	2017
		%	%
South West Alliance of Rural Health	Information Systems	15.45	14.83

South West Healthcare interest in assets employed in the above jointly controlled operations and assets is detailed below. The amounts are included in the financial statements under their respective asset categories:

	2018 $'000	2017 $'000
Current Assets		
Cash and Cash Equivalents	1,140	777
Receivables	300	2,733
Inventories	13	3
Total Current Assets	**1,453**	**3,513**
Non Current Assets		
Property, Plant & Equipment	608	889
Total Non Current Assets	**608**	**889**
Total Assets	**2,061**	**4,402**
Current Liabilities		
Payables	947	3,130
Provisions	244	254
Lease Liabilities	331	392
Total Current Liabilities	**1,522**	**3,776**
Non Current Liabilities		
Provisions	45	44
Lease Liabilities	234	475
Total Non Current Liabilities	**279**	**519**
Total Liabilities	**1,801**	**4,295**

NOTE 8.9: JOINTLY CONTROLLED OPERATIONS AND ASSETS (CONTINUED)

South West Healthcare's interest in revenues and expenses resulting from jointly controlled operations and assets is detailed below:

	2018 $'000	2017 $'000
Revenues		
Other Revenue	3,655	3,355
Total Revenue	**3,655**	**3,355**
Expenses		
Employee Expenses	1,222	965
Maintenance Contracts & IT Support	1,631	1,627
Software Licence costs		
Other	294	134
Total Operating Expenses	**3,147**	**2,726**
Net Result Before Capital & Specific Items	**508**	**629**
Depreciation	(418)	(545)
Finance Lease Costs	(33)	(127)
Impairment Non Financial Assets	-	(10)
Other Items	95	73
Total Capital & Specific Items	**(356)**	**(609)**
Revaluation of Long Service Leave	0	6
Net Result	**152**	**26**

Contingent Liabilities and Capital Commitments

There are no known contingent assets or liabilities for South West Alliance of Rural Health as at the date of this report.

The financial results included for SWARH are unaudited at the date of signing the financial statements.

NOTE 8.10: ALTERNATIVE PRESENTATION OF COMPREHENSIVE OPERATING STATEMENT

	2018 $'000	2017 $'000
Grants	159,950	143,641
Interest	379	373
Other Income	24,876	28,684
Revenue from Transactions	**185,205**	**172,698**
Employee Expenses	118,498	108,774
Other Expenses	62,900	55,356
Depreciation	14,861	12,892
Expenses from Transactions	**196,259**	**177,022**
Net Result From Transactions	**(11,054)**	**(4,324)**
Other economic flows included in net result		
Net gain / (loss) on sale of non-financial assets	(128)	(60)
Other Gains / (Losses) from other economic flows included in net result	115	185
Total other economic flows included in net result	**(13)**	**125**
NET RESULT FOR THE YEAR	**(11,067)**	**(4,199)**

NOTE 8.11: ECONOMIC DEPENDENCY

The Health Service is dependent on the Department of Health and Human Services for the majority of its revenue used to operate the entity. At the date of this report, the Board of Directors has no reason to believe the Department will not continue to support the Health Service.