South West Healthcare

ANNUAL REPORT 2019-20

AT A GLANCE

736
babies delivered at our Warrnambool Base & Camperdown Hospitals

24,412
inpatients cared for at our Warrnambool Base & Camperdown Hospitals

26,347
people treated at our Warrnambool Emergency Department & Camperdown Urgent Care Centre

224,077
inpatient meals prepared by our Food Services

1,577
staff employed across our campuses

22,119
hours gifted by our 335 registered volunteers

4,938
people screened for COVID-19

35,626
Community Mental Health contact hours provided to consumers

75,177
Primary & Community Services occasions of service provided to clients

15,525
Southwest Dental Service attendances

7,886
surgeries performed at our Warrnambool Base & Camperdown Hospitals

58,639
inpatient rooms cleaned by our Environmental Services

1,242
tonnes of dirty linen processed by our South West Regional Linen Service

1,601
emergency accommodation nights booked at Warrnambool Rotary House

280,318
individual requisition lines processed by our regional Supply & Logistics service

Front Cover
This moving moment in time was our Warrnambool theatre team's contribution to the COVID-19 Nurses Vigil on May 10 2020 where Australian and New Zealand nurses honored overseas colleagues who had lost their lives treating and caring for COVID-19 patients. From left: Jay Philpotts, Chris Toone, Sean Ginley, Vicki Ezard, Andrew Johanneson, Emma Burris, Monique Nevill, Amy Eccles, Susan Morrison, Michelle Lucas, Melissa Coffey and Lucia Camera.

ABOUT US

This report provides performance, quality and financial information covering the 2019-20 financial year. It has been prepared in accordance with the *Health Services Act 1988*, *Financial Management Act 1994*, Standing Directions of the Minister for Finance (Section 4 Financial Management Reporting) and Financial Reporting Directions (specifically FRD22).

We hope you find this report informative and encourage you to also read our 2019-20 Quality Account on our website at www.southwesthealthcare.com.au

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OUR VISION

Leaders in healthcare, partners in wellbeing.

OUR MISSION

To improve the health and wellbeing of South West Victorians by partnering with them, their communities and other providers to deliver high quality healthcare with a future-focus through our engaged, empowered and motivated workforce.

OUR VALUES

Our Culture of Care
We put the person at the centre of everything we do. We are compassionate and responsive to the needs of consumers of our service, their families, our staff and volunteers.

Our Culture of Respect
We behave in a manner that demonstrates trust, inclusion and mutual understanding. We respect diversity and communicate openly with consideration of others.

Our Culture of Integrity
We are transparent and ethical in all that we do. We are accountable for our decisions and actions. We embrace honest feedback and act on it.

Our Culture of Excellence
We ensure every interaction is of the highest standard, every time. We do not compromise on quality.

Our culture of leadership
We lead by example and empower everyone. We are strategic, responsive and resilient.

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 (and headquarters), 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, and new-age energy.

OUR SERVICES

We provide more than 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: 1,577 people work for South West Healthcare. Our local economy benefits to the tune of approximately $135M per annum.

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HIGHLIGHTS

- AWARDED 2019 PREMIER'S AWARD FOR HEALTH SERVICE OF THE YEAR (MEDIUM)
- RESPONDED TO 2019 CYBERSECURITY ATTACK AND 2020 COVID-19 PANDEMIC
- LAUNCHED 2020-24 STRATEGIC PLAN, 2020-24 ENVIRONMENTAL MANAGEMENT PLAN AND RECONCILIATION ACTION PLAN
- CONTINUED STRONG FINANCIAL PERFORMANCE
- COMPLETED $460K MERINDAH LODGE KITCHEN/LOUNGE REDEVELOPMENT
- COMMENCED $1.49M PORTLAND MENTAL HEALTH SERVICES FACILITY CONSTRUCTION
- ADVANCED WARRNAMBOOL BASE HOSPITAL REDEVELOPMENT AND CAMPERDOWN HEALTH PRECINCT DEVELOPMENT PLANNING
- ADVOCATED COMMUNITY NEEDS TO MENTAL HEALTH AND AGED CARE ROYAL COMMISSIONS
- RECORDED 95.1% PATIENT SATISFACTION RATING FOR OVERALL CARE AND POSITIVE EXPERIENCE
- OUTPERFORMED VICTORIAN AVERAGE IN ALL QUALITY AND SAFE CARE INDICATORS
- ESTABLISHED REGION'S FIRST PROSTATE CANCER NURSE SERVICE AND RAINBOW TICK IMPLEMENTATION NETWORK
- EXPANDED SPECIALIST PUBLIC OUTPATIENT CLINICS
- SLASHED ELECTRICITY USAGE AND GAS EMISSIONS
- NAMED ONE OF HIGHEST INFLUENZA-VACCINATED HEALTH SERVICE WORKFORCES IN VICTORIA
- IMPLEMENTED HOME-CARE MODEL TO ENHANCE CONNECTION AND CARE AT HOME

YEAR IN REVIEW

It is a privilege to present this year's annual report demonstrating South West Healthcare's continued commitment to provide great care closer to home for people in south west Victoria. It's been a demanding and challenging twelve months for both South West Healthcare (SWH) and all Victorians. We actively managed two major events: responding to a cybersecurity attack in late 2019 and then the coronavirus pandemic in 2020. We've been humbled by the ongoing support and encouragement of our local communities, and also by our extremely dedicated, energetic and positive staff throughout this period.

DELIVERING CARE

A highlight of the 2019-20 was winning the Premier's Award for Health Service of the Year (Medium). This honor recognises the commitment of all staff, volunteers and partners and the confidence our community has in the quality of services, care and array of specialties we provide.

We're very proud of our 166-year history and all that has been achieved and we won't rest on our laurels. In recent months we launched our new five-year strategic plan. The 2020-24 Strategic Plan provides the directions and actions we'll take over the upcoming years to provide a broader array of services, in better facilities, with engaged staff providing great patient and consumer outcomes.

Importantly, we changed our vision to Leaders in Healthcare, Partners in Wellbeing. This articulates our aspiration to not only lead provision of healthcare, but also to promote health through assisting people to live healthier, happier lives. As well, SWH is dedicated to providing outstanding healthcare in partnership with our regional community in order to achieve our strategic outcomes.

In accordance with the Financial Management Act 1994, we are pleased to present the report of operations for SWH for the year ending June 30 2020.

UNIQUE TIMES

It's been an exceptional and momentous year due to the unusual events that have occurred bringing unprecedented change, not just to the health sector but the entire world.

The impact of a cybersecurity attack in October 2019 continued for many months. It not only affected SWH but also the numerous partners associated with the South West Alliance of Rural Health (SWARH). The outstanding efforts by many staff in overcoming systems issues resulted in minimal patient disruptions.

In late February 2020 our teams quickly responded to the worldwide coronavirus (COVID-19) pandemic. Responses included urgently constructing additional intensive care unit capacity, another ward and a screening/testing clinic; partnering with local organisations to locally produce hand sanitiser made to World Health Organisation Standards and TGA approval; acquiring much needed equipment and extra cooked chill-food storage. This was the commencement of a long journey we remain on today.

Throughout this time we have developed and ran a specific COVID-19 system alongside our normal operating environment to ensure we're in a strong position to respond as necessary for our staff and the community. The need to change how we provided care has resulted in new telehealth consultations and home care models, plus additional screening for patients; all while providing our hospital and community services for urgent needs. As a result of COVID restrictions on travel, sport and normal activities over much of 2020, we experienced slight reductions in emergency presentations (-4.5 percent) and hospitalisations (-3.9 percent) across our Warrnambool and Camperdown campuses, compared to 12 months earlier. In order to provide safe care and enable capacity in the system, elective surgery was restricted. However, we continued to see an increase in demand for patients becoming unwell over our winter months.

SWH's response to the pandemic continues in earnest by ensuring our processes and systems are strong, with safety at the forefront of everything we do. The extra time, dedication and commitment to ensure we remain COVID-ready can be energy sapping on staff and visitors and we appreciate the patience everyone has displayed throughout. We're particularly appreciative of the understanding provided by the many community members whose treatment was delayed or impacted.

Even during these two crises our staff and volunteers have demonstrated high levels of resilience, adaptability, excellence and leadership to ensure we continue to provide consistent high quality, effective and timely care. We sincerely acknowledge and thank them for this. Well done!

DELIVERING HIGH QUALITY CARE

Prior to the coronavirus pandemic SWH was again on target to provide more treatments to more people than ever before. Necessary changes have resulted in some service reductions, whilst others continued to increase through different methods of treatment such as telehealth.

Our communities continue to view our services highly. Patient satisfaction for overall care and positive experience rated at 95.13 percent for the year. We consistently outperformed the state average in all patient experience, quality and safe care indicators. We were rated second in sub-regional services for patients who reported positive experiences of their discharge from hospital and patients who reported adequate services were arranged as part of discharge planning.

We're pleased with these results and will further improve on them by implementing new ways for patients to provide feedback. This feedback results in direct change to how we deliver care to better meet the expectations of our community.

We're committed to implementing recommendations from both the Mental Health and Aged Care Royal Commissions, which will be released in 2021. We're confident they will focus on improving care in rural regions and promote equity of access and care.

DEVELOPING SERVICES

Our aim is to meet the needs of our developing region by delivering services closer to home. This year we successfully established the region's first prostate cancer nurse service; commenced a movement disorders service and partnered with agencies on advancing mental health responses in our region. Our expansion of specialist public outpatient clinics culminated in the first public general medicine clinic in late 2019. We will continue to implement more public clinics throughout 2020-21.

We're committed to an environmentally friendly pathway and this year we outlined our future endeavours in the 2020-24 Environmental Management Plan. Over the past 12 months our solar and lighting upgrades have resulted in electricity usage reductions of 21 percent at our Camperdown campus and 7.5 percent at our Warrnambool campus, and greenhouse gas emission reductions of more than 600,000kgCO2. Combined with strategies around waste, fleet management and reusables, this assists us to reduce our impacts.

PARTNERING FOR SUCCESS

We were very proud to launch the first SWH Reconciliation Action Plan this year. We're firmly committed to enact meaningful change and be more responsive to the health needs of Aboriginal and Torres Strait Islander peoples. We look forward to working with our local communities in the upcoming twelve months and beyond.

Our patients, clients, consumers and residents are our focus and we listen to them. To assist us in this, our Consumer and Community Advisory Committee has been integral to ensuring our consumer engagement process remains transparent, provides honest feedback and that suggestions are actioned to meet the expectations of our consumers. We thank them for all their time and dedication.

SWH proudly advocates for the needs of all communities and during 2019-20 we formed the Rainbow Tick Implementation Network and led our NAIDOC and Close the Gap celebrations. We will continue to raise community and workforce awareness and support for important initiatives including IDAHOBIT Day, Wear it Purple Day, R U OK?, and Socks 4 Docs Day.

OUR PEOPLE

Winning the 2019 Premier's Health Service of the Year award ahead of 21 agencies is reflective of the great people we have. We achieved state-wide recognition for having one of the highest workforce influenza vaccination rates in Victoria, with more than 97 percent of our staff immunised. And, again, over 80 percent of staff completed our organisation-wide staff survey. This is a great response and has allowed us to implement changes to improve how we operate and develop accountable people who live our values.

Throughout the year we said farewell to more than 10 staff who had each individually contributed more than 40 years' service. We thank each of these people for this remarkable achievement, and all of our staff for contributing to the development of the award-winning health organisation we are today.

We congratulate our podiatry manager Robert Beavan for being awarded our 2019 AEW Matthews Memorial Travelling Scholarship. Robert will travel internationally with the aim of creating a proactive early diagnosis and treatment for people with diabetic foot disease.

INFRASTRUCTURE FOR THE FUTURE

We've continued to advance our planning and desire to realise our aspirations for the redevelopment of our Warrnambool Base Hospital and the development of the Camperdown Health Precinct.

In the last 12 months it's been very exciting to open the redeveloped kitchen and lounge area of Merindah Lodge aged care in Camperdown, and commence building the new Portland Mental Health Services facility which is vitally important to further grow our regional mental health services.

LOOKING FORWARD

2019-20 has been a pivotal time for SWH in ensuring we delivered our 'usual' care during both a cybersecurity attack and a global pandemic. We hope we've demonstrated our resilience, adaptability and responsiveness to the needs of our community. We're well placed to respond as situations change.

Our achievements in the upcoming 12 months will be dependent on how the coronavirus pandemic unfolds. Our Strategic Plan Pillars of Great Healthcare Experiences; Empowering our People; Integrated, High Quality Care; Infrastructure that Supports Best Care; and Partnering for Success will be pursued at every opportunity. To achieve this, our staff will continue to live the values aligned with our vision of *Leaders in Healthcare, Partners in Wellbeing and our mission: To improve the health and wellbeing of South West Victorians by partnering with them, their communities and other providers to deliver high quality healthcare with a future-focus through our engaged, empowered and motivated workforce.*

CRAIG FRASER

Chief Executive Officer
29 September 2020

BILL BROWN

Chairman,
Board of Directors
29 September 2020

THE 2020 PANDEMIC

As COVID-19 swept the world in the first few months of 2020, health sectors across the globe were jolted into immediate response. Australia recorded its first case on January 25 and, by March 2, its first case of community transmission. On March 12, the virus was declared a global pandemic by the World Health Organisation. Victoria was declared a State of Emergency on March 16 and went into official lock down. Across the country, the immediate public health response was to be battle-ready for potential situations where systems could be overwhelmed. On March 19, our Warrnambool Base Hospital admitted the only COVID-positive patient we would care for before June 30.

Having closely monitored the situation from late January, operationally we established an incident control structure in early March. As the pandemic escalated, our Incident Control Group (ICG) continued to develop and stress-test escalation plans for every possible contingency. Keeping staff calm and functional, designing new infrastructure and upscaling/modifying equipment/services, and imposing practices to keep staff, patients, residents, clients, consumers, volunteers, students and visitors safe via PPE, physical distancing and hygiene processes were our key areas of focus.

Whilst the 12-member ICG had oversight of the strategic response, an Incident Management Group of 70+ managers/leaders had responsibility for the day-to-day management and implementation of every aspect of the whole-of-service response. Outside the service, we convened a group of sub-regional CEOs and were part of a statewide CEO group producing daily updates. Plans from all groups were developed and implemented in parallel.

SWH rose to every challenge COVID-19 delivered. Amongst our achievements, we:

- Transformed a rehabilitation gym to a commissioned 6-bed COVID intensive care unit, the short stay unit to a 20-bed COVID unit for COVID and suspected COVID patients, and a disused ward to a commissioned 20-bed unit.
- Established a respiratory assessment clinic for COVID testing, an outreach service to monitor at-home COVID clients in managed isolation, a SWH COVID-19 Mental and Emotional Wellbeing Hotline, a staff redeployment hub, and an acute mental health unit for COVID and suspected COVID consumers.
- Shored-up exhausted supply chains by partnering with local businesses to produce hand sanitiser and disinfectant, preparing 5,000 frozen standby dishes, and repurposing anaesthetic machines into ventilators.
- Reduced elective surgery to preserve limited PPE and reserve hospital beds. Collaborated for 450+ elective surgery patients to be treated at St John of God Hospital.
- Increased telehealth usage by 50%. Hosted 1,000+ Primary & Community Services and Mental Health Services video consultations.
- Held 20+ simulated onsite COVID outbreaks to rigorously test COVID outbreak management processes and systems.
- Assisted a variety of organisations to develop COVID management plans and be nimble-ready for potential clusters.
- Reduced visiting hours/numbers to limit potential spread of the virus. Established visitor screening stations at entrances of all facilities.
- For more detailed coverage please go to www.southwesthealthcare.com.au

We are immensely proud of how we've responded to the world's largest public health crisis. By any measure, our actions have been rapid, decisive and proactive. We've demonstrated the very best of true community leadership in a time of anxiety and uncertainty. More importantly, we have all helped saved lives. As of June 30, our local communities had not recorded a new COVID case for 14 weeks. Of the 2,159 cases recorded in Victoria (of which 20 people have died), 250 live regionally. Of these 250, six have come from our catchment area. The State of Emergency has been extended to July 20. There is still no vaccine.

STATEMENT OF STRATEGIC DIRECTION 2020-24

OUR VISION

Leaders in healthcare, partners in wellbeing

OUR MISSION

To improve the health and wellbeing of South West Victorians by partnering with them, their communities and other providers to deliver high quality healthcare with a future-focus through our engaged, empowered and motivated workforce

GREAT HEALTHCARE EXPERIENCES

We partner with consumers to achieve service excellence

Strategic Priorities	Strategies
Continuous quality improvement by partnering with consumers	› Train and empower our people to work with consumers for their best care › Continuously improve our consumer engagement framework › Empower and support consumers to engage effectively in relevant committees, leading to organisational improvements
Improved health and consumer empowerment through knowledge	› Implement a sustainable health literacy program › Use regular surveys and targeted reviews to identify opportunities for consumer empowerment › Promote use of My Health Record
Consumer focused service systems	› Redesign our service systems to incorporate a focus on the consumer experience and equity of access according to need › Establish more specialist outpatient services with no out-of-pocket expenses for consumers

EMPOWERING OUR PEOPLE

We develop talent and leadership across all levels of our workforce, resulting in empowered and motivated individuals and teams, creating a great workplace and a supportive and safe work environment

Strategic Priorities	Strategies
A values-driven culture	› Promote and reinforce our values and expected behaviours › Develop an environment where people achieve their full potential
A diverse and inclusive workforce	› Support diversity and encourage inclusivity through workforce training and development › Increase recruitment and retention of Aboriginal people
A culture of excellence and accountability	› Create a motivated workplace where our workforce are engaged, healthy and high performing › Establish a cohesive research and learning strategy that develops all individuals and teams across SWH › Drive positive workplace change through implementation of Our People Strategy

INTEGRATED, HIGH QUALITY CARE

We continually improve service delivery to achieve high quality outcomes

Strategic Priorities	Strategies
A 'one team' approach	› Develop team-oriented models of care that support seamless transitions across our campuses and community settings › Improve management and clinical systems to optimise throughput, length of stay and occupancy in Warrnambool and Camperdown Hospitals › Develop sustainable models for our multi-site service system configuration
Care provided close to home	› Develop innovative and comprehensive models of in-home and out of hospital care › Enhance our specialist service provision in South West Victoria › Renew our clinical services plan to represent future needs
High quality, safe care	› Continuously review and improve the design of our systems and the way we deliver to enhance care and the consumer experience › Implement best practice and sector reforms

INFRASTRUCTURE THAT SUPPORTS BEST CARE

Future demand is planned and delivered through strategic investment

Strategic Priorities	Strategies
Warrnambool Base Hospital redevelopment	› Substantially progress the stage two redevelopment of the Warrnambool Base Hospital in partnership with the Victorian Government › Progress to realisation of the full Warrnambool Masterplan
Camperdown precinct redevelopment	› Progress the Camperdown precinct business case to finalisation and progress aged care as stage one › Progress to realisation of the full Camperdown Masterplan
Contemporary integrated information technology systems	› Develop and implement an information technology plan to support ongoing leadership, appropriate investment and high quality performance across SWH › Work towards and plan for an end-to-end electronic health record › Develop data systems to support efficient and effective decisions and inform our clinical practice in real time

PARTNERING FOR SUCCESS

We are a highly valued partner and leader

Strategic Priorities	Strategies
Improved access to services across the South West	› Support our partners in the South West region through collaborations to deliver reliable, safe and appropriate specialist services › Develop effective pathways for people to receive ongoing care closer to home through seamless transfers in and out of SWH
Healthier South West communities	› Collaborate and contribute to public health initiatives and wellbeing plans › Enhance population health through implementing evidence-based strategies › Improve equity and access through targeted plans and strategies
Build and strengthen strategic partnerships	› Enhance partnerships with education and training providers › Continually improve healthcare experiences through dedicated partnerships with local health and community providers › Work in partnership with the State Government and Department of Health and Human Services to achieve SWH's future potential

STATEMENT OF PRIORITIES

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 healthy lifestyles	Reduce statewide risks Build healthy neighbourhoods Help people to stay healthy Target health gaps	Engage with communities to jointly develop a person-centred care framework and diversity strategy which recognises and responds to the individual needs, supports and preferences of consumers and their carers.	Achieved. › Collaboration with Emma House and Warrnambool City Council on the Clothesline Project to stand up for victims of gender-based violence. › Outreach, home-based care and psychologically, culturally-safe spaces within inpatient settings developed. Outdoor consultations, home visits and telehealth options used to undertake health assessment and care to vulnerable members of our community. › Partnering with a number of agencies to ensure consumers with food and housing insecurity able to access food and hygiene products, along with their medications, during COVID-19 isolation restrictions. › Mental Health and Emotional Wellbeing free telephone line established to support members of the south west community experiencing worries, stress, anxiety or depression during COVID-19. › District Nursing Service enhanced to provide care in the home where appropriate, rather than an inpatient stay, including for consumers with COVID-19.
		Develop and deliver strategies in the areas of social and emotional wellbeing and physical health to support the delivery of municipal health and wellbeing plans and improve public health outcomes.	Achieved. › Partnership with Corangamite Shire and Warrnambool City Councils to deliver social and emotional wellbeing and physical health initiatives including health-promoting organisation workshops to assist in delivery of healthy eating, mental health and wellbeing, and collaborative Mental Health Week celebrations in Camperdown. › Teen Mental Health First Aid rollout to secondary schools and delivery of virtual social connection workshops. › Development of Everyday Foodies program. Designed as a train-the-trainer program to be rolled out into communities to enhance knowledge and skills.

BETTER HEALTH

GOALS	STRATEGIES	HEALTH SERVICE DELIVERABLES	OUTCOMES
BETTER ACCESS			
Care is always there when people need it Better access to care in the home and community People are connected to the full range of care and support they need Equal access to care	Plan and invest Unlock innovation Provide easier access Ensure fair access	Redesign services and implement an innovative home-care model that enhances connection and care at home.	Achieved. › Primary and Community Services Comprehensive Care policy implemented introducing consistency regarding needs assessment, risk assessment, care planning, communication and discharge. Key Performance Indicators under development. › Home-care multi-disciplinary team meeting commenced. › Commencement of general medicine team involvement in Hospital In The Home. › Initiative will carry into 2020-21.
		Develop a specialist clinic model to increase community access to specialist care.	Achieved. › Specialist Outpatients Manager commenced December 2019. Is leading development of all outpatient clinics across SWH including ensuring processes, contractual and billing arrangements are standard. › Physician-led General Medicine Clinics in place with ten sessions/week. › Standard contractual model for medical staff finalised. To be used for all new clinics. › Orthopaedic Fracture Clinics converted to full public clinics in June 2020. › Public Paediatric Outpatient and Public Oncology Clinics commenced.

BETTER ACCESS

GOALS	STRATEGIES	HEALTH SERVICE DELIVERABLES	OUTCOMES
BETTER CARE			
Targeting zero avoidable harm Healthcare that focusses on outcomes Patients and carers are active partners in care Care fits together around people's needs	Put quality first Join up care Partner with patients Strengthen the workforce Embed evidence Ensure equal care	Implement and monitor the consumer and community engagement plan in conjunction with consumer advisory committees. This includes implementing two domains from the Safer Care Victoria (SCV) Partnering in Healthcare framework – shared decision making and effective communication.	Achieved. The Consumer and Community Engagement Plan is reflected in the work being undertaken by the Consumer and Community Advisory Committee (CCAC) with a focus on the two domains of shared decision making and effective communication. Shared Decision Making achievements include: › Review of the Emergency Department consumer flow, consumer and carer experience and systems to prompt clinical decision makers to empower and partner with consumers and carers to make informed decisions about their healthcare. › Consumer experience of SWH's chapel reviewed with recommended move towards more inclusive multi-faith or reflection space being progressed. › Review of consumer information including contemporaneous feedback on Point of Care Terminals (POCT). Effective Communication achievements include: › Participation in development of 2019-20 Quality Account, 2020-2024 Strategic Plan, and consumer participation framework. › CCAC reviews consumer feedback including Victorian Health Experience Survey (VHES), Your Experience Survey (YES), SWH Your Rights Your Say, feedback actions and outcomes and makes recommendations to improve access to feedback.
		Develop an education and workforce development strategy and a research governance strategy to support all individuals and teams to improve quality of care.	Partially Achieved. Education and Workforce Development Committee established to support and drive cohesive approach to education, research and workforce development. SWH participated in Western Alliance strategic planning process providing valuable input into the development of the SWH Research Strategy. Drafting of both a learning strategy and a research strategy in line with the organisational strategic plan underway. Initiative will carry into 2020-21.

BETTER CARE

GOALS	STRATEGIES	HEALTH SERVICE DELIVERABLES	OUTCOMES
BETTER CARE			
Specific 2019-20 priorities (mandatory)	Supporting the Mental Health System Improve service access to mental health treatment to address the physical and mental health needs of consumers	Implement year one of the recommendations from the South West Healthcare Mental Health Services Model of Care and service-wide review, and develop an evaluation framework to improve the quality of recovery for consumers and their carers/families.	Achieved. All year-one recommendations implemented including: › Mental health inpatient staff workforce project with five new funded nursing positions and trial of cadetship program to strengthen nursing workforce. › Emergency Services Liaison Committee involving health services' emergency departments/ urgent care centres and emergency services leading to significant increase in telehealth options. › Embedding of the Mental Health and Police Program. › Nurse-led consultation and liaison service with a focus on embedding the medical workforce for 2020-21. › Consultation Liaison is final rotation requiring a Royal Australian New Zealand College of Psychiatrists accreditation. › Completion of medical workforce recommendations including assigning one psychiatrist to inpatient services.
	Addressing Occupational Violence Foster an organisational wide occupational health and safety risk management approach, including identifying security risk and implementing controls, with a focus on prevention and improved reporting and consultation. Implement the department's security training principles to address identified security risks.	Implement the department's security training principles to address identified security risks. Fully implement (develop and maintain) a comprehensive, integrated safety management system across the organisation as per the health service security gap analysis, which ensures effective monitoring, assessment and continual improvement of occupational health, safety and wellbeing systems.	Achieved. › Following a risk assessment, an appropriate education intervention put in place to ensure requirements are met in relation to occupational violence and aggression. › 90% of Occupational Violence and Aggression Action Plans have been implemented. › Comprehensive Safety Management System drafted for rollout across SWH. › All outstanding health, safety and wellbeing policies reviewed and updated.
	Addressing Bullying and Harassment Actively promote positive workplace behaviours, encourage reporting and action on all reports. Implement the department's *Framework for promoting a positive workplace culture: preventing bullying, harassment and discrimination and Workplace culture and bullying, harassment and discrimination training: guiding principles for Victorian health services.*	Implement the department's *Framework for promoting a positive workplace culture: preventing bullying, harassment and discrimination.* Develop and implement a suite of resources to further promote the organisational values, and ensure the values are embedded within training, processes and resources, particularly initiatives that are led by the People and Culture Division.	Achieved. Know Better, Be Better self-assessment/ gap analysis undertaken. Of 41 elements, 6 are partially met. These initiatives are being incorporated into an action plan to be overseen by the People and Culture Directorate and the Workforce Committee.

GOALS	STRATEGIES	HEALTH SERVICE DELIVERABLES	OUTCOMES
BETTER CARE			
Specific 2018-19 priorities (mandatory)	Supporting Vulnerable Patients Partner with patients to develop strategies that build capability within the organisation to address the health needs of communities and consumers at risk of poor access to health care.	Partner with consumers to train staff to address the health needs of vulnerable communities.	Achieved. The Consumer and Community Advisory Committee (CCAC) and Mental Health Consumer and Community Advisory Committee (MHCCAC) oversee initiatives to train staff about the health needs of vulnerable communities to improve access to healthcare and provide a safe and inclusive environment. Achievements include: › Introduction of community development Aboriginal Community liaison role. › Family Violence Coordinator, Mental Health Family Violence Advisor and the Families with Parents with a Mental Illness coordinators training our people in partnering with vulnerable communities › Initiatives around LGBTI+ communities implemented to reduce stigma and discrimination and raise SWH-workforce awareness on importance of providing inclusive and discrimination-free access to all our services › Development of Disability Action Plan (DAP), Reconciliation Action Plan (RAP), Diversity Committee, and working towards Rainbow Tick accreditation. › Participation in Aboriginal and Torres Strait Islander-specific events including Reconciliation Week and NAIDOC, in collaboration with community members/groups and Aboriginal Community Controlled Health Organisations (ACCHOs).
	Supporting Aboriginal Cultural Safety Improve the health outcomes of Aboriginal and Torres Strait Islander people by establishing culturally safe practices across all parts of the organisation to recognise and respect Aboriginal culture and deliver services that meet the needs, expectations and rights of Aboriginal patients, their families, and Aboriginal staff.	Finalise and implement the Reconciliation Action Plan.	Achieved. Reconciliation Action Plan finalised and released. Endorsed by Reconciliation Australia. Cultural Care policy under development. 2020 National Reconciliation Week celebrated virtually with screening of Putuparri and the Rainmakers. Aboriginal Cultural Awareness e-learning developed in partnership with consumers. High staff completion rates achieved. Suite of Aboriginal and Torres Strait Islander clinical indicators developed to report through diversity and clinical committee streams.

GOALS	STRATEGIES	HEALTH SERVICE DELIVERABLES	OUTCOMES
BETTER CARE			
Specific 2018-19 priorities (mandatory) BETTER CARE	Addressing Family Violence Strengthen responses to family violence in line with the Multiagency Risk Assessment and Risk Management Framework (MARAM) and assist the government in understanding workforce capabilities by championing participation in the census of workforces that intersect with family violence.	Integrate the MARAM framework into the current Strengthening Hospitals Response to Family Violence work plan.	Achieved. Introduction of Child and Family Safe Committee to better coordinate all reform activity occurring in this space. Participation in census of workforces that intersect with family violence. MARAM framework integrated with Strengthening Hospital Response to Violence training.
	Implementing Disability Action Plans Continue to build upon last year's action by ensuring implementation and embedding of a disability action plan which seeks to reduce barriers, promote inclusion and change attitudes and practices to improve the quality of care and employment opportunities for people with disability.	Implement year-one of the South West Healthcare Disability Action Plan.	Partially Achieved. Disability Liaison Officer recruited to implement Disability Action Plan. Work to commence in January 2021, in partnership with Alfred Health, to build SWH-workforce capability enabling people with disabilities to meet their healthcare needs, particularly people with autism, intellectual disability, or communication disability. Initiative will carry into 2020-21.
	Supporting Environmental Sustainability Contribute to improving the environmental sustainability of the health system by identifying and implementing projects and/or processes to reduce carbon emissions.	Develop a new Environmental Management Plan that will identify projects for implementation to reduce the use of natural resources, improve recycling and waste management and result in a reduction in carbon emissions.	Achieved. New Environmental Management Plan developed and adopted. Overseen by Environmental Sustainability Committee.

PERFORMANCE PRIORITIES

HIGH QUALITY AND SAFE CARE	TARGET	2019/20 ACTUALS
Accreditation against the National Safety and Quality Health Service Standards	Full compliance	Achieved
Compliance with the Commonwealth's Aged Care Accreditation Standards	Full compliance	Achieved
INFECTION PREVENTION AND CONTROL		
Compliance with the Hand Hygiene Australia program	83%	91.4%*
Percentage of healthcare workers immunised for influenza	84%	97%
* Quarter 4 data is not available due to COVID-19. Result is based on available data		
PATIENT EXPERIENCE		
Victorian Healthcare Experience Survey - data submission	Full compliance	Full Compliance*
Victorian Healthcare Experience Survey - Patient experience - Quarter 1	95% positive experience	94.5%
Victorian Healthcare Experience Survey - Patient experience - Quarter 2	95%	93.7%
Victorian Healthcare Experience Survey - Patient experience - Quarter 3	95%	97.2%
Victorian Healthcare Experience Survey - Discharge care - Quarter 1	75% very positive experience	81.9%
Victorian Healthcare Experience Survey - Discharge care - Quarter 2	75%	84.5%
Victorian Healthcare Experience Survey - Discharge care - Quarter 3	75%	90.7%
Victorian Healthcare Experience Survey - patients perception of cleanliness - Quarter 1	70%	76.8%
Victorian Healthcare Experience Survey - patients perception of cleanliness - Quarter 2	70%	86.9%
Victorian Healthcare Experience Survey - patients perception of cleanliness - Quarter 3	70%	89.9%
* Less than 42 responses were received for the period due to the relative size of the Health Service		
HEALTHCARE ASSOCIATES INFECTIONS (HAI'S)		
Rate of patients with surgical site infections	No outliers	Not met
Healthcare-associated adult intensive care unit (ICU) infections	Nil	Achieved
ADVERSE EVENTS		
Sentinel events- All RCA reports submitted within 30 business days	100%	100%
Unplanned readmission hip replacement	≤ 2.5%	N/A*
* Less than 50 cases, below reporting threshold		
MENTAL HEALTH		
Mental health - Percentage of adult inpatients who are readmitted within 28 day of discharge	14%	12%
Mental health - Rate of seclusion events relating to an adult acute mental health admission	≤ 15/1,000	9
Mental health - Rate of seclusion events relating to an aged acute mental health admission	≤ 15/1,000	0
Mental health - Percentage of child and adolescent patients with post-discharge follow-up within seven days	80%	97%
Mental health - Percentage of adult acute admissions who have post-discharge follow-up within seven days	80%	94%
Mental health - Percentage of aged acute admissions who have post-discharge follow-up within seven days	80%	97%
MATERNITY AND NEWBORN		
Rate of singleton term infants without birth anomalies with APGAR score <7 to 5 minutes		
Warrnambool	≤ 1.4%	1.1%
Camperdown	≤ 1.4%	2.9%
Rate of severe foetal growth restriction (FGR) in singleton pregnancy undelivered by 40 weeks	≤ 28.6%	N/A*
* No cases of severe foetal growth restriction in singleton pregnancy recorded		
Urgent maternity patients referred for obstetric care within 30 days	100%	91%

CONTINUING CARE		
Functional independence gain from admission to discharge, relative to length of stay	≥0.645 (rehab)	1.231
STRONG GOVERNANCE, LEADERSHIP AND CULTURE	**TARGET**	**2019/20 ACTUALS**
ORGANISATIONAL CULTURE		
PEOPLE MATTER SURVEY		
Percentage of staff with an overall positive response to safety and culture questions	80%	90%
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%	96%
Percentage of staff with a positive response to the question, 'Patient care errors are handled appropriately in my work area'	80%	94%
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%	91%
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%	89%
Percentage of staff with a positive response to the question, 'Management is driving us to be a safety-centred organisation'	80%	91%
Percentage of staff with a positive response to the question, 'This health service does a good job of training new and existing staff'	80%	82%
Percentage of staff with a positive response to the question, 'Trainees in my discipline are adequately supervised'	80%	85%
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%	93%
TIMELY ACCESS TO CARE	**TARGET**	**2019/20 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%	79%
Percentage of emergency patients with a length of stay in the emergency department less than four hours	81%	66%
Number of patients with a length of stay in the emergency department greater than 24 hours	0	3
TIMELY ACCESS TO CARE	**TARGET**	**2019/20 ACTUALS**
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%	91.3%
Percentage of patients on the waiting list who have waited longer than clinically recommended time for their respective triage category	5%	7.9%
Number of patients on the elective surgery waiting list	760	1,277
Number of hospital initiated postponements per 100 scheduled elective surgery admissions	≤7/100	10.6
Number of patients admitted from the elective surgery waiting list	3,490	3,092
SPECIALIST CLINICS		
Percentage of urgent patients referred by a GP or external specialist who attended a first appointment within 30 days	100%	86.4%
Percentage of routine patients referred by a GP or external specialist who attended a first appointment within 365 days	90%	99.9%

EXECUTIVE FINANCIAL MANAGEMENT		TARGET	2019/20 ACTUALS
FINANCE			
Operating Result ($M)	0.0	0.0	$3.91M
Cash Management	Trade creditors	60 days	42 days
	Patient fee debtors	60 days	41 days
WIES* activity performance	WIES (public and private) performance to target (%)	100%	89.4%
ASSET MANAGEMENT			
Adjusted current asset ratio		0.70	1.00
Days of available cash		14 days	25.2 days
Actual days of available cash		14 days	met
Accuracy of forecasting the Net Result From Transactions (NRFT)		≤$250,000	-$6.13M
ACTIVITY REPORTING			
Funding Type		**Target**	**2019-20 Activity achievement**
Acute Admitted	WIES Public	15,312	13,705
	WIES Private	1,352	1,193
	WIES (Public and Private)	16,664	14,898
	WIES DVA	145	183
	WIES TAC	71	127
	WIES TOTAL	16,880	15,208
Acute Non-Admitted	Home Enteral Nutrition	213	264
	Specialist Clinics	32,015	19,525
Sub-Acute & Non-Acute Admitted	Rehabilitation Public Subacute WIES	319	205
	Rehabilitation Private Subacute WIES	28	19
	GEM Public Subacute WIES	287	219
	GEM Private Subacute WIES	28	29
	Palliative Care Public Subacute WIES	147	114
	Palliative Care Private Subacute WIES	22	7
	Sub Acute WIES - DVA	9	17
	Transition Care – Bed Days	3,645	3,092
	Transition Care – Home Days	3,663	3,062
Sub-Acute Non-Admitted	Health Independence Program	24,942	22,909
Aged Care	Residential Aged Care	13,018	11,219
	HACC	8,433	7,909
Mental Health & Drug Services	Mental Health Ambulatory	36,033	35,625
	Mental Health Residential	No target	608
	Mental Health Inpatient – Secure Unit	1,095	912
	Mental Health Inpatient – Available bed days	7,305	5,475*
	* Capacity 15 beds		
	Mental Health Sub Acute	4,384	2,170
	Drug Services	132	Data not available
Primary Health	Community Health/Primary Care Programs	10,945	15,813
Community Health Contacts by Campus	Warrnambool Community Health (inc HIP)	57,618	56,727
	Camperdown Community Health/David Newman Centre	25,782	23504
	Macarthur Community Health	6,834	5,506
	Lismore Community Health	6,291	6,580
	Regional Dental Service	No target	15,525
	South West Medical Centre (GP Clinic)	>18,000	32,398

*WIES = Weighted Inlier Equivalent Separation

STATUTORY REQUIREMENTS

MANNER OF ESTABLISHMENT

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

RESPONSIBLE MINISTERS 2019-20

The Responsible Ministers for South West Healthcare:

Jenny Mikakos MP
Minister for Health and Minister for Ambulance Services

Martin Foley MP
Minister for Mental Health

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 on the South West Healthcare website.

A total of 232 requests under the Freedom of Information Act were processed during the 2019-20 financial year.

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

Principal Officer: Mr Bill Brown, Chair – Board of Directors

Medical Principal Officer: Executive Director Medical Services

Freedom of Information Officer: Ms Robyn White

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.*

LOCAL JOBS ACT DISCLOSURE

In August 2018, the Victorian Parliament reformed the *Victorian Industry Participation Policy Act 2003* in the *Local Jobs First Act 2003* and the FRD was revised to FRD 25D (April 2019).

South West Healthcare had one contract in 2019-20 to which the *Local Jobs First Act 2003* applied totalling $1.145M: for the construction of the Portland Community Mental Health Services Centre with a value of $1.45M. The contract commenced and was completed during 2019-20. A VIPP was not required because it was local in nature and 100% local content (2019/A-LFJ2403A). SWH complies with the *VIPP Act 2003*.

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.*

SUMMARY OF FINANCIAL RESULTS FOR THE YEAR

As detailed in the tables below, we're pleased to confirm total operating revenue increased from $198.9M to $212.5M for the 2019-20 financial year. This reflects an increase of $13.6M or 6.8 percent. The service profile was significantly impacted by the COVID-19 pandemic and it's pleasing to report that South West Healthcare both responded to the community needs associated with the pandemic and maintained our financial strength. An operating surplus of $3.91M (1.8 percent of operating revenue) was achieved and this strong result ensures the financially sustainable position we've built over many years is maintained and allows us to invest in modern equipment. As detailed through this report, we remain innovative and focused on responding to the rapidly changing health needs of the community we serve.

	2019-20	2018-19	2017-18	2016-17	2015-16
	$000	$000	$000	$000	$000
Operating Result*	**3,913**	**502**	**472**	**(300)**	**598**
Total revenue	212,574	198,987	185,206	172,578	166,578
Total expenses	(220,850)	(209,584)	(196,266)	(177,012)	(163,614)
Net Results from transactions	(8,276)	(10,597)	(11,060)	(4,434)	2,964
Total other economic flows	(362)	(993)	(7)	235	(19)
Net result	(8,638)	(11,590)	11,067	4,199	2,945
Total assets	271,715	276,928	222,830	232,485	233,688
Total liabilities	54,113	50,691	44,191	42,779	39,783
Net assets/Total equity	**217,602**	**226,237**	**178,639**	**189,706**	**193,905**

* The operating result is the result for which the health service is monitored in its Statement of Priorities.

RECONCILIATION BETWEEN THE NET RESULT FROM TRANSACTIONS REPORTED IN THE MODEL TO THE OPERATING RESULT AS AGREED IN THE STATEMENT OF PRIORITIES

	2019-20
	$000
Net operating result*	3,913
Capital purpose income	4,750
Expenditure for capital purpose	(216)
Depreciation and amortisation	(16,706)
Finance costs (other)	(17)
Net result from transactions	**(8,276)**

DETAILS OF 2019-20 CONSULTANCIES

In 2019-20 there were three consultancies where the total fees payable to the consultants were less than $10,000. The total expenditure incurred during the 2019-20 financial year in relation to these consultancies is $12,000 (exclusive of GST).

In 2019-20 there were two consultancies where the total fees payable to the consultants were $10,000 or greater. The total expenditure incurred during 2019-20 in relation to these consultancies is $94,000 (exclusive of GST).

DETAILS OF INDIVIDUAL CONSULTANCIES (VALUED AT $10,000 OR GREATER)	PURPOSE OF CONSULTANCY	EXPENDITURE (VALUED AT $10,000 OR GREATER)
Mamco	Inpatient Clinical Coding Review	$73,000
Teresa Moriaty	Mental Health Services Workforce Review	$21,000

INFORMATION AND COMMUNICATION TECHNOLOGY (ICT) DISCLOSURE

The total ICT expenditure incurred during 2019-20 is $5.170M (excluding GST) with the details shown below.

BUSINESS AS USUAL (BAU) ICT EXPENDITURE		
Total Operational expenditure and Capital expenditure (excluding GST)	Operational expenditure (excluding GST)	Capital expenditure (excluding GST)
$5.170 million	**$4.717 million**	**$0.451 million**

CAR PARKING FEES

South West Healthcare complies with the Department of Health and Human Services hospital circular on car parking fees. Details of car parking fees and concession benefits can be viewed at www.southwesthealthcare.com.au

BUILDING ACT 1993

COMPLIANCE

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

COMMERCIAL APPOINTMENTS

External Auditors
McLaren Hunt

Internal Auditors
HLB Mann Judd

Bankers
Australia & New Zealand Banking Group Ltd

COMPETITIVE NEUTRALITY

South West Healthcare complies with all government policies regarding competitive neutrality with respect to all tender applications.

PUBLIC INTEREST DISCLOSURE ACT 2012

South West Healthcare has in place appropriate procedures for disclosures in accordance with the Public Interest Disclosure Act 2012. No protected disclosures were made under the Act in 2019-20. Since the introduction of the Act 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

ADDITIONAL INFORMATION AVAILABLE UPON REQUEST

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):

- Declarations of pecuniary interests have been duly completed by all relevant officers;
- Details of shares held by senior officers as nominee or held beneficially;
- Details of publications produced by the entity about itself, and how these can be obtained;
- Details of changes in prices, fees, charges, rates and levies charged by the Health Service;
- Details of any major external reviews carried out on the Health Service;
- Details of major research and development activities undertaken by the Health Service that are not otherwise covered either in the report of operations or in a document that contains the financial statements and report of operations;
- Details of overseas visits undertaken including a summary of the objectives and outcomes of each visit;
- Details of major promotional, public relations and marketing activities undertaken by the Health Service to develop community awareness of the Health Service and its services;
- Details of assessments and measures undertaken to improve the occupational health and safety of employees;
- A general statement on industrial relations within the Health Service and details of time lost through industrial accidents and disputes, which is not otherwise detailed in the report of operations;
- A list of major committees sponsored by the Health Service, the purposes of each committee and the extent to which the purposes have been achieved;
- Details of all consultancies and contractors including consultants/contractors engaged, services provided, and expenditure committed for each engagement.

ATTESTATIONS

DATA INTEGRITY DECLARATION

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

Craig Fraser
Chief Executive Officer
South West Healthcare
24 September 2020

CONFLICT OF INTEREST DECLARATION

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
South West Healthcare
24 September 2020

INTEGRITY, FRAUD AND CORRUPTION DECLARATION

I, Craig Fraser, certify that South West Healthcare has put in place appropriate internal controls and processes to ensure that integrity, fraud and corruption risks have been reviewed and addressed at South West Healthcare during the year.

Craig Fraser
Chief Executive Officer
South West Healthcare
24 September 2020

ATTESTATION ON FINANCIAL MANAGEMENT COMPLIANCE

I, William Brown, on behalf of the Board of Directors, certify that South West Healthcare has no Material Compliance Deficiency with respect to the applicable Standing Directions under the Financial Management Act 1994 and Instructions.

William Brown
Board Chair
South West Healthcare
24 September 2020

PROFILE

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 166 years old and our Camperdown Hospital turned 111.

Consisting of two public hospitals, a mental health services division, an aged care facility and five community health centres, in 2019-20 we provided more than 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.

CAMPUSES

Our hospitals are located at:

- Warrnambool
- Camperdown

Our mental health services offices are located at:

- Warrnambool
- Camperdown
- Hamilton
- Portland

Our community health centres are located at:

- Warrnambool
- Camperdown x 2 (including an adult day centre)
- Macarthur
- Lismore

Our dental services are located at:

- Warrnambool
- Camperdown
- Hamilton
- Portland

Our aged care facility is located at:

- Camperdown

Addresses and contact details for each of these facilities are printed on the back cover of this report.

LOCATION MAP

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

INPATIENTS AND PATIENTS

The impact of the 2020 coronavirus pandemic included severe government-enforced State of Emergency restrictions on travel, sport, socialising and other day-to-day activities (as noted in the Year in Review section in this report). As a result, our 2019-20 inpatient hospitalisations and emergency presentations were slightly less than those of 2018-19.

26,347 EMERGENCY & URGENT CARE PATIENTS

We recorded a 4.5 percent decrease in emergency department and urgent care centre attendances for 2019-20. During this 12-month period we treated 26,347 emergency and urgent care patients (compared to 2018-19's 27,685):

- Our Warrnambool Emergency Department treated 24,166 people. This is a 3.9 percent decrease (968 less) on the 25,134 people treated in 2018-19.
- Our Camperdown Urgent Care Centre treated 2,271 people. This is an 11 percent decrease (280 less) on the 2,551 people treated in 2018-19.

The majority of our Warrnambool Emergency Department and Camperdown Urgent Care Centre patients came from the Local Government Area in which the facility they attended is located:

- 60.9 percent (14,722) of our Warrnambool Base Hospital Emergency Department patients were Warrnambool City residents.
- 88.8 percent (2,017) of our Camperdown Hospital Urgent Care Centre patients were Corangamite Shire residents.

SWH EMERGENCY/URGENT CARE PATIENTS' RESIDENCES BY SWH HOSPITAL 2019-20

PATIENTS' RESIDENCES	WARRNAMBOOL BASE HOSPITAL		CAMPERDOWN HOSPITAL	
	Number	%	Number	%
Warrnambool	14,722	60.92	46	2.03
Moyne	4,688	19.40	48	2.11
Corangamite	2,005	8.30	2,017	88.82
Glenelg	589	2.44	4	0.18
Southern Grampians	269	1.11	3	0.13
Colac Otway	92	0.38	32	1.41
Rest of Victoria	1,210	5.01	87	3.83
SA	121	0.50	9	0.40
NSW	109	0.45	6	0.26
QLD	88	0.36	9	0.40
WA	30	0.12	0	0.00
ACT	5	0.02	1	0.04
NT	5	0.02	0	0.00
TAS	10	0.04	1	0.04
Overseas	109	0.45	6	0.26
No Fixed Address	98	0.41	2	0.09
Unknown	16	0.07	0	0.00
TOTALS	**24,166**	**100**	**2,271**	**100**

24,412 HOSPITAL INPATIENTS

We recorded a 3.9 percent decrease in inpatients for 2019-20. During this 12-month period we cared for 24,412 inpatients (compared to 2018-19's 25,391):

- Our Warrnambool Base Hospital cared for 22,319 inpatients. This is a 3.7 percent decrease (861 less) on the 23,180 inpatients cared for in 2018-19.
- Our Camperdown Hospital cared for 2,093 inpatients. This is a 5.3 percent decrease (118 less) on the 2,211 cared for in 2018-19.

WHERE OUR PATIENTS LIVE

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

- 57.2 percent (12,769) of our Warrnambool Base Hospital inpatients were Warrnambool City residents.
- 54.7 percent (1,145) of our Camperdown Hospital inpatients were Corangamite Shire residents.

SWH INPATIENTS' RESIDENCES BY SWH HOSPITAL 2019-20

INPATIENTS' RESIDENCES	WARRNAMBOOL BASE HOSPITAL		CAMPERDOWN HOSPITAL	
	Number	%	Number	%
Warrnambool	12,769	57.21	602	28.76
Moyne	4,128	18.50	238	11.37
Corangamite	2,474	11.08	1,145	54.71
Glenelg	1,325	5.94	17	0.81
Southern Grampians	648	2.90	22	1.05
Colac Otway	65	0.29	27	1.29
Rest of Victoria	511	2.29	26	1.24
SA	259	1.16	6	0.29
NSW	33	0.15	2	0.10
QLD	38	0.17	2	0.10
WA	8	0.04	0	0.00
ACT	0	0.00	0	0.00
NT	0	0.00	0	0.00
TAS	9	0.04	0	0.00
Overseas	20	0.09	3	0.14
No Fixed Address	30	0.13	3	0.14
Unknown	2	0.01	0	0.00
TOTALS	**22,319**	**100**	**2,093**	**100**

THE AGE OF OUR 24,412 INPATIENTS

The 76-80 age group placed the largest demand on our Warrnambool Base Hospital in 2019-20 while the 66-70 age group placed the largest demand on our Camperdown Hospital:

- The 76-80 age group accounted for 10.5 percent of inpatient demand at our Warrnambool Base Hospital. The 71-75 age group was the second highest at 10.2 percent followed by the 66-70 age group at 9.9 percent. (In 2018-19, the 66-70 age group was the highest-rating at 10.4 percent, followed by the 76-80s at 9.7 and the 71-75s at 9.3.)
- The 66-70 age group accounted for 12.4 percent of inpatient demand at our Camperdown Hospital. The 71-75 age group was the second highest at 9.8 percent followed by the 51-55 age group at 9.7 percent. (In 2018-19, the 66-70 age group was the highest at 11 percent followed by the 71-75s at 10.1 and the 61-65s at 8.9.)

It's worth noting the 0-5 inpatient figures at both hospitals (6.2 percent at Warrnambool and 1.9 percent at Camperdown) include midwifery unit births, while the Camperdown Hospital figures do not include Merindah Lodge aged care residents.

SWH INPATIENTS AGE BY SWH HOSPITAL 2019-20

INPATIENTS' AGES	WARRNAMBOOL BASE HOSPITAL		CAMPERDOWN HOSPITAL	
	Number	%	Number	%
0-5	1,375	6.16	40	1.91
6-10	270	1.21	2	0.10
11-15	257	1.15	20	0.96
16-20	534	2.39	61	2.91
21-25	688	3.08	69	3.30
26-30	952	4.27	92	4.40
31-35	781	3.50	86	4.11
36-40	789	3.54	93	4.44
41-45	1,070	4.79	93	4.44
46-50	1,126	5.05	135	6.45
51-55	1,488	6.67	203	9.70
56-60	1,738	7.79	172	8.22
61-65	2,097	9.40	172	8.22
66-70	2,200	9.86	259	12.37
71-75	2,271	10.18	204	9.75
76-80	2,347	10.52	153	7.31
81-85	1,326	5.94	142	6.78
86-90	692	3.10	59	2.82
>90	318	1.42	38	1.82
TOTAL	**22,319**	**100**	**2,093**	**100**

SERVICES & PROGRAMS

	WARRNAMBOOL BASE HOSPITAL	CAMPERDOWN HOSPITAL	WARRNAMBOOL COMMUNITY HEALTH	CAMPERDOWN COMMUNITY HEALTH	LISMORE COMMUNITY HEALTH	MACARTHUR COMMUNITY HEALTH	DAVID NEWMAN ADULT DAY CENTRE, CAMPERDOWN	MERINDAH LODGE, CAMPERDOWN	WARRNAMBOOL MENTAL HEALTH SERVICES	CAMPERDOWN MENTAL HEALTH SERVICES	HAMILTON MENTAL HEALTH SERVICES	PORTLAND MENTAL HEALTH SERVICES
Aboriginal Health			•									
Access & Information		•	•	•	•	•						
Accommodation (Rotary House)	•											
Acute Care	•	•										
Advance Care Planning	•	•	•	•	•	•		•				
Aged Care (residential)								•				
Anaesthetics												
- Specialist	•	•										
- General Practitioner		•										
Brain Activities, Stimulation & Engagement (BASE)	•											
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 Condition Management			•	•	•	•						
Cognitive Dementia & Memory			•									
Community Health Nursing					•	•						
Continence/Urology	•		•	•								
Coronary Care	•											
Day Surgery	•	•										
Delta Therapy Dogs	•											
Dentistry	•		•	•								
Dermatology (private consultations)	•											
Diabetes Education & Resources	•	•	•	•	•	•		•				
Discharge, Support & Liaison	•	•	•									
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			•	•	•	•	•					
Healthier Me				•								
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							•					
Mental Health												
- Acute Inpatient	•											
- Adult	•								•	•	•	•
- Aged Persons	•								•	•	•	•
- Child & Adolescent includes CASEA	•								•	•	•	•
- Consultation Liaison Services	•											

	Warrnambool Base Hospital	Camperdown Hospital	Warrnambool Community Health	Camperdown Community Health	Lismore Community Health	Macarthur Community Health	David Newman Adult Day Centre, Camperdown	Merindah Lodge, Camperdown	Warrnambool Mental Health Services	Camperdown Mental Health Services	Hamilton Mental Health Services	Portland Mental Health Services
- Consumer & Carer Participation	•								•	•	•	•
- Early Intervention & Dual Diagnosis	•								•		•	
- Expanded Discharge Support Initiative									•			
- Extended Care Inpatient	•											
- Families where a Parent has a Mental Illness									•	•	•	•
- Farmer Community Support Program									•	•		
- Mental Health & Police Response									•			
- Perinatal Emotional Health Program	•	•							•	•	•	•
- Ngootyoong - Prevention and Recovery Centre (PARC) care									•			
- Primary Mental Health Services				•	•				•	•	•	•
- Psychological Therapy Services				•					•	•	•	•
- Therapeutic Group 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	•											
Oncology Clinical Trials	•											
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	•											
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	•	•	•	•		•		•				
Social Support Groups					•	•	•			•		•
South West Healthcare Supplies (retail shop)	•											
Speech Pathology	•	•	•	•				•				
Specialist Outpatient Clinic	•											
Stomal Therapy	•											
Strength Training				•	•			•				
Stroke Liaison	•											
Telehealth	•	•	•	•	•	•		•	•	•	•	•
Telemetry	•	•										
Transesophageal Echocardiography	•											
Transition Care Program	•		•	•								
Transport					•	•	•					
Treatment Room					•	•						
Urgent Care Centre		•										
Urology	•	•										
Women's Health	•				•							
- Women's Health Clinic	•			•	•							
- Ante Natal Clinic	•	•										
- Gynaecology Clinic	•											
- Young Women's Pregnancy & Parenting	•											
Wound Management	•	•	•		•			•				
Volunteer Program	•	•	•		•	•	•	•				

HEALTH, SAFETY & WELLBEING

2019-20 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 team is 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 O&HS Act (2004) and other relevant regulations, standards and codes of practice.

SIGNIFICANT OUTCOMES FOR 2019-20

- 4 additional staff gained accreditation to facilitate Advanced SWITCH training course (Prevention and Management of Workplace Violence and Aggression).
- Implemented many additional controls to improve the prevention and management of occupational violence and aggression (OVA), including additional duress alarms, door and reception area modifications, tailored training packages and code-grey drills.
- Reviewed and extensively improved the OHS inspection regime with patient hoists and slings.
- Pressure-sensitive mat technology installed to ensure staff safety zone at laundry bag hoist in the South West Regional Linen Service.
- Major safety upgrade to South West Regional Linen Service loading bay dock.
- Roof access permit introduced to enhance working-at-height safety processes.
- Ceiling hoist installed in Warrnambool intensive care unit.
- Achieved 100% compliance for monthly OHS inspections of 68 departments.
- Continued to provide ongoing support to staff through our Employee Assistance Program, including critical incident stress management support.
- Launched SWH Wellness Program.
- Influenza-vaccinated 97% of workforce (1,592 staff vaccinated) – 12.8% above Victorian target.
- Fast-tracked (by 6 weeks) scheduled influenza program due to COVID-19.
- Reduction in number of standard Workcover claims.
- Significant reduction in lost hours to injury.
- Active management and delivery of centralised, consistent approach in relation to COVID-19-related health, safety and wellbeing matters.
- Continued to implement risk-based immunisation program for managing occupational risk for vaccine-preventable diseases in accordance with National Safety and Quality Health Service (NSQHS) standard requirements and Australian Immunisation handbook.

STAFF NUMBERS

(FULL TIME EQUIVALENT/FTE) 2018-19 TO 2019-20

LABOUR TYPE	2018-19 FTE JUNE	2019-20 FTE JUNE	2018-19 FTE YTD JUNE	2019-20 FTE YTD JUNE
Administration/Clerical	176.02	189.20	167.15	187.38
Allied Health	139.64	139.37	135.33	137.85
Hotel/Allied Services	155.26	155.65	160.92	159.43
Medical	93.05	90.04	86.63	91.18
Medical Support	66.54	68.33	64.68	68.82
Nursing	503.25	515.60	490.80	505.78
TOTAL	**1,133.76**	**1,158.19**	**1,105.50**	**1,150.44**

STAFF GENDER / EMPLOYMENT STATUS 2016-20

	JUNE 2020	JUNE 2019	JUNE 2018	JUNE 2017	JUNE 2016
FEMALE					
Full Time	321	305	298	282	278
Part Time	870	829	766	742	725
Casual	97	117	120	100	91
(Sub Total)	1,288	1,251	1,184	1,124	1,094
MALE					
Full Time	181	187	190	204	179
Part Time	90	93	78	71	62
Casual	18	19	13	20	16
(Sub Total)	289	299	281	295	257
TOTAL	**1,577**	**1,550**	**1,465**	**1,419**	**1,351**

OCCUPATIONAL HEALTH AND SAFETY STATISTICS 2017-18 TO 2019-20

OCCUPATIONAL HEALTH AND SAFETY STATISTICS	2019-20	2018-19	2017-18
Number of reported hazards/incidents for the year per 100 FTE	39.68	45.50	39.64
Number of 'lost time' standard Workcover claims for the year for 100 FTE	15	14	17
Average cost per Workcover claim for the year	$23,765	$12,646	$60,991

OCCUPATIONAL VIOLENCE STATISTICS 2019-20

1. Workcover accepted claims with an occupational violence cause per 100 FTE	0
2. Number of accepted Workcover claims with lost time injury with an occupational violence cause per 1,000,000 hours worked	0
3. Number of occupational violence incidents reported	226
4. Number of occupational violence incidents reported per 100 FTE	19.84
5. Percentage of occupational violence incidents resulting in a staff injury, illness or condition	0

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 2019-20.
- Lost time: greater than one day.

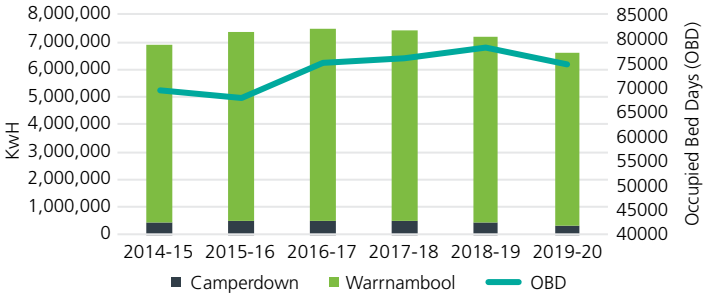
ENVIRONMENTAL SUSTAINABILITY

A key focus of 2019–20 for the SWH Sustainability Committee has been the development of the 2020–24 Environmental Management Plan (EMP). This included conducting a review of work undertaken to date, with feedback from SWH management and Green Ambassadors, the Sustainability Committee and Consumer Advisory Committee. This 2020-24 EMP will guide environmental sustainability activity at SWH and can be accessed on our website.

A continued focus on emissions reductions across all our operations and services, organisation-wide, is a key strategic goal of the EMP. Our solar photovoltaic (PV) arrays at Warrnambool and Camperdown have been operational for most of 2019–20. Their production of solar power, combined with continued LED lighting upgrades have led to reductions in electricity usage of 21 percent at Camperdown and 7.5 percent at Warrnambool (compared to 2018–19), reducing greenhouse gas emissions by over 600,000kgCO2e and costs associated with the purchase of electricity (see graph).

We received funding from the Victorian Health and Human Services Building Authority (VHHSBA) to implement eight further energy efficiency infrastructure projects across five of our campus locations in 2020–21. The combined projects will contribute to further reductions in emissions of 180,000kg CO2e. Solar PV arrays are planned for Lismore Community Health and Macarthur Community Health, Portland Community Mental Health Services and Warrnambool's Nootyoong Prevention and Recovery Centre (PARC). Electric hot water systems will be able to draw off the solar array and completely remove the need for LPG at Lismore and Macarthur. Other projects include a Linen Services hot water bypass system and an upgrade of ageing air conditioners to more efficient variable speed drive units at our Warrnambool Base Hospital.

ELECTRICITY USAGE X SWH HOSPITAL CAMPUSES 2014-20



The second strategic area of the 2020–24 EMP focuses on developing staff capacity and leadership in environmental sustainability. This builds on work already underway with highlights in 2019–20 including:

- 75 Green Ambassadors sharing information and implementing sustainability initiatives within their work areas, and providing feedback on the direction of the 2020–24 EMP.
- 9 SWH Green Ambassadors involved in a DHHS-facilitated recycling in healthcare workshop.
- Waste Working Group of Warrnambool and Camperdown procurement staff guiding waste and recycling activity across all campuses.
- Pharmaceutical waste project trialled new drug waste bins for medication disposal in our Camperdown and Warrnambool theatres, emergency department, midwifery unit and Camperdown inpatient units.
- Fleet Working Group focusing on the feasibility of expanding the number of hybrid vehicles across the SWH fleet.
- Involvement of SWH Sustainability Committee members in DHHS sustainability forums and working groups.

A full account of our environmental performance in energy, water, waste and generation of Greenhouse Gas (GHG) Emissions is detailed annually in the Public Environmental Report. The report outlines performance against designated indicators relevant to the healthcare sector of occupied bed days (OBD) and area (m2), allowing for evaluation of performance with other agencies and in the context of changing service delivery. The 2019-20 Public Environmental Report is available on our website.

BOARD OF DIRECTORS

Our Board consists of nine directors responsible for overseeing our governance and ensuring all services comply with the requirements of the *Health Services Act 1988* and South West Healthcare's objectives.

CHAIR - BILL BROWN

Director, Advisor & Lawyer – Orange Advisory P/L

Bachelor Laws, Bachelor Economics, GIA (Cert)

Appointed	July 2017
Sub committees	Corangamite Health Collaborative; Financial Performance, Audit & Financial Risk, Governance & Remuneration (chair)
Attendance	11/11 (100%) board meetings

DEPUTY CHAIR - DR BERNADETTE NORTHEAST

Senior Manager Land Health & Strategic Partnerships – Glenelg Hopkins Catchment Management Authority

Bachelor Science (Hons), Doctor Philosophy, Graduate AICD CDC

Appointed:	July 2015
Sub committees:	Governance & Remuneration; Human Research Ethics (chair); Quality & Clinical Risk (chair)
Attendance:	11/11 (100%) board meetings

DEPUTY VICE CHAIR - NARELLE ALLEN

Manager Brand & Strategic Marketing – South West TAFE

Graduate Certificate Marketing

Appointed:	July 2015
Sub committees:	Consumer & Community Advisory (chair); Governance & Remuneration; Quality & Clinical Risk
Attendance:	9/11 (82%)

FINANCE COMMITTEE CHAIR RICHARD MONTGOMERY

Managing Principal – Montgomery Carey & Associates PL

Fellow Chartered Accountant (FCA), ATIA, Bachelor Commerce (Accounting)

Appointed	July 2013
Sub committees	Financial Performance. Audit & Financial Risk (chair); Governance & Remuneration
Attendance:	7/11 (64%) 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 & Clinical Risk
Attendance: 11/11 (100%) board meetings

DIRECTOR ALEX GILLAN

Independent Non Executive: Director – Breakthru Ltd, Gospel Resources Ltd, Stonker PL

Bachelor Business (IT), Graduate AICD CDC

Appointed: July 2019
Sub committees: Financial Performance, Audit & Financial Risk; Consumer & Community Advisory
Attendance: 10/11 (91%) board meetings

DIRECTOR ALLISON PATCHETT

Director – The Leadership Place

Master Science, Bachelor Science (Hons), Registered Nurse, Post Graduate Certificate Organisational Coaching

Appointed: July 2019
Sub committees: Financial Performance, Audit & Financial Risk; Quality & Clinical Risk
Attendance: 11/11 (100%) board meetings

DIRECTOR DR GEOFFREY TOOGOOD

Cardiologist – Peninsula Health Alfred Health

MBBS FRACP FCSANZ FHRS AFRACMA Graduate Certificate Health Service Management ACCAM AFCAsM

Appointed: July 2017
Sub committee: Quality & Clinical Risk
Attendance: 11/11 (100%) board meetings

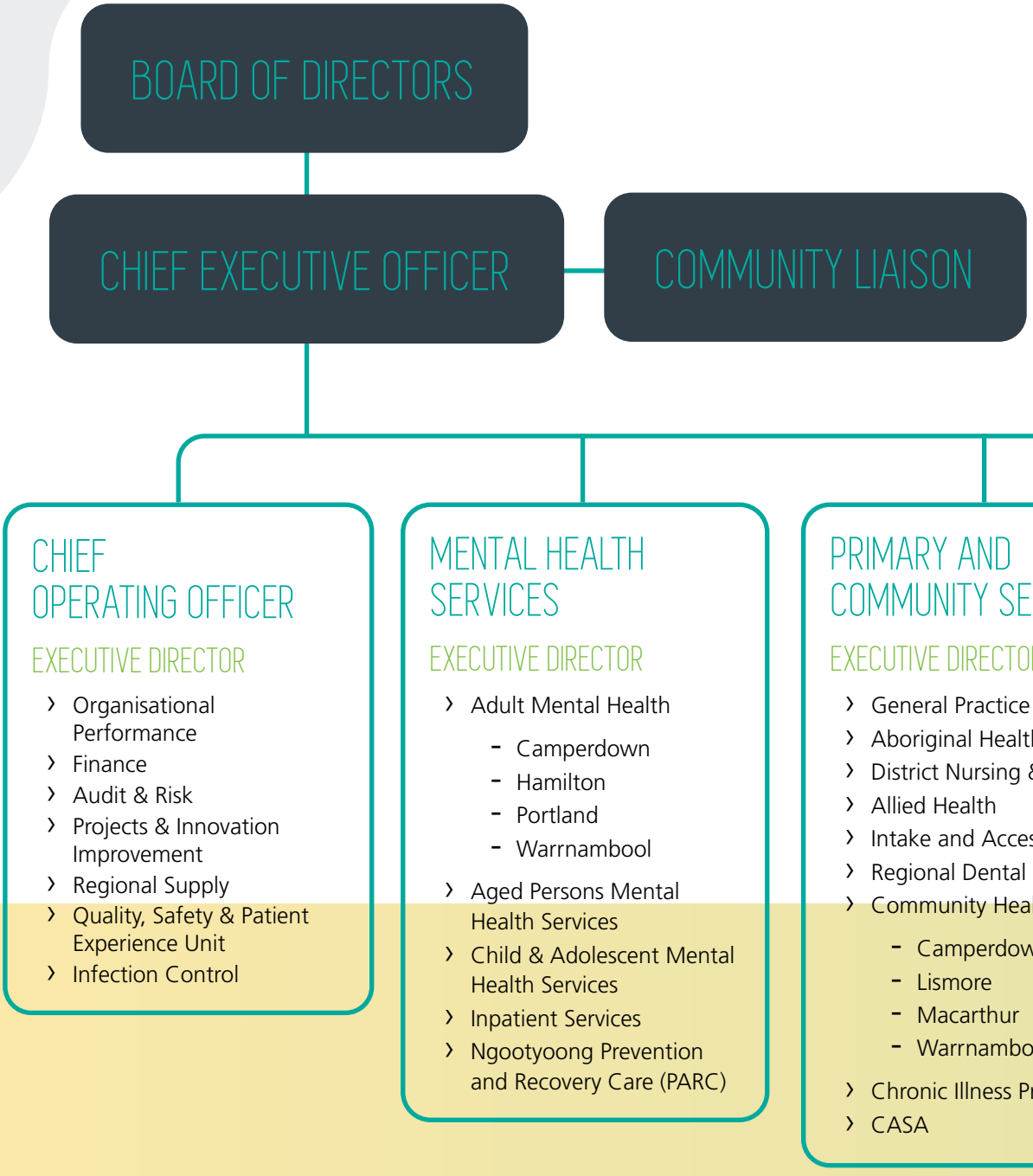
DIRECTOR JENNY WATERHOUSE

Senior Accountant – Warrnambool City Council

Bachelor Commerce (Accounting & Economics), Chartered Accountant (CA)

Appointed: July 2016
Sub committee: Financial Performance, Audit & Financial Risk
Attendance: 11/11 (100%) board meetings

ORGANISATIONAL STRUCTURE



MEDICAL SERVICES

EXECUTIVE DIRECTOR

- Medical & Clinical Governance
- Medical Workforce Unit
- Senior Medical Staff
- Pathology and Radiology Contracts
- Pharmacy
- Health Information Services

SERVICE DEVELOPMENT

EXECUTIVE DIRECTOR

- Camperdown Campus
- Merindah Lodge Aged Care
- Infrastructure
- Environmental Services
- Capital Development
- IT Services
- Biomedical Engineering
- Regional Linen Services
- Catering & Hotel Services
- Retail Services

NURSING AND MIDWIFERY

EXECUTIVE DIRECTOR

- Nursing & Midwifery Workforce
- Maternity Services
- Theatres and CSSD
- Inpatient Wards
- Coordinators
- Bed Management Teams
- Cancer Services
- Palliative Care
- Volunteers

PEOPLE AND CULTURE

EXECUTIVE DIRECTOR

- Employee Relations
- Human Resources
- Industrial Relations
- Workforce Education Training & Research
- Health, Safety & Wellbeing
- Remuneration / Payroll

EXECUTIVE DIRECTORS

CRAIG FRASER

BProsOrth, Dip Applied Science, GAICD, AFCHSE

Chief Executive Officer

Craig has more than 30 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 led the development of our Primary & Community Services Division 12 years prior to commencing as CEO in 2017. He's committed to continually improving services to enhance patient and client safety and access whilst providing a great overall consumer experience, and to enhancing the health of individuals and their communities.

ANDREW TRIGG

BComm (Accounting/Finance), ASA, GAICD

Chief Operating Officer

Andrew has worked in the Victorian public health sector for 34 years, joining us in 2005. He has held positions at executive management level for more than two decades in roles combining chief finance officer duties with executive responsibility for corporate/support services. He has extensive experience, understanding and commitment to the rural and regional health sector.

JAMIE BRENNAN

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

Executive Director of Service Development

Jamie has more than 15 years' experience in leading clinical and support service departments and divisions at Victorian rural and regional health services. Here at SWH he has responsibility for the operation of non-clinical support services, capital redevelopment, our Camperdown Hospital and Merindah Lodge. With extensive understanding of the public health care sector, he's committed to delivering outstanding healthcare and patient experiences in regional settings.

DR NIC VAN ZYL

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

Executive Director of Medical Services (to May 25 2020)

Nic joined our executive team in 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.

DR GRACE SOUSA

MD, FACEM, FAAEM

Executive Director of Medical Services (interim from June 15 2020)

Grace is an emergency doctor with more than 12 years' experience in a variety of emergency departments throughout the United States and Australia. She has served more than two years as clinical director for two emergency departments, including six months at SWH. She brings extensive understanding of care delivery and is especially interested in improving quality outcomes and enhancing the patient experience through an engaged medical workforce and team-based care.

GAYNOR STEVENSON

RN, BMedSci(Nur Hon1st), Dip Project Mgmnt, ADip Nur, MHM

Executive Director of Nursing & Midwifery Services

Gaynor has more than 15 years' experience in Australian healthcare, having worked in the public healthcare system in the ACT, NSW and QLD, held national roles with the Commonwealth (Digital Health), and held a senior governance role at the largest health service in Australasia (Metro North Hospital & Health Services). She believes our people are our greatest asset and is passionate about workplace culture and its impact on patient safety and experience.

KARYN COOK

RN, Dip App Sc (Psych Nur); BN, Grad Dip Young People Mental Health, Dip AOD, Dip Bus Mgmnt, M, Ad Nur Prac, GAICD, MACMHN

Executive Director of Mental Health Services

Karyn has diverse experience in health, forensic health and the NGO community sector. Holding senior clinical, executive and board director roles in mental health, health, AOD treatment, and justice sectors in Victoria, ACT and the NT, she joined our executive team 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, inclusive of their carers.

KERRYN ANDERSON

BPod (Hons)

Executive Director of Primary & Community Services

Kerryn was appointed to our executive team in 2017 after working at SWH since 2000. With a strong clinical background, she has a comprehensive understanding of the Primary and Community Services Division. She is committed to the development of programs which deliver integrated multidisciplinary care outside of hospital walls.

LEANI VILJOEN

BSocSci, BA (Hons), MBA, PGCertBus, CertIV TAE, CAHRI

Executive Director of People and Culture

Leani joined our executive team in January 2019 as our first Executive Director of People and Culture. She has more than a decade of experience in human resources and organisational development positions in Australia, New Zealand and South Africa, predominantly in the healthcare industry. Leani has experience in managing all aspects of people and culture including change management, industrial relations, education, and safety and wellbeing, as well as the commissioning of hospitals.

PRINCIPAL COMMITTEES

The Board of Directors is supported by four Principal Committees.

QUALITY & CLINICAL RISK 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 10 times in 2019-20.

FINANCIAL PERFORMANCE, AUDIT & FINANCIAL RISK COMMITTEE

This committee oversees the development and monitoring of performance of the organisation's strategic annual financial and business plans and risk management systems. It ensures South West Healthcare meets its Statement of Priorities targets and its sustainble entity. This committee met 10 times in 2019-20.

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 2019 Quality Account report and reviewed issues arising from patient satisfaction surveys and consumer feedback. It also focused on the domains of shared decision making and effective communication. This committee met 9 times in 2019-20.

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 strategic progress against these goals. It also monitors the organisation's Board and Executive performance and succession planning processes. This committee met twice in 2019-20.

SENIOR STAFF

CHIEF EXECUTIVE OFFICER

Mr C Fraser BProsOrth, Dip Applied Science, GAICD, AFCHSE

FINANCE & ORGANISATIONAL PERFORMANCE

Chief Operating Officer
Mr A Trigg BComm (Acc/Fin), ASA, GAICD

Director - Finance
Mr J Taylor BComm, BA, CA, GAICD (from May 19 2020)

MANAGERS

Community Partnerships Services
Ms S Morey MFIA

Financial Services
Mr D McLaren BBus, CPA

Infection Prevention & Control
Mrs J Lukeis BSciNur, Dip Nur, Grad Cert Infectious Diseases, Grad Cert Periop Nur, Grad Cert Infection Control

Performance & Budget
Mr C McGrath BCom, CPA* (to Feb 7 2020)

Quality & Risk
Ms K White BNur, Grad Dip Hlth Mgmnt (Nur), GCLCC, MBA

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 Mgmnt

Workforce
Mr G Mitchell BEc, BHA

SERVICE DEVELOPMENT

Executive Director - Service Development
Mr J Brennan BHlthSci (Physio), Cert Hlthcare Innovation & Entrepreneurship, AFACHSM

MANAGERS

Biomedical Engineering Services
Mr G Szegi BAppSc (Biophysics/ Instrumental Sci)* (to December 23 2019)

Dr G Ward PhD MIET, CEng (from January 6 2020)

Buildings & Infrastructure
Mr S Blignaut BSc(Construction Mgmnt)(Hons)

Education, Quality & Projects
Mr R Jubb RN MHS, Grad Dip Crit Care, Dip Bus* (to July 20 2019)

Food Services
Mr C McLeod

ICT
Ms T O'Keefe BBus(ICT & Acc), Grad Dip Ed* (to 5 May 2020)

Redevelopment Project
Ms S Hilton BNur, Dip Neuro, Dip Acute Care (High Dependency)

South West Regional Linen Service & Business Services
Ms K Graham Grad Cert Bus Admin, ACHSM

Environmental Services
Mr J Sabo (from March 18 2020)

CLINICAL SUPPORT SERVICES

MANAGERS

Health Information Services
Ms 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)

Pathology Service
Ms J Bevan BSc

Pharmacy
Ms L Spence BPharm, Post Grad Dip Clin Pharm

CAMPERDOWN HOSPITAL

Campus Manager
Mrs J Dureau-Finn BNur, Ad Dip Bus Mgmnt, Ad Dip Mgmnt (HR)

UNIT MANAGERS

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 Nur, CertIII Steril/Tech, Dip Bus

MEDICAL SERVICES

Executive Director of Medical Services
Dr N van Zyl MBChB, MMed (CH), FAFPHM, AFRACMA, MBL, PMP* (to May 25 2020)

Dr G Sousa MD, FACEM, FAAEM (interim from June 15 2020)

DEPARTMENTAL DIRECTORS

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

Critical Care
Dr M Page MBBS, FRACP

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

Dr G Sousa Dr G Sousa MD, FACEM, FAAEM

General Medicine
Dr J Gome MBBS, FRACP

General Surgical
Mr P Gan MBBS, FRACS

Infection Prevention & Control
Dr M Page MBBS, FRACP

Mental Health (Clinical)
Dr J Claassen MBChB, FRANZC*

Prof B Singh AM MBBS(HonII), PhD, FPRCP, FRANZCP, FRACP

Obstetrics
Dr R Buchanan MBBS, FRANZCOG

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

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

Paediatrics & Child Health
Dr G Pallas BMed, FRACP

Rehabilitation
Dr S Malcolm MBBS, BMedSci, FAFRM, FRACP

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

DEPARTMENTAL SUPERVISORS

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

Medical Specialist Training
Dr J Gome MBBS FRACP

SENIOR MEDICAL OFFICERS - WARRNAMBOOL CAMPUS

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

Anaesthetists
Dr C Bonney MBBS, FANZCA

Dr A Dawson MBBS, FANZCA

Dr M Duane MBBS, FANZCA

Dr A Faris MBBS, FANZA*

Dr G Kilminster MBBS, FANZCA

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

Dr G Reilly MBChB, MRCS, FRCA, FANZCA

Dr C Surtees MBChB, FANZCA

Dr S Watty MBBS, FANZCA

Emergency Physicians
Dr T Baker MBBS(Hon), BMedSc(Hon), MClinEd, FACEM

Dr J Brown MBBS, DRANZCOG, FACEM. Grad Dip Clin ED

Dr C Cooper PhD, FACEM, MBBS, MAppSc

Dr M Cooney MBBS, FACEM

Dr T Dunlop MBBS (hons) DRANZCOG MPH GcertClinTeach, FACEM

Dr F Schreve MBChB, FACEM, Grad Dip Emerg Hlth(Aeromed Retrieval)

Dr G Sousa MD, FACEM, FAAEM

General Practitioners
Dr L Cameron MBBS

Dr E Greenwood MBBS, Dip RANZCOG, FRACGP

Dr P Hall MBBS, D Obst RACOG, DA(Lond), FACRRM

Dr C Mooney MBChB, MRCS, LRCP, DRCOG

General Surgeons
Mr S Fischer MBBS, FRACS*

Mr P Gan MBBS, FRACS

Mr S George MBBS, MS(GenSurg) FRACS

Mr B Mooney MBChB, BAO(Hon), BSc(Anat)(Hon), MCh, FRCSI, FACRRM, FRACS*

Mr J Ragg MBBS, FRACS

Mr W Wiggett MBChB, FCS(SA), MMED(Surg)(Pret)

Geriatrician/Physician
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
Mr T Han MBBS, FRACS

Obstetricians & Gynaecologists
Dr C Beaton MBChB, FRANZCOG, FRCOG

Dr R Buchanan MBBS, FRANZCOG

Dr K Cornell MBBS, BSc, FRANZCOG

Dr N Dimoska MBBS, FRANZCOG*

Dr S Newbury MBBS, FRANZCOG

Dr E Uren MBBS, FRANZCOG

Oncologists
Dr I Collins MBChB, MSc(Inf), MRCPI, FRACP

Dr T Hayes MBBS(Hon), BMedSci(Hon), FRACP

Dr O Klein DM, FRACP

Ophthalmologist
Dr L Ong MBBS, FRANZCO

Orthopaedic Surgeons
Mr K Arogundade MBBS, FRCS, FRACS(Ortho)

Mr M Dooley MBBS, FRACS

Mr A Mitra MBBS, FRCSI(GenSurg), FRCS(Trauma & Ortho)

Mr N Russell MBBS, BE(Hon), FRACS(Ortho)

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

Otorhinolaryngologists
Dr A Cass MBBS, FRACS

Dr B Clancy MBBS, FRACS

Dr E Young MBChB, FRCS (OHNS), MPH

Paediatricians
Dr B Baade MBBS, MD, FRACP(Paed)*

Dr C Fiedler MD, FRACP (Paed)

Dr C McCasker MBBS, FRACP(Paed)

Dr P Maude BMBS, FRACP(Paed)

Dr K Olinsky MBBS(Hon), Grad Dip Clin Res, FRACP(Paed)*

Dr G Pallas BMed, FRACP(Paed)

Pathologist
Dr D Blaxland MBBS, FRCPA*

Physicians
Dr N Barraclough MBBS, BSc (Physio), FRACP

Dr N Bayley MBBS, FRACP

Dr A Clissold MD, FRACP

Dr J Gome MBBS, FRACP

Dr J Hounsell BSc, MBBS, FRACP, FRCPA

Dr M Kankanamage MBBS(Hons), MD, MBCS, FRACP

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 Oncologist
Dr K So MBBS, FRANZCR

Radiologist
Dr V Sharma MBBS, FRCR

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

Respiratory Physician /General Physician
Dr A Bradbeer MBBS, FRACP

Urogynaecologist
Dr L Ow MBBS, FRANZCOG*

Urologists
Mr A Davidson MBBS, FRACS(Urol)

Mr B Mooney MBChB, BAO(Hon), BSc(Anat)(Hon), MCh, FRCSI, FACRRM, FRACS*

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

SENIOR MEDICAL 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 Lyon MBChB

Dr E Masih MBChB

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 S Fisher MBBS, FRACS*

Mr J Ragg MBBS, FRACS

Obstetricians & Gynaecologists
Dr C Beaton MBChB, FRANZCOG, FRCOG

Dr R Buchanan MBBS, FRANZCOG

Dr E Uren MBBS, FRANZCOG

Otorhinolaryngologist
Dr B Clancy MBBS, FRACS

Dr E Young

Orthopaedic Surgeon
Mr N Russell MBBS, BE(Hon), FRACS(Ortho)

Paediatrician
Dr K Olinsky MBBS(Hon), Grad Dip Clin Res*

Physicians
Dr N Barraclough MBBS, BSc(Physio), FRACP

Dr N Bayley MBBS, FRACP

Dr J Gome MBBS, FRACP

Dr J Hounsell BSc, MBBS, FRACP, FRCPA

Dr S Nagarajah MBBS, FRACP

Dr M Page MBBS, FRACP

Urogynaecologist
Dr L Ow MBBS, FRANZCOG*

Urologist
Mr A Davidson MBBS, FRACS(Urol)

NURSING & MIDWIFERY SERVICES

Executive Director - Nursing & Midwifery
Mrs G Stevenson RN, BMedSci(Nur Hon1st), Dip Project Mgmnt, ADip Nur, MHM

Deputy Director - Specialist Services Nursing
Mr P Logan RN, MPH, RM, BN

Ms T Johnstone RN, Grad Dip Crit Care, MHM, BN (acting June 29-Aug 4 2019)

Assistant Directors - Nursing
Mrs J Brown RN, Grad Dip Crit Care

Mrs K Henry RN, BN* (to March 1 2020)

Mrs E Southwell Grad Cert Paed Nur, Grad Cert Special Care Neonate

Ms S Anderton RN, MN(Nur Pract), Grad Dip Crit Care, BN (from Dec 19 2019)

MANAGERS/COORDINATORS

Access
Mrs I Wynd RN, Pro Cert Hlth Service Mgmnt

Education
Ms K Bentley MHM, RN, MEN, RM, BM

Elective Surgery
Mrs M Coffey RN, BN, Dip Periop Nur (to Aug 19 2019)

Ms M Houlihan RN, BN, Grad Cert Crit Care-Periop Nur (from Dec 1 2019)

Perioperative Services
Mr A Kelly RN, Grad Dip Hlth Admin & Info Systems, Cert Periop Nur

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

UNIT MANAGERS

Acute Care
Ms J Hallinan RN, Cert Workplace Leadership, Dip Bus

Critical Care/ Haemodialysis
Ms T Johnstone RN, Grad Dip Crit Care, MHM, BN

Day Stay
Mrs M Bell RN

Emergency Department
Mrs J McGovern RN, BN, Grad Dip Nur Crit Care

Maternity/Neonatal/ Gynaecology
Mrs J Facey RN, RM, IBCLC

Medical/Palliative Care
Mrs L Barclay BN, Mid Grad Dip, MMid

Oncology
Mrs J Rowe RN, Cert Workplace Leadership, Dip Bus* (to April 26 2020)

Mrs A Janes RN, BN, Grad Cert Med-Surg Nur, Dip Mgmnt (from April 27 2020)

Operating Theatres
Mr C Toone BN, Grad Dip Periop (to Aug 18 2019)

Mrs M Coffey RN, BN, Dip Periop Nur (from Aug 19 2019)

Paediatrics
Mrs S Marsh RN, Cert Computer Bus Appls, MRCNA

Rehabilitation and Withdrawal & Support Service
Mrs H Moyle RN, Dip App Sci Nur, BN, Ad Dip Man, CertIV WT&A

Short Stay
Mrs J Rowe RN, Cert Workplace Leadership, Dip Bus* (to April 26 2020)

Ms B Davis RN, CertIV Health Nursing, BN, MHSM (from June 9 2020)

MENTAL HEALTH SERVICES

Executive Director of Mental Health Services
Ms K Cook, RN, Dip SC(Psych Nur), BNur, Grad Dip Young People Mental Health, Dip AOD, Dip Bus Mgmnt, M, Ad Nur, GAICD, PMP

Associate Director (Operations & Performance) - Mental Health
Ms J Bateman, BSc(Hon), Ad Dip (Bus Mgmnt) Acc, MEnt

Senior Mental Health Nurse
Ms J Radley RPN, Grad Dip(Child Psych), Grad Cert(Devel Psych), Ad Dip(Bus Mgmnt) Acc, Ad Dip(HR) Acc

COMMUNITY TEAMS

MANAGERS

Aged Persons MHS
Mr R Porter BA, RPN, Ad Dip(Bus Mgmnt) Acc, Ad Dip (HR) Acc

Child & Adolescent MHS
Ms R Robertson MPsychClin, Ad Dip(Bus Mgmnt)

Inpatient Services
Ms O Walker MNur Prac, BNur, Grad Dip Nur (Mental Hlth)* (to March 23 2020)

Ms P Makombo, RN, Dip (GenNur), MBA (from March 23 2020)

Ngootyoong Prevention and Recovery Centre
Ms E Williams RN Div1, BNur(Hon), Post Grad Dip MH Nur

Primary Mental Health Team
Mr N Place BA, BSoc Work, Ad Dip(Bus Mgmnt) Acc, Ad Dip(HR) Acc

Psychiatric Nurse Consultant
Ms D Lignier M Clin Prac(Nur), BSc(Psych), BNur, Grad Dip (Mental Hlth), CertIV Bus* (to June 12 2020)

Quality Coordinator
Ms J Punch RPN, Ad Dip(Bus Mgmnt) Acc

Warrnambool Adult Team
Dr R Hine PhD(Monash), MSoc Work, BSoc Work, CertIV WT&A, Cert OHS* (to Feb 28 2020)

Ms O Walker MNur Prac, BNur, Grad Dip Nur (Mental Hlth) (from April 6 2020)

Clinical Nurse Consultant
Ms J Edge RPN, Pub Hlth(Addictions)(Grad Cert)

Extended Care Inpatient Unit
Ms J Ashworth BNur, MMental Hlth (acting)* (to June 30 2020)

TEAM LEADERS

Camperdown Community MHS
Mr D Lynzaat BSocWork* (to Jan 10 2020)

Ms L Blain RN, BN (from Jan 13 2020)

Hamilton Community MHS
Mr P Kumar Premnath MOccTher

Portland Community MHS
Mr F Nittsjo BA(Psych)(Hon), Ad Dip(Bus Mgmnt), Acc

SENIOR PSYCHIATRISTS

Clinical Director - MHS & Authorised Psychiatrist (AP)
Assoc Prof J Claassen MBChB, FRANZCP, Cert Forensic Psych* (to July 26 2019)

Dr A Yonchev MD, MPH, FRANZCP* (to March 23 2020)

Clinical Co-Director - MHS
Dr Z Radovic MD, Sen Psych Reg (from March 30 2020)

Clinical Co-Director - MHS & AP
Prof B Singh AM MBBS(HonII), PhD, FPRCP, FRANZCP, FRACP (from March 30 2020)

Director - Medical Training (Mental Health) & AP
Dr R Ranasinghe MB BS, MD(Psych) FRANZCP, Cert Child Adol Psych

Director ECT (Mental Health)
Dr Z Radovic MD, Sen Psych Reg

Dr L Ferrier MD BBiomed, MD

Dr H Hill MBBS, BMedSci, MPM*

Dr M Ivers MBBS, FRANZCP

Dr A Jagad MBBS, MD (Psych)

Dr A Kapuge MBBS, MD (Psych)

Dr C Li MBBS, iBSc

Dr M McDonald-Young*

Dr A Ratnayake MBBS, MD (Psych)

Dr A Guerreiro MBBS

Dr A Bello, MBBS

Dr S Osmonova MBBS

Dr K Hubert MD

PRIMARY & COMMUNITY SERVICES

Executive Director of Primary & Community Services
Mrs K Anderson BPod(Hons), Prof Cert Workplace Leadership

Campus Managers
Camperdown Community Health
Ms S Ryan BNur, Grad Dip Mid, Dip Bus Mgmnt

David Newman Adult Day Centre
Ms S Ryan BNur, Grad Dip Mid, Dip Bus Mgmnt

Lismore Community Health
Ms S Ryan BNur, Grad Dip Mid, Dip Bus Mgmnt

Macarthur Community Health
Mr D Keilar RN, Adv Dip Bus Mgmnt, Adv Dip Bus Mgmnt (HR)

Warrnambool Community Health
Mr D Keilar RN, Adv Dip Bus Mgmnt, Adv Dip Bus Mgmnt (HR)

PROGRAM MANAGERS

Access & Performance
Ms J Hogarth BSpPath, MEnt

Centre Against Sexual Assault
Ms M Clapham BNur, Grad Dip Adol Health & Welfare, Grad Dip Man

Discharge Support & Liaison
Ms J Hogarth BSpPath, MEnt

District Nursing Service/Hospital in the Home
Mr P Crimmin RN

Health Promotion
Ms S Ryan BNur, Grad Dip Mid, Dip Bus Mgmnt

ALLIED HEALTH & AMBULATORY REHABILITATION SERVICES

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

DEPARTMENT MANAGERS

Community Rehabilitation
Mr S Fogarty RN

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

Occupational Therapy (OT)
Ms H Manson BOccTherapy* (to Dec 30 2019) Substantive OT Manager

Ms Rachael Couch BOT (acting from Dec 30 2019) Acting OT Manager

Physiotherapy
Ms R Morgan BPhysio, MEnt

Podiatry
Mr R Beavan BSc (Hons) Podiatry

Social Work & Counselling
Ms J Winstanley BA(Hons) Approved Social Work* (to Sept 13 2019)

Ms J Adams BN, MN (from Apr 6 2020)

Speech Pathology
Ms C Nailon BSpPath, Dip Mgmnt

Southwest Dental Service Manager
Mr P Sheehan BCom, Grad Dip(Ed)

Dental Officers
Dr T Chao BDSc (UWA)

Dr C Gove BDS (Dund)

Dr Y Jiang BDSc (Melb)

Dr J Kaur BDS (ADC)

Dr J Kung DDS (Melb), BSc (Melb)

Dr A Prabhu DDS (Melb), BMedSci (Monash)

Dr N Shah BDS (ADC)

South West Medical Centre Clinical Lead
Dr A Vigneswaran MBBS, FRACGP* (to June 5 2019)

Dr C McPherson MBBS(Hons), FACRRM, FRACGP,FARGP,BN, DipRANZLOG (from Sept 3 2019)

Practice Manager
Mrs S Cook Adv Dip Bus & HR, CertIV TAA* (to Nov 8 2019)

Ms J Wright BMgmnt, Dip ProMgmnt, Dip Mgmnt, Dip FinSer (from Feb 3 2020)

PEOPLE & CULTURE

Executive Director - People & Culture
Ms L Viljoen BSocSci, BA Hons, MBA, PGCertBus, CertIV TAE, CAHRI

MANAGERS

Education, Research & Workforce Development
Mrs B Moll BSc (Hons) Sp&HTh, Post Grad Cert Strategic Workforce Dev, MA Leadership & Dev in Health & Soc Care

Education Resource Centre
(Medical Library)
Ms H Obst BSc (Chem)/B Teach (Sec), Med (Library), AALIA (CP)

People & Culture
Mrs T Marr BA, Dip MH, Dip AOD, CertIV TAE

Remuneration & Benefits
Mrs L Hancocks Dip Bus Mgmt(HR), CertIV TAE * (to Oct 4 2019)

Ms A Stoupas Adv Dip Bus Mgmt (HR), CertIV TAA (from November 11 2019)

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

Staff Health & Wellbeing
Ms A Hilton BA

Workforce Systems
Mr M Hawkins BA Hons

*Resigned/retired during 2019–20

STAFF SERVICE AWARDS

Special celebrations were held during 2019-20 to recognise the dedication and contribution of 145 highly valued employees who, collectively, have worked with us for 3,015 years.

Of those honoured, Food Services chef John Malseed and Mental Health Services mental health nurse Gary Struth each received their Staff Service Award for careers spanning 45 years. Another five staff were honoured for their 40-year careers: Food Services assistant Dianne Fitzwilliam, Financial Services manager David McLaren, Merindah Lodge nurse Jeanette Reichman, Mental Health Services mental health nurse Chris Ward and Health Information Services clerk Julie Wood.

45 YEARS

John Malseed
Gary Struth

40 YEARS

Dianne Fitzwilliam
David McLaren
Jeanette Reichman
Chris Ward
Julie Wood

35 YEARS

William Butler
Janene Facey
Helen Gleeson
Kaylene Gleeson
Jill Hallinan
Vikki Hoy
Joanne Last
Belinda McGifford
Carmel McLaren
Maria O'Bryan
Rebecca Simpson
Susan Taylor
Heather Todd
Gary Toohey

30 YEARS

Gerard Allwood
Julieta Blain
Anita Bradshaw
Andrea Burkett
Wendy Clark
Michelle Evans
Simone Gorman
Brenda Hetherington
Paul Hodgins
Monica Jones
Mardi Lindquist
Joan McArdle
Murray McCosh
Alison McLinden
Fabian McLinden
Graeme Mitchell
Jodi Radley
Jan Reilly
Patricia Riordan
Don Stewart
Sandra Westley

25 YEARS

Rhonda Anderson
Lynette Blain
Teresa Conheady
Helen-Maree Evans
Kelvin Evans
Louise Hannagan
Sandra Killen
Vicki Sayer
Megan Titmus
Andrea Waddington
Melissa Walsh
Heather Watts
Cheryl Wright

20 YEARS

Kelli Jane Abbott
Julie Andrews
Ros Bamford
Michelle Beasley
Samone Bell
Karen Bourke
Kim Brooks
Margaret Bull
Gayle Densley
Helen Greene
Toinette Hutchins
Kerry James
Andrea Johannesen
Andrew Johannesen
Bernadette Leehane
Cynthia Lucas
Leanne McCann
Melissa Meggs
Cheryl Poole
Christine Risbey
Rebecca Sell
Angela Shiells
Natasha Swayn
Shirley Van Den Broek
Elizabeth Van Ginneken

15 YEARS

Melissa Abbott
Jacinda Bell
Anneliese Dixon
Nayani Edirimanna
Virginia Elliott-Winn
Craig Fraser
Teresa Gormley
Susanne Holloway
Many-Jane Houlihan
Debra Kelly
Jenny Lukeis
Jody McGovern
Craig McLeod
Carl McMeel
Suzan Morey
Paul Moritz
Patricia Norberg-Roberts
Sheryl Pola
Geoff Rhodes
Craig Richards
Rachel Russell
Kylie Shiells
Leon Stow
Kellie Sweeney
Sarah Turner
Tim Van Der Starre

10 YEARS

Sarah Atkins
Tim Baker
Sue Balkin-Mitchell
Michelle Barvich
Vanessa Buhlman
Ilona Carson
Mary Clapham
Brendan Condon
Jessica Crute
Julie Edge
Vicky Ezard
Janelle Gladman
Clare Greening
Anna Harris
Kirby Hately
Annemartien Hoekstra
Mary-Anne Holley
Wendy Kent
Karina Latta
Karen Lee-Walker
Dearna Leishman
Eila Lyons
Michelle Lyons
Sharona Mahony
Carley McKew
Bernadette O'Brien
Sue Owen
Philip Prider
Barbara Pulling
Tim Reading
Val Santos
Wendy Savage
Kathleen Stonehouse
Kellie Thornton
Colin Wakely
Melanie Walker
Georgina Wallwork
Rachel Ward
Jodie Wilson

LIFE GOVERNORS

Life governorship is the most prestigious recognition South West Healthcare bestows. Our 2019-20 recipients have given an outstanding contribution to our health service over a prolonged period of time:

- Ian Currell has been a member of our SWH Camperdown and District Hospital Auxiliary for the past 32 years – 22 of which he's been president. Under his leadership the auxiliary's raised more than $200,000 for medical equipment, aides and initiatives.
- Peg Davies has been volunteering with us for 22 years. Since 2013 she's been a member of our Volunteer Palliative Care Team and remains a vital resource for staff and patients associated with our comprehensive Palliative Care Service.
- Vivienne Lay has been a valued volunteer for the past 19 years, supporting our women's health, midwifery, medical and paediatric units, the Warrnambool emergency department and allied health. She maintains the highest professional standards.

Two highly-respected members of the Board of Directors, whose tenures concluded in June 2019, were also awarded life governorship:

- Russell Worland joined the Board in 2008. Over 21 years, his desire to improve physical infrastructure saw him instrumental in steering the Stage 1 Warrnambool Base Hospital redevelopment project, delivered on time and within budget. During his last few years, as chair and deputy chair, he oversaw the development of the master plan and feasibility study for the proposed Warrnambool and Camperdown redevelopments.
- Steve Callaghan joined the Board in 2005. During his 10-year term as chair of the financial performance, audit & risk committee, significant development projects were successfully undertaken, including the construction of the $120m stage 1 Warrnambool Base Hospital redevelopment; the Warrnambool Community Health and Mental Health Services facility; the South West Regional Cancer Centre, and the Ngootyoong Prevention and Recovery Centre.

A Certificate of Appreciation was awarded to SWH Warrnambool Auxiliary secretary Fiona Rule for nine years' voluntary service. She's particularly revered for developing successful and unique fundraising initiatives.

LIFE GOVERNORS

- Mrs Margaret Agnew (2012)
- Mrs Jan Aitken
- Mrs 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)
- 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 Steve Callaghan (2019)*
- Mr Lester Campbell (2018)
- 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)
- Mr Ian Currell (2019)*
- Mrs Veronica Cuzens (2012)
- Mr Jack Daffy
- Mr A Dalton
- Mrs Peg Davies (2019)*
- 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 CE Fraser
- BD French
- R Gellie
- Mrs FM George
- Mr MW George

- Mrs Claire Gibbons (2015)
- 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 Vivienne Lay (2019)*
- Mrs B Layther
- Mrs Margot Lee (2009)
- Mr S Lee
- Sen Austin WR 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)
- Mr John Maher (2018)
- 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 OAM
- 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 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
- Mr Russell Worland (2019)*

Our condolences are extended to the family and friends of the following life governors who passed away during 2019-20: June Ford-Crothers and Ailsa Swinton.

*Awarded Life Governorship in 2019-20

VOLUNTEERS

We cannot overstate how fortunate we are to have such a wonderful team of registered volunteers support us. In February 2020, these 335 individuals took the disruption caused by the pandemic in their stride. Impressively, they adjusted to numerous swiftly-enforced changes as we took all precautions to help keep them safe, and help stop the spread of COVID-19.

Initially, all but 18 volunteers at our Warrnambool Base Hospital and the three-strong telehealth volunteer team at Macarthur Community Health were temporarily required to defer their volunteering activities because of the pandemic. Gradually we are welcoming them back and we couldn't be happier. Not only are these people such a gift for our patients, residents, clients and consumers, our staff regard them as SWH family. They are a wonderful support network and many are regarded as mentors and role models.

WHERE OUR VOLUNTEERS SUPPORT US

SWH CAMPUS/SITE	2019-20
Camperdown Hospital	92
David Newman Adult Day Centre	16
Lismore Community Health	10
Macarthur Community Health	24
Merindah Lodge	14
Warrnambool Base Hospital	166
Warrnambool Community Health	11
Warrnambool Mental Health Services	2
TOTAL	**335**

THE ROLES OUR VOLUNTEERS PLAY

Camperdown Hospital: 62 registered volunteers support our Meals on Wheels service while 30 others are involved in our Camperdown & District Hospital Auxiliary and our Camperdown Hospital Trolley Auxiliary.

David Newman Adult Day Centre: 16 registered volunteers provide a range of activities for 55 members, including music programs, armchair dancing, bus driving 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 Group.

Lismore Community Health: 10 registered volunteers support program activities for our rurally and socially isolated clients by assisting our Social Support Group with meals preparation and group activities, and by way of helping with music and singing activities, and bus driving.

Macarthur Community Health: 24 registered volunteers perform many activities including bus driving, transporting clients to medical appointments, Social Support Group assistance, gardening, telehealth and Broadband for Seniors.

Merindah Lodge: 6 registered volunteers and 8 Friends & Relatives of Merindah (FROM) members assist with a variety of activities including craft, music, outdoor gardening, social outings, pet therapy visits and bus driving.

Warrnambool Base Hospital: Of 166 registered volunteers, 65 support onsite programs in our emergency department and medical, rehabilitation, acute, haemodialysis and paediatrics units. The remaining 101 palliative-specific registered 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.

Warrnambool Community Health: 11 registered volunteers assist our diabetes, cardiac rehabilitation and continence teams, perform administration tasks, and ensure the smooth running of our Ostomy Association.

Warrnambool Mental Health Services: 2 registered volunteers support our acute inpatient unit by helping run the weekly BBQ for our consumers/carers in the community, and our consumers who are inpatient**s.**

THE EDUCATION AND TRAINING OF OUR VOLUNTEERS

Our registered volunteers receive regular training and upskilling as individual and group needs arise. During 2019-20 we provided training in relation to Life Stories and Dignity Therapy, therapeutic massage therapy, and Voluntary Assisted Dying (VAD).

RECOGNISING OUR VOLUNTEERS

The work of our registered volunteers was publicly recognised in a number of ways in 2019-20:

- Life governorship was awarded to Peg Davies and Vivienne Lay for their significant contributions to South West Healthcare. For more information please go to the Life Governors section in this report.
- Our volunteer cardiac rehabilitation team received the 2019 Australian Government National Volunteer Award for its commitment, dedication and highly-valued contribution to the community.
- SWH Service Awards were presented to 55 volunteers:
  - For 55 years' service: Dorothy Davis.
  - For 25 years' service May (Beatrice) Bodey, Ray Hoy, Mary Lyon, Olive McKenzie and John Waugh.
  - For 20 years' service: Teresa Dorman, Mervyn Hoy, Ellen Magilton, Louise Manifold and Jack Sharrock.
  - For 15 years' service: Thelma Brown, Valerie Burton, Gwenyth Christie, Marg Gay, Annette Hickey, Janet Hulm, Paul Kingston, John McConnell, Janet Molan, John Molan, Nancy Morgan, Liz Patterson and Christine Vickers.
  - For 10 years' service: Ingrid Baxter, Marion Boyd, Doreen Brumby (in partnership with the Camperdown Lions Club), Christine Buchanan, Antoinette Burke, John Bragg, Ian Cowland, Lucy Falvey, Greg McNamara, Patti Purcell, Julie Ryan, Jan Smith and Harry Van Rooy.
  - For 5 years' service: Larry Abrahams, Colleen Bailey, Colin Cocking, Marlene Cronin, James Grayson, Roz Holmes, Patricia King, Helen Marris, Noela McCann, Carol Mowbray, Leslie Mulligan, Joy Oakley, Jan Riches, Glen Riddle, Margaret Sinnott, Patricia Spicer, Jacinta Tankard and Edith Vagg.

DONORS

Once again, our generous communities supported our medical equipment needs during 2019-20, helping us raise $828,000. This was an impressive outcome given our donors would also have generously supported Victorian bushfire appeals throughout summer and have had their giving-ability impacted by COVID-19 from March onwards.

Of all the unaffordable medical equipment and initiatives our donors allowed us to finance this year, the $261,000 purchasing of paediatric-specific MRI equipment was our proudest moment. No longer will sick children have to travel hundreds of kilometres away to have their MRI scans under conscious sedation. We will have all the equipment needed, right here at home.

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

- Intensive Care Unit TEG haemostasis analyzer 30,000
- Oncology Unit infusion pumps fleet 44,000
- SW CASA waiting room refurbishment 5,000
- Cancer Services therapy suite/office rental 12,340
- Community Palliative Care care alerts x 10 3,591
- Special Care Nursery neonatal ventilator 45,000
- Warrnambool Base Hospital volunteers trolley 1,477
- Camperdown Hospital bilirubin 3,599
- Merindah Lodge lounge room refurbishment 5,000
- Oncology Unit SOZO machine & software licensing fee 17,285
- Community Palliative Care portable oxygen units x 2 8,500
- Home Dialysis Training Centre treatment chair 8,000
- Acute Unit vital signs monitor 5,500
- Rehabilitation Unit patient lifter 5,320
- Midwifery Unit armchairs x 20 25,000
- Emergency Department storage trolley 1,960
- Short Stay Unit height-adjustable chairs x 6 1,260
- Warrnambool Base Hospital Delta Therapy Dogs program 3,000
- Community Palliative Care heel wedges x 10 1,750

As always, our auxiliaries, Murray2Moyne Relay Cycle Teams and staff generously donated their time, expertise and energy to raise $35,260, $5,270 and $5,883 respectively while $468,204 was received in bequests and memorial gifts.

SWH AUXILARIES

- Camperdown & District Auxiliary 5,000
- Camperdown Hospital Trolley Auxiliary 300
- Warrnambool Auxiliary 10,000
- Woolsthorpe Auxiliary 19,960

SWH MURRAY2MOYNE TEAMS

- Scrubbers & The Gasman 3,131
- Warrnambool College 2,139

SWH STAFF

- Rehabilitation Unit/GEM Therapeutic Garden Committee 2,365
- Workplace Giving Program 3,518

BEQUESTS

Lasting legacies totalling $459,921 were bequeathed by John Gordon, Norma Heazlewood, Robert McConnell, Alexander Murdoch and George Pethard.

IN MEMORIUM GIFTS

Families and friends gifted $8,283 in memory of Libby Adcock, Elizabeth (Betty) Benson, Carmel Brinkmann, Peter Chilcott, Mildred Cook, Trevor Cronin, Lizzie Cutler, Elva Holley, Bruce Kennedy, Robert Lambert, Margaret Mason, Philip Membery, Stephen Park, Alister Paulin, Madeleine Pech and Yvonne White.

DISCLOSURE INDEX

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

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FINANCIAL STATEMENTS 2019-20

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 Assistant Treasurer 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 2020 and the financial position of South West Healthcare at 30 June 2020.

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

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

Mr Bill Brown	Craig Fraser	Andrew Trigg
Board Chair	Chief Executive Officer	Chief Finance & Accounting Officer
Warrnambool	Warrnambool	Warrnambool
24 September 2020	24 September 2020	24 September 2020

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 2020
- 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 2020 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.

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.

Other Information

The Board of the health service is responsible for the Other Information, which comprises the information in the health service's annual report for the year ended 30 June 2020, 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.

Level 31 / 35 Collins Street, Melbourne Vic 3000
T 03 8601 7000 enquiries@audit.vic.gov.au www.audit.vic.gov.au

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
29 September 2020

Travis Derricott
as delegate for the Auditor-General of Victoria

COMPREHENSIVE OPERATING STATEMENT FOR THE FINANCIAL YEAR ENDED 30 JUNE 2020

	Note	2020	2019
		$ '000	$ '000
Income from Transactions			
Operating Activities	2.1	212,239	198,541
Non-operating Activities	2.1	335	446
Total Income from Transactions		**212,574**	**198,987**
Expenses from Transactions			
Employee Expenses	3.1	150,858	141,840
Supplies and Consumables	3.1	26,903	26,880
Finance Costs	3.1	17	83
Depreciation and Amortisation	4.3	16,706	14,112
Other Operating Expenses	3.1	26,150	26,463
Other Non Operating Expenses	3.1	216	206
Total Expenses from Transactions		**220,850**	**209,584**
Net Result from Transactions - Net Operating Balance		**(8,276)**	**(10,597)**
Other Economic Flows Included in Net Result			
Net gain/(loss) on sale of non-financial assets	3.2	64	16
Net gain/(loss) on financial instruments at fair value	3.2	(18)	(10)
Other gain/(loss) from Other Economic Flows	3.2	(408)	(999)
Total Other Economic Flows Included in Net Result		**(362)**	**(993)**
Net Result for the year		**(8,638)**	**(11,590)**
Other Comprehensive Income			
Items that will not be classified to Net Result			
Changes in Property, Plant & Equipment Revaluation Surplus	4.2f	-	59,188
Total Other Comprehensive Income		-	59,188
Comprehensive Result for the Year		(8,638)	47,598

This Statement should be read in conjunction with the accompanying notes.

BALANCE SHEET AS AT 30 JUNE 2020

	Note	2020	2019
		$ '000	$ '000
Current Assets			
Cash and Cash Equivalents	6.2	26,740	19,458
Receivables	5.1	4,488	5,534
Other Financial Assets	4.1	-	1,000
Inventories		1,746	1,730
Non financial physical assets held for sale	5.4	-	322
Prepayments and Other assets		239	118
Total Current Assets		33,213	28,162
Non-Current Assets			
Receivables	5.1	7,206	6,494
Property, Plant and Equipment	4.2	231,296	242,272
Total Non-Current Assets		238,502	248,766
TOTAL ASSETS		271,715	276,928
Current Liabilities			
Payables	5.2	16,964	15,640
Borrowings	6.1	304	275
Provisions	3.4	29,662	27,734
Other Current liabilities	5.3	2,673	2,889
Total Current Liabilities		49,603	46,538
Non-Current Liabilities			
Borrowings	6.1	610	589
Provisions	3.4	3,900	3,564
Total Non-Current Liabilities		4,510	4,153
TOTAL LIABILITIES		54,113	50,691
NET ASSETS		217,602	226,237
EQUITY			
Property, Plant and Equipment Revaluation Surplus	4.2f	115,901	115,901
Restricted Specific Purpose Reserve		22	22
Contributed Capital		77,339	76,744
Accumulated Surpluses		24,340	33,570
TOTAL EQUITY		217,602	226,237

This Statement should be read in conjunction with the accompanying notes.

CASHFLOW STATEMENT FOR THE FINANCIAL YEAR ENDED 30 JUNE 2020

	Note	2020	2019
		$ '000	$ '000
CASH FLOWS FROM OPERATING ACTIVITIES			
Operating grants from government		188,109	171,589
Capital grants from State government		3,647	2,149
Patient and resident fees received		5,035	5,414
Private practice fees received		1,705	1,788
GST received from ATO		4,594	4,622
Interest received		335	446
Other receipts		13,933	14,770
Total Receipts		***217,358***	***200,778***
Employee Expenses Paid		(139,417)	(124,996)
Non Salary Labour Costs		(11,285)	(12,368)
Payments for Supplies and Consumables		(28,077)	(25,266)
Finance Costs		(17)	(83)
Cash outflow for leases		(72)	-
Other Payments		(27,862)	(31,823)
Total Payments		***(206,730)***	***(194,536)***
NET CASH FLOW FROM / (USED IN) OPERATING ACTIVITIES	8.1	**10,628**	**6,242**
CASH FLOWS FROM INVESTING ACTIVITIES			
Capital donations received		828	352
Proceeds from Investments		1,000	6,100
Purchase of Non-Financial Assets		(5,697)	(3,536)
Proceeds from disposal of Non-Financial Assets		403	89
NET CASH FLOW FROM /(USED IN) INVESTING ACTIVITIES		**(3,466)**	**3,005**
CASH FLOWS FROM FINANCING ACTIVITIES			
Proceeds from Government Equity		595	-
Repayment of Borrowings		(260)	-
Proceeds from Borrowings		-	346
Repayment of Accommodation Deposits		(2,012)	(170)
Receipt of Accommodation Deposits and Monies in Trust		1,797	577
NET CASH FLOW FROM /(USED IN) FINANCING ACTIVITIES		**120**	**753**
NET INCREASE / (DECREASE) IN CASH AND CASH EQUIVALENTS HELD		**7,282**	**10,000**
CASH AND CASH EQUIVALENTS AT BEGINNING OF FINANCIAL YEAR		19,458	9,458
CASH AND CASH EQUIVALENTS AT END OF OF FINANCIAL YEAR	6.2	**26,740**	**19,458**

This Statement should be read in conjunction with the accompanying notes.

STATEMENT OF CHANGES IN EQUITY FOR THE FINANCIAL YEAR ENDED 30 JUNE 2020

	Note	Property, Plant and Equipment Revaluation Surplus	Restricted Specific Purpose Surplus Reserve	Contributed Capital	Accumulated Surpluses/ (Deficits)	Total
		$ '000	$ '000	$ '000	$ '000	$ '000
Balance at 1 July 2018		56,713	22	76,744	45,160	178,639
Net result for the year		-	-	-	(11,590)	(11,590)
Other comprehensive income for the year		59,188	-	-	-	59,188
Balance at 30 June 2019		**115,901**	**22**	**76,744**	**33,570**	**226,237**
Effect of adoption of AASB 15, 16 and 1058	8.10				(592)	(592)
Restated balance at 30 June 2019		**115,901**	**22**	**76,744**	**32,978**	**225,645**
Net result for the year		-	-	-	(8,638)	(8,638)
Contribution by owners		-	-	595	-	595
Balance at 30 June 2020		**115,901**	**22**	**77,339**	**24,340**	**217,602**

This Statement should be read in conjunction with the accompanying notes.

BASIS OF PREPARATION

These financial statements are 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 preparing 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.

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 year ended 30 June 2020. The report provides users with information about South West Healthcare's 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 AASBs, which include interpretations issued by the Australian Accounting Standards Board (AASB). They are presented in a manner consistent with the requirements of AASB 101 *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 Assistant Treasurer.

South West Healthcare is a not-for profit entity and therefore applies the additional AUS paragraphs applicable to "not-for- profit" Health Services under the AASBs.

(B) REPORTING ENTITY

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

Its principal address is:
Ryot Street
Warrnambool, Victoria 3280

A description of the nature of South West Healthcare 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 AND MEASUREMENT

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

The accounting policies have been applied in preparing the financial statements for the year ended 30 June 2020, and the comparative information presented in these financial statements for the year ended 30 June 2019.

The financial statements are prepared on a going concern basis (refer note 8.9 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 thousand dollars, unless otherwise stated. Minor discrepancies in tables between totals and sum of components are due to rounding.

NOTE 1 : SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

(C) BASIS OF ACCOUNTING PREPARATION AND MEASUREMENT (CONTINUED)

South West Healthcare 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 underlying assumptions are reviewed on an ongoing basis. 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);
- Defined benefit superannuation expense (refer to Note 3.5 Superannuation); and
- 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);

A state of emergency was declared in Victoria on 16 March 2020 due to the global coronavirus pandemic, known as COVID-19. A state of disaster was subsequently declared on 2 August 2020.

To contain the spread of the virus and to prioritise the health and safety of our communities various restrictions have been announced and implemented by the state government, which in turn has impacted the manner in which businesses operate, including South West Healthcare.

In response, South West Healthcare placed restrictions on non-essential visitors, implemented reduced visitor hours, deferred elective surgery and reduced activity, performed COVID-19 testing and implemented work from home arrangements where appropriate.

For further details refer to Note 2.1 Funding delivery of our services.

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 activitieswhich 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.

NOTE 1 : SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

(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 8.8 Jointly Controlled Operations)

(F) EQUITY CONTRIBUTED CAPITAL

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

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

Other transfers that are in the nature of contributions or distributions or that have been designated as contributed capital are also treated as contributed capital.

Specific Restricted Purpose Surplus
The Specific Restricted Purpose Surplus is established where South West Healthcare has possession or title to the funds but has no discretion to amend or vary the restriction and/or condition underlying the funds received.

(G) COMPARATIVES

Where appropriate, the comparative figures have been restated to align with the presentation in the current year. Figures have been restated at Notes 2.1.

NOTE 2: FUNDING DELIVERY OF OUR SERVICES

South West Healthcare's overall objective is to provide quality health services that support and enhance the wellbeing of all Victorians. South West Healthcare is predominantly funded by accrual based grant funding for the provision of outputs. South West Healthcare also receives income from the supply of services.

Structure

2.1 Income from Transactions

NOTE 2.1: INCOME FROM TRANSACTIONS

(A) INCOME FROM TRANSACTIONS

	2020 $ '000	2019 $ '000
Government grants (State) - Operating (1)	169,814	156,631
Government grants (Commonwealth) - Operating	15,615	14,655
Government grants (State) - Capital	3,485	2,519
Other Capital Purpose Income	1,265	783
Indirect Contributions by Department of Health and Human Services	1,066	2,032
Patient and Resident Fees	4,892	5,237
Commercial activities (2)	7,078	7,618
Assets received free of charge or for nominal consideration	334	-
Other Revenue from Operating Activities (including non-capital donations)	8,690	9,066
Total Income from Operating Activities	212,239	198,541
Interest	335	446
Total Income from Non-Operating Activities	335	446
Total Income from Transactions	212,574	198,987

1. Government Grant (State) – Operating includes $12.62m funding received to compensate for COVID-19 impact on health service operations.

2. Commercial activities represent business activities which health service enter into to support their operations.

Impact of COVID-19 on revenue and income

As indicated at Note 1, South West Healthcare's response to the pandemic included the deferral of elective surgeries and reduced activity. This resulted in South West Healthcare incurring lost revenue as well as direct and indirect COVID-19 costs. The Department of Health and Human Services provided funding which was spent due to COVID-19 impacts on South West Healthcare. South West Healthcare also received personal protective equipment free of charge under the state supply arrangement.

Revenue Recognition

Income is recognised in accordance with either:

a) contributions by owners, in accordance with AASB 1004;

b) income for not-for-profit entities, in accordance with AASB 1058;

c) revenue or a contract liability arising from a contract with a customer, in accordance with AASB 15;

d) a lease liability in accordance with AASB 16;

e) a financial instrument, in accordance with AASB 9; or

f) a provision, in accordance with AASB 137 Provisions, Contingent Liabilities and Contingent Assets.

Government Grants

Income from grants to construct the Portland Community Mental Health Facility is recognised when (or as) South West Healthcare satisfies its obligations under the transfer. This aligns with South West Healthcare's obligation to construct the asset. The progressive percentage costs incurred is used to recognise income because this most closely reflects the construction's progress as costs are incurred as the works are done.

Income from grants that are enforceable and with sufficiently specific performance obligations are accounted for under AASB 15 as revenue from contracts with customers, with revenue recognised as these performance obligations are met.

NOTE 2.1: INCOME FROM TRANSACTIONS (CONTINUED)

(A) INCOME FROM TRANSACTIONS (CONTINUED)

Income from grants without any sufficiently specific performance obligations, or that are not enforceable, is recognised when South West Healthcare has an unconditional right to receive the cash which usually coincides with receipt of cash. On initial recognition of the asset, South West Healthcare recognises any related contributions by owners, increases in liabilities, decreases in assets, and revenue ('related amounts') in accordance with other Australian Accounting Standards. Related amounts may take the form of:

a) contributions by owners, in accordance with AASB 1004;

b) revenue or a contract liability arising from a contract with a customer, in accordance with AASB 15;

c) a lease liability in accordance with AASB 16;

d) a financial instrument, in accordance with AASB 9; or

e) a provision, in accordance with AASB 137 Provisions, Contingent Liabilities and Contingent Assets.

As a result of the transitional impacts of adopting AASB 15 and AASB 1058, a portion of the grant revenue has been deferred. If the grant income is accounted for in accordance with AASB 15, the deferred grant revenue has been recognised in contract liabilities whereas grant revenue in relation to the construction of capital assets which the health service controls has been recognised in accordance with AASB 1058 and recognised as deferred grant revenue (refer note 5.2).

If the grant revenue was accounted for under the previous accounting standard AASB 1004 in 2019-20, the total grant revenue received would have been recognised in full.

Performance obligations

The types of government grants recognised under AASB15 Revenue from Contracts with Customers includes:

- Activity Based Funding (ABF) paid as WIES casemix
- other one-off grants if funding conditions contain enforceable and sufficiently specific performance obligations.

The performance obligations for ABF are the number and mix of patients admitted to hospital (casemix) in accordance with levels of activity agreed to with the Department of Health and Human Services (DHHS) in the annual Statement of Priorities (SoP). Revenue is recognised when a patient is discharged and in accordance with the WIES activity for each separation. The performance obligations have been selected as they align with funding conditions set out in the Policy and funding guidelines issued by the DHHS.

For other grants with performance obligations South West Healthcare exercises judgement over whether the performance obligations have been met, on a grant by grant basis.

Previous accounting policy for 30 June 2019

Grant income arises from transactions in which a party provides goods or assets (or extinguishes a liability) to South West Healthcare without receiving approximately equal value in return. While grants may result in the provision of some goods or services to the transferring party, they do not provide a claim to receive benefits directly of approximately equal value (and are termed 'non-reciprocal' transfers). Receipt and sacrifice of approximately equal value may occur, but only by coincidence.

Some grants are reciprocal in nature (i.e. equal value is given back by the recipient of the grant to the provider). South West Healthcare recognises income when it has satisfied its performance obligations under the terms of the grant.

For non-reciprocal grants, South West Healthcare recognises revenue when the grant is received.

Grants can be received as general purpose grants, which refers to grants which are not subject to conditions regarding their use. Alternatively, they may be received as specific purpose grants, which are paid for a particular purpose and/or have conditions attached regarding their use.

Patient and Resident Fees

The performance obligations related to patient fees for the provision of inpatient, district nursing and allied health. For WIES funding, revenue is recognised when a patient is discharged and in accordance with the WIES count for each separation. Revenue for district nursing and allied health services is recognised when the service has been provided to the patient. The performance obligations have been selected as they align with

NOTE 2.1: INCOME FROM TRANSACTIONS (CONTINUED)

(A) INCOME FROM TRANSACTIONS (CONTINUED)

the funding conditions as set out in the Policy and Funding Guidelines issued by the Department of Health and Human Services.

Resident fees are recognised as revenue over time as South West Healthcare provides accommodation. This is calculated on a daily basis and invoiced monthly.

Private Practice Fees

The performance obligations related to private practice fees such as medical services for paediatric, orthopaedic and women's health services are recognised at the completion of the consultation with the patient. These performance obligations have been selected as they align with the terms and conditions agreed with the private provider. Private practice fees include recoupments from the private practice for the use of hospital facilities. Where there is judgement around whether a performance obligation is met, South West Healtcare exercises judgement over whether performance obligations related to the services provided.

Commercial activities

Revenue from commercial activities includes items such as car park income, provision of meals to external users, medical supplies shop, cafés and recoveries for salaries and wages is recognised when the goods or services have been provided.

Performance obligations related to commercial activities are complete provision of the activities listed above and are generally transactional. These performance obligations have been selected as they align with the terms and conditions per the contract with the provider of the commercial activities.

(B) FAIR VALUE OF ASSETS AND SERVICES RECEIVED FREE OF CHARGE OR FOR NOMINAL CONSIDERATION

	2020	2019
	$ '000	$ '000
Cash donations and gifts	828	352
Assets received free of charge under State supply arrangements	334	0
Total fair value of assets and services received free of charge or for nominal consideration	1162	352

In order to meet the State of Victoria's health network supply needs during the COVID-19 pandemic, arrangements were put in place to centralise the purchasing of essential personal protective equipment and essential capital items such as ventilators.

The general principles of the State Supply Arrangement were that Health Purchasing Victoria sourced, secured and agreed terms for the purchase of the products, funded by the department, while Monash Health and the department took delivery, and distributed the products to health services as resources provided free of charge.

Contributions of resources provided free of charge or for nominal consideration are recognised at their fair value when the recipient obtains control over the resources, irrespective of whether restrictions or conditions are imposed over the use of the contributions.

The exception to this would be when the resource is received from another government department (or agency) as a consequence of a restructuring of administrative arrangements, in which case such a transfer will be recognised at its carrying value in the transferring department or agency as a capital contribution transfer.

Voluntary Services

Contributions in the form of services are only recognised when a fair value can be reliably determined, and the services would not have been purchased if not donated. South West Healthcare did receive volunteer services which assisted in the non clinical support of service delivery but does not depend on volunteer services.

Non-cash contributions from the Department of Health and Human Services

The Department of Health and Human Services makes some payments on behalf of health services as follows:

- The Victorian Managed Insurance Authority non-medical indemnity insurance payments are recognised as revenue following advice from the Department of Health and Human Services

NOTE 2.1: INCOME FROM TRANSACTIONS (CONTINUED)

(B) FAIR VALUE OF ASSETS AND SERVICES RECEIVED FREE OF CHARGE OR FOR NOMINAL CONSIDERATION (CONTINUED)

- Long Service Leave (LSL) revenue is recognised upon finalisation of movements in LSL liability in line with the long service leave funding arrangements set out in the elevant Department of Health and Human Services Hospital Circular
- Public Private Partnership (PPP) lease and service payments are paid directly to the PPP consortium. Revenue and the matching expense are recognised in accordance with the nature and timing of the monthly or quarterly service payments made by the Department of Health and Human Services.
- 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 estrictions 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 amount. Contributions in the form of services are only recognised when a air value can be reliably determined and the service would have been purchased if not received as a donation.

Performance obligations and revenue recognition policies

Revenue is measured based on the consideration specified in the contract with the customer. South West Healtcare recognises revenue when it transfers control of a good or service to the customer i.e. revenue is recognised when, or as, the performance obligations for the sale of goods and services to the customer are satisfied.

- Customers obtain control of the supplies and consumables at a point in time when the goods are delivered to and have been accepted at their premises.
- Income from the sale of goods are recognised when the goods are delivered and have been accepted by the customer at their premises
- Revenue from the rendering of services is recognised at a point in time when the performance obligation is satisfied when the service is completed; and over time when he customer simultaneously receives and consumes the services as it is provided.

For contracts that permit the customer to return an item, revenue is recognised to the extent it is highly probable that a significant cumulative reversal will not occur. Therefore, the amount of revenue recognised is adjusted for the expected returns, which are estimated based on the historical data. In these circumstances, a refund liability and a right to recover returned goods asset are recognised. The right to recover the returned goods asset is measured at the former carrying amount of the inventory less any expected costs to recover goods. The refund liability is included in other payables (Note 5.3) and the right to recover returned goods is included in inventory. South West Healtcare reviews its estimate of expected returns at each reporting date and updates the amount of the asset and liability accordingly. As the sales are made with a short credit term, there is no financing element present. There has been no change in the recognition of revenue from the sale of goods as a result of the adoption of AASB 15.

Consideration received in advance of recognising the associated revenue from the customer is recorded as a contract liability (Note 5.2 (b)).

(C) OTHER INCOME

	2020	2019
	$ '000	$ '000
Other interest	335	446
Total other income	335	446

Other income is recognised as revenue when received. Other income includes recoveries for salaries and wages and external services provided, and donations and bequests. If donations are for a specific purpose, they may be appropriated to a surplus, such as the specific restricted purpose surplus.

Interest Income

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

NOTE 3: THE COST OF DELIVERING SERVICES

This section provides an account of the expenses incurred by South West Healthcare 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 Expenses from Transactions

3.2 Other Economic Flows

3.3 Analysis of expense and revenue by internally managed and restricted specific purpose funds

3.4 Employee benefits in the Balance Sheet

3.5 Superannuation

NOTE 3.1: EXPENSES FROM TRANSACTIONS

	2020 $ '000	2019 $ '000
Salaries and Wages	116,588	107,239
On-costs	14,790	14,181
Agency Expenses	7,107	6,836
Fee for Service Medical Officer Expenses	11,285	12,400
Workcover Premium	1,088	1,184
Total Employee Expenses	**150,858**	**141,840**
Drug Supplies	11,538	10,801
Medical & Surgical Supplies (including Prosthesis)	8,261	9,480
Diagnostic and Radiology Supplies	5,367	4,894
Other Supplies and Consumables	1,737	1,705
Total Supplies and Consumables	**26,903**	**26,880**
Finance Costs	17	83
Total Finance Costs	**17**	**83**
Fuel, Light, Power and Water	2,160	2,239
Repairs and Maintenance	1,973	1,740
Maintenance Contracts	1,297	1,104
Medical Indemnity Insurance	2,549	2,513
Other Administration Expenses	18,171	18,867
Total Other Operating Expenses	**26,150**	**26,463**
Expenditure for Capital Purposes	216	206
Depreciation and Amortisation (refer note 4.3)	16,706	14,112
Total Other Non-Operating Expenses	**16,922**	**14,318**
Total Expenses from Transactions	**220,850**	**209,584**

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

NOTE 3.1: EXPENSES FROM TRANSACTIONS (CONTINUED)

Impact of COVID-19 on expenses

As indicated at Note 1, South West Healthcare's daily activities were impacted by the pandemic. This resulted in direct and indirect costs being incurred during the second half of the year across most expense types.

Employee Expenses

Employee expenses include:

- Salaries and wages (including fringe benefits tax, leave entitlements, termination payments);
- On-costs;
- Agency expenses;
- Fee for service medical officer expenses;
- Work cover premium.

Supplies and consumables

Supplies and consumables - Supplies and services 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 expensed when distributed.

Finance costs

Finance costs include:

- interest on bank overdrafts and short-term and long-term borrowings (Interest expense is recognised in the period in which it is incurred);
- amortisation of discounts or premiums relating to borrowings;
- amortisation of ancillary costs incurred in connection with the arrangement of borrowings; and
- finance charges in respect of finance leases which are recognised in accordance with AASB 16 Leases.

Other operating expenses

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

- Fuel, light and power
- Repairs and maintenance
- Other administrative expenses
- Expenditure for capital purposes (represents expenditure related to the purchase of assets that are below the capitalisation threshold of $1,000.)

The Department of Health and Human Services also makes certain payments on behalf of South West Healthcare. These amounts have been brought to account as grants in determining the operating result for the year by recording them as revenue and also recording the related expense.

Non-operating expenses

Other non-operating expenses generally represent expenditure for outside the normal operations such as depreciation and amortisation, and assets and services provided free of charge or for nominal consideration.

Operating lease payments

Operating lease payments up until 30 June 2019 (including contingent rentals) were recognised on a straight line basis over the lease term, except where another systematic basis is more representative of the time pattern of the benefits derived from the use of the leased asset.

From 1 July 2019, the following lease payments are recognised on a straight-line basis:

- Short-term leases – leases with a term less than 12 months; and

NOTE 3.1: EXPENSES FROM TRANSACTIONS (CONTINUED)

- Low value leases – leases with the underlying asset's fair value (when new, regardless of the age of the asset being leased) is no more than $10,000.

Variable lease payments not included in the measurement of the lease liability (i.e. variable lease payments that do not depend on an index or a rate, initially measured using the index or rate as at the commencement date). These payments are recognised in the period in which the event or condition that triggers those payments occur.

NOTE 3.2: OTHER ECONOMIC FLOWS INCLUDED IN OPERATING RESULT

	2020	2019
	$ '000	$ '000
Net gain/(loss) on sale of non-financial assets		
Net gain on disposal of property plant and equipment	64	16
Total net gain/(loss) on non-financial assets	64	16
Net gain/(loss) on financial instruments at fair value		
Net gain/(loss) on financial instruments		
Allowance for Impairment losses for contractual receivables	(18)	(10)
Total net gain/(loss) on financial instruments at fair value	(18)	(10)
Other gains/(losses) from other economic flows		
Net gain/(loss) arising from revaluation of long service liability	(408)	(999)
Total other gains/(losses) from other economic flows	(408)	(999)
Total other gains/(losses) from economic flows	(362)	(993)

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 gain/ (losses) of non-financial physical assets (Refer to Note 4.2 Property, Plant and Equipment)
- Net gain/(loss) on disposal of Non-Financial Assets
- Any gain or loss on the 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 Other financial assets; and
- disposals of financial assets and derecognition of financial liabilities

Other gains/(losses) from other economic flows

Other gains/(losses) include:

- 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
- transfer of amounts from the reserves to accumulated surplus or net result due to disposal or derecognition or reclassification.

NOTE 3.3: ANALYSIS OF EXPENSE AND REVENUE BY INTERNALLY MANAGED AND RESTRICTED SPECIFIC PURPOSE FUNDS

	2020	2019	2020	2019
	$ '000	$ '000	$ '000	$ '000
	Expense		Revenue	
Commercial Activities				
Private Practice Fees	2,221	2,029	1,893	2,041
Linen Service	1,727	1,773	1,954	2,018
Food Services	1,244	1,285	1,356	1,490
Retail Services	937	1,020	1,086	1,204
Other Activities	651	699	789	865
TOTAL	6,780	6,806	7,078	7,618

NOTE 3.4: EMPLOYEE BENEFITS IN THE BALANCE SHEET

	2020	2019
Current Provisions	$ '000	$ '000
Employee Benefits (i)		
Annual Leave		
- unconditional and expected to be settled wholly within 12 months (ii)	9,640	9,112
- unconditional and expected to be settled wholly after 12 months (iii)	412	244
Long Service Leave		
- unconditional and expected to be settled wholly within 12 months (ii)	2,324	2,184
- unconditional and expected to be settled wholly after 12 months (iii)	13,706	12,879
Accrued Days Off		
- unconditional and expected to be settled wholly within 12 months (ii)	284	233
	26,366	**24,652**
Provisions related to Employee Benefit On-Costs		
- unconditional and expected to be settled wholly within 12 months (ii)	1,292	1,199
- unconditional and expected to be settled wholly after 12 months (iii)	2,004	1,883
	3,296	**3,082**
Total Current Provisions	**29,662**	**27,734**
Non-Current Provisions		
Conditional Long Service Leave Entitlements	3,467	3,168
Provisions related to Employee Benefit On-Costs	433	396
Total Non-Current Provisions	**3,900**	**3,564**
Total Provisions	**33,562**	**31,298**

Notes:
(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

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

(A) EMPLOYEE BENEFITS AND RELATED ON-COSTS

	2020	2019
Current Employee Benefits and Related On-Costs	**$ '000**	**$ '000**
Unconditional LSL Entitlement	18,033	16,945
Annual Leave Entitlements	11,309	10,527
Accrued Days Off	320	262
	29,662	**27,734**
Non-Current Employee Benefits and related on-costs		
Conditional Long Service Leave Entitlements (iii)	3,900	3,564
Total Employee Benefits and Related Oncosts	**33,562**	**31,298**

(B) MOVEMENT IN ONCOST PROVISIONS

	2020	2019
	$ '000	**$ '000**
Balance at start of year	3,478	3,409
Additional provisions recognised	506	165
Unwinding of discount and effect of changes in the discount rate	51	125
Reduction due to transfer out	(306)	(221)
Balance at end of year	**3,729**	**3,478**

Employee Benefit Recognition

Provision is made for benefits accruing to employees in respect of wages and salaries, accrued days off, 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 South West Healthcare has a present obligation, the future sacrifice of economic benefits is probable, and the amount of the provision can be measured reliably.

The amount recognised as a liability is the best estimate of the consideration required to settle the present obligation at reporting date, taking into account the risks and uncertainties surrounding the obligation.

Annual Leave and Accrued Days Off

Liabilities for annual leave and accrued days off 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 accrued days off are measured at:

- Nominal 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)

The liability for long service leave (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.

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

(B) MOVEMENT IN ONCOST PROVISIONS (CONTINUED)

The components of this current LSL liability are measured at:

- Nominal value – if South West Healthcare expects to wholly settle within 12 months; or
- Present value – if South West Healthcare does not expect to wholly settle within 12 months.

Conditional LSL is disclosed as a non-current liability. Any gain or loss following 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 flows.

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 benefits

Provision for on-costs such as workers compensation and superannuation are recognised separately from provisions for employee benefits.

NOTE 3.5: SUPERANNUATION

Fund		Paid Contributions for the year		Outstanding Contributions at Year End	
		2020 $ '000	**2019 $ '000**	**2020 $ '000**	**2019 $ '000**
Defined Benefit Plans: (i)	First State Super	274	291	35	23
	State Super Fund	133	132	-	-
Defined Contribution Plans:					
	First State Super	7,360	6,475	799	540
	HESTA	2,677	2,445	326	210
	Other	949	520	151	53
Total		**11,393**	**9,863**	**1,311**	**826**

(i) The basis for determining the level of contributions is determined by the various actuaries of the defined benefit superannuation plans.

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 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 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 plans because the hospital 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 for 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 that have been expensed in relation to the major employee superannuation funds and contributions made by South West Healthcare are disclosed above.

NOTE 3.5: SUPERANNUATION (CONTINUED)

Defined contribution superannuation plans

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

NOTE 4: KEY ASSETS TO SUPPORT SERVICE DELIVERY

South West Healthcare 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 Other financial assets

4.2 Property, plant & equipment

4.3 Depreciation and amortisation

NOTE 4.1: INVESTMENTS AND OTHER FINANCIAL ASSETS

	2020	2019
CURRENT	**$ '000**	**$ '000**
Financial Assets at Amortised Cost		
Term Deposits > 3 months	0	1,000
TOTAL CURRENT INVESTMENTS AND OTHER FINANCIAL ASSETS	0	1,000
Represented by:		
Health Service Funds	0	1,000
TOTAL	0	1,000

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

NOTE 4.1: INVESTMENTS AND OTHER FINANCIAL ASSETS (CONTINUED)

concerned, and are initially measured at fair value, net of transaction costs.

Investments are classified as financial assets at amortised cost.

South West Healthcare classifies its other financial assets between current and non-current assets based on the Board'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 investments must comply with Standing Direction 3.7.2 - Treasury and Investment Risk Management, including central banking system.

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.

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

NOTE 4.2: PROPERTY, PLANT AND EQUIPMENT

(A) GROSS CARRYING AMOUNT AND ACCUMULATED DEPRECIATION

	2020 $ '000	2019 $ '000
Land		
- Land at Fair Value	12,234	12,234
- Land at Cost	1,119	-
- Land Improvements at fair value	1,390	1,390
Less Accumulated Depreciation	(40)	-
Total Land	**14,703**	**13,624**
Buildings		
- Buildings Under Construction at Cost	1,910	1,085
- Buildings at Fair Value	216,075	216,075
Less Accumulated Depreciation	(13,371)	0
	202,704	216,075
- Buildings at Cost	1,286	0
Less Accumulated Depreciation	(96)	0
	1,190	0
- Buildings - Leasehold Improvements at fair Value	342	342
Less Accumulated Depreciation	(337)	(158)
	5	184
Total Buildings	**205,809**	**217,344**
Plant and Equipment		
- Plant and Equipment at Fair Value	9,338	9,096
Less Accumulated Depreciation	(7,714)	(7,282)
Total Plant and Equipment	**1,624**	**1,814**
Medical Equipment		
- Medical Equipment at Fair Value	17,436	16,150
Less Accumulated Depreciation	(12,779)	(11,791)
Total Medical Equipment	**4,657**	**4,359**
Computers & Communications		
- Computers & Communications at fair value	8,020	7,645
Less Accumulated Depreciation	(6,332)	(5,576)
Total Computers & Communications	**1,688**	**2,069**
Furniture and Fittings		
-Furniture and Fittings at Fair Value	4,073	4,066
Less Accumulated Depreciation	(3,927)	(3,868)
Total Furniture and Fittings	**146**	**198**
Motor Vehicles		
- Motor Vehicles at Fair Value	3,147	3,175
Less Accumulated Depreciation	(1,629)	(1,197)
Total Motor Vehicles	**1,518**	**1,978**
Leased Assets		
- Information Technology	4,461	4,248
Less Accumulated Depreciation	(3,626)	(3,362)
	835	886
- Buildings Right of Use	379	-
Less Accumulated Depreciation	(63)	-
	316	-
Total Leased Assets	**1,151**	**886**
TOTAL	**231,296**	**242,272**

NOTE 4.2: PROPERTY, PLANT AND EQUIPMENT (CONTINUED)

(B) RECONCILIATIONS OF THE CARRYING AMOUNTS OF EACH CLASS OF ASSET

	Note	Land	Buildings & Buildings under construction	Plant & Equipment	Medical Equipment	Computers & Comms	Furniture & Fittings	Motor Vehicles	Leased Assets	Total
		$ '000	**$ '000**	**$ '000**	**$ '000**	**$ '000**	**$ '000**	**$ '000**	**$ '000**	**$ '000**
Balance at 1 July 2018		9,317	172,217	2,075	4,293	1,645	1,304	2,324	556	193,731
Additions		0	1,415	179	1,120	193	41	170	742	3,860
Disposals		0		0		(1)	0	(72)		(73)
Net Transfers between classes						857	(857)			0
Transfer to Held for Sale		(150)	(172)							(322)
Revaluation Increments		4,457	54,731	0			0	0		59,188
Depreciation (Refer note 4.3)		0	(10,847)	(440)	(1,054)	(625)	(290)	(444)	(412)	(14,112)
Balance at 1 July 2019		13,624	217,344	1,814	4,359	2,069	198	1,978	886	242,272
Recognition of right-of-use assets on initial application of AASB 16	8.10								379	379
Adjusted balance at 1 July 2019		13,624	217,344	1,814	4,359	2,069	198	1,978	1,265	242,651
Additions		1,119	2,111	243	1,300	375	7	0	213	5,368
Disposals			0	0	0	0	0	(17)		(17)
Depreciation (Refer note 4.3)		(40)	(13,646)	(433)	(1,002)	(756)	(59)	(443)	(327)	(16,706)
Balance at 30 June 2020		14,703	205,809	1,624	4,657	1,688	146	1,518	1,151	231,296

NOTE 4.2: PROPERTY, PLANT AND EQUIPMENT (CONTINUED)

(B) RECONCILIATIONS OF THE CARRYING AMOUNTS OF EACH CLASS OF ASSET (CONTINUED)

Land and buildings carried at valuation

A full revaluation of South West Healthcare's land and buildings was performed by the Valuer-General of Victoria (VGV) in May 2019 in accordance with the requirements of Financial Reporting Direction (FRD) 103H Non-Financial Physical Assets . 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 effective date of the valuation for both land and buildings was 30 June 2019.

In compliance with FRD 103H, in the year ended 30 June 2020, management conducted an annual assessment of the fair value of land and buildings. To facilitate this, management obtained from the Department of Treasury and Finance the VGV indices for the financial year ended 30 June 2020.

The VGV indices, which are based on data to March 2020, indicate an average increase of 2% across all land parcels and a 3% increase in buildings.

Management regards the VGV indices to be a reliable and relevant data set to form the basis of their estimates. Whilst these indices are applicable at 30 June 2020, the fair value of land and buildings will continue to be subjected to the impacts of COVID-19 in future accounting periods.

As the accumulative movement was less than 10% for land and buildings no managerial revaluation was required.

The land and building balances are considered to be sensitive to market conditions. To trigger a managerial revaluation a decrease in the land indice of 10% and a decrease in the building indice of 10% would be required.

(C) FAIR VALUE MEASUREMENT HIERARCHY FOR ASSETS

	Carrying amount as at 30 June 2020	**Fair value measurement at end of reporting period using:** Level 1 (i)	Level 2 (i)	Level 3 (i)
	$ '000	**$ '000**	**$ '000**	**$ '000**
Land at fair value				
Specialised land	14,703	-	-	14,703
Total of land at fair value	14,703	-	-	14,703
Buildings at fair value				
Specialised buildings	203,899	-	-	203,899
Total of building at fair value	203,899	-	-	203,899
Plant and equipment at fair value				
Plant equipment and vehicles at fair value				
- Plant and equipment	1,624	-	-	1,624
- Medical Equipment	4,657	-	-	4,657
- Computers & Communications	1,688	-	-	1,688
- Furniture and Fittings	146	-	-	146
- Motor Vehicles	1,518	-	1,518	-
Total of plant, equipment and vehicles at fair value	9,633	-	1,518	8,115
TOTAL	228,235	-	1,518	226,717

NOTE 4.2: PROPERTY, PLANT AND EQUIPMENT (CONTINUED)

(C) FAIR VALUE MEASUREMENT HIERARCHY FOR ASSETS (CONTINUED)

	Carrying amount as at 30 June 2019	Fair value measurement at end of reporting period using:		
		Level 1 (i)	Level 2 (i)	Level 3 (i)
	$ '000	$ '000	$ '000	$ '000
Land at fair value				
Specialised land	13,624	-	-	13,624
Total of land at fair value	13,624	-	-	13,624
Buildings at fair value				
Specialised buildings	216,259	-	-	216,259
Total of building at fair value	216,259	-	-	216,259
Plant and equipment at fair value				
Plant equipment and vehicles at fair value				
- Plant and equipment	1,814	-	-	1,814
- Medical Equipment	4,359	-	-	4,359
- Computers & Communications	2,069	-	-	2,069
- Furniture and Fittings	198	-	-	198
- Motor Vehicles	1,978	-	1,978	-
Total of plant, equipment and vehicles at fair value	10,418	-	1,978	8,440
TOTAL	240,301	-	1,978	238,323

Note

(i) Classified in accordance with the fair value hierarchy. There have been no transfers between levels during the period. There have been no transfers between levels during the period.

(D) RECONCILIATION OF LEVEL 3 FAIR VALUE

30-Jun-20	Land $ '000	Buildings $ '000	Plant and Equipment $ '000	Medical Equipment $ '000	Computers & Comms $ '000	Furniture & Fittings $ '000
Balance at 1 July 2019	13,624	216,259	1,814	4,359	2,069	198
Purchases (sales) & reclassifications	1,119	1,286	243	1,300	375	7
- Transfer to held for sale	-	-	-	-	-	-
- Net Transfers between classes	-	-	-	-	-	-
Gains or losses recognised in net result						
- Depreciation	(40)	(13,646)	(433)	(1,002)	(756)	(59)
Subtotal	14,703	203,899	1,624	4,657	1,688	146
Items recognised in other comprehensive income						
- Revaluation	-	-	-	-	-	-
Subtotal	-	-	-	-	-	-
Balance at 30 June 2020	14,703	203,899	1,624	4,657	1,688	146

NOTE 4.2: PROPERTY, PLANT AND EQUIPMENT (CONTINUED)

(D) RECONCILIATION OF LEVEL 3 FAIR VALUE (CONTINUED)

30-Jun-19	Land $ '000	Buildings $ '000	Plant and Equipment $ '000	Medical Equipment $ '000	Computers & Comms $ '000	Furniture & Fittings $ '000
Balance at 1 July 2018	9,317	171,143	2,075	4,293	1,645	1,304
Purchases (sales) & reclassifications	-	1,404	179	1,120	192	41
- Transfer to held for sale	(150)	(172)	-	-	-	
- Net Transfers between classes	-	-	-	-	857	(857)
Gains or losses recognised in net result						
- Depreciation	-	(10,847)	(440)	(1,054)	(625)	(290)
Subtotal	9,167	161,528	1,814	4,359	2,069	198
Items recognised in other comprehensive income						
- Revaluation	4,457	54,731	-	-	-	-
Subtotal	-	-	-	-	-	-
Balance at 30 June 2019	13,624	216,259	1,814	4,359	2,069	198

(E) FAIR VALUE DETERMINATION

Asset Class	Examples of types assets	Expected fair value level	Likely valuation approach	Significant inputs (Level 3 only)
Specialised land (Crown/Freehold)	- Land subject to restriction as to use and/or sale - Land in areas where there is not an active market	Level 3	Market approach	Community Service Obligations Adjustments (a)
Specialised Buildings	Specialised buildings with limited alternative uses and/or substantial customisation eg. Hospitals	Level 3	Current replacement cost	- Cost per square metre - Useful life
Vehicles	If there is an active resale market available	Level 2	Market approach	n.a.
Plant and equipment Medical Equipment Computers & Communications Furniture and Fittings	Specialised items with limited alternative uses and/or substantial customisation	Level 3	Current replacement cost approach	- Cost per unit - Useful life
Non- specialised land	Freehold land with no restrictions on use	Level 3	Market approach	n.a.
Non-specialised buildings	Residential buildings without substantial customization or restrictions of use	Level 3	Market approach	n.a.

(a) A community Service Obligation (CSO) of 20% to 30% was applied to the health services specialised land Classified in accordance with the fair value hierarchy.

NOTE 4.2: PROPERTY, PLANT AND EQUIPMENT (CONTINUED)

(F) PROPERTY, PLANT AND EQUIPMENT REVALUATION SURPLUS

	2020	2019
Property, Plant and Equipment		
Revaluation Surplus	**$ '000**	**$ '000**
Balance at the beginning of the reporting period	115,901	56,713
Revaluation Increment		
- Land	-	4,457
- Buildings	-	54,731
Balance at the end of the reporting period*	115,901	115,901
***Represented by:**		
- Land	9,342	9,342
- Buildings	106,559	106,559
Total	115,901	115,901

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 cost of constructed non-financial physical assets includes the cost of all materials used in construction, direct labour on the project and an appropriate proportion of variable and fixed overheads. The cost of a leasehold improvement is capitalised as an asset and depreciated over the shorter of the remaining term of the lease or the estimated useful life of the improvements.

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.

Right-of-use asset acquired by lessees (Under AASB 16 – Leases from 1 July 2019) – Initial measurement

South West Healthcare recognises a right-of-use asset and a lease liability at the lease commencement date. The right-of-use asset is initially measured at cost which comprises the initial

amount of the lease liability adjusted for:

- any lease payments made at or before the commencement date; plus
- any initial direct costs incurred; and
- an estimate of costs to dismantle and remove the underlying asset or to restore the underlying asset or the site on which it is located, less any lease incentive received.

Right-of-use asset – Subsequent measurement

South West Healthcare depreciates the right-of-use assets on a straight line basis from the lease commencement date to the earlier of the end of the useful life of the right-of-use asset or the end of the lease term. The estimated useful life of the right-of-use assets are determined on the same basis as property, plant and equipment, other than where the lease term is lower than the otherwise assigned useful life. The right-of-use assets are also subject to revaluation as required by FRD 103I [pending] however as at 30 June 2020 right-of-use assets have not been revalued.

In addition, the right-of-use asset is periodically reduced by impairment losses, if any and adjusted for certain remeasurements of the lease liability.

NOTE 4.2: PROPERTY, PLANT AND EQUIPMENT (CONTINUED)

(F) PROPERTY, PLANT AND EQUIPMENT REVALUATION SURPLUS (CONTINUED)

Revaluations of Non-current Physical Assets

Non-Current physical assets are measured at fair value and are revalued in accordance with FRD 103H Non-current physical assets. This revaluation process normally occurs 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 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 de-recognition of the relevant asset, except where an asset is transferred via contributed capital.

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.

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 fair value hierarchy as explained above.

In addition, South West Healthcare determines whether transfers have occurred between levels in the hierarchy by reassessing 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 independent valuation agency.

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

Valuation hierarchy

In determining fair values a number of inputs are used. To increase consistency and comparability in the financial statements, these inputs are categorised into three levels, also known as the fair value hierarchy. The levels are as follows:

- Level 1 - quoted (unadjusted) market prices in active markets for identical assets or liabilities;
- Level 2 - valuation techniques for which the lowest level input that is significant to the fair value measurement is directly or indirectly observable; and
- Level 3 - valuation techniques for which the lowest level input that is significant to the fair value measurement is unobservable.

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.

NOTE 4.2: PROPERTY, PLANT AND EQUIPMENT (CONTINUED)

(F) PROPERTY, PLANT AND EQUIPMENT REVALUATION SURPLUS (CONTINUED)

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.

Specialised land and specialised buildings

Specialised land includes Crown Land which 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 assets 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 use.

During the reporting period, the Health Service held Crown Land. The nature of this asset means that there are certain limitations and restrictions imposed on its use and/or disposal that may impact their fair value.

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 South West Healthcare, 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 2019.

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 (including medical equipment, computers and communication equipment and furniture and fittings) are held at carrying amount (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 2020.

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

NOTE 4.3: DEPRECIATION AND AMORTISATION

	2020	2019
	$ '000	$ '000
Depreciation		
Buildings	13,686	10,847
Plant & Equipment	433	440
Medical Equipment	1,002	1,054
Computers & Communications	756	625
Furniture & Fittings	59	290
Motor Vehicles	443	444
Leased Assets	327	412
Total Depreciation	**16,706**	**14,112**

Depreciation

All infrastructure assets, buildings, plant and equipment and other non-financial physical assets that have finite useful lives are depreciated (i.e. excludes land assets held for sale, and investment properties). Depreciation is generally calculated on a straight-line basis at rates that allocate the asset's value, less any estimated residual value over its estimated useful life (refer AASB 116 Property, Plant and Equipment).

Right-of use assets are depreciated over the shorter of the asset's useful life and the lease term. Where South West Healthcare obtains ownership of the underlying leased asset or if the cost of the right-of-use asset reflects that the entity will exercise a purchase option, the entity depreciates the right-of-use asset overs its useful life.

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

	2020	2019
Buildings		
- Structure Shell Building Fabric	6 to 52 Years	Up to 42 Years
- Site Engineering Services and Central Plant	4 to 47 years	Up to 30 years
Central Plant		
- Fit Out	1 to 47 years	Up to 30 years
- Trunk Reticulated Building Systems	2 to 47 years	Up to 30 years
Plant and Equipment	Up to 20 years	Up to 20 years
Medical Equipment	Up to 15 years	Up to 15 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 10 years	Up to 10 years
Leasehold Improvements	Up to 10 years	Up to 10 years
Land Improvements	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.

The change in remaining useful life for Buildings and central plant, was a result of revaluation of land and buildings completed in 2019. The Valuer is required to reassess the estimated useful life based on the current building conditions. The change in remaining useful life has resulted in an increase in depreciation expense of $4.699M for buildings.

NOTE 5: OTHER ASSETS AND LIABILITIES

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

Structure

5.1 Receivables

5.2 Payables

5.3 Other liabilities

5.4 Non Financial Physical Assets Classified as Held for Sale

NOTE 5.1: RECEIVABLES

	2020	2019
CURRENT	**$ '000**	**$ '000**
Contractual		
Patient Fees and Resident Debtors	493	634
Trade Debtors	2,395	3,141
Receivables - South West Alliance of Rural Health	937	935
Accrued Revenue	14	88
Less Allowance for impairment losses of contractual receivables	(62)	(44)
	3,777	4,754
Statutory		
GST Receivable - Health Service	401	251
Accrued Grants - Department of Health & Human Services	310	529
	711	780
TOTAL CURRENT RECEIVABLES	4,488	5,534
NON CURRENT		
Statutory		
Long Service Leave - Department of Health and Human Services	7,206	6,494
TOTAL NON-CURRENT RECEIVABLES	7,206	6,494
TOTAL RECEIVABLES	11,694	12,028
(a) Movement in the allowance for impairment losses of contractual receivables		
Balance at beginning of the year	44	34
Increase/(decrease) in allowance recognised in net result	18	10
Balance at end of year	**62**	**44**

NOTE 5.1: RECEIVABLES (CONTINUED)

Receivables recognition

Receivables consist of:

- Contractual receivables, which consists of debtors in relation to goods and services and accrued investment income. These receivables are classified as financial instruments and categorised as 'financial assets at amortised costs'. They are initially recognised at fair value plus any directly attributable transaction costs. The Health Service holds the contractual receivables with the objective to collect the contractual cash flows and therefore subsequently measured at amortised cost using the effective interest method, less any impairment.
- Statutory receivables, which predominantly includes amounts owing from the Victorian Government and Goods and Services Tax (GST) input tax credits recoverable. Statutory receivables do not arise from contracts and are recognised and measured similarly to contractual receivables (except for impairment), but are not classified as financial instruments for disclosure purposes. The Health Service applies AASB 9 for initial measurement of the statutory receivables and as a result statutory receivables are initially recognised at fair value plus any directly attributable transaction cost.

Trade debtors are carried at nominal amounts due and are due for settlement within 30 days from the date of recognition.

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

The Health Service is not exposed to any significant credit risk exposure to any single counterparty or any group of counterparties having similar characteristics. Trade receivables consist of a large number of customers in various geographical areas. Based on historical information about customer default rates, management consider the credit quality of trade receivables that are not past due or impaired to be good.

NOTE 5.2: PAYABLES & CONTRACT LIABILITIES

	Notes	2020 $ '000	2019 $ '000
CURRENT			
Contractual			
Trade Creditors (i)		1,203	4,406
Accrued Salaries & Wages		3,326	5,578
Accrued Expenses		6,007	4,913
Payables - South West Alliance of Rural Health		1,372	646
Amounts Payable to governments and agencies		608	-
Deferred revenue in advance	5.2 (a)	609	-
Contract liabilities- Income in Advance	5.2 (b)	3,148	-
Income in Advance - South West Alliance of Rural Health	5.2 (b)	691	97
TOTAL PAYABLES		**16,964**	**15,640**

(i) The normal credit terms for accounts payable are usually nett 30 days.

Payables consist of:

- contractual payables, classified as financial instruments and measured at amortised cost. Accounts payable represent liabilities for goods and services provided to South West Healthcare prior to the end of the financial year that are unpaid; and
- statutory payables, that are recognised and measured similarly to contractual payables, but are not classified as financial instruments and not included in the category of financial liabilities at amortised cost, because they do not arise from contracts.

Maturity analysis of payables

Please refer to Note 7.1(b) for the maturity analysis of payables.

NOTE 5.2: PAYABLES & CONTRACT LIABILITIES (CONTINUED)

(A) DEFERRED CAPITAL GRANT REVENUE

	2020	2019
	$ '000	$ '000
Grant consideration for capital works recognised that was included in the deferred grant liability balance (adjusted for AASB 1058) at the beginning of the year	447	-
Grant consideration for capital works received during the year	670	-
Grant revenue for capital works recognised consistent with capital works undertaken during the year	(508)	-
Closing balance of deferred grant consideration received for capital works	609	-

Grant consideration was received from Department of Health & Human Services for the Portland Community Mental Health Service Project. Grant revenue is recognised progressively as the asset is constructed, since this is the time when South West Healthcare satisfies its obligations under the transfer by controlling the asset as and when it is constructed. The progressive percentage costs incurred is used to recognise income because this most closely reflects the progress to completion as costs are incurred as the works are done. (see note 2.1) As a result, South West Healthcare has deferred recognition of a portion of the grant consideration received as a liability for the outstanding obligations.

(B) CONTRACT LIABILITIES

	2020	2019
	$ '000	$ '000
Opening balance brought forward from 30 June adjusted for AASB 15	145	-
Grant Consideration received	3,694	-
	3,839	-

Contract liabilities include grant consideration received from the State Government in support of COVID 19, consideration received in advance from customers in respect of regional grants and share of SWARH income in advance. Income is recognised once the goods and services are delivered provided.

NOTE 5.3: OTHER LIABILITIES

	2020	2019
	$ '000	$ '000
CURRENT		
Monies Held in Trust*		
- Patient Monies Held in Trust*	97	95
- Accommodation Bonds (Refundable Entrance Fees)*	2,208	2,794
Other monies held in trust	368	-
TOTAL CURRENT	**2,673**	**2,889**
*** Total Monies Held in Trust**		
Represented by the following assets:		
Cash Assets (refer to Note 6.2)	2,673	2,889
TOTAL OTHER LIABILITIES	**2,673**	**2,889**

Refundable Accommodation Deposit ("RAD")/Accommodation Bond liabilities

RADs/accommodation bonds are non-interest-bearing deposits made by some aged care residents to the Group upon admission. These deposits are liabilities which fall due and payable when the resident leaves the home. As there is no unconditional right to defer payment for 12 months, these liabilities are recorded as current liabilities.

RAD/accommodation bond liabilities are recorded at an amount equal to the proceeds received, net of retention and any other amounts deducted from the RAD/accommodation bond in accordance with the Aged Care Act 1997.

NOTE 5.4: PHYSICAL ASSETS CLASSIFIED AS HELD FOR SALE

(A) NON-FINANCIAL PHYSICAL ASSETS CLASSIFIED AS HELD FOR SALE

	2020	2019
	$'000	$'000
Freehold land & buildings (i)	-	322
TOTAL PHYSICAL ASSETS CLASSIFIED AS HELD FOR SALE	**-**	**322**

(i) The Health Service intends to dispose of freehold land/buildings it no longer utilises in the next 3 months.

Non-financial physical assets classified as held for sale are treated as current and are measured at the lower of carrying amount and fair value less costs of disposal, and are not subject to depreciation or amortisation.

Non-financial physical assets are treated as current and are classified as held for sale if their carrying amount will be recovered through a sale transaction rather than through continuing use. This condition is regarded as met only when the sale is highly probable, the asset's sale is expected to be completed within 12 months from the date of classification, and the asset's sale is available for immediate use in the current condition.

Non-financial physical assets classified as held for sale are treated as current and are measured at the lower of carrying amount and fair value less costs of disposal, and are not subject to depreciation or amortisation.

(B) FAIR VALUE MEASUREMENT OF PHYSICAL ASSETS HELD FOR SALE

		Fair value measurement at end of reporting period using:		
	Carrying amount			
	2020	Level 1	Level 2	Level 3
	$'000	$'000	$'000	$'000
Freehold land/ buildings held for sale	-	-	-	-
TOTAL NON-FINANCIAL PHYSICAL ASSETS CLASSIFIED AS HELD FOR SALE	**-**	**-**	**-**	**-**

		Fair value measurement at end of reporting period using:		
	Carrying amount			
	2019	Level 1	Level 2	Level 3
	$'000	$'000	$'000	$'000
Freehold land/ buildings held for sale	322	-	-	322
TOTAL NON-FINANCIAL PHYSICAL ASSETS CLASSIFIED AS HELD FOR SALE	**322**	**-**	**-**	**322**

Classified in accordance with the fair value hierarchy
Refer to note 4.2 (e) for the valuation technique applied to non-specialised land/buildings

NOTE 6: HOW WE FINANCE OUR OPERATIONS

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

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

6.1 Borrowings

6.2 Cash and cash equivalents

6.3 Commitments for expenditure

NOTE 6.1: BORROWINGS

	2020 $ '000	2019 $ '000
Current Borrowings		
Finance Lease Liability - South West Alliance of Rural Health (iii)	141	205
Department of Health Loan (i)	92	70
Lease liability (ii)	71	0
Total Current Borrowings	**304**	**275**
Non Current Borrowings		
Finance Lease Liability - South West Alliance of Rural Health (iii)	188	313
Department of Health Loan (i)	183	276
Lease liability (ii)	239	0
Total Non-Current Borrowings	**610**	**589**
Total Borrowings	**914**	**864**

(i) These are unsecured loans which bear no interest

(ii) Secured by the assets leased. Leases are effectively secured as the rights to the leased assets revert to the lessor in the event of default.

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

Maturity analysis of borrowings

Please refer to Note 7.1(b) for the maturity analysis of borrowings.

Defaults and breaches

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

Lease Liabilities

Repayments in relation to leases are payable as follows:

NOTE 6.1: BORROWINGS (CONTINUED)

	Minimum future lease payments	
	2000	2019
	$'000	$'000
Not later than one year	212	205
Later than 1 year and not later than 5 years	432	317
Later than 5 years		
Minimum lease payments	**644**	**522**
Less future finance charges	(5)	(4)
TOTAL	**639**	**518**

	Present value of minimum future lease payments	
	2000	2019
	$'000	$'000
Included in the financial statements as:		
Current borrowings - lease liability	212	205
Non-current borrowings - lease liability	427	313
TOTAL	**639**	**518**

The weighted average interest rate implicit in the finance lease is 0.8% (2019: none were held).

Leases

A lease is a right to use an asset for an agreed period of time in exchange for payment. All leases are recognised on the balance sheet, with the exception of low value leases (less than $10,000 AUD) and short term leases of less than 12 months.

South West Healthcare's leasing activities

South West Healthcare has entered into lease related to buildings for provision of services.

For any new contracts entered into on or after 1 July 2019, South West Healthcare considers whether a contract is, or contains a lease. A lease is defined as 'a contract, or part of a contract, that conveys the right to use an asset (the underlying asset) for a period of time in exchange for consideration'. To apply this definition South West Healthcare assesses whether the contract meets three key evaluations which are whether:

- the contract contains an identified asset, which is either explicitly identified in the contract or implicitly specified by being identified at the time the asset is made available to South West Healthcare and for which the supplier does not have substantive substitution rights;
- South West Healthcare has the right to obtain substantially all of the economic benefits from use of the identified asset throughout the period of use, considering its rights within the defined scope of the contract and South West Healthcare has the right to direct the use of the identified asset throughout the period of use; and
- South West Healthcare has the right to take decisions in respect of 'how and for what purpose' the asset is used throughout the period of use.

This policy is applied to contracts entered into, or changed, on or after 1 July 2019.

Separation of lease and non-lease components

At inception or on reassessment of a contract that contains a lease component, the lessee is required to separate out and account separately for non-lease components within a lease contract and exclude these amounts when determining the lease liability and right-of-use asset amount.

Recognition and measurement of leases as a lessee (under AASB 16 from 1 July 2019)
Lease Liability – initial measurement

The lease liability is initially measured at the present value of the lease payments unpaid at the commencement date, discounted using the interest rate implicit in the lease if that rate is readily determinable or South West Healthcare's incremental borrowing rate.

NOTE 6.1: BORROWINGS (CONTINUED)

Lease

- fixed payments (including in-substance fixed payments) less any lease incentive receivable;
- variable payments based on an index or rate, initially measured using the index or rate as at the commencement date;
- amounts expected to be payable under a residual value guarantee; and
- payments arising from purchase and termination options reasonably certain to be exercised.

Lease Liability – subsequent measurement

Subsequent to initial measurement, the liability will be reduced for payments made and increased for interest. It is remeasured to reflect any reassessment or modification, or if there are changes in-substance fixed payments.

When the lease liability is remeasured, the corresponding adjustment is reflected in the right-of-use asset, or profit and loss if the right of use asset is already reduced to zero.

Short-term leases and leases of low value assets

South West Healthcare has elected to account for short-term leases and leases of low value assets using the practical expedients. Instead of recognising a right of use asset and lease liability, the payments in relation to these are recognised as an expense in profit or loss on a straight line basis over the lease term.

Presentation of right-of-use assets and lease liabilities

South West Healthcare presents right-of-use assets as 'property plant equipment' unless they meet the definition of investment property, in which case they are disclosed as 'investment property' in the balance sheet. Lease liabilities are presented as 'borrowings' in the balance sheet.

Recognition and measurement of leases (under AASB 117 until 30 June 2019)

In the comparative period, leases of property, plant and equipment were classified as either finance lease or operating leases.

South West Healthcare determined whether an arrangement was or contained a lease based on the substance of the arrangement and required an assessment of whether fulfilment of the arrangement is dependent on the use of the specific asset(s); and the arrangement conveyed a right to use the asset(s).

Leases of property, plant and equipment where South West Healthcare as a lessee had substantially all of the risks and rewards of ownership were classified as finance leases. finance leases were initially recognised as assets and liabilities at amounts equal to the fair value of the leased property or, if lower, the present value of the minimum lease payment, each determined at the inception of the lease. The leased asset is accounted for as a non-financial physical asset and depreciated over the shorter of the estimated useful life of the asset or the term of the lease. Minimum finance lease payments were apportioned between the 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 consolidated comprehensive operating statement.

Contingent rentals associated with finance leases were recognised as an expense in the period in which they are incurred.

Assets held under other leases were classified as operating leases and were not recognised in South West Healthcare's balance sheet. Operating lease payments were recognised as an operating expense in the Statement of Comprehensive Income on a straight-line basis over the lease term.

The impact of initialling applying AASB 15 Revenue from Contracts with Customers and AASB 1058 Income of not-for-profit entities to South West Healthcare's grant revenue is described in Note 8.10. Under application of the modified retrospective transition method chosen in applying AASB 15 and AASB 1058 for the first time, comparative information has not been restated to reflect the new requirements. The adoption of AASB 15 and AASB 1058 did have an impact on Other Comprehensive Income and the Statement of Cash flows for the financial year.

Operating lease payments up until 30 June 2019 (including contingent rentals) are recognised on a straight line basis over the lease term, except where another systematic basis is more representative of the time pattern of the benefits derived from the use of the leased asset.

NOTE 6.1: BORROWINGS (CONTINUED)

From 1 July 2019, the following lease payments are recognised on a straight-line basis:

- Short-term leases – leases with a term less than 12 months; and
- Low value leases – leases with the underlying asset's fair value (when new, regardless of the age of the asset being leased) is no more than $10,000.

Variable lease payments not included in the measurement of the lease liability (i.e. variable lease payments that do not depend on an index or a rate, initially measured using the index or rate as at the commencement date). These payments are recognised in the period in which the event or condition that triggers those payments occur.

Borrowings

All borrowings are initially recognised at fair value of the consideration received, less directly attributable transaction costs. The measurement basis subsequent to initial recognition depends on whether South West Healthcare has categorised its liability as either 'financial liabilities designated at fair value through profit or loss', or financial liabilities at 'amortised cost'.

Subsequent to initial recognition, interest bearing borrowings are measured at amortised cost with any difference between the initial recognised amount and the redemption value being recognised in the net result over the period of the borrowing using the effective interest method. Non-interest bearing borrowings are measured at 'fair value through profit or loss'.

NOTE 6.2: CASH AND CASH EQUIVALENTS

	2020 $ '000	2019 $ '000
Cash on hand (excluding monies held in trust)	9	9
Cash at Bank (excluding monies held in trust)	24,046	16,524
Deposits at Call (excluding monies held in trust)	12	36
Cash at Bank (monies held in trust)	2,673	2,889
TOTAL CASH AND CASH EQUIVALENTS	26,740	19,458

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

For cash flow statement presentation purposes, cash and cash equivalents include bank overdrafts, which are included as liabilities on the balance sheet. The cash flow statement includes monies held in trust.

NOTE 6.3: COMMITMENTS FOR EXPENDITURE

(A) COMMITMENTS PAYABLE

	2020 $ '000	2019 $ '000
Capital expenditure commitments payable		
Less than 1 year	1,507	1,113
Total Capital expenditure commitments	1,507	1,113
Other operating Commitments		
Share of SWARH Maintenance, Software Agreement & Network Obligations		
Less than 1 year	1,108	1,395
Longer than 1 year but not longer than 5 years	122	1,342
Total Non-cancellable Lease Commitments	1,230	2,737
Total Commitments (inclusive of GST)	2,737	3,850
Less GST recoverable from the Australian Tax Office	249	350
Total Commitments (exclusive of GST)	2,488	3,500

Commitments

Commitments for future expenditure include operating and capital commitments arising from contracts. These commitments are disclosed at their nominal value and are inclusive of the GST payable. In addition, where it is considered appropriate and provides additional relevant information to users, the net present values of significant 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 health service 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 health service is related mainly to fair value determination.

Structure

7.1 Financial instruments

7.2 Contingent assets and contingent liabilities

NOTE 7.1: FINANCIAL INSTRUMENTS

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*.

(a) CATEGORISATION OF FINANCIAL INSTRUMENTS

2020	Financial Assets at Amortised Cost $ '000	Financial Liabilities at Amortised Cost $ '000	Total $ '000
Contractual Financial Assets			
Cash and cash equivalents	26,740	-	26,740
Receivables		-	-
- Trade Debtors	2,395	-	2,395
- Other Receivables	1,368	-	1,368
Investments and Other Financial Assets		-	-
- Term Deposits	-	-	-
Total Financial Assets (i)	30,503	-	30,503
Financial Liabilities			
Payables	-	12,516	12,516
Borrowings	-	604	604
Other Financial Liabilities	-	-	-
- Accommodation Bonds	-	2,208	2,208
- Other	-	465	465
Total Financial Liabilities (i)	-	15,793	15,793

NOTE 7.1: FINANCIAL INSTRUMENTS (CONTINUED)

(A) CATEGORISATION OF FINANCIAL INSTRUMENTS (CONTINUED)

2019	Financial Assets at Amortised Cost $ '000	Financial liabilities at amortised cost $ '000	Total $ '000
Contractual Financial Assets			
Cash and cash equivalents	19,458	-	19,458
Receivables			
- Trade Debtors	3,141	-	3,141
- Other Receivables	1,613	-	1,613
Investments and Other Financial Assets			
- Term Deposits	1,000	-	1,000
Total Financial Assets (i)	25,212	-	25,212
Financial Liabilities			
Payables	-	15,640	15,640
Borrowings	-	864	864
Other Financial Liabilities			
- Accommodation Bonds	-	2,794	2,794
- Other	-	95	95
Total Financial Liabilities (i)	-	19,393	19,393

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

From 1 July 2018, the Health Service applies AASB 9 and classifies all of its financial assets based on the business model for managing the assets and the asset's contractual terms.

Categories of financial assets under AASB9

Financial assets at amortised cost

Financial assets are measured at amortised costs if both of the following criteria are met and the assets are not designated as fair value through net result:

- the assets are held by the Health Service to collect the contractual cash flows, and
- the assets' contractual terms give rise to cash flows that are solely payments of principal and interests.

These assets are initially recognised at fair value plus any directly attributable transaction costs and subsequently measured at amortised cost using the effective interest method less any impairment.

The Department recognises the following assets in this category:

- cash and deposits;
- receivables (excluding statutory receivables); and
- term deposits.

Financial liabilities at amortised cost 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. South West Healthcare recognises the following liabilities in this category:

- payables (excluding statutory payables); and
- borrowings (including finance lease liabilities).

NOTE 7.1: FINANCIAL INSTRUMENTS (CONTINUED)

(A) CATEGORISATION OF FINANCIAL INSTRUMENTS (CONTINUED)

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, South West Healthcare 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

South West Healthcare has transferred its rights to receive cash flows from the asset and either:

- has transferred substantially all the risks and rewards of the asset; or
- has neither transferred nor retained substantially all the risks and rewards of the asset but has transferred control of the asset.

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

Derecognition of financial liabilities: A financial liability is derecognised when the obligation under the liability is discharged, cancelled or expires.

When an existing financial liability is replaced by another from the same lender on substantially different terms, or the terms of an existing liability are substantially modified, such an exchange or modification is treated as a derecognition of the original liability and the recognition of a new liability. The difference in the respective carrying amounts is recognised as an 'other economic flow' in the comprehensive operating statement.

Reclassification of financial instruments: Subsequent to initial recognition reclassification of financial liabilities is not permitted. Financial assets are required to reclassified between fair value through net result, fair value through other comprehensive income and amortised cost when and only when South West Healthcare's business model for managing its financial assets has changes such that its previous model would no longer apply.

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 profit or loss, are subject to annual review for impairment.

The allowance is the difference between the financial asset's carrying amount and the present value of estimated future cash flows, discounted at the effective interest rate. In assessing impairment of statutory (non-contractual) financial assets, which are not financial instruments, professional judgement is applied in assessing materiality using estimates, averages and other computational methods in accordance with *AASB 136 Impairment of Assets.*

NOTE 7.1: FINANCIAL INSTRUMENTS (CONTINUED)

(B) 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			
	Note	Total Carrying Amount	Nominal Amount	Less than 1 Month	1 - 3 Months	3 Months - 1 Year	1 - 5 Years
2020		$	$	$	$	$	$
Financial Liabilities							
At amortised cost							
Payables (i)	5.2	16,964	16,964	16,964	0	0	0
Borrowings	6.1	604	604	20	60	159	371
Other Financial Liabilities							
- Accommodation Deposits	5.3	2,208	2,208	0	0	2,208	0
- Other	5.3	465	465	0	465	0	0
Total Financial Liabilities		20,241	20,241	16,984	525	2,367	371
2019							
Financial Liabilities							
At amortised cost							
Payables (i)	5.2	15,640	15,640	15,640	0	0	0
Borrowings	6.1	864	864	24	69	182	589
Other Financial Liabilities							
- Accommodation Deposits	5.3	2,794	2,794	0	0	2,794	0
- Other	5.3	95	95	0	95	0	0
Total Financial Liabilities		19,393	19,393	15,664	164	2,976	589

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

(C) CONTRACTUAL RECEIVABLES AT AMORTISED COSTS

30-Jun-19	*Current*	*Less than 1 month*	*1-3 months*	*3 months - 1 year*	*1-5 years*	*Total*
Expected loss rate	0%	0%	5%	8%	2%	
Gross carrying amount of contractual receivables	3,291	761	247	376	79	4,754
Loss allowance	0	0	13	30	1	44

30-Jun-20	*Current*	*Less than 1 month*	*1-3 months*	*3 months - 1 year*	*1-5 years*	*Total*
Expected loss rate	0%	0%	5%	5%	35%	
Gross carrying amount of contractual receivables	2,526	697	376	121	105	3,825
Loss allowance	0	0	19	6	37	62

Impairment of financial assets under AASB 9 Financial Instruments

South West Healthcare records the allowance for expected credit loss for the relevant financial instruments, in accordance with AASB 9 *Financial Instruments* 'Expected Credit Loss' approach. Subject to AASB 9 *Financial Instruments*, impairment assessment includes South West Healthcare's contractual receivables, statutory receivables and its investment in debt instruments.

Equity instruments are not subject to impairment under AASB 9 *Financial Instruments*. Other financial assets mandatorily measured or designated at fair value through net result are not subject to impairment assessment under AASB 9 *Financial Instruments*. While cash and cash equivalents are also subject to the impairment requirements of AASB 9 *Financial Instruments,* any identified impairment loss would be immaterial.

NOTE 7.1: FINANCIAL INSTRUMENTS (CONTINUED)

(C) CONTRACTUAL RECEIVABLES AT AMORTISED COSTS (CONTINUED)

Contractual receivables at amortised cost

South West Healthcare applies AASB 9 Financial Instruments simplified approach for all contractual receivables to measure expected credit losses using a lifetime expected loss allowance based on the assumptions about risk of default and expected loss rates. South West Healthcare has grouped contractual receivables on shared credit risk characteristics and days past due and select the expected credit loss rate based on South West Healthcare's past history, existing market conditions, as well as forward-looking estimates at the end of the financial year.

On this basis, South West Healthcare determines the opening loss allowance and the closing loss allowance at end of the financial year as disclosed above.

Reconciliation of the movement in the loss allowance for contractual receivables

	2020	*2019*
	$ 000's	**$ 000's**
Balance at the beginning of the year	44	34
Opening retained earnings adjustment on adoption of AASB 9	0	0
Opening Loss Allowance	44	34
Modification of contractual cash flows on financial assets	0	0
Increase in provision recognised in the net result	18	10
Balance at end of the year	62	44

Credit loss allowance is classified as other economic flows in the net result. Contractual receivables are written off when there is no reasonable expectation of recovery and impairment losses are classified as a transaction expense. Subsequent recoveries of amounts previously written off are credited against the same line item.

In prior years, 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. A provision is made for estimated irrecoverable amounts from the sale of goods when there is objective evidence that an individual receivable is impaired. Bad debts considered as written off by mutual consent.

Statutory receivables and debt investments at amortised cost

The Health Service's non-contractual receivables arising from statutory requirements are not financial instruments. However, they are nevertheless recognised and measured in accordance with AASB 9 requirements as if those receivables are financial instruments.

The Health Service also has investments in:

- Term Deposits in Australian approved deposit institutions

Both the statutory receivables and investments in debt instruments are considered to have low credit risk, taking into account the counterparty's credit rating, risk of default and capacity to meet contractual cash flow obligations in the near term. As the result, the loss allowance recognised for these financial assets during the period was limited to 12 months expected losses.

NOTE 7.2: CONTINGENT ASSETS AND CONTINGENT LIABILITIES

There are no known contingent assets or contingent liabilities for South West Healthcare at the date of this report. (Nil 2019)

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

	2020 $ '000	2019 $ '000
NET RESULT FOR THE YEAR	(8,638)	(11,590)
Less Capital Donations	(828)	(352)
Non-cash movements		
Non Cash Revenue - Assets received from Department of Health & Human Services (DHHS)	-	(370)
Depreciation	16,706	14,112
Allowance for impairment losses of contractual receivables	18	10
Movements included in investing and financing activities		
Net (gain)/loss from disposal of non financial physical assets	(64)	(16)
Less cash inflow/outflow from investing and financing activities	260	-
Movements in assets and liabilities		
Change in Operating Assets & Liabilities		
(Increase)/Decrease in Receivables	1,026	1,344
(Increase)/Decrease in Other Assets	95	(1,335)
Increase/(Decrease) in Payables	(7,305)	892
Increase/(Decrease) in Provisions	(557)	3,274
Increase/(Decrease) in Other Liabilities	9,931	120
Change in Inventories	(16)	153
NET CASH INFLOW/(OUTFLOW) FROM OPERATING ACTIVITIES	10,628	6,242

NOTE 8.2: RESPONSIBLE PERSON DISCLOSURES

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

	Period
Responsible Ministers:	
The Honourable Jenny Mikakos, Minister for Health and Minister for Ambulance Services	01/07/2019 - 30/06/2020
The Honourable Martin Foley, Minister for Mental Health	01/07/2019 - 30/06/2020
The Honourable Luke Donnellan, Minister for Child Protection, Minister for Disability, Ageing and Carers	01/07/2019 - 30/06/2020
Governing Boards	
Mrs. N. Allen	01/07/2019 - 30/06/2020
Mr G.Toogood	01/07/2019 - 30/06/2020
Mr. B.Brown	01/07/2019 - 30/06/2020
Mr. R.Montgomery	01/07/2019 - 30/06/2020
Mrs. J.Waterhouse	01/07/2019 - 30/06/2020
Mrs. B.Northeast	01/07/2019 - 30/06/2020
Ms. K. Gaston	01/07/2019 - 30/06/2020
Ms. A. Patchett	01/07/2019 - 30/06/2020
Mr A. Gillan	01/07/2019 - 30/06/2020
Accountable Officers	
Mr C.Fraser	01/07/2019 - 30/06/2020

Remuneration of Responsible Persons

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

	2020	**2019**
Income Band	**No:**	**No:**
$0 - $9,999	0	2
$10,000 - $19,999	7	7
$20,000 - $29,999	2	0
$300,000 - $309,999	0	1
$330,000 - $339,999	1	0
Total Numbers	10	10
	2020	**2019**
	$ '000	**$ '000**
Total remuneration received or due and receivable by Responsible Persons from the reporting entity amounted to:	**482**	**411**

Amounts relating to Responsible Ministers are reported within the Department of Parliamentary Services' Financial Report.

NOTE 8.3: REMUNERATION OF EXECUTIVES

Remuneration of executives

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.

NOTE 8.3: REMUNERATION OF EXECUTIVES (CONTINUED)

Remuneration of executive officers	Total Remuneration	
	2020	2019
	$ '000	$ '000
Short-term employee benefits	1,539	1,178
Post-employment benefits	128	117
Other long-term benefits	10	32
Total Remuneration	1,677	1,327
Total Number of executives (i)	8	7
Total annualised employee equivalent (AEE) (ii)	7.00	6.50

Notes:
(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 8.4).
(ii) Annualised employee equivalent is based on the time fraction worked over the reporting period. This is calculated as the total number of days the 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).

NOTE 8.4: RELATED PARTIES

The Health Service 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;
- 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.

KMP's are those people with the authority and responsibility for planning, directing and controlling the activities of South West Healthcare, directly or indirectly.

The Board of Directors, Accountable Officer and the Executive Directors of South West Healthcare are deemed to be KMPs.

			Period
Entity	**Key Management Personnel**	**Position Title**	
South West Healthcare	Mr. B.Brown	Chair of the Board	01/07/2019 - 30/06/2020
South West Healthcare	Mrs. N. Allen	Board Member	01/07/2019 - 30/06/2020
South West Healthcare	Mr G.Toogood	Board Member	01/07/2019 - 30/06/2020
South West Healthcare	Mr. R.Montgomery	Board Member	01/07/2019 - 30/06/2020
South West Healthcare	Mrs. J.Waterhouse	Board Member	01/07/2019 - 30/06/2020
South West Healthcare	Mrs. B.Northeast	Board Member	01/07/2019 - 30/06/2020
South West Healthcare	Ms. K. Gaston	Board Member	01/07/2019 - 30/06/2020
South West Healthcare	Ms. A. Patchett	Board Member	01/07/2019 - 30/06/2020
South West Healthcare	Mr A. Gillan	Board Member	01/07/2019 - 30/06/2020
South West Healthcare	Mr C.Fraser	Chief Executive Officer	01/07/2019 - 30/06/2020
South West Healthcare	Mr. A.Trigg	Chief Operating Officer	01/07/2019 - 30/06/2020
South West Healthcare	Dr. N. Van Zyl	Executive Director Medical Services	01/07/2019 - 25/05/2020
South West Healthcare	Ms. J.Clift	Executive Director Nursing & Midwifery	01/07/2019 - 21/7/2019
South West Healthcare	Mr. J.Brennan	Executive Director Service Development	01/07/2019 - 30/06/2020
South West Healthcare	Ms .K.Cook	Executive Director Mental Health Services	01/07/2019 - 30/06/2020
South West Healthcare	Ms. K.Anderson	Executive Director Primary and Community Services	01/07/2019 - 30/06/2020
South West Healthcare	Ms. L. Viljoen	Executive Director People and Culture	01/07/2019 - 30/06/2020
South West Healthcare	Ms. G. Stevenson	Executive Director Nursing & Midwifery	26/08/2019 - 30/06/2020

NOTE 8.4: RELATED PARTIES (CONTINUED)

The compensation detailed below excludes the salaries and benefits the Portfolio Ministers receive. The Minister's remuneration and allowances is set by the Parliamentary Salaries and Superannuation Act 1968, and is reported within the Department of Parliamentary Services' Financial Report.

COMPENSATION	2020 $ '000	2019 $ '000
Short term employee benefits	1,974	1,547
Post-employment benefits	166	151
Other long-term benefits	19	41
Total	**2,159**	**1,739**

(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 8.2 Responsible Persons or Note 8.3 Remuneration of Executives.

Significant transactions with government-related entities

Transactions	2020 $ '000	2019 $ '000
Department of Health & Human Services	171,907	154,878
Indirect Contributions (DHHS)	1,066	2,032
Contributed Capital	595	-
Repayment of Funding - Interest free loan	69	-
Total	**173,637**	**156,910**

Balances Outstanding

Funding Outstanding	2020 $ '000	2019 $ '000
Department of Health & Human Services LSL Debtor	7,206	6,494
Interest free loan balance	277	346

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.

The Standing Directions of the Assistant Treasurer require the Health Service to hold cash (in excess of working capital) in accordance with the State's centralised banking arrangements. All borrowings are required to be sourced from Treasury Corporation Victorian unless an exemption has been approved by the Minister for Health and Human Services and the Treasurer.

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 with the Department of Health and Human Services, all other related party transactions that involved KMPs and their close family members have been entered into on an arm's length basis. Transactions are disclosed when they are considered material to the users of the financial report in making and evaluation decisions about the allocation of scare resources.

There were no related party transactions with Cabinet Ministers required to be disclosed in 2020.

NOTE 8.4: RELATED PARTIES (CONTINUED)

Other Transactions of Responsible Persons and their Related Parties	2020 $ '000	2019 $ '000
Mr S.Callaghan is a director of Callaghan Motors which provides repairs, maintenance and purchase of motor vehicles on normal commercial terms and conditions.	-	21

NOTE 8.5: REMUNERATION OF AUDITORS

	2020 $ '000	2019 $ '000
Victorian Auditor-General's Office		
Audit of financial statements	48	47
	48	47

NOTE 8.6: AASBs ISSUED THAT ARE NOT YET EFFECTIVE

Certain new Australian accounting standards and interpretations have been published that are not mandatory for 30 June 2020 reporting period. DTF assesses the impact of an these new standards and advises the Health Service of their applicability and early adoption where applicable.

As at 30 June 2020, 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 2018-7 Amendments to Australian Accounting Standards – Definition of Material	This Standard principally amends AASB 101 Presentation of Financial Statements and AASB 108 Accounting Policies, Changes in Accounting Estimates and Errors. The amendments refine and clarify the definition of material in AASB 101 and its application by improving the wording and aligning the definition across AASB Standards and other publications. The amendments also include some supporting requirements in AASB 101 in the definition to give it more prominence and clarify the explanation accompanying the definition of material.	01-Jan-20	The assessment has indicated that there will be no significant impact for the public sector.
AASB 2020-1 Amendments to Australian Accounting Standards – Classification of Liabilities as Current or Non-Current	This Standard amends AASB 101 to clarify requirements for the presentation of liabilities in the statement of financial position as current or non-current. A liability is classified as non-current if an entity has the right at the end of the reporting period to defer settlement of the liability for at least 12 months after the reporting period. The meaning of settlement of a liability is also clarified.	1 January 2022. However, ED 301 has been issued with the intention to defer application to 1 January 2023.	The assessment has indicated that there will be no significant impact for the public sector.

In addition to the new standards and amendments above, the AASB has issued a list of other amending standards that are not effective for the 2019-20 reporting period (as listed below). In general, these amending standards include editorial and references changes that are expected to have insignificant impacts on public sector reporting.

- AASB 2018-6 *Amendments to Australian Accounting Standards – Definition of a Business.*
- AASB 2019-1 *Amendments to Australian Accounting Standards – References to the Conceptual Framework*.
- AASB 2019-3 *Amendments to Australian Accounting Standards – Interest Rate Benchmark Reform.*
- AASB 2019-5 *Amendments to Australian Accounting Standards – Disclosure of the Effect of New IFRS Standards Not Yet Issued in Australia.*
- AASB 2019-4 *Amendments to Australian Accounting Standards – Disclosure in Special Purpose Financial Statements of Not-for-Profit Private Sector Entities on Compliance with Recognition and Measurement Requirements*.
- AASB 2020-2 *Amendments to Australian Accounting Standards – Removal of Special Purpose Financial Statements for Certain For-Profit Private Sector Entities.*
- AASB 1060 *General Purpose Financial Statements – Simplified Disclosures for For-Profit and Not-for-Profit Tier 2 Entities (Appendix C).*

NOTE 8.7: EVENTS OCCURRING AFTER THE BALANCE SHEET DATE

The COVID-19 pandemic has created unprecedented economic uncertainty. Actual economic events and conditions in the future may be materially different from those estimated by South West Healthcare at the reporting date. As responses by government continue to evolve, management recognises that it is difficult to reliably estimate with any degree of certainty the potential impact of the pandemic after the reporting date on South West Healthcare, its operations, its future results and financial position. The state of emergency in Victoria was extended on 13 September 2020 until 11 October 2020 and the state of disaster still in place.

No other matters or circumstances have arisen since the end of the financial year which significantly affected or may affect the operations of South West Healthcare, the results of the operations or the state of affairs of South West Healthcare in the future financial years.

NOTE 8.8: JOINTLY CONTROLLED OPERATIONS AND ASSETS

	Ownership Interest	
Name of Entity	**2020**	**2019**
	%	**%**
Southwest Alliance of Rural Health	14.52	14.92

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

	2020	**2019**
Current Assets	**$ '000**	**$ '000**
Cash and Cash Equivalents	1,265	215
Receivables	937	935
Inventories	7	10
Prepayments	78	70
Total Current Assets	2,287	1,230
Non Current Assets		
Property, Plant and Equipment	838	887
DHS LSL Debtors	83	0
Total Non Current Assets	921	887
Total Assets	3,208	2,117
Current Liabilities		
Payables	1,371	646
Deferred Income	691	98
Provisions	249	255
Lease Liabilities	141	205
Total Current Liabilities	2,452	1,204
Non Current Liabilities		
Employee Provisions	47	37
Lease Liabilities	188	313
Total Non Current Liabilities	235	350
Total Liabilities	2,687	1,554
Net Assets	521	563

NOTE 8.8: JOINTLY CONTROLLED OPERATIONS AND ASSETS (CONTINUED)

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

	2020	2019
Revenues	**$ '000**	**$ '000**
Operating Activities	2,825	3,460
Non Operating Activities	285	262
Expenses		
Employee Expenses	1,339	1,245
Maintenance Contracts and IT Support	1,223	728
Other Expenses	143	959
Finance Costs	15	83
Depreciation and Amortisation	264	423
Total Operating Expenses	2,984	3,438
Other Economic Flows included in the result		
Revaluation of Long Service Leave	(23)	9
Net Result	103	293

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 8.9 ECONOMIC DEPENDENCY

South West Healthcare 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 South West Healthcare.

NOTE 8.10 CHANGES IN ACCOUNTING POLICY AND REVISION OF ESTIMATES

Leases

This note explains the impact of the adoption of AASB 16 Leases on South West Healthcare's financial statements.

South West Healthcare has applied AASB 16 with a date of initial application of 1 July 2019. South West Healthcare has elected to apply AASB 16 using the modified retrospective approach, as per the transitional provisions of AASB 16 for all leases for which it is a lessee. The cumulative effect of initial application is recognised in retained earnings as at 1 July 2019. Accordingly, the comparative information presented is not restated and is reported under AASB 117 and related interpretations.

Previously, South West Healthcare determined at contract inception whether an arrangement is or contains a lease under AASB 117 and Interpretation 4 – 'Determining whether an arrangement contains a Lease'. Under AASB 16, South West Healthcare assesses whether a contract is or contains a lease based on the definition of a lease as explained in note 6.1.

On transition to AASB 16, South West Healthcare has elected to apply the practical expedient to grandfather the assessment of which transactions are leases. It applied AASB 16 only to contracts that were previously identified as leases. Contracts that were not identified as leases under AASB 117 and Interpretation 4 were not reassessed for whether there is a lease. Therefore, the definition of a lease under AASB 16 was applied to contracts entered into or changed on or after 1 July 2019.

Leases classified as operating leases under AASB 117

As a lessee, South West Healthcare previously classified leases as operating or finance leases based on its assessment of whether the lease transferred significantly all of the risks and rewards incidental to ownership of the underlying asset to South West Healthcare. Under AASB 16, South West Healthcare recognises right-of-use assets and lease liabilities for all leases except where exemption is availed in respect of short-term and low value leases.

On adoption of AASB 16, South West Healthcare recognised lease liabilities in relation to leases which had previously been classified as operating leases under the principles of AASB 117 Leases. These liabilities were measured at the present value of the remaining lease payments, discounted using South West Healthcare's incremental borrowing rate as of 1 July 2019. On transition, right-of-use assets are measured at the amount equal to the lease liability, adjusted by the amount of any prepaid or accrued lease payments relating to that lease recognised in the balance sheet as at 30 June 2019.

South West Healthcare has elected to apply the following practical expedients when applying AASB 16 to leases previously classified as operating leases under AASB 117:

- Applied a single discount rate to a portfolio of leases with similar characteristics;
- Adjusted the right-of-use assets by the amount of AASB 137 onerous contracts provision immediately before the date of initial application, as an alternative to an impairment review;
- Applied the exemption not to recognise right-of-use assets and liabilities for leases with less than 12 months of lease term;
- Excluded initial direct costs from measuring the right-of-use asset at the date of initial application; and
- Used hindsight when determining the lease term if the contract contains options to extend or terminate the lease.

For leases that were classified as finance leases under AASB 117, the carrying amount of the right-of-use asset and lease liability at 1 July 2019 are determined as the carrying amount of the lease asset and lease liability under AASB 117 immediately before that date.

Leases as a Lessor

South West Healthcare is not required to make any adjustments on transition to AASB 16 for leases in which it acts as a lessor. South West Healthcare accounted for its leases in accordance with AASB 16 from the date of initial application.

NOTE 8.10 CHANGES IN ACCOUNTING POLICY AND REVISION OF ESTIMATES (CONTINUED)

Impacts on financial statements

On transition to AASB 16, South West Healthcare recognised $379k of right-of-use assets and $379k of lease liabilities.

When measuring lease liabilities, South West Healthcare discounted lease payments using its incremental borrowing rate at 1 July 2019. The weighted average rate applied is 0.8%.

Revenue from Contracts with Customers

In accordance with FRD 121 requirements, South West Healthcare has applied the transitional provision of AASB 15, under modified retrospective method with the cumulative effect of initially applying this standard against the opening retained earnings at 1 July 2019. On transition to AASB15, South West Healthcare recognised $447k of capital grant revenue as deferred and its share of SWARH deferred revenue of $145k. Under this transition method, South West Healthcare applied this standard retrospectively only to contracts that are not 'completed contracts' at the date of initial application. South West Healthcare has not applied the fair value measurement requirements for right-of-use assets arising from leases with significantly below-market terms and conditions principally to enable the entity to further its objectives as allowed under temporary option under AASB 16 and as mandated by FRD 122.

Comparative information has not been restated.

Note 2.1.1 – Sales of goods and services includes details about the transitional application of AASB 15 and how the standard has been applied to revenue transactions.

Income of Not-for-Profit Entities

In accordance with FRD 122 requirements, South West Healthcare has applied the transitional provision of AASB 1058, under modified retrospective method with the cumulative effect of initially applying this standard against the opening retained earnings at 1 July 2019. Under this transition method, South West Healthcare applied this standard retrospectively only to contracts and transactions that are not completed contracts at the date of initial application.

Comparative information has not been restated.

Note 2.1 (a) – Grants includes details about the transitional application of AASB 1058 and how the standard has been applied to revenue transactions. The adoption of AASB 1058 did not have an impact on Other comprehensive income and the Statement of Cash flows for the financial year.

NOTE 8.10 CHANGES IN ACCOUNTING POLICY AND REVISION OF ESTIMATES (CONTINUED)

Transition impact on financial statements

This note explains the impact of the adoption of the following new accounting standards for the first time, from 1 July 2019:

- AASB 15 Revenue from Contracts with Customers ;
- AASB 1058 Income of Not-for-Profit Entities ; and
- AASB 16 Leases.

Impact on Balance Sheet due to the adoption of AASB 15, AASB 1058 and AASB 16 is illustrated with the following reconciliation between the restated carrying amounts at 30 June 2019 and the balances reported under the new accounting standards (AASB 15 and AASB 16) at 1 July 2019:

Balance sheet	*Notes*	*Before new accounting standards Opening 1 July 2019*	*Impact of new accounting standards - AASB 16, 15 & 1058*	*After new accounting standards Opening 1 July 2019*
		$'000	$'000	$'000
Property, Plant and Equipment		242,272	379	242,651
Total non-financial assets	4.2	242,272	379	242,651
Total Assets		276,928	379	277,307
Payables and Contract Liabilities	5.2	15,640	592	16,232
Borrowings	6.1	861	379	1,240
Total Liabilities		50,691	971	51,662
Accumulated surplus/(deficit)		33,570	(592)	32,978
Physical Revaluation Surplus		115,901	0	115,901
Other items in equity		76,766	0	76,766
Total Equity		226,237	(592)	225,645

STATEMENT OF CHANGES IN EQUITY – CHANGES FOR AASB 1058 AND AASB 15 ADOPTION

For the financial year ended

30 June 2020($ thousand)

	Property, Plant and Equipment Revaluation Surplus	**Restricted Specific Purpose Surplus Reserve**	**Contributed Capital**	**Accumulated Surpluses/ (Deficits)**	**Total**
	$ '000	**$ '000**	**$ '000**	**$ '000**	**$ '000**
Balance at 1 July 2018	56,713	22	76,744	45,160	178,639
Net result for the year	-	-	-	(11,590)	(11,590)
Other comprehensive income for the year	59,188	-	-	-	59,188
Balance at 30 June 2019	115,901	22	76,744	33,570	226,237
Change in accounting policy (due to AASB 15, 1058)				(592)	(592)
Restated balance at 1 July 2019	115,901	22	76,744	32,978	225,645
Net result for the year	-	-	-	(8,638)	(8,638)
Contribution by owners	-	-	595	-	595
Balance at 30 June 2020	115,901	22	77,339	24,340	217,602

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