



2011 annual report



AT THE
HEART OF OUR
COMMUNITY

Barwon
Health



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BARWON HEALTH

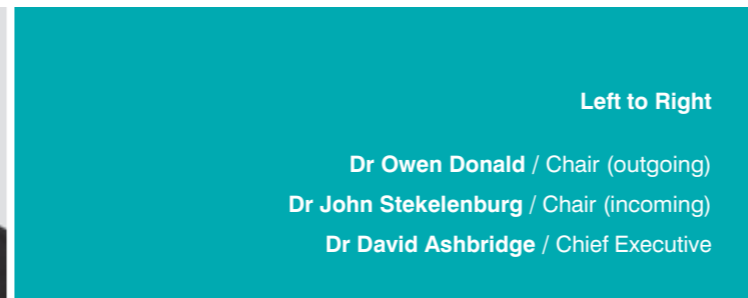
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An electronic version of the Barwon Health 2010/11 annual report can be downloaded from www.barwonhealth.org.au

/ REPORT FROM THE INCOMING CHAIR & CHIEF EXECUTIVE



Left to Right

Dr Owen Donald / Chair (outgoing)

Dr John Stekelenburg / Chair (incoming)

Dr David Ashbridge / Chief Executive

It gives us great pleasure to present Barwon Health's 2010/11 Annual Report. The past year has been one of innovation, change and improvement for Barwon Health. It is thanks to our people that the year has been a success.

The beginning of the financial year saw a new structure for Barwon Health, effectively creating clinical and non-clinical streams within the organisation. The structure has created a more integrated health service that is well positioned to meet the service delivery and care expectations of the Geelong community and the Barwon South West region.

Following on from this restructure we launched the organisation's 2010/15 Strategic Plan. The plan was communicated to the region through a series of public and internal launches. The new plan builds on previous years but is different in that it is inclusive of the whole region and it outlines a clear vision of where Barwon Health aims to be in five years: Australia's leading regional health service. Underpinning this new plan is a set of organisational values developed in consultation with staff and external stakeholders. Staff have embraced these values and are successfully implementing them in their everyday work practice.

We have finished the financial year in a positive position with a small surplus of \$97,000.

Significant highlights

- Our Emergency Department improved performance in terms of patient waiting times whilst treating an increasing number of patients.
- Against a backdrop of increased demand for emergency surgery, we have been able to perform a record number of elective surgeries. We will continue to see improvements in elective surgery in 2011 as we complete the refurbishment of our operating theatres and the construction of a new 24-bed surgical ward.
- The State Government announced \$8.5 million for enabling and decanting works, setting the scene for significant building works both at the existing Geelong Hospital site and a second new hospital site in the southern suburbs of Geelong; realising the State Government election commitment of \$165 million for health services in the region.
- Announcement of \$26 million by the Federal Government for Integrated Cancer Services for the Barwon South West region, ensuring that the community can access care closer to home.
- Barwon Medical Imaging (BMI) was recognised in the Geelong Advertiser Business Excellence Awards, receiving an award for the best 'Government Enterprise'.
- The second stage of the Children's Ward redevelopment was opened to the public, providing a vibrant and functional facility for children and their families from the region. Support for this project by the Cotton on Foundation and the Geelong community is continuing, and the project is proceeding on time and on budget.

Thank you to all our partners, volunteers, the Barwon Health Foundation, the Department of Health, State and Commonwealth Governments and Ministers David Davis and Mary Wooldridge for their unfailing support of Barwon Health.

Finally, we thank Dr Owen Donald, outgoing Chairperson, for his leadership over the past two years. Dr Donald was involved in developing the organisation's 2010/15 Strategic Plan and his contribution enabled the organisation to continue its journey of improved quality of care and innovative management.

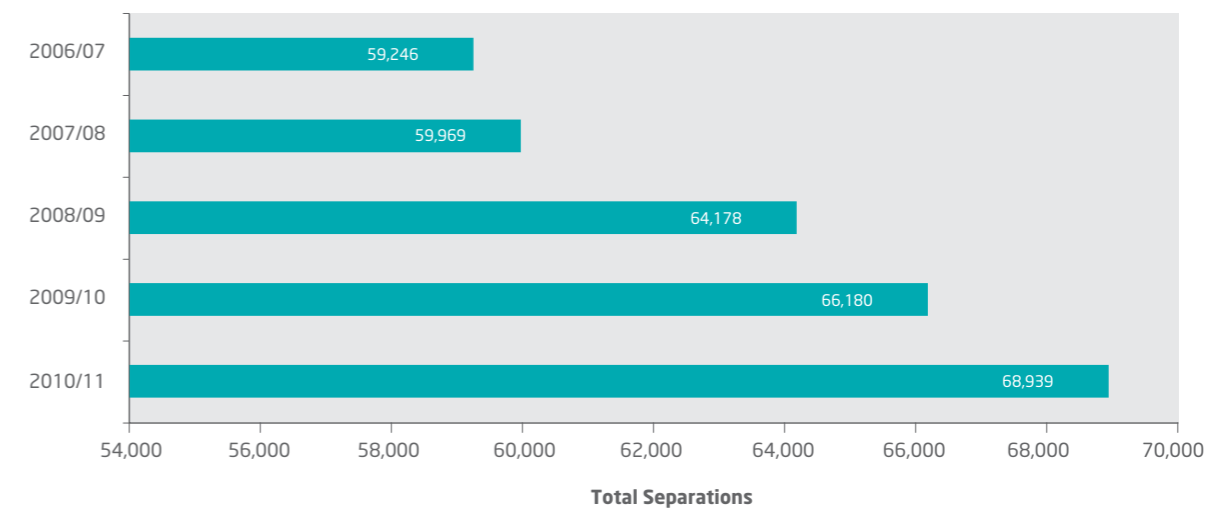
Dr David Ashbridge
Chief Executive

Dr John Stekelenburg
Chair (incoming)

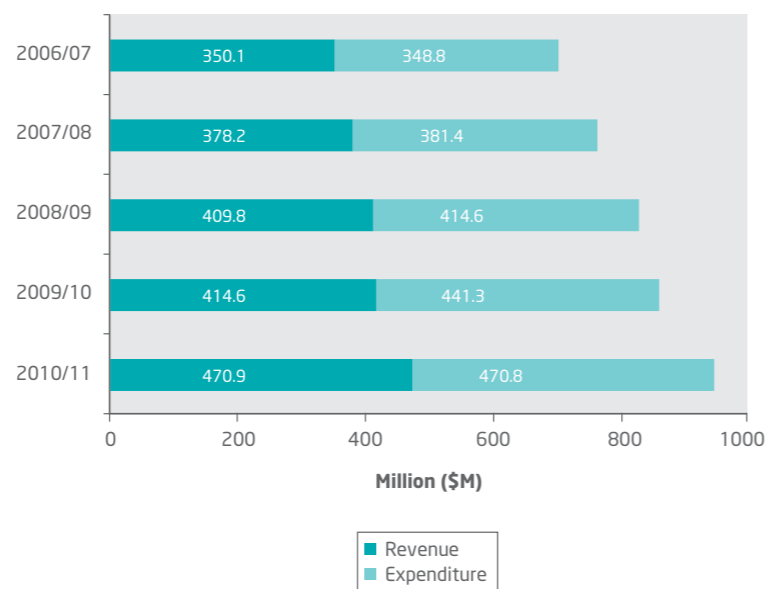


/ AT A GLANCE

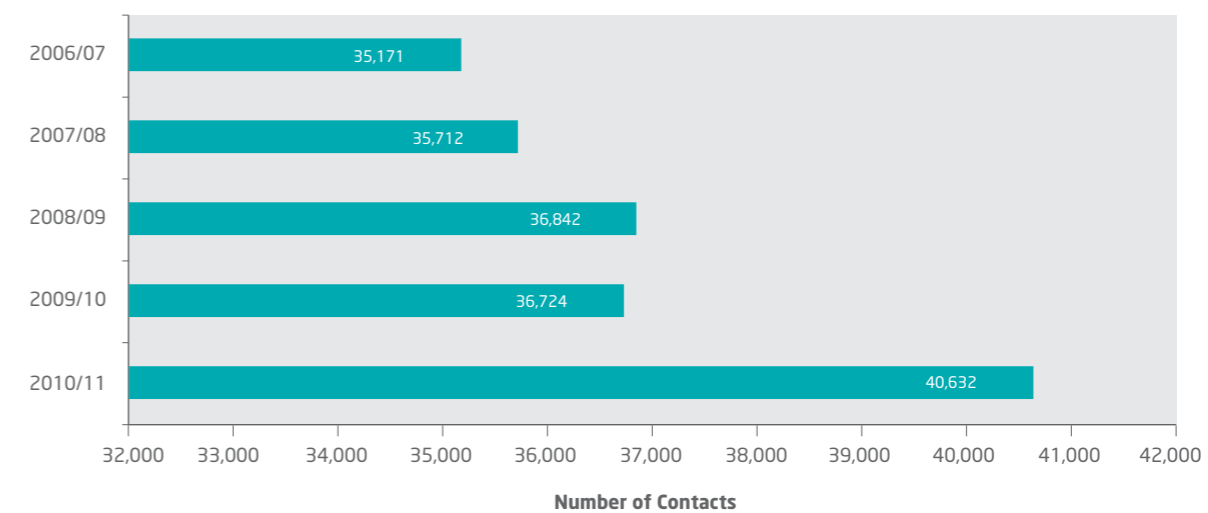
INPATIENT SEPARATIONS (PAST FIVE YEARS)



REVENUE & EXPENDITURE (PAST FIVE YEARS)



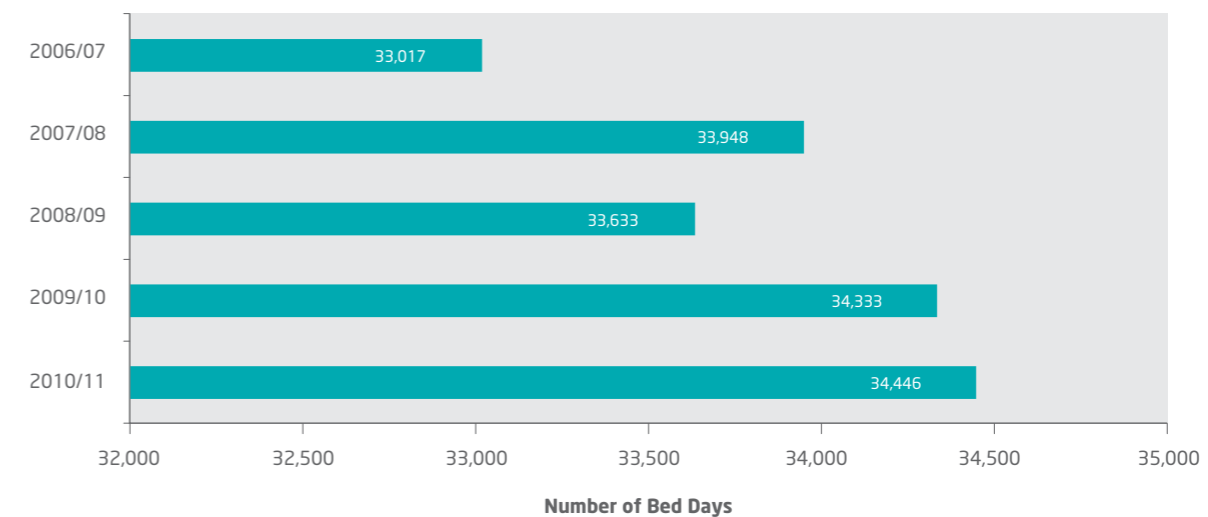
DENTAL CONTACTS (PAST FIVE YEARS)



EMERGENCY DEPARTMENT ATTENDANCES (PAST FIVE YEARS)



REHABILITATION, PALLIATIVE AND GERIATRIC
EVALUATION MANAGEMENT BED DAYS (PAST FIVE YEARS)



/ ABOUT BARWON HEALTH



2010/11 has been a year
of innovation, change and
improvement for Barwon Health



Vision

To be Australia's leading
regional health service -
building a healthier
community

Mission

To provide accessible, high
quality health care services
to the community of Geelong
and the Barwon South
Western region

Values

RESPECT

For the unique qualities of each individual, family
and community, for our partners, the organisation we
represent and for each other

COMPASSION

For the circumstances of the people we care for

COMMITMENT

To facilitate high quality health outcomes by working
collaboratively with all stakeholders

ACCOUNTABILITY

For all our action and outcomes by working to clear
objectives in a transparent manner

INNOVATION

To lead the way and develop creative initiatives to
address the health needs of our community



With a staff headcount in excess of 6000 people, Barwon Health is the largest employer in the region and a major education provider

ABOUT BARWON HEALTH – OUR SERVICE PROFILE

Formed in 1998, Barwon Health is Victoria’s largest regional health service serving up to 500,000 people in the Barwon South Western Region through the efforts of more than 6000 staff across 21 sites.

Barwon Health provides care at all stages of life and circumstance through our comprehensive range of services from emergency and acute, to mental health, primary care, community services, aged care and subacute/rehabilitation.

Care is provided to the community through:

- One main public hospital and its associated services
- A sub-acute site for inpatient and community rehabilitation through the McKellar Centre
- Aged care through the McKellar Centre and its sites in North Geelong and Grovedale
- A total of 16 community-based sites at key locations throughout the region
- Outreach clinics and home-based services.

We play a complementary role of meeting the health needs of our primary catchment – the greater Geelong area with a population of 350,000 – and providing more complex, specialist health care to up to 500,000 people in the wider region extending to the South Australian border. In addition to serving the needs of the permanent population, Barwon Health also provides care to visitors to the region who in peak seasons can swell the population by over 70% or close to 195,000 people.

Barwon Health is also the largest employer in the region and a major education provider through our relationships with Deakin University, Melbourne University, Monash University and the Gordon Institute.

Increasing our capacity:

- Construction of eight additional acute mental health beds, bringing the total number of beds to 12
- Two new operating theatres were built, paving the way for the rolling refurbishment of the existing eight operating theatres
- Construction commenced on a new 24-bed surgical ward
- \$8.5 million announced for enabling and decanting works
- PET CT service commenced
- Introducing an alternative care pathway with the opening of a new medical day stay unit.

PRIORITIES

Your health

We will work with the community to deliver significantly improved health outcomes

- Provide leadership in the prevention and management of chronic diseases
- Strengthen our primary and secondary care prevention capacity
- Enhance research, education and training with a focus on improved health outcomes

Our service

We will have a well-connected health care service to ensure a positive experience for those we serve

- Deliver high-quality, safe and responsive health care
- Enable innovative and integrated patient, resident and client centred models of care
- Modernise infrastructure to strengthen services delivery

Our region

We will have strong partnerships with all providers who influence health in our region

- Shape regional partnerships to improve regional health care access and outcomes
- Extend service support across the region
- Facilitate comprehensive population health planning across the region

Our people

We will have a thriving, collaborative and highly skilled workforce

- Foster a positive, vibrant and high-performance work culture
- Build a highly competent, motivated and skilled workforce
- Attract and retain outstanding staff

MINISTER RESPONSIBLE

The Annual Report is prepared in accordance with the Ministerial Directions issued by the Minister for Finance under the Financial Management Act 1994. The following disclosures are made regarding responsible persons for the reporting period.

Responsible Ministers:

Hon. Daniel Andrews MP, Minister for Health 1 July 2010 to 2 December 2010

Hon. Lisa Neville MP, Minister for Mental Health, Minister for Senior Victorians, Minister for Community Services 1 July 2010 to 2 December 2010

Hon. David Davis MP, Minister for Health, Minister for Ageing 2 December 2010 to 30 June 2011

Ms Mary Wooldridge MP, Minister for Mental Health, Minister for Women’s Affairs, Minister for Community Services 2 December 2010 to 30 June 2011

NUMBER OF BEDS	
Acute	432
Transitional / Care (Off Site)	33
Aged Residential Care	411
Mental Health Acute	32
Mental Health Rehab & Secure Extended Care	15
Prevention & Recovery Care (PARC)	6
Sub Acute	100
TOTAL	1,029

/ STRATEGIC DIRECTION & PRIORITIES

THE OVERARCHING PRIORITY FOR 2010/11 & FUTURE YEARS

Barwon Health's current five-year Strategic Plan was launched in July 2011. It sets the vision and mission for Barwon Health underpinned by five organisational values. It outlines the framework that we will use to position our organisation as a leader in regional health, providing exemplary health care and improved health outcomes for our community.

The Strategic Plan is the result of an intense and rigorous process involving questions, analysis, consultation and choices in the context of rapid developments in health priorities, policy, practices and institutional settings.

In addition, the plan has been guided by:

- The policies of both the State and Commonwealth Governments
- The priorities identified in the Australian Health Care Agreement
- The report of the National Health and Hospitals Reform Commission
- The changing health environment.

Barwon Health's strategic priorities and objectives are values-driven and deliberately high-level in their nature – they provide clear direction while being capable of implementation under a variety of policy and funding scenarios.

We continue to respond to the policy priorities of responsible, transparent and accountable management of health care resources and the related need to target resources to the most effective health care interventions. These important challenges require high quality data, research, deliberate service development strategies and a willingness to change. The plan is responsive to the community's expectation that access to acute hospital-based services will be maintained and improved.

Equally as important, the plan has been shaped by the characteristics and challenges of the community and region we serve:

GREATER GEELONG AND THE WIDER REGION REFLECT THE SHIFTS IN AUSTRALIAN SOCIETY – AND HEALTH ISSUES SHAPED BY A SET OF TRENDS:

- Economic restructuring and growth
- A high rate of immigration from a diverse array of countries and circumstances
- High population growth
- Population ageing
- Socio-economic equality

THE REGION CONTAINS AN INTRIGUING AND CHALLENGING MIX OF SOCIO-ECONOMIC FACTORS:

- Population changes and service pressures associated with the "sea change" effect
- Urban growth and associated challenges and expectations
- Dispersed and isolated communities with issues of access to basic as well as specialised services
- Rapid growth in new family-oriented communities in and around Geelong
- The effects of population ageing and the growing burden of chronic illness are increasingly manifest in most areas

Response to these regional factors is evident in the stated priorities and objectives. This includes giving the highest priorities to regional service and making major advances in the prevention and management of chronic illness. We want a healthier community.

While the Board and Executive took responsibility to craft the plan, the breadth of vision and inspiration for many of the objectives and actions came from the accumulated experience and wisdom of our staff and clinicians, key stakeholders in Geelong and the region, the Department of Health, and consumers of our services.

This is not a plan for Barwon Health alone. The breadth of its vision and the expertise and resources required to implement it must involve partnerships with shared goals, mutual benefits and unambiguous responsibilities.



The plan envisages purposeful, focused and productive relationships with:

- Deakin University, The Gordon and other teaching and research bodies
- Local and regional health and welfare service providers in the public, private and community sectors
- All levels of government and relevant government agencies
- Business leaders in Greater Geelong and neighbouring areas; and
- Communities themselves through meaningful engagement on key health issues

We are excited and motivated by our Strategic Plan and we are continuing to work hard at achieving our vision.

We recognise the environment of fast-moving change in both health service delivery and a health policy context as evidenced by the commitment by State Government to build additional hospital facilities in our region.

Accomplishment of our aim to fundamentally improve community health status will propel Barwon Health, its staff and partners into national leadership, and provide a model for change across Australia.

/ REPORT ON STATEMENT OF PRIORITIES

VICTORIAN HEALTH PRIORITIES FRAMEWORK PRIORITY AREAS	STRATEGIES	OUTCOME
YOUR HEALTH	Provide enhanced care to patients with a chronic illness, initially focusing on diabetes and Chronic Obstructive Pulmonary Disease (COPD).	In progress
	Work with the vocational education and training sector to develop capacity and expertise in line with new models of care, new workforce models and Barwon Health's workforce plan by April 2011.	In progress
	Establish a psychology clinic in collaboration with Deakin University School of Psychology.	Completed
	Implement research review recommendations.	In progress
	Provide improved and earlier access for young people to mental health, drugs and alcohol services	Completed
OUR SERVICE	Improve clinical pathways by:	
	<ul style="list-style-type: none"> Development of pathways for key surgical streams, targeting orthopaedics, cardiothoracic, urology and general surgery 	In progress
	<ul style="list-style-type: none"> Review of the Outpatient Department service model 	On Hold
	<ul style="list-style-type: none"> Establishment of Barwon Health access to theatre policy and maximise theatre output 	In progress
	<ul style="list-style-type: none"> Improvement in access to residential aged care beds 	Completed
	Continue to improve timeliness of services in:	
	<ul style="list-style-type: none"> Emergency Department 	In progress
	<ul style="list-style-type: none"> Elective Surgery 	In progress
	<ul style="list-style-type: none"> Mental Health 	In progress
	Support Wathaurong in the provision of maternity and child health services.	In progress
	Completion of facilities projects, including:	
	<ul style="list-style-type: none"> Two new theatres 	Completed
	<ul style="list-style-type: none"> Refurbishment of eight existing theatres 	In progress
<ul style="list-style-type: none"> Building and commissioning of the Swanston Centre Acute Unit with the eight additional beds and enhanced therapeutic space and staffing mix 	Completed	
<ul style="list-style-type: none"> Substantially develop a 24-bed surgical ward 	In progress	
All in line with agreed facilities timeframes.		
Position community programs to improve service provision ability to meet population requirements.	In progress	

VICTORIAN HEALTH PRIORITIES FRAMEWORK PRIORITY AREAS	STRATEGIES	OUTCOME	
OUR REGION	Further development of youth mental health, drugs and alcohol services in partnership with consortium members of headspace Barwon by August 2010	Completed	
	Improving the reach of services across the region by:		
	<ul style="list-style-type: none"> Enhancement of specialist services to provide shared models of care in the areas of: <ul style="list-style-type: none"> - Chronic Neurology; - Sub-acute specialty consultation services; - Geriatric evaluation; and - Palliative Care by April 2011 	In progress In progress In progress In progress	
	<ul style="list-style-type: none"> Leadership of the development of the Diabetes Clinical Network across the G21 region 	Completed	
	<ul style="list-style-type: none"> Sharing of radiology (PACS) images between regional health services and smaller imaging services by December 2010 	In progress	
	<ul style="list-style-type: none"> Establishment of Residential In-reach Program by March 2011 	In progress	
	Collaborating in the development of a regional service plan, with the Department of Health by March 2011.	In progress	
	Conducting a review for the quality of access to adult community programs, including community mental health teams, drugs and alcohol services and triage.	Completed	
	OUR PEOPLE	Develop a workforce strategy. This will incorporate:	
		<ul style="list-style-type: none"> Implementation of a comprehensive leadership program by April 2011 	Completed
<ul style="list-style-type: none"> Review of policy framework to ensure compliance with National Health Professionals Registration Scheme 		Completed	
<ul style="list-style-type: none"> Development of a comprehensive medical and nursing workforce plan for the two new operating theatres and new surgical ward 		Completed	
<ul style="list-style-type: none"> Development of a Barwon Health wide nurse/doctor clinical handover strategy 		Completed	
<ul style="list-style-type: none"> Establishment of a Clinical Resource Unit (CRU) to manage casual staff in nursing and related areas 	Completed		

ACTIVITY & FUNDING

ACTIVITY	ACTUAL 2010/11
Weighted Inlier Equivalent Separations (WIES)	
WIES Public	40,856
WIES Private	8,332
Total WIES (Public and Private)	49,188
WIES Renal	727
WIES DVA	1,696
WIES TAC	364
WIES TOTAL	51,975

Sub Acute Inpatient	
CRAFT	548
Rehab L1 (non DVA)	2,254
Rehab L2 (non DVA)	144
GEM (non DVA)	9,800
Palliative Care – Inpatient	5,124
Transition Care (non DVA) – bed day	8,673
Rehab 2 – DVA	1,436
GEM – DVA	1,293
Palliative Care – DVA	312

ACTIVITY	ACTUAL 2010/11
Ambulatory	
VACS – Allied Health	36,076
VACS – Variable	87,065
Transition Care (non DVA) – Homeday	3,209
SACS – Non DVA	25,866
SACS – Paediatric	986
Post Acute Care	2,425

Aged Care	
Aged Care Assessment Service	3,174
Residential Aged Care	141,438

Mental Health	
MH – Inpatient	13,072
MH – Ambulatory	46,204

Community Health/Primary Care	
Community Health – Direct Care	103,542
Community Dental Care	40,632

More than 3000 people participated in the staff survey this year





The staff survey revealed 60% of participants consider Barwon Health to be a 'truly great place to work'

/ FIVE YEAR SNAPSHOT

	2010/11	2009/10	2008/09	2007/08	2006/07
Surgical/Medical (past five years)					
Inpatient Separations	68,939	66,180	64,178	59,969	59,246
Total Operations	19,201	19,489	18,421	17,276	16,674
Births	2,052	2,089	1,968	2,024	1,954
Waiting List	1,801	2,033	2,369	2,108	1,961
Outpatients	115,206	112,956	105,315	101,606	98,545
ED Attendances	56,312	53,062	46,790	42,919	42,305
Total Bed Days	167,407	166,332	163,485	161,656	163,841
Aged Care/Rehabilitation					
Nursing Home Bed Days (inc hostel & Hilary Blakiston House)	141,438	138,014	143,999	143,992	138,604
Rehab, Palliative Care & Geriatric Evaluation Management Bed Days	34,446	34,333	33,633	33,948	33,017
Sub Acute/Rehab Separation Numbers	1,619	1,595	1,512	1,455	1,402
Community Rehab Centre Attendances	26,216	28,892	23,179	22,896	27,340
Falls & Mobility Clinic Attendances	502	534	505	577	588
Victorian Paediatric Rehabilitation Service contacts	986	1,134	*	*	*

* New Service

Figures are consistent with AIMS (Agency Information Management System) data provided to the Department of Health. Figures may differ from previous years due to changes in reporting methodology.

	2010/11	2009/10	2008/09	2007/08	2006/07
Community & Mental Health					
Dental Contacts	40,632	36,724	36,842	35,712	35,171
Alcohol & Drug Episodes of Care	1,167	1,197	1,341	1,377	1,390
Child & Adolescent MH Contacts [#]	10,595	11,206	7,993	5,371	6,550
Adult Mental Health Contacts [#]	62,483	61,069	59,204	66,664	92,776
Young Adults	13,211	12,975	12,238	12,993	10,101
District Nursing Treatment Hours	41,303	44,177	43,272	46,810	45,717
Primary Care Nursing & Allied Health Hours	60,183	47,644	62,498	57,272	60,389
HARP Direct Clients	2,059	3,965	3,995	8,694	7,899
Individual Carers Assisted	2,889	2,852	2,800	2,750	2,153
Carer Respite Intakes	4,920	4,892	5,726	5,741	4,559
Additional statistics					
Fundraising income	\$4.48m	\$3.41m	\$3.22m	\$2.63m	\$1.76m
Volunteers numbers	1,015	1200	934	750	1,300
Compliments registered	340	450	429	967	939
Complaints registered	392	393	410	510	581

[#] Contact recording times and definitions for Mental Health statistics were changed in the 2007/2008 year to only include clinical contacts. Prior years include additional contacts that are no longer in the definition for these categories.

/ SERVICE PERFORMANCE



2010/11 ACTUALS

WIES ACTIVITY PERFORMANCE

WIES (Public & Private) performance to target (%)	102.35%
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2010/11 ACTUALS

ELECTIVE SURGERY

Elective surgery admissions – qtr 1	1,705
Elective surgery admissions – qtr 2	1,717
Elective surgery admissions – qtr 3	1,647
Elective surgery admissions – qtr 4	1,899

CRITICAL CARE

ICU Minimum operating capacity	12
PICU minimum operating capacity	N/A
NICU usual operating capacity & flex capacity	N/A

QUALITY AND SAFETY

Health service accreditation	Full ACHS accreditation
Residential aged care accreditation	Full ACAA accreditation
Cleaning standards	BH Average score on clinic audit was 94.3
Submission of data to VICNISS (%)	100% for Cardiac Surgery, Orthopaedic Surgery & ICU components
Hand Hygiene compliance (%)	All areas above the benchmark compliance of 65%
SAB Rate (OBDs)	Achieved
Victorian Patient Satisfaction Monitor (VPSM)	Acute Care 77.1 Rehabilitation 76.8

MATERNITY

Postnatal home care (# of visits)	2,571
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2010/11 ACTUALS

MENTAL HEALTH

28 Day readmission rate (%)	11%
Post discharge follow up rate (%)	73.9%
Seclusion rate (OBDs)	28 per 1000 bed days

ACCESS PERFORMANCE

% of time on hospital bypass	N/A
% of emergency patients admitted to an inpatient bed within eight hours	76%
% of non admitted emergency patients with length of stay of less than four hours	68%
Number of patients with length of stay in the emergency department greater than 24 hours	57
% of triage cat 1 emergency patients seen immediately	100%
% of triage cat 2 emergency patients seen within 10 minutes	79%
% of triage cat 3 emergency patients seen within 30 minutes	63%

* Emergency KPIs are to be reported at hospital level, NOT health service level

ELECTIVE SURGERY

% of cat 1 elective patients admitted within 30 days	100%
% of cat 2 elective surgery patients waiting less than 90 days	69%
% of cat 3 elective surgery patients waiting less than 365 days	96%
Number of patients on the elective surgery waiting list	1,827
Number of Hospital Initiated Postponements (HiPs) per 100 scheduled admissions	9.9%

OPERATING RESULTS

Annual operating result (\$000s)	\$97
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ACHS – Australian Council of Health Care Standards
 ACAA – Aged Care Association of Australia
 ICU – Intensive Care Unit

PICU – Paediatric Intensive Care Unit
 NICU – Neonatal Intensive Care Unit
 VICNISS – Hospital Acquired Infection Surveillance System

/ BOARD OF DIRECTORS

CHAIR (OUTGOING)
DR OWEN DONALD
BA (Hons), PhD, FIPAA, GAICD

CHAIR (INCOMING)
DR JOHN STEKELENBURG
MB BS

DEPUTY CHAIR
DR SARAH LEACH
RN, BN(Hons), PhD, MAICD

MR CHRIS BURRELL (OUTGOING)
BA Law, Grad Dip Legal Practice,
Cert Micro Mediation, Cert OH&S

MS BARBARA DENNIS
MA, B App Sci (Occupational Therapy)

MR MARCUS DRIPPS
B Physiotherapy

MR JOHN FRAME
APM, BA, Dip Crim

MR DAMIAN GORMAN
BA Recreation Management

DR DAVID MACKAY
BAgEC(Hons), MEd, GradDipComp,
PhD (Information Systems) FACS, MAICD

DR LAKSHMI SUMITHRAN (INCOMING)
MB BS, MHA, FRACMA; FCHS

MR STEPHEN WIGHT
CPA

/ EXECUTIVE TEAM

CHIEF EXECUTIVE OFFICER

Dr David Ashbridge
MBBS, Master Pub. Hlth, Dpl Child Hlth,
Dpl Trop Med, Graduate Member of the
Australian Institute of Company Directors,
Member of the Royal Australian College of
General Practitioners

DEPUTY CHIEF EXECUTIVE OFFICER

Executive Director of Performance,
Planning and Resources

Paul Cohen
BA (Hons) Politics and Govt

EXECUTIVE DIRECTOR

Mental Health, Drugs and Alcohol Services

Professor Thomas Callaly
FRANZCP, MRC Psych, FAAQCH, MB, B Ch,
B Sc, H Dip in Ed, MBL

EXECUTIVE DIRECTOR (INCOMING)

Medical Services

Felicity Topp
BSN, ICU Cert Grad Dip Health
Counseling, MPH

EXECUTIVE MEDICAL DIRECTOR
(OUTGOING)

Dr Tony Weaver
MBBS, FANZCA, FJF, ICM, FFPM

EXECUTIVE DIRECTOR
Service Reform and Innovation

Alexander (Sandy) Morrison
M Bus, BBA, AFCHSE, CHE, AAICD

EXECUTIVE DIRECTOR
Surgical Services

Peter Watson

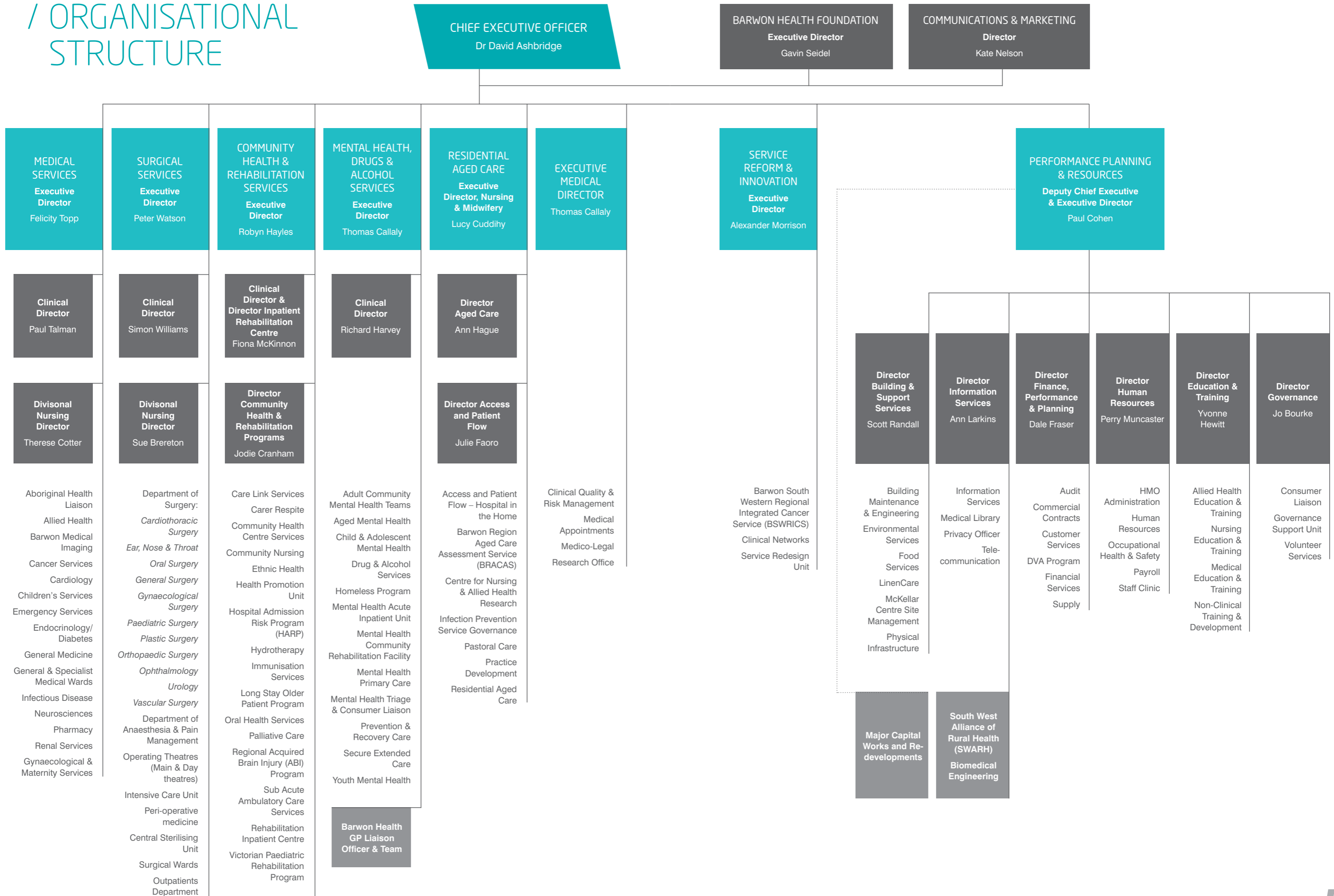
EXECUTIVE DIRECTOR
Community Health and Rehabilitation
Services

Robyn Hayles
RN, MPH

EXECUTIVE DIRECTOR
Aged Care and Midwifery

Dr Lucy Cuddihy
RN, DN, RM, MBA

/ ORGANISATIONAL STRUCTURE



/ BOARD COMMITTEES

✓ Attended
A Apology

Chair (outgoing) / Dr Owen Donald BA (Hons), PhD, FIPAA, GAICD

Deputy Chair / John Frame APM. B.A. Dip. Crim.

Marcus Dripps / B Physiotherapy

Chris Burrell (outgoing) / BA Law, Grad Dip Legal Practice, Cert Micro Mediation, Cert OH&S

Damian Gorman / BA Recreation Management

Dr Sarah Leach / RN, BN (Hons), PhD

Dr David Mackay / BAgEc (Hons); MEd; GradDipComp, PhD (Information Systems) FACS, MAICD

Stephen Wight / CPA

Barbara Dennis / MA B App Sci (Occupational Therapy)

BOARD & FINANCE MEETINGS - MONTHLY

BOARD MEMBER	30 JUL 10	27 AUG 10	24 SEP 10	29 OCT 10	26 NOV 10	10 DEC 10	11 FEB 11	25 MAR 11	29 APR 11	27 MAY 11	24 JUNE 11	% ATT
Dr Owen Donald	A	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	91%
Mr Chris Burrell	✓	✓	A	✓	✓	✓	A	✓	✓	✓	✓	82%
Ms Barbara Dennis	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	100%
Mr Marcus Dripps	✓	✓	✓	A	A	✓	✓	✓	A	✓	✓	73%
Mr John Frame	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	100%
Mr Damian Gorman	✓	✓	✓	✓	✓	✓	✓	A	✓	✓	✓	91%
Dr David Mackay	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	100%
Dr Sarah Leach	✓	✓	✓	A	✓	✓	✓	✓	✓	✓	✓	91%
Mr Stephen Wight	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	100%

GOVERNANCE & REMUNERATION COMMITTEE

BOARD MEMBER	10 SEP 10	12 NOV 10	11 FEB 11	% ATT
Mr Chris Burrell (Chair)	✓	✓	A	66
Ms Barbara Dennis	✓	✓	✓	100
Dr Owen Donald	✓	✓	✓	100
Mr John Frame	✓	✓	✓	100

STRATEGIC INFORMATION & COMMUNICATIONS TECHNOLOGY COMMITTEE

BOARD MEMBER	5 AUG 10	4 NOV 10	4 FEB 11	% ATT
Mr Chris Burrell	✓	✓	A	66
Dr Owen Donald	A	✓	✓	66
Dr David Mackay (Chair)	✓	✓	✓	100

PRIMARY CARE & POPULATION HEALTH

BOARD MEMBER	10 DEC 10	21 MAR 11	20 JUN 11	% ATT
Mr Marcus Dripps	✓	✓	✓	100
Mr Damian Gorman (Chair)	✓	✓	✓	100
Dr David Mackay	✓	✓	✓	100

QUALITY & CLINICAL GOVERNANCE COMMITTEE

BOARD MEMBER	15 SEP 10	15 DEC 10	16 MAR 10	% ATT
Mr Marcus Dripps	✓	✓	A	75
Dr Sarah Leach (Chair)	A	✓	✓	75
Mr Stephen Wight	✓	✓	✓	100

COMMUNITY ADVISORY COMMITTEE

BOARD MEMBER	3 AUG 10	5 OCT 10	7 DEC 10	1 FEB 11	5 APR 11	7 JUN 11	% ATT
Ms Barbara Dennis	✓	✓	✓	✓	✓	✓	100
Mr Marcus Dripps (Chair)	✓	✓	✓	✓	✓	A	83
Mr Damian Gorman	✓	A	A	✓	✓	✓	67

FACILITIES DEVELOPMENT COMMITTEE

BOARD MEMBER	20 SEP 10	20 DEC 10	% ATT
Ms Barbara Dennis	✓	✓	100
Mr John Frame (Chair)	✓	✓	100
Mr Damian Gorman	✓	✓	100
Dr David Mackay	✓	✓	100

AUDIT & RISK COMMITTEE

BOARD MEMBER	6 AUG 10	10 SEP 10	26 NOV 10	10 DEC 10	11 MAR 11	10 JUN 11	% ATT
Mr Chris Burrell	✓	✓	✓	✓	✓	A	83
Dr Owen Donald	A	✓	✓	✓	A	✓	67
Mr John Frame	✓	✓	✓	✓	✓	✓	100
Mr Stephen Wight (Chair)	✓	✓	✓	✓	✓	✓	100

/ CARING FOR THE CARERS



WORKFORCE BREAKDOWN

LABOUR CATEGORY	JUNE CURRENT MONTH FTE*		JUNE YTD FTE*	
	2011	2010	2011	2010
Nursing	1,601	1,555	1,564	1,523
Administration & Clerical	556	539	547	520
Medical Support	349	322	331	316
Hotel & Allied Services	507	520	506	520
Medical Officers	62	57	60	56
Hospital Medical Officers	238	242	235	230
Sessional Clinicians	71	69	70	68
Ancillary Staff (Allied Health)	294	288	288	280
TOTAL	3,678	3,592	3,602	3,511

The FTE figures required in the table above are those excluding overtime. They do not include contracted staff (e.g. agency nurses, fee for service visiting medical officers) as they are not regarded as employees.

The above data is consistent with the information provided in the MDS/F1 Datasets.

***NB June current month FTEs are calculated as follows:**

FTEs are calculated for each employee per pay period as follows:

- **For a full time employee:** Actual Paid hours/Employee's base hours = Full time FTE
- **For a part time or a casual employee:** actual paid hours/employee's standard award hours = part time and casual FTE

June current month FTE for an employee = the aggregation of all individual FTEs for all pays ending during June divided by the number of pays in the month.

June current month FTE for an agency = the sum of all the current month FTEs for all its employees during the month

YTD FTE = the average FTE for the year, i.e. the sum of the monthly current months' FTES divided by 12

PUBLIC SECTOR VALUES & EMPLOYMENT PRINCIPLES

Public Sector Values and Employment Principles have been incorporated into Barwon Health's leadership and employee orientation programs. The employment principles have also been incorporated into our recruitment and selection training programs to ensure that all employment decisions are based on merit and equity. Barwon Health is an Equal Opportunity Employer.

TRAINING & DEVELOPMENT

Barwon Health has a high quality comprehensive clinical training program for all clinical disciplines. This program ensures all staff providing care have up-to-date knowledge of best practice techniques and procedures.

A framework for personal development has been developed to be implemented in support of Barwon Health's People Strategy and also reflects the vision, mission and values of the organisation as set out in the current five-year Strategic Plan.

OCCUPATIONAL HEALTH & SAFETY

Barwon Health complies with the Occupational Health and Safety (OH&S) Act. There is a specific program to address the highest OH&S risk area of manual handling. We continue to enjoy a WorkCover employer performance rating that is 10% better than the industry average.

STAFFCARE

StaffCare provides a range of services aimed at supporting the health and wellbeing of Barwon Health staff. Our services reflect Barwon Health's commitment to its employees, and to the health of the wider community. The main service delivery areas are supported by a commitment to quality processes, systems and infrastructure, and to developing effective partnerships both within and external to Barwon Health.

In 2010, the Barwon Health staff health service StaffCare was able to significantly expand the health promotion activities offered to staff as a result of a 12 month grant provided by WorkSafe under the statewide WorkHealth Program.

Initiatives implemented under the grant focused on staff health priorities including:

- Physical activity
- Positive mental health
- Preventing the negative impacts of alcohol and other drug use.

Major activities have included:

- Establishment of a professional identity for the program – WorkWellness will provide a recognisable platform for all ongoing staff health and wellbeing initiatives at Barwon Health
- Establishment of a dedicated intranet site and supporting communication strategy to keep staff informed of various health promotion activities
- Establishment of a network of local champions, who support communication and facilitate awareness and involvement in the program across the numerous Barwon Health sites
- Conduct of a major walking event - WALKabout, which helped raise funds for the Geelong Hospital Children's Ward
- Development of bike racks at all main Barwon Health sites
- Conducting Wellbeing Workshops to support staff in understanding factors influencing their mental wellbeing and providing them with practical strategies for healthy living
- Establishment of a policy relating to staff use of alcohol and drugs, and education for managers.

These efforts have been recognised by WorkSafe as representing best practice in the area and we look forward to continuing to support the health and wellbeing of staff into the future.

RISK MANAGEMENT

Risk management is a discipline, a culture and a way of thinking that is built into every major decision that we make.

Over the past year Barwon Health has worked to increase risk management capacity to promote sound risk management practice and co-ordinate whole of organisation risk management expertise.

In February, Barwon Health's internal auditor facilitated a series of risk management workshops for the Executive Directors group, their directorates and the Audit and Risk Committee. A risk assessment against achievement of strategic objectives was completed and integrated into operational business process.

RISK PROFILING

The annual strategic risk assessment process incorporates a review of emerging external issues that have the potential to influence Barwon Health's key business decisions and operations.

The strategic and operational risk profile of the organisation as at 20 June 2011 is given below.

RISK TYPE	TOTAL
Strategic	10
Business	84
Clinical	12
TOTAL	106

/ RECOGNISING OUR STAFF

AWARDS FOR STAFF

Geelong Advertiser Business Excellence Awards

Barwon Medical Imaging (BMI) was awarded the Government Enterprise Award at the 25th Annual Geelong Advertiser Business Excellence Awards held on 21 July 2010.

BMI has undergone major redevelopment, including the installation of a second MRI, the new PET/CT scanner. With these additions, Barwon Medical Imaging offers a readily accessible and comprehensive variety of state-of-the-art diagnostic imaging services to Barwon Health and the Geelong and Barwon South West region community.

Victorian Public Healthcare Awards 2010

Barwon Health was nominated in four categories:

- Improving Cancer Care in Victoria
- Team Achievement in Mental Health
- Delivery of sustainable and effective healthcare services
- Prevention and promotion (preschool oral health).

Delivering Sustainable and Efficient Healthcare Services Award

Barwon Health – Increasing Information Availability in Health Care

Outstanding Team Achievement in Mental Healthcare Award Barwon Health – Dialectical Behaviour Therapy Team

Nicholas Outterside Medallion

Bruce Harvey, Barwon Medical Institute, was awarded the Nicholas Outterside Medallion by the Australian Institute of Radiography for services to radiography and radiography education in Australia.

This award is presented to members of the Australian Institute of Radiography who have significantly contributed to the Institute over many years. Bruce was presented with this honour at the Institute of Radiography 16th World Congress of Radiography held in Queensland.

2010 Australian Clinical Pharmacy Award

Garth Birdsey was the recipient of the 2010 Australian Clinical Pharmacy Award. This award recognises Garth's excellence as a clinical pharmacy teacher and specialist cardiology pharmacist. The award was presented at the national conference of the Society of Hospital Pharmacists of Australia in November 2010.

Jen Rusden Award (State Nursing and Midwifery Excellence Awards)

Maggie Stowers was awarded the Jen Rusden Award at the State Nursing and Midwifery Excellence Awards for her work in establishing the Cancer Link Nurse Program across the region. As part of Maggie's prize, Barwon South Western Regional Integrated Cancer Service (BSWRICS) will receive a \$10K grant towards further development of the Cancer Link Nurse Program.

The late Jen Rusden was a community health nurse who educated, supported and counselled women with breast cancer. She established and coordinated the Daffodils Breast Cancer Support Group for women living with this disease.



Gordon Institute of TAFE Apprentice of the Year Awards – Best 2nd Year Apprentice, Horticulture

Matthew Smith, Building & Support Services (Landscaping Team – McKellar Centre)

Australian Diabetes Educators Association Conference – Jan Baldwin Award

Michelle Robins, Nurse Practitioner, Corio Community Health Centre, recognising excellence in a holistic approach to diabetes education and care

Australian Diabetes Education Association Conference – Best Poster Presentations

Managing Diabetes at the End of Life

Prof. Trisha Dunning, Barwon Health/Deakin University Chair in Nursing

Diabetes and End of Life Care – Gathering Evidence to Guide Care

Nicole Duggan, Diabetes Educator

Australia and New Zealand Bone and Mineral Society 20th Annual Scientific Meeting Young Investigator Award

Honourable Mention - Yu Zhang 1st year PHD student, Clinical and Biomedical Sciences

Geelong Researcher of the Year Awards 2010

- Learning and Education category – 'Read the Play' program led by Chris Scanlan

- Health and Lifestyle category – Diet as a Modifiable Risk Factor for the Common Mental Disorders led by Felice Jacka

2010 Leadership in Nursing and Midwifery Awards

"Excellence in Nursing and Midwifery Leadership in a Regional Health Care Environment"

Therese Cotter, Divisional Nursing Director, Medical Services. Therese won this award for her work in leading the multidisciplinary strategic planning process for clinicians to implement two new initiatives in maternity services:

- The Midwifery Group Practice
- Evidence Based Post Natal Model of Care

Order of Australia Medal

Dr Rosalie Shaw, Palliative Care Consultant received an OAM in the Australia Day Honours in recognition of the outstanding contribution she has made to palliative care both in Australia and Singapore.



Barwon Health received a gold award for its outstanding team achievement in mental healthcare at the Annual Victorian Public Health Awards in 2010

Vietnamese Government Award

Tricia Ansell, Barwon Health's Capital Works Project Officer received a prestigious award from the Vietnamese Government in February 2011 for her volunteer work leading a team of nurses to run education programs in hospitals across Ho Chi Minh City. Tricia is a registered nurse and is the President of the Victorian branch of Australia-Vietnamese Volunteers Resource Group. The group provides education in eight different hospitals, in the form of seminars, conferences for local nurses and bedside training for hospital staff.

Royal College of Nursing Australia's Distinguished Life Fellow Award

Trisha Dunning, Chair in Nursing, was awarded the Royal College of Nursing Australia's Distinguished Life Fellow Award in recognition of outstanding achievement in the field of nursing.

INTERNAL QUALITY AWARDS 2010

Category 1: Delivering sustainable and effective healthcare services

Category Award Winners

Externally funded

Barwon Medical Imaging (BMI) Re-launch Project

BMI achieved its vision of being the leading provider of imaging services for the region by increasing its profile with referrers and ensuring the success and sustainability of major new technology investments including CT, MRI, and PET.

An impressive complete package including new logo, signage, website, stationery suite, patient information brochures, and staff uniforms was produced.

The evidence for the success and sustainability of the new technologies introduced at Barwon Health was shown by the continued growth (+19%) of discretionary outpatient referrals across all modalities in 2009-10.

Internally funded & Board of Directors' Award

Building Volunteer Capacity through Workforce Development

The project demonstrated that through appropriate engagement, provision of requisite skills training and ongoing support, people from all walks of life are able to contribute significantly to Barwon Health's continuing reputation as a leading health care provider. Analysis of volunteer recruitment and training processes highlighted significant gaps in the levels of training and education available to support volunteers within their roles. The team then engaged Barwon Health staff in the development and implementation of eight specialist courses. Evaluation showed a 12% increase in volunteers feeling supported in their roles and a 9% increase in volunteer satisfaction with orientation and training to fulfil their volunteer roles. This model has ensured a consistent organisational framework including data, recruitment, training, motivation and provision of supportive environments for the volunteer workforce. As such, the work of the volunteers has been significantly expanded beyond their traditional fundraising and supportive roles.

Category 2: Improving access performance

Category Award Winner

Multiple Sclerosis Assessment and Planning Clinic

The Multiple Sclerosis Planning Team identified the need for a coordinated assessment and planning clinic to provide a better service for multiple sclerosis affected consumers. Through development of a comprehensive clinic they have improved access for clients to specialist medical, nursing and allied health staff in the Barwon South West Region (BSWR). The clinic provides a responsive, collaborative

and integrated approach for people with multiple sclerosis, offering education and recommendations to the client, with referrals to appropriate service providers for ongoing interventions and management.

Category 3: Improving quality performance

Category Award Winner & Project of the Year

Blue BARRWUE – A practical system for electronic clinical handover

The project was exemplary and stood out amongst the crowd through having been identified, researched, developed and implemented entirely within the General Medicine team, particularly the junior medical staff. Benefits are two-fold: better patient safety is an integral outcome of the system through reduced clinical risk, as well as improving patient flow through Barwon Health by more timely discharges at weekends, thus freeing up much needed bed space. The system ensures that reliever Hospital Medical Officers (HMOs) are well informed of the patients they may be called to review, including those who may potentially become unstable and patients who may be ready for discharge over the weekend. Supporting evidence showed that there has been a demonstrated decrease in medical emergency calls and an increase in weekend discharges. With an accessible, comprehensive, accurate and up to date communication tool available, clinical risk is reduced, continuity of care assured and patient flow continued.

Category 6: Responding to mental health, drugs and alcohol service needs

Category Award Winner

Barwon Health Integrated Mental Health Harm Reduction Program

This project was recognised for the significantly improved access made available to mental health patients in assisting them to reduce their potential for harm.

The systems implemented have resulted in an additional 114 people receiving opioid replacement therapy with an increased consultation time; increased access to clean injecting equipment through the Emergency Department, from 694 presentations in the first 12 months to 1411 over the last 12 months, with double the amount of clean injecting equipment (10,600 clean syringes) being provided in the last 12 months, additionally, 22 pharmacies are also supported by the program.

Increased access has also been shown for community prescribing, psychiatric input and mental health interventions, outreach services and general health information through health promotion activities of an outreach clinician (Overdose Awareness Day, World AIDS Day, Hepatitis C Awareness Week).

Category 7: Responding to an ageing population

Category Award Winner

Intergenerational Playgroup in Percy Baxter Lodges

A playgroup is defined as 'an informal session where mums, dads, grandparents, caregivers, children and babies meet together in a relaxed environment' (Playgroup Australia 2009). Playgroups are where parents or caregivers attend a venue with their children aged between zero and five years of age for fun, learning and friendship. The innovative way this has been extended to socially include residents of Percy Baxter Lodges (PBL) requires recognition. The project involves running a playgroup and evaluating the impact of the playgroup for residents, staff and families, while enabling the playgroup to run as a sustainable activity.

The playgroup was a success and the project has had social and community benefits for residents, families and the facility as a whole, and thus it continues at PBL through the activity program. The project has been presented at a DHS seminar of predominantly aged care sector staff with an enthusiastic response.

/ KEY HIGHLIGHTS ACROSS BARWON HEALTH



AGED CARE

Barwon Health's Residential Aged Care Division has 306 high level care beds and 97 low level care beds. Three facilities are located on the McKellar Centre campus in North Geelong and one at Alan David Lodge, which is located in Grovedale.

The 403 Residential Aged Care Beds are located in the following facilities:

FACILITY	DESCRIPTION
Blakiston Lodge	90 beds – consisting of two secure units of 45 aged persons mental health beds and 45 dementia specific beds at North Geelong
Wallace Lodge	108 high level care beds in North Geelong
Alan David Lodge	108 high level care beds in Grovedale
Percy Baxter Lodges	97 low level care beds in North Geelong

In 2009/10 the McKellar Centre (comprising Blakiston and Wallace Lodges and Percy Baxter Lodges Residential Aged Care Service (RACS) underwent an accreditation audit through the Aged Care Standards & Accreditation Agency. Both audits went well receiving full accreditation for the optimal period of three years. The Alan David Lodge RACS has maintained full accreditation and will undergo an audit again next year.

The Aged Care Assessment Service received a budget increase in this year and this increase, along with an extensive service and process redesign project, has contributed to a significantly reduced waiting time for clients waiting for assessments.

Awards & Recognition

Barwon Health Annual Quality Improvement Awards 2010

Category 7: Responding to an Ageing Population Award Winner

Intergenerational Playgroup in Percy Baxter Lodges

The playgroup initiative at Percy Baxter Lodge had an overwhelmingly positive effect for residents, the playgroup participants and for the facility as a whole. The major findings of the impact of the playgroup on the participants were:

- Enjoyment
- Intergenerational interaction
- Reflection and reminiscence of childhood and parenting
- Changes in attitudes, expectations and perceptions of different generations and aged care facilities

Information was also gained about the practicalities and implementation issues related to establishing and running a playgroup in a residential aged care facility which enabled the production of a resource booklet, *Playgroups in Aged Care Facilities*.

New initiatives

Nurse Practitioner Aged/Palliative Care

In early 2011 Residential Aged Care applied for funding to develop a Nurse Practitioner Model for Residential/Palliative Care. This submission was successful and since that time, a project officer has been appointed to assist with the development of the model. This is an exciting new initiative and will improve management of the resident population.

Residential In-reach Program

The Department of Health has endorsed the Residential In-reach program by providing recurrent funding. An opportunity now exists to further develop the model of care and to prevent some transfers to Geelong Hospital for clinical care. This model of care will lead to improvements in the care of and outcomes for residents in both the public and private sector.

Advance Care Planning Project – Alan David Lodge

The outcomes of this project were shown to be:

- An increase the awareness and uptake of Advance Care Planning (ACP) at Alan David Lodge
- Increased participation of residents and families in ACP through consultation with familiar staff
- Demonstrated a sustainable approach to ACP for Residential Aged Care

ACCESS AND PATIENT FLOW

The program consists of the following units:

1. Access Management – coordinates patient flow to bed based services including elective and emergency patients
2. Transition Care (28 beds) and Restorative Care (five beds) Programs – provide an alternative to bed based options for the frail elderly population; 10 home based packages of care provide extra support and case management to transition home
3. Care Coordination – assists in the management of complex discharge planning in the Emergency Department and in the acute medical services, including flow to the sub-acute services
4. Central Resource Unit – provides central management of all casual clinical staff
5. Home Referral Services – provide an option for acute care in Hospital in the Home or Post Acute Care Programs

New Initiatives

Transition Care Program

Establishment of an operational geographical model of Transition Care, in partnership with private residential aged care providers, has been in place for six months. Five facilities currently host Barwon Health's Transition Care beds and the facilities are owned by Tender Loving Care (TLC) and Australian Aged Care Services Group (ACSAG).



Community Health and Rehabilitation Services has had a year of change, growth and innovation

Central Resource Unit

The Central Resource Unit was launched in November 2010 with the nursing and non-clinical workforce (patient services assistants, wards clerks, lifestyle officers) from across the acute, sub-acute and aged care bed based services. Prior to establishment, Barwon Health operated 15 casual banks to support the wards across the organisation. The strategic objective in establishing the Central Resource Unit was to provide a single point of entry where all human resources required to fulfil roster shortfalls are reviewed to determine appropriateness and the most cost efficient resource.

Access Bed Board

Development of a hospital dashboard to manage bed access utilising the Patient Administration System information is in final testing phase.

COMMUNITY HEALTH & REHABILITATION SERVICES

Community Health & Rehabilitation Services (previously Ambulatory Services) has had a year of change, growth and innovation. The most significant being a name change and establishment of the Information & Access Service; enabling easier access for patients and referrers. Community Health & Rehabilitation Services provides rehabilitation and palliative care services and a wide range of health programs including community health centres that aim to keep people well and at home for as long as possible. 2010/11 also saw the opening of the McKellar Centre Town Square, the final stage of development at the centre, and the International Palliative Care Conference in Torquay hosted by Barwon Health.

Awards & Recognition

- Medal of the Order of Australia in the 2011 Australia Day Honours, for service to Medicine, particularly through the Asia-Pacific Hospice Palliative Care Network, to Dr Rosalie Shaw

- Jan Baldwin Award Australian Diabetes Society and Australian Diabetes Educators Association, Michelle Robins – Diabetes Educator
- 2010 Victorian Public Healthcare Awards – Prevention & Promotion. Highly Commended Preschool oral health program – Smiles4Miles & partnerships, Oral Health Service
- Deakin University Community Rehabilitation Service Award & McKillop Family Services Award, Susan Russell – HARP
- Smart Geelong Network Research and Innovation Awards 2010: Teaching & learning, Read The Play: Community-based youth mental health literacy program, Chris Scanlan – Health Promotion Unit
- Community Health & Rehabilitation Services received 19 of the 32 acknowledgements and awards at the Barwon Health Quality Improvement Awards 2010

New Initiatives

Access & Information

A central phone number (1300 715 673) has been established to accept all referrals for services across Community Health & Rehabilitation Services. This service, staffed with clinicians, enables easier access to a wide range of programs that support health care. The service has the capability of receiving e-referrals (electronic referrals) from GPs, improving the quality of information provided.

Information Technology Innovation

Two major innovations have been established this year. The E Health Patient Management System, built in partnership with clinical staff, supports clinicians to provide the best possible care to people aged over 65. The Palliative Care Electronic Management (PERM) System enables access to real time patient health information in hospital, at home or at the McKellar Centre.

Chronic Health Care

A coordinated clinic for clients with diabetes has been established in the community health centres where clients can see a range of health care professionals at one appointment. For children with cerebral palsy the first regional Botulinum Injecting Clinic has been established enabling access to an integrated service within Geelong, developed by VPRS Barwon, Barwon Health paediatric services and VPRS Statewide service.

PERFORMANCE, PLANNING & RESOURCES

In July 2010, a new structure for Barwon Health was announced that effectively grouped functions under either non-clinical or clinical.

Performance, Planning and Resources is charged with the task of underpinning the clinical functions to ensure the organisation meets the expectations of Geelong and the Barwon South West region in terms of service delivery and care.

Key Highlights

- A significant increase in the participation rate for the 2011 Barwon Health staff survey in comparison to the 2009 survey
- Landscaping works at the McKellar Centre's Town Square were completed. The Town Square was officially opened in October 2010, coinciding with the McKellar Centre 50 year celebrations.

New Initiatives

- Domestic Services have implemented a new waste management strategy aimed at recycling a greater proportion of waste across the organisation
- Decanting of offices commenced to make way for the construction of a 24-bed ward to support the theatre redevelopment

- Stage 2B of the Children's Ward redevelopment commenced

Awards & Recognition

- Annual Victorian Public Healthcare Awards 2010 – Gold in the category 'Delivering Sustainable and Efficient Healthcare Services'. This award recognised the work done on improving information availability through Barwon Health's Digital Medical Record Project.
- Vietnamese Government Award – Tricia Ansell given in recognition of her support to the nursing services and people of Ho Chi Minh City
- The Gordon, Best Second Year Apprentice, Horticulture – Matthew Smith

MEDICAL SERVICES

On any day Medical Services supports and cares for up to:

- 228 inpatients
- 160 emergency department presentations
- 490 radiological procedures per day across four sites
- 13 cardiac angiography procedures
- 250 allied health contacts
- Six births
- 40 patients receive chemotherapy
- 50 patients are dialysed across four sites.

This work is undertaken by 1,744 staff. In 2010/11 there was a 7% increase in the number of emergency presentations resulting in 2.5% over WIES performance. Improved processes within the emergency department, medical units and wards have resulted in improvement in access times which in the context of this growth has been extremely positive.

Surgical Services began a redesign project that brings together all elements of the workforce involved in a surgical patient's care

New Initiatives

- Improving the availability of medical imaging back to GPs and requesting physicians has resulted in a 10% improvement in the past 12 months. Therefore all 94% medical imaging reports are completed within 24 hours of test.
- Cardiology commenced a new model of care that improves the time taken for the patient to reach the cardiac catheter lab. In a 12-month period (01/03/2010 - 28/02/2011) there were 171 "code STEMI" calls, of which 27 were field-triaged, 101 presented via ED, 36 transfer from other hospitals and 7 were inpatients. 114 patients went on to undergo PCI, 20 went on to undergo CABG and the remainder had alternative diagnoses.

The percentage of patients achieving door-to-balloon times of <90min rose from 43% during the 6 months prior to the new service to 86% of the field-triaged patients, and 82% overall excluding transfers and inpatients (AHA-ACC guidelines are for at least 75% patients to have door-to-balloon <90min).

- Medical Imaging has expanded services at the McKellar Centre with the aim of reducing waiting times to ultrasound.
- Implementation of a Day Stay Medical Unit to improve efficiencies, and reduce unnecessary hospital admissions has reported a high level of satisfaction (88%) in the new model of care by patients attending the new service.
- A Maternity Rapid Assessment process for gynaecological and obstetric emergency procedures has been introduced with a reported reduction in adverse events from eight to one in a six-month period post implementation.
- General Medicine has been working with the Department of Health in a demonstration project "Redesigning the Medical Journey" which has resulted in improved access for medical patients and improved information and communication to patients and GPs.

- Service redesign improvements in the emergency department have resulted in no patients exceeding 24 hour wait in ED and an increase in waiting time performance for admitted and non-admitted patients.
- General Medicine has implemented a number of service redesign initiatives including improving the handover process, and communication between medical staff and wards through an innovative program called "I See Red" all aimed at improving patient care.
- A Pharmacy and Cardiology project aimed at improving the management of acute coronary syndrome at discharge through improved prescribing practices based on evidence based medication guidelines has resulted in 100% of patients receiving post discharge medication and a reduction in readmission rate from 25% to 6% (p>.05).

Awards & Recognition

Bruce Harvey, radiographer tutor, was awarded the Nicholas Outterside medallion by the Australian Institute of Radiographers for service to radiography education in Australia and in addition elected president of the Australian Institute of Radiography.

Garth Birdsey, senior clinical pharmacist, was the recipient of the Australian Clinical Pharmacy Award in 2010.

The General Medical Unit was awarded the Barwon Health Quality Award for the Blue BARRWUE project standardising handover across the medical units.

Barwon Medical Imaging won the Geelong Advertiser 2010 Business Excellence Award for 'Best Government Enterprise'.

Professor Trisha Dunning was awarded a Life Fellow Award from the Royal College of Nursing Australia.

2010 Barwon Health Quality Awards "Successful Orthopaedic Outpatient Reform" – Highly Commended – Improving Quality Performance category. Combined submission by Barwon Health Outpatient and Physiotherapy Departments.

2010 Deakin University Medical School – Best Allied Health Clinical Educator, 3rd Year – Lisa Aitken.

SURGICAL SERVICES

Key Highlights

Surgical Services has completed a very successful and productive year:

- The number of patients on the Elective Surgery Wait List was reduced by over 300 patients in the past 12 months
- 100% of Category 1 were treated within the target of 30 days
- Nearly 70% of Category 2 patients on the waiting lists had been waiting for less than 90 days
- 96% of Category 3 patients on the waiting lists had been waiting for less than 365 days
- The number of patients who had been waiting longer than the target timeframes for their surgery was reduced from a year high 917 to finish the year at 353.

Operating Theatre Redesign – "The Perfect List"

Surgical Services began a massive redesign project in February 2010 that brings together all elements of the workforce involved in the surgical patient's care, to bring about significant positive changes for both patients and the staff that provide that care.

Key deliverables of the program are:

- Achieve benchmark performance standards for waiting times for access to elective surgery
- Reduce elective surgery cancellations
- Achieve bed occupancy rates that facilitate patient safety, reduce access block, establish efficient work flows and minimise disruptions to elective surgery
- Develop services that better match capacity with demand

- Improve integration of care processes across the surgical patient journey
- Be recognised as a dynamic leader in surgery and operating theatre service planning, delivery and service models.

Whilst this program will take up to 18 months to complete, significant improvements in service delivery to our patients is already becoming evident as we see Elective Surgery Waiting List numbers falling, the number of patients waiting too long for their surgery being drastically cut and a reduction in the number of cases where the elective surgery cancelled.

Orthopaedic Flow Project

Patient demand for orthopaedic surgery continues to rise steadily. In response, the service over the past few years has redesigned many aspects of its outpatient service to significantly improve access to outpatient clinics and resource utilisation through the Orthopaedic Access Service and the Osteoarthritis Hip and Knee Service. The resultant effect of these innovative clinics has seen the patients who require surgery arrive on the surgery wait list sooner and have longer waiting periods.

This project seeks to streamline the patient's journey, improve the utilisation of surgical resources, increase the number of orthopaedic cases through the operating theatres through improved scheduling, and better management of the scheduling of emergency cases reducing their impact on the elective patients.

Acute General Surgery Unit

This is a Department of Health-funded initiative that provides for a consultant general surgeon 'on-duty' each day to work with the Emergency Department to better triage and treat emergency surgical admissions to the hospital. Early results have been very promising with the Acute General Surgery Unit gaining faster access to the operating theatre for these urgent cases resulting in better patient outcomes and shortened lengths of stay in the hospital.



MENTAL HEALTH, DRUGS & ALCOHOL SERVICES

Awards & Recognition

Victorian Public Healthcare Award 2010: Minister's Award for Outstanding Team Achievement: Dialectical Behaviour Therapy Team (Mental Health, Drugs & Alcohol Services)

The Mental Health, Drugs & Alcohol Services Dialectical Behaviour Therapy (DBT) team received the Victorian Public Healthcare Mental Health Minister's award for team achievement. The DBT team is a partnership initiative between Pathways, a Psychiatric Disability Rehabilitation Support Service (PDRSS), and Barwon Health Mental Health and Drugs & Alcohol Services. The team provides group and 1:1 therapeutic treatment services to people presenting with Borderline Personality Disorder.

Barwon Health Quality Improvement Awards 2010

In Category 6: "Responding to mental health and drug and alcohol service needs" of the Barwon Health Quality Improvement Awards 2010, the Drugs & Alcohol Services team was the winner with their Integrated Mental Health Harm Reduction Program. The objective of developing the Integrated Mental Health Harm Reduction Program was to improve the quality of services available to injecting drug users within the Barwon Region.

Key Highlights

- In December 2010 the Swanston Centre Acute (SCA) Unit refurbishment and extension was completed, allowing staff and consumers to move into the new spaces. Of the additional eight beds, six were built in a self-contained pod at the front of the existing building, which is primarily being used to house and manage our Aged Care consumers. This dedicated area contains all single rooms with own private en-suites, two outdoor courtyards, meals/lounge and activity spaces; all closely linked to the staff base to ensure high observation levels are maintained. Our aim of improving the safety/privacy and treatment for Aged care consumers has been realised with this addition to the unit.

As part of the SCA's Creating Safety Program (to reduce the amount of seclusion/restraint required on the unit) there is now a low stimulus area linked to the seclusion suite to allow for the management of high risk and acutely unwell consumers in the least restrictive manner possible. The area has soft furnishings, large screen TV, massage chair, courtyard, and room to engage in suitable activities/therapies to decrease agitation/frustration and boredom which can often lead to episodes of aggression.

The addition of an occupational therapist in January 2011, and a soon to be appointed social worker now means the SCA has a true multidisciplinary team. This ensures that consumer care and support is viewed from multiple angles to improve outcomes and reduce the likelihood of re-admission to the unit. In June 2011, as part of the SCA's commitment to Gender Sensitive Practice the unit designated eight beds where the women's lounge is located as a female-only area, to provide both a space and sleeping quarters that females can be housed and receive their treatment whilst in the unit.

- Commencement of Mental Health, Drugs & Alcohol Services Triage follow-up position to ensure consumers who do not meet the criteria for public mental health case management are linked in with the appropriate service in the wider community
- Strengthening of the primary mental health partnership between Barwon Health Mental Health, Drugs & Alcohol Services and the General Practitioners Association in Geelong
- Leadership Development Program involving 360 degree feedback surveys and professional development plans at all management levels in MHDAS
- Engaging leadership workshops provided by the Real World Group (Beverly Alimo-Metcalfe and Juliette Alban-Metcalfe)

SERVICE REFORM & INNOVATION

The Service Reform and Innovation (SR&I) Program was established in January 2011.

This program is charged with the task of facilitating and leading key reforms to improve health outcomes and to strengthen organisational performance across Barwon Health. This program has incorporated the Service Redesign and Planning Unit (SRPU) as part of its function.

In the past two years the SRPU has carried out projects that have improved work practices to the benefit of patients and staff alike. Whilst the focus was on individual departments, the opportunity now exists to develop, implement and embed a consistent and organisational wide approach to care and service delivery and which will include building the capability of all staff to work together on service improvement and reform.

Awards & Recognition

- Dr Andrew Hughes (Director General Medicine) and Martin McCall-White (Service Reform Unit Manager) sit on the Victorian Department of Health Redesigning Hospital Care Expert Advisory Committee.
- Barwon Health presented three oral papers at the seventh Australasian Redesigning Hospital Care Summit.

Key Highlights

- Barwon Health was one of four Victorian Health Services to participate in the General Medicine Demonstration Project. The project focused on improving patient transfer from the Emergency Department in to wards, improved ward communication, and integrating the many aspects of care planning.
- Service Reform Unit partnered with Surgical Services to establish the Orthopaedic Flow Demonstration Project.

- The Tool for Organisations to Reveal Constraints in Healthcare (TORCH) was used to identify the areas within Barwon Health services constraining the flow of patients. In this large-scale assessment, improvement initiatives to remove constraints and improve patient flow were identified.

New Initiatives

- To convert the results of TORCH into a program of five service reform projects that deliver improvements in patient flow and access throughout 2011 in line with the Commonwealth's National Health Reform. Three projects target the services and interfaces in the following patient streams:
 - Medicine, Emergency Surgery & Acute Mental Health (Unplanned Acute Flow)
 - Elective Surgery (Planned Acute Flow)
 - Community, Rehabilitation & Aged Care (Post-Acute Flow).

Two projects target the following interfaces:

- Barwon Health Acute and General Practice
- Patient Streams and Shared Services

- Service Reform and Innovation recognises that all staff have an interest in improving services and has developed a support service for staff. A user-friendly website for staff to record and promote their improvement work, as well as access useful tools and an education, training and coaching program, has been developed and implemented by the SRPU.

In 2010/11 Barwon Health expanded its Graduate Nurse Program from 59 to 73 positions

/ EDUCATION

Considerable work has progressed in 2010/11 in integrating education and training at Barwon Health, with a centralised management structure and colocation of nursing, medical, allied health, mental health and non-clinical education and training on the Kitchener House site in the Teaching Training and Research precinct. Relationships with Deakin University, The Gordon and Charles Sturt University have been a focus, as has the model for collaboration with other health services in the region for training rotations, workforce development and shared funding submissions.

Clinical placement capacity has been expanded across all health-professional groups and a new resourcing strategy for non-clinical education has been implemented. Barwon Health continues to grow its intake of new graduates in the health professions as a critical aspect of workforce development and sustainability. They are supported in their transition to practice and specialist registration by a skilled and experienced team of education professionals working across the health service to bring expertise and contemporary teaching methods to the clinical environment. This supports collaborative practice within teams and promotes safe, quality care for patients.

Key Highlights

Allied Health – Clinical Education Supervision Training

As part of the agenda to increase capacity for student clinical placements, over 100 allied health professionals from Barwon Health have undertaken a program of Clinical Education Supervision Training over the past two years, delivered in collaboration with Charles Sturt University and Deakin University. Staff from Colac Area Health and Bellarine Community Health have also participated in this shared initiative which built on previous project work to identify key activities within the allied health professional's role. An overview and findings were presented in a key note presentation at the inaugural Gippsland Allied Health Symposium, and the training model was presented at the inaugural Department of Health Clinical Placement Summit in May 2011.

Medicine – Clinical Education Supervision Training

The first full complement of Deakin University medical students will graduate at the end of 2011. There are now two clinical years of Deakin medical students on placement with Barwon: 60 Year 3 and 66 Year 4 students. Level 1 of the Teaching Training and Research facility at the rear of Kitchener House is now a thriving environment for the provision of an onsite teaching facility at Barwon Health, with the high-fidelity simulation laboratory in high demand by students and staff wanting to learn in a safe, simulated environment.

Barwon Health's Basic Physician Training Program has always had a high success rate in the Royal Australasian College of Physician examinations, but in 2011 we excelled ourselves by achieving a 100% pass rate in the written examination held in March. This is a credit not only to the candidates themselves but also to the many hard working Physicians and Registrars who assist in the teaching program, in particular Dr Rob MacGinley.

Nursing – Graduate Nurse Program

In 2010/11 Barwon Health expanded its Graduate Nurse Program from 59 to 73 positions, which were well-oversubscribed in the computer-match process indicating Barwon Health as an employer of choice for graduate nurses. For the first time, students from Deakin University can now undertake a Double Degree in Nursing and Midwifery as a result of a combining of the two programs. 2011 has seen further growth in undergraduate clinical placements in nursing which has enabled record numbers of students from over 20 education institutions to gain clinical and workplace experience. Post-graduate programs for nurses in specialist units continue to be an area of focus for Nursing Education and Training, supporting the development of our future specialist nursing workforce. The short course program is also under continuous review to ensure its currency and relevance to Barwon Health's workforce and provision of best practice, patient-centred care.

Non-clinical Training – Building Capacity

Barwon Health worked with The Gordon to provide a range of accredited and customised training programs for staff during the 2010/11 year, in partnership to support the implementation of Barwon Health's People Strategy. Programs in Engaging the Team, Team Building Skills and Performance Development were designed to support the leadership expectations of Barwon Health, and Certificate IV in Education and Training was offered to the first group of prospective facilitators to build capacity for future internal delivery of training. Barwon Health's program for management of occupational violence, MOVAIT was relocated to the McKellar Centre for better space and access for participants, and the Smart Moves Smart Lift (formerly No-Lift) patient manual handling program provided critical OHS training across all areas of the health service.



POST GRAD CLINICAL PROGRAM	AFFILIATED UNI	2010 STUDENTS	2011 STUDENTS
Critical Care	Latrobe University	8	10
Perioperative	Deakin	3	2
Midwifery	Deakin	5	4
Emergency	Uni of Melbourne	6	6
Paediatrics	Uni of Melbourne	1	1
Mental Health	Uni of Melbourne	4	9

GRADUATE NURSE PROGRAM	2010	2011
Number of Graduates	58 + 4 Mental Health	73 + 6 Mental Health
Study Days	6 (per intake)	6 (per intake)
Graduate Support Sessions	Fortnightly in Acute Weekly at McKellar	Fortnightly in Acute Weekly at McKellar

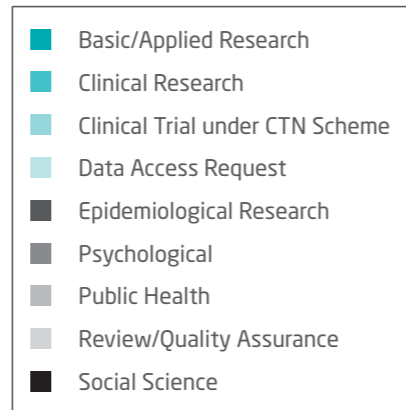
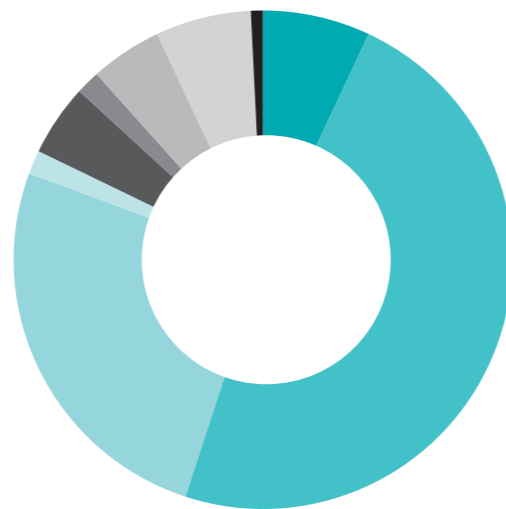
NURSING CLINICAL PLACEMENTS	2010	2011
Registered Nurse (Undergrad)	1,107	1,348
Enrolled Nurse (Undergrad)	325	265
Post Grad Students	31	15
Certificate III	21	31
Paramedics	7	0



/ RESEARCH

RESEARCH OFFICE

Research is entering an exciting era. New collaborations with Deakin and Monash universities as well as South West Healthcare and St John of God Health Care are extending our research opportunities. Long-standing academic research programs such as the Barwon Psychiatric Research Unit, the Epidemiology and Biostatistics Unit, and the Clinical Research Unit continue to receive NHMRC funding and produce internationally recognised research. New projects including the Barwon Infant Study are recruiting participants. Clinical trials of new medicines continue as a strong area for Barwon Health despite an Australia-wide decline. Barwon Health also participates in the Streamlining of Ethical Review initiative to improve approval time for clinical trials in Victoria.



Research is entering an exciting era. New collaborations with Deakin and Monash Universities as well as South West Healthcare and St John of God Health Care are extending our research opportunities

LIST OF COMMITTEE MEMBERS

Research Committees

Barwon Health recognises and thanks its research committee members for volunteering their time. Without their dedication, research at Barwon Health would not be possible.

Human Research Ethics Committee

- Mr Simon French (Chair)
- Ms Bernice Davies (Secretary)
- Mr Peter Ball
- Mr Lynsey Blakston
- Ms Patricia Boom
- Dr Thomas Callaly
- Dr Mary Lou Chatterton
- Dr Lucy Cuddihy
- Mr David Dethridge
- Dr Rod Fawcett (Chair, Variations Sub-committee)
- Mr Hans Fikkers
- Ms Michelle Heagney
- Ms Lovonne Hunter
- A/Prof. Mark Kotowicz
- Dr Kate Nagle

Dr Neil Orford

Dr Cameron Osborne

Dr Jane Redden-Hoare

Dr Amutha Samual

Ms Lyn Touzel

Mr Greg Weeks
(Chair, Safety sub-committee)

Reverend Kevin Yelverton

Research Review Committee

- Dr Mary Lou Chatterton (Chair)
- Ms Ann Lawrence (Minutes)
- Dr John Amerena
- Mr Jack Beever (outgoing)
- Ms Allison Bone
- Dr Sharon Brennan
- Mr Tim Brennan
- Dr Lucy Cuddihy
- Ms Bernice Davies
- Dr Olivia Dean
- Ms Pam Dolley
- Dr Trisha Dunning
- Ms Tania Elderkin

- Dr Helen Fairweather
- Dr Rod Fawcett
- Ms Marjan Geertsema
- Dr Jacqueline Hastings
- A/Prof. Mark Kotowicz
- Mr Paul Muir
- Dr Jane Redden-Hoare
- Dr Tony Weaver (outgoing)



RESEARCH WEEK HIGHLIGHTS

Research Week

Barwon Health continued its enthusiastic participation in the Smart Geelong Network Research and Innovation Expo hosting four events:

- Barwon Health Poster Exhibition and Award Session
- Healthy Mind, Healthy Bones Forum
- Can clinicians really do research? Practical solutions to common problems
- Building Children's Social and Emotional Maturity from Infancy to School Entry; What does the evidence tell us?

A highlight of the week was the annual research poster competition which drew a record 64 entries. The judges commented on the high quality of the posters with several posters receiving merit awards. Ten authors also provided a presentation of their work with the audience voting on the winner.

We thank our esteemed judges who graciously provided their time:

Mr Tim Brennan / Research Officer, Gordon Institute of TAFE

Professor Trisha Dunning / Chair in Nursing (Barwon Health), School of Nursing and Midwifery, Deakin University

Ms Karen Sait / Manager Victorian Neurotrauma Initiative

Associate Professor Tes Toop / Director, Office of Research Integrity, Deakin University

Professor Alister Ward / Director of Pre-Clinical Studies, Associate Head of School (Research), School of Medicine, Deakin University

Professor David Watters / University of Melbourne, Department of Surgery, Barwon Health

Barwon Health was also in the forefront of the Smart Geelong Network Researcher of the Year awards with four finalists and two category winners.

Award Winners

Health and Lifestyle Category awarded \$5,000

Dr Felice Jacka for 'Diet as a modifiable risk factor for the common mental disorders'

Teaching and Learning Category awarded \$5,000

Mr Chris Scanlan for 'Read the Play'

Finalists

Health and Lifestyle Category

Dr Michael Smith for 'Preschool Oral Health Program – Smiles 4 Miles & Partnerships'

Health and Lifestyle Category

Dr Peter Vuillermin for 'The Barwon Infant Study'

Research Week Poster Contest Award Winners 2010

Audience Choice (Podium Presentation) Winner, awarded \$500 towards a conference of choice

Dr Jason Hodge

'Inflammatory cytokines TNF α and IL-1 are poor activators of human osteoclasts'

Poster Presentation Winners, each awarded \$500 towards a conference of choice

Emma Gliddon, Barwon Psychiatric Research Unit

'Assessing the functionality and therapeutic benefit of the MoodSwings online intervention for bipolar disorder program'

Julie Pasco, Department of Clinical and Biomedical Sciences

'High-sensitivity C-reactive protein predicts de novo major depression.'

Natalie Stocki, Department of Clinical and Biomedical Sciences

'Expression and Transcription of Rhotekin 2 in Regulatory T-cells'

Finalists, awarded a certificate of recognition

Kerrie Sanders, Department of Clinical and Biomedical Sciences

'Annual High Dose Oral Vitamin D for Falls and Fracture in Older Women: A Randomised Controlled Trial (VITAL D Study)'

Rachel Fyfe, Pharmacy

'Introduction of the cardiothoracic pharmacist into a peri-operative clinic'

Vanessa Cuthbert, Department of Surgery

'Enhanced Recovery After Surgery'

Yiming Wang, Barwon Biomedical Research

'Selective serotonin re-uptake inhibitors (SSRIs) inhibit both osteoclast and osteoblast formation and function.'

Haslinda Gould, Department of Clinical and Biomedical Sciences

'The utility of bone health to predict mortality in older women'

Julie Pasco, Department of Clinical and Biomedical Sciences

'Habitual physical activity and the risk for depressive and anxiety disorders among older men and women'

Awarded a certificate of Merit

Eileen Moore, Department of Clinical and Biomedical Sciences

'Is the severity of cognitive impairment associated with vitamin B12 levels in Alzheimer's Disease patients?'

Sylvia Cuell, Pharmacy

'Introduction of an electronic interim medication chart for residential aged care facilities (RACFs)'

Julie Pasco, Department of Clinical and Biomedical Sciences

'Changing pattern of age- and sex-specific hip fracture incidence, 1990-3 to 2006-7: Geelong Osteoporosis Study.'

Nicole Duggan, Centre for Nursing and Allied Health Research

'Engaging people with diabetes and palliative health professionals in research'

Rosemary Simmonds, Renal Unit – Home / Satellite Support Unit

'A retrospective survey of infection comparing the buttonhole technique of arterio-venous cannulation with the rope-ladder technique in a nocturnal home haemodialysis program'

G. Gleda Ang, General Surgery

'Warfarin-induced skin necrosis of the breast after reversal of long-term warfarin therapy for emergency procedure'

Renee Otmar, Department of Clinical and Biomedical Sciences

'A cultural models approach to osteoporosis prevention and treatment'

/ LIST OF PUBLICATIONS

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CLINICAL RESEARCH UNIT

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/ VOLUNTEERS

The Barwon Health Volunteer Service consists of approximately 1000 dedicated volunteers providing innovative and rewarding activities and support to all program areas of the organisation, including acute health, rehabilitation, residential care, mental health, community health and palliative care. The service offers challenging activities and a community voice in planning and service development, as well as the more traditional fundraising and supportive roles. Volunteers at Barwon Health are an integral part of our health professional teams and are the gateway to the community, providing people of all ages with opportunities to become involved.

INITIATIVES

2010/11 has provided opportunities to enhance the Volunteer Service to effectively meet the current and emerging needs of our dedicated volunteers and to build on the diversity of volunteer participation within the range of service areas within our organisation.

Key focus areas this year have included:

- Expansion of non-emergency patient transport service
- McKellar People Mover – providing transport to residents and their families around the McKellar site five days per week
- Additional Renal Dialysis vehicle – providing further transport to renal dialysis clients five days per week

- Chronic Disease Peer Leadership – in partnership with Health Promotion Unit, provision of three Master Training Programs, accrediting a further 25 staff and peer leaders throughout Victoria
- Consolidation of Volunteers in Emergency Department Initiative.

AWARDS AND RECOGNITION

Barwon Health highly values volunteers and recognises their importance in the quality of services they provide. This exemplary support has once again been recognised through three nominations in the 2011 Minister for Health Volunteer Awards. Congratulations to the group. Volunteer Services were also recognised at the 2010 Barwon Health Quality Awards where they were presented the highly coveted Board of Directors Award for their project 'Building Volunteer Capacity through Workforce Development'.

Volunteer Services consists of more than 1000 dedicated volunteers who provide innovative and rewarding activities to all areas of the organisation



/ WORKING WITH OUR COMMUNITY



CONSUMER LIAISON

Barwon Health's mission is to provide accessible, high quality health care services to our Barwon South Western region communities. One of the ways we do this is by encouraging consumers to provide us with feedback. Barwon Health's Consumer Liaison Office has developed a reputation of providing a service built on transparency, open communication and delivering timely resolutions to complaints.

During the past year, the Consumer Liaison Office has registered 392 complaints – this represents a 1% increase on the previous reporting period. Resolving a complaint to the satisfaction of the consumer in a timely manner is important to Barwon Health: our aim is to have all complaints closed within 30 days. Achieving this goal will depend on the satisfaction of the consumer with our management of their complaint.

During the financial year, 392 complaints were received: 44% were resolved on the same day, 52% were closed within one month and only 4% were unresolved for longer than one month.

Complaints Closure Rate

	< 1 day	30 days	>30 days	Total
2010-11	172	203	18	392

Financial Year Quarterly Results

	1st Q	2nd Q	3rd Q	4th Q	YEAR TOTAL
2008-09	136	93	80	88	410
2009-10	89	87	89	128	393
2010-11	123	88	106	75	(YTD) 392

Community Advisory Committee

Barwon Health's Community Advisory Committee provides direction and leadership in the integration of consumer, carer and community views into all levels of Barwon Health's operations, planning and policy development. The committee's members, including eight consumer and community representatives and three board members, contribute specialist knowledge and expertise, are active in the community with strong community networks and possess a sound understanding of local and regional issues, and have the capacity to reflect on and present community issues.

It has been well recognised by the Community Advisory Committee that the success of consumer and community participation relies on fostering both an organisational and cultural change. While there is a wealth of good work occurring throughout Barwon Health, this year's development and endorsement of the Consumer and Community Participation Framework has provided the first step towards a more structured and coordinated commitment to participation and a guide to the development and implementation of strategies which are open, inclusive and responsive to local needs.

Through the Community Advisory Committee and the development of the Consumer and Community Participation Framework, Barwon Health is viewed as a Victorian leader in its approach to consumer engagement in the provision of health care.

ETHNIC HEALTH SERVICES

The Refugee Health Nurse Program (RHNP) based at Corio Community Health Centre responds to the complex health issues of arriving refugees. It aims to:

- Increase refugees' access to primary health services
- Improve the response of health services to refugees' needs
- Enable individuals, families and refugee communities to improve their health and wellbeing.

Over the past 12 months RHNP has assisted over 100 newly arrived refugees who have settled into the Geelong region. These families have come from a variety of countries and cultures including Burma, Afghanistan, Liberia and the Congo. The majority of these people arrive having experienced significant trauma and conflict in their country of origin.

The RHNP seeks to optimise the long-term health of refugees by promoting accessible and culturally appropriate health care services that are innovative and responsive to the unique needs of refugees. The RHNP strives to build the capacity of individuals, families and refugee communities to improve their health through disease management and prevention, the development of referral networks and collaborative relationships with general practitioners and other health providers, and strengthen connections with social support programs.

Total number of interpreter occasions of service provided annually

TIME PERIOD	TOTAL NO. OF OCCASIONS OF SERVICE	TOTAL NO. OF INCREASE	% OF VARIANCE
Jul 06 - Jun 07	3,024	569	19%
Jul 07 - Jun 08	3,383	359	11%
Jul 08 - Jun 09	4,083	700	17%
Jul 09 - Jun 10	3,291	375	9%
Jul 10 - Jun 11	4,894	1,603	49%

Number of bookings for new and emerging languages

	Interpreters Booked 10/11	Interpreters Booked 09/10	Interpreters Booked 08/09	Interpreters Booked 07/08
Burmese (Karen)	885	1,053	823	84
Mandarin	156	175	79	81
Nuer	151	144	174	83
Kiswahili	149	0	0	0
Arabic	100	130	40	0
Dinka	50	81	129	48
Albanian	29	20	24	37

/ BARWON HEALTH FOUNDATION



The 2011 Face of the Geelong Hospital Appeal: Eleven-year-old Nicholas Blackney.

Nicholas was diagnosed with cystic fibrosis when he was only a month old and visits the Geelong Hospital Children's Ward for his regular 'tune ups'. Being the Face of the Appeal was Nick's way of supporting the Geelong Hospital and the Children's Ward. We thank Nick and his family for their support.



MESSAGE FROM THE BARWON HEALTH FOUNDATION CHAIRPERSON

It gives me pleasure to present the Barwon Health Foundation report. Thank you to Barwon Health Foundation Board and staff, Geelong Hospital Appeal Committee, Barwon Health Board and staff plus the volunteers for their ongoing support. Without their care and commitment we would not continue to develop partnerships and raise the necessary funds.

We appreciate the ongoing support from our long-term sponsors and the support of new sponsors who joined us this year.

Our events necessitate the need to source items for auctions and raffles; again this year businesses and individuals have willingly donated fantastic items to ensure each of our events is successful on both a financial and social level. We have also been well supported by chefs and food suppliers from the region who gave of their time and produce to ensure our Culinary Shield event and World's Longest Lunch were sell out successes. These events have succeeded in improving the awareness of both the Barwon Health Foundation and the Geelong Hospital Appeal.

Thank you rolls off the tongue freely, this thank you comes from the heart, to everyone who has a connection with Barwon Health Foundation to ensure we do give the gift of good health.

We trust you will continue to be part of our journey in 2011/12 – thank you.

Helene Bender
Chairperson

/ GIVING THE GIFT OF GOOD HEALTH

THE ANNUAL GEELONG HOSPITAL APPEAL

The Barwon Health Foundation continues to foster its relationship with businesses and the community to support the services of Barwon Health under the fundraising banner of the annual Geelong Hospital Appeal.

The \$7.8 million redevelopment of the Children's Ward, that is due for completion by the start of 2013, continues to be the focus for the Appeal. Thanks to the ongoing support of the Cotton On Foundation and a steady flow of donations, the project has progressed on time with the first two stages now operational. Children, their families, and clinical staff on the ward are now enjoying some of the many benefits that this redevelopment promised to deliver.

The Geelong Hospital Appeal launch was conducted at the Gordon Gallery in February with guest speakers Dr John Massie from the Royal Children's Hospital and Joel Selwood of the Geelong Football Club. Dr Massie was enlightening with his talk on cystic fibrosis and its effects on children.

OUR PATRON

Peter Hitchener continues to excel as the Patron of the Barwon Health Foundation. The Chair and the Board of the Barwon Health Foundation again acknowledge Peter's contribution in 2010/11.

COMMUNITY GROUPS AND SERVICE CLUBS

Service clubs and community groups continue to be proactive in raising funds to purchase vital medical equipment. To Rotary, Lions and all other organisations, thank you for your continued support that makes a significant difference to the quality of care provided by Barwon Health.

SUPPORT GROUPS

We continue to be supported by the following groups who work tirelessly to improve facilities and equipment:

- The Cancer After Care Group for their donation of \$888,443 for "Rapid Arc" technology used in the treatment of cancer for the Andrew Love Cancer Centre
- Volunteer support groups and Auxiliaries
- Heartbeat Geelong
- Our Women Our Children Volunteers
- Geelong Hospital Appeal Committee
- The Russell family, who have helped improve cancer treatment facilities for children through their successful 'Bronte's Ball'
- The Shane O'Brien Asthma Foundation for their annual fundraising dinner, the proceeds of which go towards research
- Staff of the NAB for the annual fundraising lunch
- The Blue Ribbon Foundation for their annual ball, held in 2010 in conjunction with the City of Greater Geelong Mayoral Ball.

THE MEDIA

The Foundation is appreciative of the support of our media partners, the Geelong Advertiser and Geelong broadcasters, in particular Bay FM for their support and coverage of the Geelong Hospital Appeal.



The Barwon Health Foundation hosts fundraising events and provides donor opportunities for many services across Barwon Health

MAJOR APPEAL PARTNERS

The Bendigo Bank as an Appeal Partner makes a significant contribution to the Geelong Hospital Appeal. They have continued their support by printing newsletters and campaign materials and acting as a collector for over the counter donations. Just as importantly we also continue to receive 'in kind' support from the following supporters: Adams Print, Grindstone Creative and Geelong Football Club.

THE GEELONG HOSPITAL APPEAL GIVING WEEKEND

The Geelong Hospital Appeal Giving Weekend was held on 11 June. Proceeds increased by more than 20% from the previous year and continue to grow due to the increased support of volunteers who collect donations for the Appeal at intersections and shopping strips across the region.

MAJOR PROJECT PARTNER

Cotton On Foundation, a Geelong based global company, is the cornerstone of the \$7.8 million four-year redevelopment of the Children's Ward. Cotton On Foundation has supported this project via a constant cash flow contribution that has enabled the redevelopment to progress on time and to budget.



DONATIONS - WHERE THE MONEY GOES

Donations are receipted into special purpose trust accounts for the Geelong Hospital Appeal, Andrew Love Cancer Centre, McKellar Centre and various clinical areas within Barwon Health. These donations are allocated to the specific service or purchase of equipment for which the donor intended.

While the focus of the Geelong Hospital Appeal was and continues to be on the Children's Ward redevelopment, the Barwon Health Foundation continued to run fundraising events and provide donor opportunities for many of the other services within Barwon Health including the Andrew Love Cancer Centre, McKellar Centre, Community Health Centres and hospital medical equipment.

This year more than \$1 million was distributed from the donation trust accounts to purchase vital pieces of medical equipment to support these services.

There are many ways to make a difference

- The Rotary Club of Geelong is nearing completion of \$100,000 project to renovate buildings at the McKellar Centre to provide accommodation units for visiting families of palliative care, aged care and rehabilitation patients.
- Kempe "Read the Play" a junior football and netball mental health program collected a Smart Geelong Network Research Award in 2010 and plans to take the program nationally via **headspace**.
- Many individuals, businesses and community groups take it upon themselves to adopt a clinical area within Barwon Health and raise funds in various ways to support the area for which they have an empathy such as renal, cardiac, diabetes, infant nursery. These important fundraising relationships are all making a difference to the level of patient care.

EVENTS

Events are an integral part of any fundraising strategy but they are not successful without the support of sponsors or the patronage of those who attend. The Barwon Health Foundation acknowledges and thanks all our major and minor sponsors for their contribution to the Geelong Hospital Appeal.

The Barwon Health flagship event is Gala Day and we greatly appreciate the ongoing naming rights sponsorship of G-Force. We also sincerely thank our other naming rights sponsors of the following events:

- The Gordon – VECCI Golf Day
- Routleys – Rotary Club of Geelong Golf Day
- AMP – Catwalk for Cancer
- Tracys the Placement People – Hot Chocolate Day
- All our minor sponsors who supported both the Culinary Shield and World's Longest Lunch
- A very special thank you to the Cotton On Foundation. Run Geelong is a remarkable event that has captured the imagination of the region. Run Geelong raised \$250,000 in only its second year.

In 2010/2011 the Barwon Health Foundation netted almost \$500,000 from events to support the Geelong Hospital Appeal.

THANK YOU FOR 'GIVING THE GIFT OF GOOD HEALTH'

Barwon Health Foundation acknowledges the support and contributions from our local community for the Geelong Hospital Appeal. For all who have given we say thank you for your "gift of good health".

Gavin Seidel
Executive Director





MEETINGS ATTENDED BY BARWON HEALTH FOUNDATION BOARD OF DIRECTORS

BOARD MEMBERS	4 AUG 10	6 OCT 10	1 DEC 10	2 FEB 11	6 APRIL 11	1 JUNE 11	% ATTENDED
Helene Bender OAM (Chair)	✓	✓	A	✓	✓	✓	83.30%
Dr Owen Donald	A	✓	A	✓	A	✓	50.00%
John Frame	✓	A	✓	✓	✓	✓	83.30%
Tony McManus	✓	✓	✓	✓	✓	✓	100%
Pat Murnane	✓	✓	✓	✓	✓	✓	100%
Russell Malishev	✓	✓	✓	✓	✓	✓	100%
Bob Eadie	✓	✓	✓	✓	✓	✓	100%
Diane Dahm	✓	✓	A	✓	✓	✓	83.30%
Pat Ford	✓	A	✓	✓	A	✓	66.60%
Grant Sutherland - Resigned	✓	✓	A	◆	◆	◆	66.60%
IN ATTENDANCE							
**Dr David Ashbridge	✓	✓	✓	✓	✓	A	83.30%
**Gavin Seidel	✓	✓	✓	✓	✓	✓	100%

✓ In attendance A Apology ◆ Directors not on Board at time

MEMBER DETAILS

Helene Bender / OAM
Allabout Tours and Travel

Dr Owen Donald (Outgoing) / Chair
Barwon Health Board

John Frame / Board Member
Barwon Health

Pat Murnane / Bendigo Bank Regional Manager
Southern Victoria & South Australia

Grant Sutherland (Outgoing) / Chief Executive
Gordon TAFE

Russell Malishev
Malishev Homes

Tony McManus
Allpoints Real Estate, Lara

Bob Eadie
Consultant

Diane Dahm
Geelong Chamber of Commerce

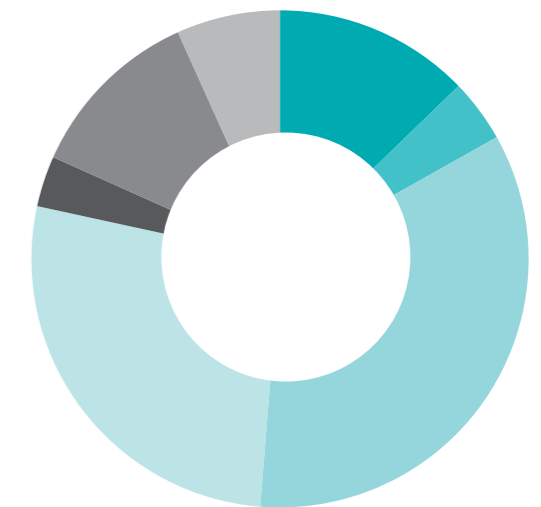
Pat Ford
Consultant

In attendance at meetings

** **Dr David Ashbridge** / Chief Executive Barwon Health

** **Gavin Seidel** / Executive Director
Barwon Health Foundation

DONATION INCOME DISTRIBUTION 2010/2011



THE FACES OF THE FOUNDATION

Louie, Bronte, Piper and Nick are past and present patients of the Geelong Hospital Children's Ward.

Their faces and stories have brought our health service closer to our community.



Left to Right

Louie Hehir, Bronte Russell,
Piper Lee, Nicholas Blackney

/ BARWON HEALTH FINANCIAL STATEMENTS

FINANCIAL REPORT

Barwon Health recorded an operating surplus of \$97,000 for the 2010/11 year, against the previous year's loss of \$4.8M.

This year marks the first year in surplus since 2006/07, and is underpinned by the substantial organisational change underway.

Throughout the organisation, activity measures were up, with significant increases in emergency presentations and overall theatre activity. The combined effect of the improvement to financial and throughput performance has seen Barwon Health move above the minimum performance benchmark set by the Department of Health for the first time in many years.

After the inclusion of capital, the comprehensive result shows an overall deficit of \$11.9M (compared with a \$9.4M deficit in 2009/10). The key difference between the operating result and the comprehensive result remains the inclusion of unfunded depreciation expenses.

The total unfunded depreciation expense for the year was \$32M (compared to \$30.9M in the previous year), and far exceeds total capital income, which fell during the year, in

line with the timing of various building projects. Because of the variability of capital income and the unfunded nature of capital depreciation, overall organisational financial performance is measured at the operating result line.

Overall liquidity fell during the year, as the organisation introduced a new investment policy. This policy has had the effect of moving short-term cash holdings into longer-term holdings. The resultant improvement in interest income, coupled with more effective cashflow management, has enabled Barwon Health to continue to meet vendor payment terms, despite the fall into reported liquidity.

Fundraising efforts have continued to play a crucial role in the success of our organisation. The Barwon Health Foundation raised over \$3.6M during 2010/11, creating a valuable source of capital for many projects. The continuing support of the community is a vital element to the continued success of Barwon Health.

FIVE YEAR FINANCIAL SUMMARY

	2010/11 \$'M	2009/10 \$'M	2008/09 \$'M	2007/08 \$'M	2006/07 \$'M
Revenue & Expenses					
Operating Revenue	470.9	436.8	409.8	378.2	350.1
Operating Expenses	470.8	470.8	441.6	381.4	(348.8)
Operating Result (before Capital Income and Depreciation)	0.1	(4.8)	(4.8)	(3.2)	1.3
Operating Result (inclusive of Capital Income and Depreciation)	(11.9)	(9.4)	7.4	3.3	(0.8)
Balance Sheet Statistics					
Total Assets	571.2	582.7	585.2	425.4	385.8
Total Liabilities	106.7	106.3	99.6	92.9	87.8
Total Equity	464.5	476.4	485.6	332.5	298
Financial Indicators					
Surplus/(Deficit) of Net Current Assets (\$'m)	(64.9)	(27.4)	(13.0)	(12.8)	(0.01)
Current Asset Ratio (numeric value)	0.31	0.69	0.85	0.85	0.88
Cash and Investments	41.2	47.0	55.2	52.4	53.8
Net Cash from Operating Activities (excluding Capital Income)	0.4	(0.9)	(0.1)	7.0	2.8
Capital Investment	24.0	38.4	24.2	49.2	53.5

SUMMARY OF FINANCIAL RESULTS

REVENUE	2010/11 \$'M	2009/10 \$'M	CHANGE %
Grants	383.0	353.7	8.3
Patient Fees	35.50	34.1	4.1
Non Cash Contributions	8.00	6.5	23.1
Other	44.41	42.51	4.5
Total Revenue	470.9	436.8	7.8
Expenditure			
Employment Costs	(336.1)	(314.7)	(6.8)
Supplies & Consumable	(81.3)	(81.7)	0.5
Other	(53.4)	(45.2)	(18.1)
Total Expenses	(470.8)	(441.6)	(6.6)
Surplus/(Deficit) for the Year Before Capital Income and Depreciation	0.1	(4.8)	
Capital Income	21.2	27.9	
Depreciation	(32.0)	(30.9)	
Finance Costs, Impairments, Other	(1.2)	(1.6)	
NET RESULT	(11.9)	(9.4)	

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STATUTORY REQUIREMENTS

FREEDOM ON INFORMATION REQUESTS

FINANCIAL YEAR	2011/10	2010/09	2009/08	2008/07	2007/06
No of requests	800	671	699	586	533

AVERAGE COLLECTION DAYS

FINANCIAL YEAR	2011/10	2010/09	2009/08	2008/07
Acute	46.80	49.40	46.8	49.2
Rehabilitation and Aged Care	54.44	54.58	68.1	60.5

CONSULTANCIES

CONSULTANCIES COSTING LESS THAN \$100,000 PER CONSULTANCY	
Total number of consultancies	7
Total value of consultancies	222,476
CONSULTANCIES COSTING MORE THAN \$100,000 PER CONSULTANCY	
	NIL

OUTSTANDING DEBTORS

	TOTAL	CURRENT	30-59 DAYS	60-89 DAYS	+90 DAYS
2010/11	10.49	6.1	3.2	0.4	0.8
		57.95%	30.13%	3.98%	7.94%
2009/10	11.6	7.2	2.9	0.5	0.9
		(62.4)%	(25.0)%	(4.5)%	(8.1)%
2008/09	12.2	7.6	2.9	0.7	1.0
		(61.9)%	(24.%)	(6.%)	(8.1)%
2007/08	9.1	5.28	1.96	0.86	1.05
		(57.9)%	(21.5)%	(9.4)%	(11.2)%

EX-GRATIA PAYMENTS

	2010/11 \$'000	2009/10 \$'000	2008/09 \$'000
Barwon Health has made the following ex-gratia payment to employees	-	64	31

COMPLIANCE WITH BUILDING ACT

Barwon Health complied fully with the building and maintenance provisions of the Building Act 1993 – Guidelines issues by the Minister for Finance for publicly owned buildings.

FREEDOM OF INFORMATION REQUESTS

Barwon Health is an agency subject to the Freedom of Information Act (Victoria) 1982. As required under the Act, Barwon Health has nominated Kate Nelson as the Freedom of Information Officer – Corporate and Business, and Susan Bell as Freedom of Information Officer – Medical. A legislated fee of \$23.90 per application and access charges and \$5.00 per quarter hour for supervision charges apply.

WHISTLEBLOWER PROTECTION ACT

Last year's note: This policy is made in accordance with the Victorian Whistleblowers Protection Act 2002. In accordance with this Act, the policy of Barwon Health is to encourage and facilitate the making of disclosures, where these are supported by reasonable grounds, related to alleged improper or corrupt conduct in the management of Barwon Health.

Any staff member or a member of the public who has reasonable grounds to believe improper or corrupt conduct has occurred, is occurring or is about to occur in management or conduct of Barwon Health (including apprehension of detriment) is encouraged to disclose this.

Barwon Health will establish and maintain an objective system to encourage and provide support to persons making disclosures ("whistleblowers"), to investigate disclosed allegations of improper conduct, or detrimental action against the person making the disclosure and to enable appropriate action to be taken. Barwon Health is committed to the highest standards of ethics and probity in its performance of its duties and the delivery of its services to the community. Disclosures made under this policy will be investigated swiftly, professional and discretely.

A copy of the Act and a summary of its provisions are available for inspection at the office of the Protection Disclosure Coordinator. The Ombudsman has published a set of model procedures and Barwon health will follow these in dealing with disclosure.

For further information, contact:

Director of Human Resources and Organisational Safety
Barwon Health, Corporate Office
Ryrie Street, Geelong VIC 3220
Phone: 03 5226 7221 Fax 03 5226 7672
perrym@barwonhealth.org.au

No disclosure under the Act was received during 2010-2011

COMPETITIVE NEUTRALITY

Barwon Health complied with the Government policies regarding competitive neutrality with regard to all tender applications.

ADDITIONAL INFORMATION (FRD 22B APPENDIX REFERS)

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

- Pecuniary Interest
- Details of shares held by senior officers as nominee or held beneficially
- 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
- General statement on industrial relations within Barwon Health and details of time lost through industrial accidents and disputes, which is not otherwise detailed in the Report of Operations; and
- A list of major committees sponsored by Barwon Health, the purposes of each committee and the extent to which those purposes have been achieved.

FRD 25 VIPP DISCLOSURE - CONTRACTS

Barwon Health abide by the Victorian Industry Participation Policy Act 2003. In 2010/1 there were 2 contracts completed.

The Angiography Equipment (Medical Imaging) project, to the value of \$2,341,292. This project used 45 per cent local content and employment, and will create additional employment for .3 FTE and retain 6 FTE during the life of the contract.

The PET/CT Scanner (Medical Imaging) project, to the value of \$2,776,100. This project used 45 per cent local content and employment, and will create additional employment for .3 FTE and retain 6 FTE during the life of the contract.

RESPONSIBLE BODIES DECLARATION

In accordance with the Financial Management Act 1994, I am pleased to present the Report of Operations for Barwon Health for the year ending 30 June 2011.



Dr John Stekelenburg / Chair
Barwon Health Board

Geelong 5 August 2011

ATTESTATION STATEMENT

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



Dr John Stekelenburg / Chair
Barwon Health Board

Geelong 5 August 2011

ATTESTATION ON DATA ACCURACY

I, David Ashbridge, certify that Barwon Health has put in place appropriate internal controls and process to ensure that the Department is provided with reliable and accurate data. The audit committee verifies this assurance and that the data accuracy of Barwon Health has been critically reviewed within the last 12 months.



Dr David Ashbridge / Accountable Officer

Geelong 5 August 2011



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COMPREHENSIVE OPERATING STATEMENT

FOR THE YEAR ENDED 30 JUNE 2011

	Note	2011 \$'000	2010 \$'000
Revenue from Operating Activities	2	466,940	434,088
Revenue from Non-Operating Activities	2	3,959	2,730
Employee Benefits	4	(336,058)	(314,669)
Non Salary Labour Costs	4	(5,416)	(4,886)
Supplies and Consumables	4	(81,306)	(81,699)
Other Expenses from Continuing Operations	4	(47,884)	(40,175)
Share of Net Result of SWARH Joint Venture	24	(138)	(196)
Net Result before Capital and Specific Items		97	(4,807)
Capital Purpose Income	2	21,228	27,856
Depreciation and Amortisation	4	(31,974)	(30,942)
Expenditure using Capital Purpose Income	4	(1,079)	(1,221)
Finance Costs	4	(206)	(250)
Impairment of Financial Assets	4	-	(21)
NET RESULT FOR THE YEAR		(11,934)	(9,385)
Other Comprehensive Income			
Net fair value gains on Available for Sale Financial Investments	21	106	421
COMPREHENSIVE RESULT FOR THE YEAR		(11,828)	(8,964)

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

BALANCE SHEET

AS AT 30 JUNE 2011

	Note	2011 \$'000	2010 \$'000
ASSETS			
<i>Current Assets</i>			
Cash and Cash Equivalents	22	4,424	11,635
Receivables	10	15,527	18,370
Inventories	12	3,320	2,997
Investments and Other Financial Assets	11	5,485	33,254
Property Held for Sale	13	527	-
Total Current Assets		29,283	66,256
<i>Non-Current Assets</i>			
Receivables	10	10,241	7,915
Investments and Other Financial Assets	11	31,116	2,107
Property, Plant and Equipment	14	486,572	495,862
Intangible Assets	15	1,297	1,070
Investment Properties	16	12,558	12,558
Total Non-Current Assets		541,784	519,512
TOTAL ASSETS		571,067	585,768
LIABILITIES			
<i>Current Liabilities</i>			
Payables	17	19,573	28,428
Monies Held In Trust	18	6,818	6,750
Interest Bearing Liabilities	19	277	254
Employee Benefits and related on-cost provisions	20	67,709	60,952
Total Current Liabilities		94,376	96,385
<i>Non-Current Liabilities</i>			
Interest Bearing Liabilities	19	180	185
Employee Benefits and related on-cost provisions	20	12,181	12,808
Total Non-Current Liabilities		12,361	12,993
TOTAL LIABILITIES		106,737	109,378
NET ASSETS		464,329	476,390
EQUITY			
Land and Buildings Revaluation Reserve	21	208,992	208,992
Available-for-Sale Revaluation Reserve	21	760	887
Linencare Business Unit Reserve	21	-	6,335
Restricted Specific Purpose Reserve	21	19,037	26,411
Internally Managed Reserves	21	40,795	40,568
Contributed Capital	21	215,405	215,405
Accumulated Surplus / (Deficits)	21	(20,660)	(22,208)
TOTAL EQUITY		464,329	476,390
Commitment for expenditure	25		
Contingent Liabilities and Contingent Assets	26		

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

STATEMENT OF CHANGES IN EQUITY

FOR THE YEAR ENDED 30 JUNE 2011

2011	Note	Accumulated Surpluses/ (Deficits) \$'000	Contributed Capital \$'000	Building Revaluation Reserve \$'000
Balance at Beginning of Reporting Period		(22,208)	215,405	173,879
Net Result for the Year		(11,934)	-	-
Transfer to Reserves	21	13,482	-	-
Movement in AFS Reserve	21	-	-	-
BALANCE AT END OF REPORTING PERIOD		(20,660)	215,405	173,879

2010	Note	Accumulated Surpluses/ (Deficits) \$'000	Contributed Capital \$'000	Building Revaluation Reserve \$'000
Balance at Beginning of Reporting Period		(12,351)	215,403	173,879
Net Result for the Year		(9,385)	-	-
Transfer to Reserves	21	(472)	2	-
Other Comprehensive Income for the Year	21	-	-	-
BALANCE AT END OF REPORTING PERIOD		(22,208)	215,405	173,879

Land Reval Reserve \$'000	Available for Sale Financial Assets Reserve \$'000	Linencare Business Unit Reserve \$'000	Restricted Specific Purpose Reserve \$'000	Internally Managed Specific Purpose Reserve \$'000	Total \$'000
35,113	887	6,335	26,411	40,568	476,390
-	-	-	-	-	(11,934)
-	-	(6,335)	(7,374)	227	-
-	(127)	-	-	-	(127)
35,113	760	-	19,037	40,795	464,329

Land Reval Reserve \$'000	Available for Sale Financial Assets Reserve \$'000	Linencare Business Unit Reserve \$'000	Restricted Specific Purpose Reserve \$'000	Internally Managed Specific Purpose Reserve \$'000	Total \$'000
35,113	466	6,333	20,515	45,996	485,354
-	-	-	-	-	(9,385)
-	-	2	5,896	(5,428)	-
-	421	-	-	-	421
35,113	887	6,335	26,411	40,568	476,390



CASH FLOW STATEMENT

FOR THE YEAR ENDED 30 JUNE 2011

	Note	2011 \$'000	2010 \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Operating Grants from Government		389,913	359,939
Patient and Resident Fees Received		37,008	34,154
GST Received from / (paid to) ATO		8,400	7,996
Drug Income		7,793	7,056
Linencare Fees		6,174	5,591
Pharmaceutical Benefits Scheme		5,255	4,759
Recoupment from Private Practice for use of Hospital Facilities		4,475	4,649
Interest Received		3,689	2,730
Other Receipts		24,858	25,260
Employee Benefits Paid		(340,240)	(314,149)
Payments for Supplies and Consumables		(91,273)	(91,868)
Repairs and Maintenance		(6,841)	(5,608)
Fuel, Light, Power and Water		(5,764)	(5,637)
Maintenance Contracts		(3,280)	(3,845)
Finance Costs		(206)	(250)
Other Payments		(39,774)	(31,672)
Cash Generated from Operations		187	(895)
Capital Grants from Government		16,996	25,323
Capital Donation and Bequests Received		3,633	2,839
NET CASH INFLOW / (OUTFLOW) FROM OPERATING ACTIVITIES	22(b)	20,816	27,267
CASH FLOWS FROM INVESTING ACTIVITIES			
Payments for Non Financial Assets		(24,032)	(38,410)
Proceeds from Sale of Non Financial Assets		419	435
Purchase of Investments		(54,097)	(87,055)
Proceeds from Sale of Investments		53,001	101,716
NET CASH INFLOW / (OUTFLOW) FROM INVESTING ACTIVITIES		(24,709)	(23,314)
CASH FLOWS FROM FINANCING ACTIVITIES			
Repayment of Borrowings		(1,195)	(1,029)
NET CASH INFLOW / (OUTFLOW) FROM FINANCING ACTIVITIES		(1,195)	(1,029)
NET INCREASE / (DECREASE) IN CASH HELD		(5,088)	2,924
CASH AND CASH EQUIVALENTS AT BEGINNING OF PERIOD		8,886	5,962
CASH AND CASH EQUIVALENTS AT THE END OF PERIOD	22(a)	(3,798)	8,886
Non-Cash Financing and Investing Activities	22(c)	317	219

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

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2011

NOTE 1 STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES

1.1 Statement of Compliance

These financial statements are a general purpose financial report which have been prepared in accordance with the Financial Management Act 1994 and applicable Australian Accounting Standards (AASs) and Australian Accounting Interpretations and other mandatory requirements. AASs include Australian equivalents to International Financial Reporting Standards.

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

Barwon Health is a not-for profit entity and therefore applies the additional Australian paragraphs applicable to "not-for profit" entities under the AAS's.

The annual financial statements were authorised for issue by the Board of Barwon Health on 5 August 2011.

1.2 Basis of Preparation

The accounting policies set out below have been applied in preparing the financial statements for the year ended 30 June 2011, and the comparative information presented in these financial statements for the year ended 30 June 2010.

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 going concern basis was used to prepare the financial statements.

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

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

- Non-current physical assets, which subsequent to acquisition, are measured at valuation and are re-assessed with sufficient regularity to ensure that the carrying amounts do not materially differ from their fair values;

- Investment properties after initial recognition, which are measured at fair value through profit and loss;
- Available-for-sale investments which are measured at fair value with movements reflected in equity until the asset is derecognised; and
- The fair value of assets other than land is generally based on their depreciated replacement value.

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

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

The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period or in the period of the revision, and future periods if the revision affects both current and future periods.

1.3 Reporting Entity

The Financial Report includes all the controlled activities of Barwon Health.

Its principal address is:

Bellarine Street,
Geelong Victoria 3220

1.4 Rounding Of Amounts

All amounts shown in the Financial Report are rounded off to the nearest thousand dollars unless otherwise stated.

Figures in the financial statements may not equal due to rounding.

1.5 Functional and Presentation Currency

The presentation currency of Barwon Health is the Australian dollar, which has also been identified as the functional currency of Barwon Health.

1.6 Scope and Presentation of financial statements

Intersegment Transactions

Transactions between segments within Barwon Health have been eliminated to reflect the extent of Barwon Health's operations as a group.

Joint Ventures

Interests in jointly controlled assets are accounted for by recognising in Barwon Health's financial statements, its share of assets, liabilities and any revenue and expenses of such joint ventures. Details of the joint venture are set out in Note 24.

Fund Accounting

Barwon Health operates on a fund accounting basis and maintains three funds: Operating, Specific Purpose and Capital Funds. The Capital and Specific Purpose funds include unspent capital donations and receipts from fundraising activities conducted solely in respect of these funds.

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

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

Residential Aged Care Service

The aged care service at the McKellar Centre is substantially funded from Commonwealth bed-day subsidies. The Nursing Home operations are an integral part of the Hospital and share its resources. The results of the two operations have been segregated based on actual revenue earned and expenditure incurred by each operation in Note 5 to the financial statements.

Comprehensive Operating Statement

The sub total entitled 'Net Result Before Capital and Specific Items' is included in the Comprehensive Operating Statement to enhance the understanding of the financial performance of Barwon Health. This subtotal reports the result excluding items such as capital grants, depreciation and items of an unusual nature and amount such as specific revenues and expenses. The exclusion of these items are made to enhance matching of income and expenses so as to facilitate the comparability and consistency of results between years and Victorian Public

Health Services. The 'Net result before Capital and Specific Items' is used by the management of Barwon Health, the Department of Health, and the Victorian Government to measure the ongoing result of Health Services in operating hospital services.

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

- Capital purpose income, which comprises all tied grants, donations and bequests received for the purpose of acquiring non-current assets, such as capital works, plant and equipment or intangible assets. Consequently the recognition of revenue as capital purpose income is based on the intention of the provider of the revenue at the time the revenue is provided.
- Depreciation and amortisation.
- Expenditure using capital purpose income comprises expenditure which either falls below the asset capitalisation threshold, or doesn't meet asset recognition criteria and therefore does not result in the recognition of an asset in the balance sheet, where funding for that expenditure is from capital purpose income.
- Specific income/expense comprises the revaluation increments/decrements of investment properties owned by Barwon Health, as described in Note 16.
- Impairment of financial and non-financial assets, includes all impairment losses (and reversal of previous impairment losses), which have been recognised in accordance with Note 1.28 and 1.31.

Balance Sheet

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

Statement of Changes in Equity

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

Cash Flow Statement

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

1.7 Income Recognition

Income is recognised in accordance with AASB 118 Revenue. Revenue is recognised to the extent that it is earned. Unearned income at reporting date is reported as income received in advance. Amounts disclosed as revenue are, where applicable, net of returns, allowances and duties and taxes.

1.8 Government Grants

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

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

1.9 Indirect Contributions from the Department of Health

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

1.10 Patient and Resident Fees

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

1.11 Private Practice Fees

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

1.12 Donations and Other Bequests

Donations and bequests are recognised as revenue when received. Donations from the community and estate bequests are included in the Comprehensive Operating Statement under Capital Purpose Income, and as part of either the Restricted Specific Purpose Reserve or Internally Managed Reserves in the Balance Sheet.

1.13 Dividend Revenue

Dividend revenue is recognised on a receivable basis.

1.14 Interest Revenue

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

1.15 Sale of Investments

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

1.16 Expense Recognition

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

1.17 Employee Expenses

Employee expenses include;

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

Defined Contribution Plans

Contributions to defined contribution superannuation plans are expensed when incurred.

Defined Benefit Plans

The amount charged to the Comprehensive Operating Statement in respect of defined benefit superannuation plans represents the contributions made by Barwon Health to the superannuation plan in respect of the services of current Barwon Health staff. Superannuation contributions are made to the plans based on the relevant rules of each plan.

Employees of Barwon Health are entitled to receive superannuation benefits and Barwon Health contributes to both the defined benefit and defined contribution plans. The defined benefit plans provide benefits based on years of service and final average salary.

Barwon Health made contributions to the following major superannuation plans during the year:

Fund for the year	Contributions paid or payable for the year	
	2011 \$'000	2010 \$'000
Defined benefit plans:		
- Health Super	17,966	17,125
- Hesta	5,933	5,197
- Other compliant superannuation funds as selected by employee	545	634
Defined contribution plans:		
- Health Super	1,106	1,235
- GSO	245	284
Total	25,796	24,475

1.18 Depreciation

Assets with a cost in excess of \$2,000 (2010: \$2,000) are capitalised and depreciation has been provided on depreciable assets so as to allocate their cost or valuation over their useful lives. Depreciation is generally calculated on a straight line basis, at a rate that allocates the asset value, less any estimated residual value over its estimated useful life. Estimates of the remaining useful lives and depreciation method for all assets are reviewed at least annually. This depreciation charge is not funded by the Department of Health.

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

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

	2011	2010
Buildings & Fit Out	5 - 50 years	5 - 50 years
Plant & Equipment	5 - 10 years	8 - 10 years
Furniture & Fittings	5 - 10 years	7 - 8 years
Linen	3 - 5 years	3 - 5 years
Leased Assets	1 - 3 years	1 - 3 years
Intangible Assets	4 - 5 years	5 years
Motor Vehicles	4 - 6 years	4 - 6 years

Building works currently in progress are not depreciated until the completion of the building project.

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

1.19 Finance Costs

Finance Costs are recognised as expenses in the period in which they are incurred. Finance costs include interest on short-term and long-term borrowings and finance charges in respect of leases recognised in accordance with AASB 117 *Leases*.

1.20 Cash and Cash Equivalents

Cash and cash equivalents comprise cash on hand and cash at bank, deposits at call and highly liquid investments with an original maturity of 3 months or less, which are readily convertible to known amounts of cash and are subject to insignificant risk of changes in value.

1.21 Receivables

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

1.22 Prepayments

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

1.23 Investments and Other Financial Assets

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

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

Barwon Health assesses at each balance sheet date whether a financial asset or group of financial assets is impaired.

Loans and receivables

Bank term deposits and debentures are recorded at amortised cost and are classified between current and non-current assets based on the Board of Director's intentions at balance date with respect to the timing of disposal of each investment with any resultant gain or loss recognised in profit or loss. Barwon Health has the intention and ability to hold these to maturity.

Available for sale financial assets

Shares held by Barwon Health are classified as being available for sale and measured at fair value. Gains and losses arising from changes in fair value are recognised directly in equity until the investment is disposed of or is determined to be impaired, at which time the cumulative gain or loss previously recognised in equity is included in profit or loss for the period. Fair value is determined in the manner described in Note 23.

1.24 Impairment of Financial Assets

Financial Assets have been assessed for impairment in accordance with Australian Accounting Standards. Where an available-for-sale financial asset's fair value at balance date has reduced by 20 per cent 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 instrument is treated as impaired.

In order to determine an appropriate fair value as at 30 June 2011 for its portfolio of available-for-sale financial assets, Barwon Health obtained a valuation based on the best available advice using the market value as determined by the Australian Stock Exchange. These methodologies were critiqued and considered to be consistent with standard market valuation techniques. This valuation process was used to quantify the level of impairment on the portfolio of financial assets as at year end.

1.25 Net Gain / (Loss) on Financial Instruments

Net gain / (Loss) on financial instruments includes the disposals of financial assets.

1.26 Inventories

Inventories include pharmaceutical, medical, surgical and other bulk purchases. Inventories are valued at the lower of cost and net realisable value. Cost is determined by the average purchase price of items. Pharmaceuticals held for distribution are measured at the lower of cost and current replacement cost.

1.27 Property, Plant and Equipment

Crown Land is measured at fair value with regard to the property's highest and best use after due consideration is made for any legal or

constructive restrictions imposed on the asset, public announcements or commitments made in relation to the intended use of the asset. Theoretical opportunities that may be available in relation to the asset(s) are not taken into account until it is virtually certain that any restrictions will no longer apply.

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

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

1.28 Non-financial Physical Assets Classified as Held for Sale

Non-financial physical assets and disposal groups and related liabilities 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. The condition is regarded as met only when the sale is highly probable, the asset's sale (or disposal group) is expected to be completed within 12 months from the date of classification, and the asset is available for immediate use in the current condition.

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

1.29 Revaluations of Non-current Physical Assets

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

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

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

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

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

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

1.30 Intangible Assets

Intangible Assets represent identifiable non-monetary assets without physical substance such as computer software.

Intangible assets are initially recognised at cost. Subsequently, intangible assets with finite useful lives are carried at cost less accumulated amortisation and accumulated impairment losses. Costs incurred subsequent to initial acquisition are capitalised when it is expected that additional future economic benefits will flow to Barwon Health.

Amortisation is allocated to intangible assets with finite useful lives on a straight-line basis over the asset's useful life. They are amortised over a 4 year period (2010: 4 years).

The amortisation period and the amortisation method for an intangible asset are reviewed at least at the end of each annual reporting period. In addition, an assessment is made at each reporting date to determine whether there are indicators that the intangible asset concerned is impaired. If so, the assets concerned are tested as to whether their carrying value exceeds their recoverable amount. Any excess of the carrying amount over the recoverable amount is recognised as an impairment loss.

1.31 Investment Property

Investment properties represent properties held to earn rentals or for capital appreciation or both. Investment properties exclude properties held to meet service delivery and objectives of the State of Victoria.

Investment properties are initially recognised at cost. Costs incurred subsequent to initial acquisition are capitalised when it is probable that future economic benefits in excess of the originally assessed performance of the asset will flow to the entity.

Subsequent to initial recognition at cost, investment properties are revalued to fair value, determined annually by independent valuers or assessed for indication of material movements. Changes in the fair value are recognised as income or expenses in the period that they arise. Investment properties are not depreciated.

Rental revenue from leasing of investment properties is recognised in the Comprehensive Operating Statement in the periods in which it is receivable on a straight line basis over the lease term.

1.32 Net Gain / (Loss) on Non-Financial Assets

Net gain / (loss) on non-financial assets includes realised and unrealised gains and losses from revaluations, impairments and disposals of all physical assets and intangible assets.

Disposal of Non-Financial Assets

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

Impairment of Non-Financial Assets

All assets are assessed annually for indications of impairment, except for:

- inventories; and
- financial assets.

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

1.33 Payables

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

The normal credit terms are usually Nett 30 days.

Patient money held in trust represents money held on behalf of aged residential patients. Refundable Entrance Fees represent aged residential patients' deposits held in trust while the patient is in an aged care facility.

1.34 Interest Bearing Liabilities

Interest bearing liabilities in the Balance Sheet are recognised at fair value upon initial recognition. Subsequent to initial recognition, interest bearing liabilities 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 method. Fair value is determined in the manner described in Note 23.

1.35 Employee Benefits

Wages and Salaries, Annual Leave and Accrued Days Off

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

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

Long Service Leave

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

Current Liability

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

The components of this current LSL liability are measured at:

- present value - component that Barwon Health does not expect to settle within 12 months; and
- nominal value - component that Barwon Health expects to settle within 12 months.

Non-Current Liability

Conditional LSL (representing less than 10 years of continuous service) is disclosed as a non-current liability.

There is an unconditional right to defer the settlement of the entitlement until the employee has completed the requisite years of service. Conditional LSL is required to be measured at present value.

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

Superannuation

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

On-Costs

Employee benefit on-costs (workers compensation and superannuation) are recognised and included in employee benefit liabilities and costs when the employee benefits to which they relate are recognised as liabilities.

1.36 Leases

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

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

Finance leases

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

Operating Leases

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

Operating lease payments are recognised as an expense in the Comprehensive Operating Statement over the lease term on a straight-line basis which is representative of the pattern of benefits derived from the leased assets and accordingly are charged against revenue in the periods in which they are incurred.

Leasehold Improvements

The cost of leasehold improvements are capitalised as an asset and depreciated over the remaining term of the lease or the estimated useful life of the improvements, whichever is the shorter.

1.37 Contributed Capital

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

1.38 Land and Buildings Revaluation Reserve

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

1.39 Available-for-Sale Revaluation Reserve

The available-for-sale revaluation reserve arises on the revaluation of the available-for-sale financial assets. Where a revalued financial asset is sold that portion of the reserve which relates to that financial asset, is effectively realised, and is recognised in the Comprehensive Operating Statement. Where a revalued financial asset is impaired that portion of the reserve, which relates to that financial asset, is recognised in the Comprehensive Operating Statement.

1.40 Restricted Specific Purpose Funds and Internally Managed Reserves

Barwon Health's Restricted Purpose Funds comprise unspent donations, the net surplus from private practice arrangements and receipts from fundraising activities conducted solely in respect of these funds. Separation of these funds from the Operating Fund is required under Hospital Funding Guidelines and Barwon Health has no discretion to amend or vary the restriction and/or conditions underlying the funds received. Internally Managed Reserves refers to funds over which Barwon Health has management control, as well as the discretion, on the ultimate disposition of these funds.

1.41 Private Practice Fees Donated

In relation to full time medical staff, all the private practice fees are donated to Barwon Health in accordance with agreements reached with medical practitioners. Barwon Health uses a percentage of these funds for the professional development of practitioners and for the replacement of medical equipment. Other arrangements apply to sessional medical staff in the conduct of private practice on site using Barwon Health facilities and equipment. The facility charges for these services are specified in individual contracts between the practitioner and Barwon Health.

1.42 Research Funds

Research fund transactions are recorded through the Comprehensive Operating Statement with the accumulated net results reported as Restricted Specific Purpose Reserves within the Balance Sheet.

1.43 Economic Dependency

Barwon Health is dependent upon the State and to a lesser extent, the Federal Government, continuing to purchase or contract for the delivery of health services.

1.44 Commitments

Commitments are not recognised on the Balance Sheet. Commitments are disclosed at their nominal value and are inclusive of the GST payable.

1.45 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 taxation authority. In this case it is recognised as part of the cost of acquisition of the asset or as part of the expense.

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

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

Commitments are presented on a gross basis.

1.46 Going Concern

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

After due consideration of the results of the operations of Barwon Health for the year ended 30 June 2011, the Board

of Barwon Health have sought a letter of comfort from the Department of Health to ensure that the going concern test is satisfied.

Barwon Health is dependent upon the State of Victoria, via the Department of Health, for the funding of a significant proportion of its operations.

1.47 Category Groups

Barwon Health has used the following category groups for reporting purposes for the current and previous financial years.

Admitted Patient Services (Admitted Patients)

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

Mental Health Services (Mental Health)

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

Outpatient Services (Outpatients)

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

Emergency Department Services (EDS)

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

Aged Care

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

Primary Health

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

Off Campus, Ambulatory Services (Ambulatory)

Ambulatory comprises all recurrent health revenue/expenditure on public hospital type services including palliative care facilities and rehabilitation facilities, as well as services provided under the following agreements: Services that are provided or received by hospitals (or area

health services) but are delivered/received outside a hospital campus, services which have moved from a hospital to a community setting since June 1998, services which fall within the agreed scope of inclusions under the new system, which have been delivered within hospitals, i.e. in rural/remote areas.

Residential Aged Care including Mental Health (RAC incl. Mental Health)

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

Other Services excluded from Australian Health Care Agreement (AHCA) (Other)

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

1.48 New Accounting Standards and Interpretations

Certain new accounting standards and interpretations have been published that are not mandatory for the 30 June 2011 reporting period. As at 30 June 2011, the following standards and interpretations had been issued but were not mandatory for financial years ending 30 June 2011. Barwon Health has not and does not intend to adopt these standards early.

Standard / Interpretation	Summary	Applicable for Annual Reporting periods beginning on	Impact on Barwon Health Financial Statements
AASB 9 <i>Financial instruments</i>	This standard simplifies requirements for the classification and measurement of financial assets resulting from Phase 1 of the IASB's project to replace IAS 39 <i>Financial Instruments: Recognition and Measurement</i> (AASB 139 <i>Financial Instruments: Recognition and Measurement</i>).	Beginning 1 Jan 2013	Detail of impact is still being assessed.
AASB 124 <i>Related Party Disclosures</i> (Dec 2009)	Government related entities have been granted partial exemption with certain disclosure requirements.	Beginning 1 Jan 2011	Preliminary assessment suggests the impact is insignificant. However, Barwon Health is still assessing the detailed impact and whether to early adopt.
AASB 1053 <i>Application of Tiers of Australian Accounting Standards</i>	This Standard establishes a differential financial reporting framework consisting of two tiers of reporting requirements for preparing general purpose financial statements.	Beginning 1 Jul 2013	The Victorian Government is currently considering the impacts of Reduced Disclosure Requirements (RDRs) for certain public sector entities and has not decided if RDRs will be implemented to the Victorian Public Sector.
AASB 2009-11 <i>Amendments to Australian Accounting Standards arising from AASB 9</i> [AASB 1, 3, 4, 5, 7, 101, 102, 108, 112, 118, 121, 127, 128, 131, 132, 136, 139, 1023 and 1038 and Interpretations 10 and 12]	This Standard gives effect to consequential changes arising from the issuance of AASB 9.	Beginning 1 Jan 2013	Detail of impact is still being assessed.
AASB 2009-12 <i>Amendments to Australian Accounting Standards</i> [AASB 5, 8, 108, 110, 112, 119, 133, 137, 139, 1023 and 1031 and Interpretations 2, 4, 16, 1039 and 1052]	This standard amends AASB 8 to require an entity to exercise judgement in assessing whether a government and entities known to be under the control of that government are considered a single customer for purposes of certain operating segment disclosures. This standard also makes numerous editorial amendments to other AASs.	Beginning 1 Jan 2011	The amendments only apply to those entities to whom AASB 8 applies, which are for-profit entities except for-profit government departments. Detail of impact is still being assessed.
AASB 2009-14 <i>Amendments to Australian Interpretation – Prepayments of a Minimum Funding Requirement</i> [AASB Interpretation 14]	<i>Amendments to Interpretation 14 arise from the issuance of prepayments of a minimum funding requirement.</i>	Beginning 1 Jan 2011	Expected to have no significant impact.
AASB 2010-2 <i>Amendments to Australian Accounting Standards arising from Reduced Disclosure Requirements</i>	This Standard makes amendments to many Australian Accounting Standards, including Interpretations, to introduce reduced disclosure requirements to the pronouncements for application by certain types of entities.	Beginning 1 Jul 2013	Does not affect financial measurement or recognition, so is not expected to have any impact on financial result or position. May reduce some note disclosures in financial statements.
AASB 2010-4 <i>Further Amendments to Australian Accounting Standards arising from the Annual Improvements Project</i> [AASB 1, AASB 7, AASB 101 & AASB 134 and Interpretation 13]	This Standard makes numerous improvements designed to enhance the clarity of standards.	Beginning 1 Jan 2011	No significant impact on the financial statements.
AASB 2010-5 <i>Amendments to Australian Accounting Standards</i> [AASB 1, 3, 4, 5, 101, 107, 112, 118, 119, 121, 132, 133, 134, 137, 139, 140, 1023 & 1038 and Interpretations 112, 115, 127, 132 & 1042]	This amendment contains editorial corrections to a range of Australian Accounting Standards and Interpretations, which includes amendments to reflect changes made to the text of IFRSs by the IASB.	Beginning 1 Jan 2011	No significant impact on the financial statements.

Standard / Interpretation	Summary	Applicable for Annual Reporting periods beginning on	Impact on Barwon Health Financial Statements
AASB 2010-6 <i>Amendments to Australian Accounting Standards – Disclosures on Transfers of Financial Assets</i> [AASB 1 & AASB 7]	This amendment adds and changes disclosure requirements about the transfer of financial assets. This includes the nature and risk of the financial assets.	Beginning 1 Jul 2011	This may impact on departments and public sector entities as it creates additional disclosure for transfers of financial assets. Detail of impact is still being assessed.
AASB 2010-7 <i>Amendments to Australian Accounting Standards arising from AASB 9</i> (December 2010) [AASB 1, 3, 4, 5, 7, 101, 102, 108, 112, 118, 120, 121, 127, 128, 131, 132, 136, 137, 139, 1023 & 1038 and Interpretations 2, 5, 10, 12, 19 & 127]	These amendments are in relation to the introduction of AASB 9.	Beginning 1 Jan 2013	This amendment may have an impact on departments and public sector bodies as AASB 9 is a new standard and it changes the requirements of numerous standards. Detail of impact is still being assessed.
AASB 2010-8 <i>Amendments to Australian Accounting Standards – Deferred Tax: Recovery of Underlying Assets</i> [AASB 112]	This amendment provides a practical approach for measuring deferred tax assets and deferred tax liabilities when measuring investment property by using the fair value model in AASB 140 <i>Investment Property</i> .	Beginning 1 Jan 2012	This amendment provides additional clarification through practical guidance.
AASB 2010-9 <i>Amendments to Australian Accounting Standards – Severe Hyperinflation and Removal of Fixed Dates for Firsttime Adopters</i> [AASB 1]	This amendment provides guidance for entities emerging from severe hyperinflation who are going to resume presenting Australian Accounting Standards financial statements or entities that are going to present Australian Accounting Standards financial statements for the first time. It provides relief for firsttime adopters from having to reconstruct transactions that occurred before their date of transition to Australian Accounting Standards.	Beginning 1 Jul 2011	Amendment unlikely to impact on public sector entities.
AASB 2011-1 <i>Amendments to Australian Accounting Standards arising from the Trans-Tasman Convergence Project</i> [AASB 1, AASB 5, AASB 101, AASB 107, AASB 108, AASB 121, AASB 128, AASB 132 & AASB 134 and Interpretations 2, 112 & 113]	This amendment affects multiple Australian Accounting Standards and AASB Interpretations for the objective of increased alignment with IFRSs and achieving harmonisation between both Australian and New Zealand Standards. It achieves this by removing guidance and definitions from some Australian Accounting Standards, without changing their requirements.	Beginning 1 Jul 2011	This amendment will have no significant impact on public sector bodies.
AASB 2011-2 <i>Amendments to Australian Accounting Standards arising from the Trans-Tasman Convergence Project – Reduced Disclosure Requirements</i> [AASB 101 & AASB 1054]	The objective of this amendment is to include some additional disclosure from the Trans-Tasman Convergence Project and to reduce disclosure requirements for entities preparing general purpose financial statements under Australian Accounting Standards – Reduced Disclosure Requirements.	Beginning 1 Jul 2013	The Victorian Government is currently considering the impacts of Reduced Disclosure Requirements (RDRs) and has not decided if RDRs will be implemented to Victorian Public Sector.
AASB 2011-3 <i>Amendments to Australian Accounting Standards – Orderly Adoption of Changes to the ABS GFS Manual and Related Amendments</i> [AASB 1049]	This amends AASB 1049 to clarify the definition of the ABS GFS Manual, and to facilitate the adoption of changes to the ABS GFS Manual and related disclosures.	Beginning 1 Jul 2012	This amendment provides clarification to users on the version of the GFS Manual to be used and what to disclose if the latest GFS Manual is not used. No impact on performance measurements will occur.

NOTE 2 REVENUE

	Note	HSA 2011 \$'000	HSA 2010 \$'000	H & CI 2011 \$'000	H & CI 2010 \$'000	Total 2011 \$'000	Total 2010 \$'000
Revenue from Operating Activities							
Government Grants							
- Department of Health		347,213	323,998	-	-	347,213	323,998
- Dental Health Services Victoria		5,495	4,768	-	-	5,495	4,768
- Equipment and Infrastructure Maintenance		1,653	386	-	-	1,653	386
- Commonwealth Government							
- Residential Aged Care Subsidy		14,802	14,132	-	-	14,802	14,132
- PBS Income		9,522	6,759	-	-	9,522	6,759
- Other		4,303	3,644	-	-	4,303	3,644
Total Government Grants		382,988	353,688	-	-	382,988	353,688
Indirect Contributions by Department of Health							
- Insurance		5,716	4,352	-	-	5,716	4,352
- Long Service Leave		2,326	2,197	-	-	2,326	2,197
Total Indirect Contributions by Department of Health		8,042	6,549	-	-	8,042	6,549
Patient and Resident Fees							
- Patient and Resident Fees		29,117	28,670	-	-	29,117	28,670
- Residential Aged Care		6,358	5,475	-	-	6,358	5,475
Total Patient and Resident Fees	6	35,475	34,145	-	-	35,475	34,145
Business Units and Specific Purpose Funds							
- Pharmacy Services		-	-	11,668	10,737	11,668	10,737
- Property Income		-	-	1,180	980	1,180	980
- Private Practice Fees		-	-	1,406	1,280	1,406	1,280
- Laboratory Medicine		-	-	2,065	2,519	2,065	2,519
- Laundry		-	-	3,837	6,625	3,837	6,625
- Salary Packaging Admin Recoveries		-	-	1,490	1,190	1,490	1,190
- Other Revenue from Non-Operating Activities		-	-	3,012	2,878	3,012	2,878
Total Business Units and Specific Purpose Funds		-	-	24,658	26,209	24,658	26,209
Recoupment from Private Practice for use of Hospital Facilities							
		3,636	3,697	-	-	3,636	3,697
Other Revenue							
		12,141	9,800	-	-	12,141	9,800
Sub-Total Revenue from Operating Activities		442,282	407,879	24,658	26,209	466,940	434,088

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	Note	HSA 2011 \$'000	HSA 2010 \$'000	H & CI 2011 \$'000	H & CI 2010 \$'000	Total 2011 \$'000	Total 2010 \$'000
Revenue from Non-Operating Activities							
Interest - Investments Held to Maturity		-	-	3,357	2,610	3,357	2,610
Dividends - Available for Sale Investments		-	-	332	121	332	121
Profit on Sale of Available-for-Sale Investments		-	-	270	-	270	-
Sub-Total Revenue from Non-Operating Activities		-	-	3,959	2,730	3,959	2,730
Revenue from Capital Purpose Income							
State Government Capital Grants							
- Targeted Capital Works and Equipment		1,639	2,414	-	-	1,639	2,414
- Other		14,533	22,079	-	-	14,533	22,079
Commonwealth Government Capital Grants							
Residential Accommodation Payments		-	-	825	830	825	830
Donations and Bequests		-	-	773	(300)	773	(300)
Net Gain / (Loss) on Disposal of Non-Current Assets							
	7	-	-	3,633	2,839	3,633	2,839
		-	-	(175)	(16)	(175)	(16)
Sub-Total Revenue from Capital Purpose Income		16,172	24,493	5,056	3,353	21,228	27,847
Share of Operating Revenue of SWARH Joint Venture							
		4,241	999	-	-	4,241	999
Share of Capital Revenue of SWARH Joint Venture							
		-	9	-	-	-	9
Total Revenue from Ordinary Activities	3	462,695	433,380	33,673	32,293	496,368	465,674

Indirect contribution by Department of Health: Department of Health makes certain payments on behalf of Barwon Health. These amounts have been brought to account in determining the operating result for the year by recording them as revenue and expenses.

NOTE 4 EXPENSES

	Note	HSA 2011 \$'000	HSA 2010 \$'000	H & CI 2011 \$'000	H & CI 2010 \$'000	Total 2011 \$'000	Total 2010 \$'000
Employee Benefits							
- Salaries and Wages		288,113	269,261	9,392	9,244	297,505	278,505
- Superannuation		25,139	23,722	857	825	25,996	24,547
- Long Service Leave		8,605	8,142	198	211	8,803	8,353
- Workcover		3,521	2,827	90	233	3,611	3,060
- Departure Packages		65	197	78	6	143	203
Total Employee Benefits		325,443	304,149	10,615	10,520	336,058	314,669
Non Salary Labour Costs							
- Agency Costs - Other		3,604	3,073	172	42	3,776	3,115
- Agency Costs - Nursing		1,640	1,772	-	-	1,640	1,772
Total Non Salary Labour Costs		5,244	4,845	172	42	5,416	4,886
Supplies and Consumables							
- Medical, Surgical Supplies & Prosthesis		38,019	39,284	295	316	38,314	39,600
- Drug Supplies		21,966	20,301	5,923	5,206	27,889	25,507
- Pathology Supplies		6,400	6,080	68	43	6,468	6,123
- S100 Drugs		3,682	5,785	-	-	3,682	5,785
- Food Supplies		4,932	4,670	21	14	4,953	4,684
Total Supplies and Consumables		74,999	76,119	6,307	5,580	81,306	81,699
Other Expenses from Continuing Operations							
- Administrative Expenses		4,844	4,862	1,152	945	5,996	5,808
- Heat, Light & Power		5,047	4,943	105	71	5,152	5,014
- Repairs and Maintenance		5,444	4,648	671	338	6,115	4,986
- Insurance costs funded by DH		5,716	4,352	-	-	5,716	4,352
- Maintenance Contracts		2,854	3,338	78	81	2,932	3,419
- I.T. Services and Software		5,463	2,417	2,896	734	8,359	3,151
- Domestic Services and Supplies		2,850	2,318	388	746	3,238	3,064
- Continuing Medical Education costs		1,003	1,292	492	536	1,495	1,828
- Printing & Stationery		1,585	1,679	118	120	1,703	1,799
- Other Expenses		690	406	299	1,010	989	1,416
- Patient Transport		1,466	1,348	14	17	1,480	1,365
- Motor Vehicle Expenses		775	853	157	165	932	1,018
- Rent Expenses		960	951	19	3	979	954
- Communication Expenses		993	845	14	3	1,007	848
- Lease Expenses		1,101	676	112	110	1,213	785
- Audit Fees		306	279	-	-	306	279
- Ex Gratia Payments		-	64	-	-	-	64
- Bad and Doubtful Debts		272	26	-	-	272	26
Total Other Expenses from Continuing Operations		41,369	35,296	6,515	4,879	47,884	40,175

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	Note	HSA 2011 \$'000	HSA 2010 \$'000	H & CI 2011 \$'000	H & CI 2010 \$'000	Total 2011 \$'000	Total 2010 \$'000
Share of Revenue of SWARH Joint Venture	24	4,379	1,195	-	-	4,379	1,195
Expenditure using Capital Purpose Income							
Employee Benefits (inc. termination benefits)		-	-	589	954	589	954
Other Expenses		-	-	444	212	444	212
Non Salary Labour Costs		-	-	37	55	37	55
Share of Expenses of SWARH Joint Venture	24	-	-	9	-	9	-
Total Expenditure using Capital Purpose Income		-	-	1,079	1,221	1,079	1,221
Depreciation and Amortisation	14	31,372	30,462	602	481	31,974	30,942
Finance Costs – Borrowings at Amortised Costs	9	195	246	11	4	206	250
Impairment of Available-for-Sale Financial Assets		-	21	-	-	-	21
		31,567	30,728	613	485	32,180	31,213
Total Expenses	5	483,001	452,332	25,301	22,726	508,302	475,058



NOTE 5 ANALYSIS OF EXPENSES BY SOURCE

2011	Note	Admitted Patients \$'000	Outpatients \$'000	EDS \$'000
Services Supported by Health Service Agreement				
Employee Benefits		197,728	15,253	15,521
Supplies and Consumables		51,580	2,553	4,176
Other Expenses		23,414	2,612	1,881
Depreciation and Amortisation		9,798	4,286	2,949
Non Salary Labour Costs		2,586	74	98
Share of Expenses of SWARH Joint Venture	24	-	-	-
Finance Costs		54	7	5
Sub-Total Expenses from Services Supported by Health Services Agreement		285,160	24,785	24,630
Services Supported by Hospital and Community Initiatives				
Employee Benefits		-	-	-
Other Expenses		-	-	-
Depreciation and Amortisation		-	-	-
Supplies and Consumables		-	-	-
Non Salary Labour Costs		-	-	-
Finance Costs		-	-	-
Sub-Total Expenses from Services Supported by Hospital and Community Initiatives	8	-	-	-
Services Supported by Capital Sources				
Employee Benefits		-	-	-
Other Expenses		-	-	-
Non Salary Labour Costs		-	-	-
Share of Expenses of SWARH Joint Venture	24	-	-	-
Sub-Total Expenses from Services Supported By Capital Sources		-	-	-
Total Expenses from Ordinary Activities		285,160	24,785	24,630

Ambulatory \$'000	Mental Health \$'000	RAC incl. Mental Health \$'000	Aged Care \$'000	Primary Health \$'000	Other \$'000	Total \$'000
25,057	22,897	27,081	12,176	7,224	2,506	325,443
5,339	2,894	3,866	1,127	2,621	843	74,999
3,844	2,296	3,329	1,660	1,769	564	41,369
1,863	2,649	8,168	354	1,226	79	31,372
970	467	875	62	78	34	5,244
-	-	-	-	-	4,379	4,379
19	38	19	23	26	5	195
37,092	31,241	43,338	15,402	12,944	8,410	483,001
-	-	-	-	-	10,615	10,615
-	-	-	-	-	6,515	6,515
-	-	-	-	-	602	602
-	-	-	-	-	6,307	6,307
-	-	-	-	-	172	172
-	-	-	-	-	11	11
-	-	-	-	-	24,222	24,222
-	-	-	-	-	589	589
-	-	-	-	-	444	444
-	-	-	-	-	37	37
-	-	-	-	-	9	9
-	-	-	-	-	1,079	1,079
37,092	31,241	43,338	15,402	12,944	33,711	508,302

NOTE 5 ANALYSIS OF EXPENSES BY SOURCE *continued*

2010	Note	Admitted Patients \$'000	Outpatients \$'000	EDS \$'000
Services Supported by Health Service Agreement				
Employee Benefits		145,036	17,473	16,203
Supplies and Consumables		43,152	3,019	4,306
Other Expenses		14,302	2,592	1,678
Depreciation and Amortisation		9,570	3,093	2,308
Non Salary Labour Costs		1,640	124	172
Share of Expenses of SWARH Joint Venture	24	-	-	-
Finance Costs		68	8	7
Impairment of Non-Financial Assets		21	-	-
Sub-Total Expenses from Services Supported by Health Services Agreement		213,789	26,309	24,674
Services Supported by Hospital and Community Initiatives				
Employee Benefits		-	-	-
Other Expenses		-	-	-
Depreciation and Amortisation		-	-	-
Supplies and Consumables		-	-	-
Non Salary Labour Costs		-	-	-
Finance Costs		-	-	-
Sub-Total Expenses from Services Supported by Hospital and Community Initiatives	8	-	-	-
Services Supported by Capital Sources				
Employee Benefits		-	-	-
Other Expenses		-	-	-
Non Salary Labour Costs		-	-	-
Sub-Total Expenses from Services Supported By Capital Sources		-	-	-
Total Expenses from Ordinary Activities		213,789	26,309	24,674

Ambulatory \$'000	Mental Health \$'000	RAC incl. Mental Health \$'000	Aged Care \$'000	Primary Health \$'000	Other \$'000	Total \$'000
26,809	33,122	33,821	14,039	8,331	9,315	304,149
5,819	4,654	5,554	1,721	3,259	4,635	76,119
3,397	4,244	4,162	1,737	1,892	1,292	35,296
2,387	2,922	7,614	864	1,076	628	30,462
995	538	836	104	138	299	4,845
-	-	-	-	-	1,195	1,195
24	48	24	29	33	7	246
-	-	-	-	-	-	21
39,430	45,528	52,011	18,493	14,727	17,371	452,332
-	-	-	-	-	10,520	10,520
-	-	-	-	-	4,879	4,879
-	-	-	-	-	481	481
-	-	-	-	-	5,580	5,580
-	-	-	-	-	42	42
-	-	-	-	-	4	4
-	-	-	-	-	21,505	21,505
-	-	-	-	-	954	954
-	-	-	-	-	212	212
-	-	-	-	-	55	55
-	-	-	-	-	1,221	1,221
39,430	45,528	52,011	18,493	14,727	40,097	475,058

NOTE 6 PATIENT AND RESIDENT FEES

	2011 \$'000	2010 \$'000
Patient and Resident Fees Raised		
Inpatients		
- Acute	19,436	17,356
- Sub Acute	5,421	4,886
- Other	2,951	2,023
Residential Aged Care		
- Geriatric	5,721	6,877
- Mental Health	638	564
Other	1,308	2,438
TOTAL	35,475	34,145

NOTE 7 NET (LOSS) ON DISPOSAL OF NON-FINANCIAL ASSETS

	2011 \$'000	2010 \$'000
Proceeds from Disposal of Non Current Assets		
- Motor Vehicles	256	172
- Leased Motor Vehicles	163	247
- Equipment	-	11
- Medical Equipment	-	5
Total Proceeds from Disposal of Non Current Assets	419	435
Less: Written Down Value of Non Current Assets Sold		
- Motor Vehicles	178	169
- Leased Motor Vehicles	205	282
- Equipment	44	-
- Medical Equipment	158	-
- Furniture, fittings & equipment	2	-
- Plant	8	-
Total Written Down Value of Non Current Assets Sold	594	451
Net (Loss) on Disposal of Non Current Assets	(175)	(16)

NOTE 8 ANALYSIS OF EXPENSES BY INTERNAL AND RESTRICTED SPECIFIC PURPOSE FUNDS FOR SERVICES SUPPORTED BY HOSPITAL AND COMMUNITY INITIATIVES

	2011 \$'000	2010 \$'000
- Pharmacy Services	7,092	5,799
- Laundry	5,800	8,382
- Chronic Disease Management Project	2,534	-
- Private Practice Expenses	1,221	1,148
- Research	1,208	742
- Staff Care	685	671
- Laboratory Medicine	633	641
- Salary Packaging Admin Charges	412	440
- Property	335	178
- Other Non-Operating Activities	3,689	3,019
TOTAL¹	23,609	21,020

¹Note excludes Depreciation and Amortisation, and Finance Costs

NOTE 9 FINANCE COSTS

	2011 \$'000	2010 \$'000
Finance Charges on Finance Leases	206	250
TOTAL	206	250

NOTE 10 RECEIVABLES

	Note	2011 \$'000	2010 \$'000
CURRENT			
Contractual			
Patient Fees		5,057	6,925
Less: Allowance for Patient Fee Doubtful Debts		(345)	(408)
Accrued Investment Income		579	368
Sundry Debtors		5,430	7,000
Accrued Revenue - Other		2,169	995
Prepayments		525	2,442
		13,415	17,323
Statutory			
GST Receivable		1,395	1,447
Accrued Revenue - Department of Health		717	(400)
TOTAL CURRENT RECEIVABLES		15,527	18,370
NON-CURRENT			
Statutory			
Long Service Leave - Department of Health		10,241	7,915
TOTAL NON CURRENT RECEIVABLES		10,241	7,915
TOTAL RECEIVABLES		25,768	26,285
(a) Movement in allowance for patient fee doubtful debts:			
Balance at beginning of year		(408)	(382)
Amounts written off during year		335	-
(Increase) / decrease in allowance recognised through profit and loss		(272)	(26)
Balance at end of the year		(345)	(408)
(b) Ageing analysis of receivables.			
Please refer to note 23 for the ageing analysis of receivables.			
(c) Nature and extent of risk arising from receivables.			
Please refer to note 23 for the nature and extent of credit risk arising from receivables.			

NOTE 11 INVESTMENTS AND OTHER FINANCIAL ASSETS

	Operating Fund \$'000	Special Purpose Fund \$'000	Capital Fund \$'000	2011 Total \$'000	2010 Total \$'000
Current					
- Australian Dollar Term Investments	-	1,034	-	1,034	33,254
- Fixed Bonds & Floating Rate Notes	-	3,750	701	4,451	-
TOTAL CURRENT	-	4,784	701	5,485	33,254
Non-Current					
- Fixed Bonds & Floating Rate Notes	-	20,991	5,491	26,482	-
- Equities at Fair Value	-	4,634	-	4,634	2,107
TOTAL NON CURRENT	-	25,625	5,491	31,116	2,107
TOTAL	-	30,409	6,192	36,601	35,361
Represented by:					
Health Service Investments				30,409	31,361
Monies Held in Trust					
- Refundable Entrance Fees				6,192	4,000
TOTAL				36,601	35,361

(a) Ageing analysis of investments - term deposits.

Please refer to Note 23 for the ageing analysis of investments and other financial assets.

(b) Nature and extent of risk arising from investments - term deposits.

Please refer to Note 23 for the nature and extent of creditor risk arising from investments - term deposits.

NOTE 12 INVENTORIES

	2011 \$'000	2010 \$'000
Pharmaceuticals at cost	1,610	1,317
Medical and Surgical Lines at cost	1,306	1,252
Bulk Store at cost	365	401
Inventories held by SWARH Joint Venture (Note 24)	39	26
TOTAL INVENTORIES	3,320	2,997

NOTE 13 PROPERTY HELD FOR SALE

	At Cost / Valuation \$'000	Accumulated Depreciation / Amortisation \$'000	Net Assets 2011 \$'000
Land and Buildings - Held for Sale			
Land at revaluation on 30 June 2009	410	-	410
Buildings at valuation on 30 June 2009 at depreciated replacement cost	130	13	117
	540	13	527

Please refer to note 1.28 for more details on Non-financial Physical Assets classified as Held for Sale.



NOTE 14 PROPERTY, PLANT AND EQUIPMENT

2011	At Cost / Valuation \$'000	Accumulated Depreciation / Amortisation \$'000	Net Assets 2011 \$'000
Plant and Equipment at Fair Value			
- Plant at depreciated replacement cost	9,410	5,082	4,328
- Transport at depreciated replacement cost	5,646	4,562	1,084
- Other at depreciated replacement cost	26,395	14,492	11,903
	41,451	24,136	17,315
Medical equipment at depreciated replacement cost			
	53,290	30,892	22,398
Furniture and Fittings at Cost			
	427	300	127
Linen at Cost			
	4,314	2,206	2,108
Land and Buildings			
At Fair Value			
Land at revaluation on 30 June 2009	44,035	-	44,035
Crown Land at revaluation on 30 June 2009	4,747	-	4,747
Buildings at valuation on 30 June 2009 at depreciated replacement cost	389,167	45,677	343,490
At Cost			
Land at cost	2,744	-	2,744
Buildings at cost	41,120	1,077	40,043
Buildings Under Construction at cost	8,366	-	8,366
Leasehold Improvements at cost	850	101	749
	491,029	46,855	444,174
Leased Assets at Cost			
Motor Vehicles and Equipment at Cost	639	189	450
Total Non-Current Assets	591,150	104,578	486,572

Please refer to note 1.29 for more details on revaluation of property, plant and equipment.

2010	At Cost / Valuation \$'000	Accumulated Depreciation / Amortisation \$'000	Net Assets 2010 \$'000
Plant and Equipment at Fair Value			
- Plant at depreciated replacement cost	7,076	5,108	1,968
- Transport at depreciated replacement cost	5,857	4,816	1,041
- Other at depreciated replacement cost	27,828	16,149	11,679
	40,761	26,073	14,688
Medical equipment at depreciated replacement cost			
	52,438	31,269	21,169
Furniture and Fittings at Cost			
	454	319	135
Linen at Cost			
	3,968	2,106	1,862
Land and Buildings			
At Fair Value			
Land at revaluation on 30 June 2009	44,445	-	44,445
Crown Land at revaluation on 30 June 2009	4,747	-	4,747
Buildings at valuation on 30 June 2009 at depreciated replacement cost	389,167	22,754	366,413
At Cost			
Land at cost	503	-	503
Buildings at cost	20,350	407	19,943
Buildings Under Construction at cost	20,914	-	20,914
Leasehold Improvements at cost	625	59	566
	480,751	23,220	457,530
Leased Assets at Cost			
Motor Vehicles and Equipment at Cost	713	237	476
Total Non-Current Assets	579,085	83,223	495,862

NOTE 14 PROPERTY, PLANT AND EQUIPMENT *continued*

Reconciliations of the carrying amounts of each class of asset at the beginning and end of the previous and current year are set out below:

2011	Land \$'000	Buildings & Leasehold \$'000	Plant & Equipment \$'000
Carrying amount at start of year	49,695	407,835	14,688
Additions	1,831	8,460	5,667
Revaluations / Increments	-	-	-
Impairment of Assets	-	-	-
Disposals	-	-	(230)
Depreciation / Amortisation Expense	-	(23,648)	(2,809)
Carrying amount at end of year	51,526	392,647	17,316

2010	Land \$'000	Buildings & Leasehold \$'000	Plant & Equipment \$'000
Carrying amount at start of year	49,192	401,682	14,788
Additions	503	29,362	3,015
Revaluations / Increments	-	-	-
Impairment of Assets	-	-	-
Disposals	-	-	(169)
Depreciation / Amortisation Expense	-	(23,209)	(2,995)
Carrying amount at end of year	49,695	407,835	14,639

Land and Buildings carried at Valuation

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

The effective date of the valuation is 30 June 2009.

Medical \$'000	Furniture & Fittings \$'000	Linen \$'000	Leased Assets \$'000	Total \$'000
21,169	135	1,863	476	495,861
5,970	12	345	317	22,602
-	-	-	-	-
-	-	-	-	-
(158)	(2)	-	(205)	(595)
(4,582)	(18)	(100)	(139)	(31,296)
22,399	127	2,108	449	486,572

Medical \$'000	Furniture & Fittings \$'000	Linen \$'000	Leased Assets \$'000	Total \$'000
20,217	123	1,812	692	488,506
5,056	32	147	219	38,334
-	-	-	-	-
-	-	-	-	-
-	-	-	(282)	(451)
(4,104)	(20)	(96)	(153)	(30,577)
21,169	135	1,863	476	495,812

NOTE 15 INTANGIBLE ASSETS

	2011 \$'000	2010 \$'000
Payroll and Human Resource System	1,297	1,070
Total Written Down Value	1,297	1,070

Reconciliation of the carrying amounts of intangible assets at the beginning and the end of the previous and current financial year:

Payroll and Human Resource System

Balance at beginning of financial year	1,070	1,345
Additions	689	75
Amortisation	(462)	(350)
Balance at end of financial year	1,297	1,070
TOTAL	1,297	1,070

NOTE 16 INVESTMENT PROPERTIES

	2011 \$'000	2010 \$'000
Balance at beginning of the period	12,588	12,558
Balance at the end of the period	12,588	12,558

NOTE 17 PAYABLES

	2011 \$'000	2010 \$'000
Current		
Contractual		
Trade Creditors	5,390	12,419
Salaries and Wages	6,644	8,735
Accrued Expenses	4,699	5,065
Other	2,186	1,610
	18,919	27,829
Statutory		
GST Payable	654	599
TOTAL	19,573	28,428

(a) Maturity analysis of payables.

Please refer to note 23 for the ageing analysis of payables.

(b) Nature and extent of risk arising from payables.

Please refer to Note 23 for the nature and extent of risks arising from payables.

NOTE 18 MONIES HELD IN TRUST

	Note	2011 \$'000	2010 \$'000
Current			
Contractual			
Refundable Entrance Fees		5,770	5,536
Residential Patient Monies held in Trust		1,048	1,214
TOTAL		6,818	6,750

Total Monies Held in Trust

Represented by the following assets:

Cash held - refundable entrance fees	22	-	1,536
Cash held - monies held in trust	22	626	1,214
Investments and other financial assets	11	6,192	4,000
TOTAL		6,818	6,750

NOTE 19 INTEREST BEARING LIABILITIES

	Note	2011 \$'000	2010 \$'000
Current			
Lease Liabilities	25	277	254
		277	254
Non Current			
Lease Liabilities	25	180	185
		180	185
Total Interest Bearing Liabilities		457	439

Barwon Health has 22 unsecured Finance Leases for Motor Vehicles. The facilities vary from 12 to 36 months, with interest rates between 6.25 and 7.62%.

(a) Maturity analysis of interest bearing liabilities.

Please refer to Note 23 for the ageing analysis of interest bearing liabilities.

(b) Nature and extent of risk arising from interest bearing liabilities.

Please refer to Note 23 for the nature and extent of risks arising from interest bearing liabilities.

(c) Defaults and breaches.

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

NOTE 20 EMPLOYEE BENEFITS AND RELATED ON-COSTS PROVISIONS

	2011 \$'000	2010 \$'000
Current		
- Unconditional Annual Leave expected to be settled within 12 months	20,817	19,595
- Unconditional Annual Leave not expected to be settled within 12 months (present value)	3,468	3,306
- Accrued Salaries and Wages	5,819	4,720
- Accrued Days Off	577	557
- Unconditional Long Service Leave Entitlements	31,036	27,640
	61,716	55,817
Provisions related to employee benefit on-costs		
- Annual Leave	2,406	2,262
- Accrued Days Off	66	57
- Unconditional Long Service Leave Entitlements	3,521	2,816
	5,992	5,135
Total Current	67,709	60,952
Non Current		
- Conditional Long Service Leave Entitlements (present value)	10,945	11,627
- Employee benefit on-costs for Long Service Leave	1,236	1,182
Total Non Current	12,181	12,808
Total Provisions	79,890	73,761
a) Employee Benefits and Related On-Costs		
Current		
- Unconditional Annual Leave	26,690	25,163
- Unconditional Long Service Leave Entitlements	34,557	30,456
- Accrued Salaries and Wages	5,819	4,720
- Accrued Days Off	643	613
Non Current		
Conditional Long Service Leave Entitlements	12,181	12,808
Total Employee Benefits and Related On-Costs	79,890	73,761
b) Movement in Long Service Leave		
Balance at start of year	43,264	39,278
Provision made during the year	8,595	8,378
Settlement made during the year	(5,092)	(4,392)
Balance at end of year	46,768	43,264

Provision for Annual Leave is calculated as the amount which has been accrued by employees over the year, using remuneration rates which are expected to apply when the obligation is settled.

Provision for Long Service Leave is calculated using a 4.60% per annum projected weighted average increase in wages and salary rates over a period of 20 years. Present values are calculated using interest rates based on government securities, as advised by the Department of Treasury & Finance.

NOTE 21 RESERVES

	2011 \$'000	2010 \$'000
a) Reserves		
Land and Building Revaluation Reserve - Building Revaluation Reserve		
Balance at start of year	173,879	173,879
Movements	-	-
Balance at end of year	173,879	173,879
- Land Revaluation Reserve		
Balance at start of year	35,113	35,113
Movements	-	-
Balance at end of year	35,113	35,113
Total Land and Building Revaluation Reserve	208,992	208,992
Available-for-sale Revaluation Reserve		
Balance at start of year	887	466
Movement for Sale of AFS Equities	(233)	-
Valuation Gain recognised	106	400
Impairment of Financial Assets	-	21
Balance at end of year	760	887
Linencare Business Unit Reserve		
Balance at start of year	6,335	6,333
Transfer from Internally Managed Reserve	(6,335)	2
Balance at end of year	-	6,335
Restricted Specific Purpose Reserve		
Balance at start of year	26,411	20,515
Transfer from Internally Managed Reserve	-	5,424
Transfer (to)/from Accumulated Surplus/(Deficit)	(7,374)	472
Balance at end of year	19,037	26,411
Internally Managed Reserve		
Balance at start of year	40,568	45,996
Transfer to Linencare Business Unit Reserve	-	(2)
Transfer (to)/from Accumulated Surplus/(Deficit)	227	-
Transfer to Restricted Specific Purpose Reserve	-	(5,424)
Transfer to Contributed Capital	-	(2)
Balance at end of year	40,795	40,568
b) Contributed Capital		
Balance at start of year	215,405	215,403
Transfer from Internally Managed Reserve	-	2
Balance at end of year	215,405	215,405
c) Accumulated Surplus/(Deficit)		
Balance at start of year	(22,208)	(12,351)
Net result for the year	(11,934)	(9,385)
Transfer from Linencare Business Unit Reserve	6,335	-
Transfer (to)/from Restricted Specific Purpose Reserve	7,374	(472)
Transfer to Internally Managed Reserve	(227)	-
Balance at end of year	(20,660)	(22,208)
Total Equity at the end of the financial year	464,329	476,390

NOTE 22 CASH AND CASH EQUIVALENTS AND CASH FLOW RECONCILIATION

Note 22(a) Cash and Cash Equivalents

	2011 \$'000	2010 \$'000
Cash at Bank and on Hand	4,424	11,635
TOTAL	4,424	11,635
Represented by:		
Cash for Health Service Operations (as per Cash Flow Statement)	3,798	8,886
Cash held for refundable entrance fees	-	1,536
Cash held for residential patient monies held in trust	626	1,214
TOTAL	4,424	11,635

Refer to note 18 for monies held in trust disclosure.

Note 22(b) Reconciliation of Net Result for the year to net cash inflow/(outflow) from operating activities

	2011 \$'000	2010 \$'000
Net Result for the Year	(11,934)	(9,385)
Depreciation and Impairment	31,963	30,928
Lease Expenses	1,213	779
Share of JV Profits	157	201
Provision for Doubtful Debts	(272)	26
Impairment of Non Current Assets	-	21
Net (Gain) / Loss on Sale of Plant and Equipment	175	16
Monies Held in Trust non Cash Transfer	2,124	1,316
Increase / (Decrease) in Employee Benefits	1,233	5,407
Decrease / (Increase) in Inventories	(310)	298
Increase / (Decrease) in Other Payables	201	(3,495)
Decrease / (Increase) in Other Receivables	(761)	382
Decrease / (Increase) in Patient Fees Receivable	1,868	8
Increase / (Decrease) in Monies Held in Trust	68	880
Increase / (Decrease) in Trade Creditors	(4,909)	(115)
Net Cash Inflow / (Outflow) from Operating Activities	20,816	27,267

Note 22(c) Non-cash financing and investing activities

	2011 \$'000	2010 \$'000
Acquisition of Plant and Equipment by means of finance leases	317	219
TOTAL	317	219

NOTE 23 FINANCIAL INSTRUMENTS

Note 23(a) Significant accounting policies

Details of the significant accounting policies and methods adopted, including the criteria for recognition, the basis of measurement and the basis on which income and expenses are recognised, with respect to each class of financial asset, financial liability and equity instrument are disclosed in note 1 to the Financial Statements.

The main purpose in holding financial instruments is to prudentially manage Barwon Health's financial risks within the government policy parameters.

Note 23(b) Categorisation of financial instruments

	Note	Category	Carrying Amount 2011 \$'000	Carrying Amount 2010 \$'000
Financial Assets				
Cash and Cash Equivalents	22	Cash and Cash Equivalents	4,424	11,635
Receivables	10	Loans and Receivables	12,718	14,880
Investments and Other Financial Assets	11	Available for Sale Financial Assets (at fair value)	4,634	2,107
Investments and Other Financial Assets	11	Loans and Receivables	31,967	33,254
Total Financial Assets			53,743	61,876
Financial Liabilities				
Trade Creditors and Other Payables	17	Financial Liabilities measured at amortised cost	19,967	29,042
Refundable Entrance Fees	18	Financial Liabilities measured at amortised cost	5,770	5,536
Interest Bearing Liabilities	19	Financial Liabilities measured at amortised cost	457	439
Total Financial Liabilities			26,194	35,017

The above carrying amounts exclude statutory financial assets and liabilities (i.e. GST payable and receivable).

Note 23(c) Credit Risk

Credit risk arises from the financial assets of Barwon Health, which comprise the assets listed in the table below. The exposure to credit risk arises from the potential default of the counterparty on their contractual obligations resulting in financial loss to Barwon Health. Credit risk is measured at fair value and is monitored on a regular basis. Credit risk associated with Barwon Health's contractual financial assets is minimal because the main debtor is the Victorian Government. For debtors other than the Government, it is Barwon Health's policy to deal with entities with high credit ratings.

Barwon Health does not engage in hedging for its financial assets and Barwon Health's policy is to only deal with banks with high credit ratings. Except where otherwise detailed, the carrying amount of financial assets, net of any allowances for losses, represents the maximum exposure to credit risk.

NOTE 23 FINANCIAL INSTRUMENTS *continued*

Financial assets that are either past due or impaired:-

Currently Barwon Health does not hold any collateral as security nor credit enhancements relating to any of its financial assets. As at reporting date, other than for the doubtful debts disclosed in note 10, there is no event to indicate that any of the financial assets were impaired.

There are no financial assets that have had their terms renegotiated so as to prevent them from being past due or impaired, and they are stated at the carrying amounts as indicated. The following table discloses the ageing of the financial assets that are past due but not impaired.

Ageing analysis of Financial Assets as at 30 June

	Carrying Amount \$'000	Not Past Due and Not Impaired \$'000	Past Due but Not Impaired					Impaired Financial Assets \$'000
			Less than 1 month \$'000	1 - 3 months \$'000	3 months - 1 year \$'000	1 - 5 years \$'000	Over 5 years \$'000	
2011								
Financial Assets								
Cash and Cash Equivalents	4,424	4,424	-	-	-	-	-	-
Receivables	12,718	10,125	1,902	601	435	-	-	345
Investments and Other Financial Assets	36,601	36,601	-	-	-	-	-	-
Total Financial Assets	53,743	51,150	1,902	601	435	-	-	345
2010								
Financial Assets								
Cash and Cash Equivalents	11,635	11,635	-	-	-	-	-	-
Receivables	14,880	10,936	2,892	951	509	-	-	408
Investments and Other Financial Assets	35,361	35,361	-	-	-	-	-	-
Total Financial Assets	61,876	57,932	2,892	951	509	-	-	408

Note 23(d) Liquidity Risk

Liquidity risk arises when Barwon Health is unable to meet its financial obligations as they fall due. It is Barwon Health's policy to settle financial obligations within 30 days. It also continuously manages risk through monitoring future cash flows and maturity planning to ensure adequate holding of high quality liquid assets and dealing in highly

liquid markets. Barwon Health's exposure to liquidity risk is deemed insignificant based on prior periods data and current assessment of risk. Cash for unexpected events is generally sourced from liquidation of term deposits. Maximum exposure to liquidity risk is the carrying amounts of financial liabilities.

The following table discloses the contractual maturity analysis for Barwon Health's financial liabilities.

Maturity analysis of Financial Liabilities as at 30 June

	Carrying Amount \$'000	Contractual Cash flows \$'000	Maturity Dates				
			Less than 1 month \$'000	1 - 3 months \$'000	3 months - 1 year \$'000	1 - 5 years \$'000	Over 5 years \$'000
2011							
Financial Liabilities							
Trade Creditors and Other Payables	19,967	19,967	16,733	3,234	-	-	-
Refundable Entrance Fees	5,770	5,770	75	130	496	5,069	-
Interest Bearing Liabilities	457	457	23	46	208	180	-
Total Financial Liabilities	26,194	26,194	16,831	3,410	704	5,249	-
2010							
Financial Liabilities							
Trade Creditors and Other Payables	29,042	29,042	26,218	2,824	-	-	-
Refundable Entrance Fees	5,536	5,536	72	125	476	4,863	-
Interest Bearing Liabilities	439	439	21	43	190	185	-
Total Financial Liabilities	35,017	35,017	26,311	2,992	666	5,048	-

Note 23(e) Market Risk

Market risk is the risk that the fair value of future cash flows of a financial instrument will fluctuate because of changes in market prices. Market risk comprises foreign exchange risk (currency risk), interest rate risk and price risk.

Currency Risk

Barwon Health is not exposed to significant foreign currency risk through its payables relating to purchases of supplies and consumables from overseas. This is because of a limited amount of purchases denominated in foreign currencies and a short timeframe between commitment and settlement.

Interest Rate Risk

For financial liabilities, Barwon Health mainly undertake financial liabilities with fixed interest rates (i.e. for borrowings and finance leases) other than for refundable entrance fees where the interest rate risk is mitigated by holding these deposits in financial institutions with a variable rate.

Price Risk

Exposure to price risk arises from price movements from Barwon Health's listed equity holdings. These equities have been gifted to Barwon Health and are held for long term gain. Barwon's excess funds are predominantly invested in term deposits or bonds. Price risk is managed by reviewing the prices of all these listed equity investments on a regular basis confirming the long term growth strategy for these investments. Should the price risk be considered significant, management will determine the appropriate course of action whether that be to dispose of some or all of these investments.

NOTE 23 FINANCIAL INSTRUMENTS *continued*

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

	Weighted Average Effective Interest Rates %	Carrying Amount \$'000	Interest Rate Exposure		
			Fixed Interest Rate \$'000	Variable Interest Rate \$'000	Non Interest Bearing \$'000
2011					
Financial Assets					
Cash and Cash Equivalents	5.00	4,424	-	4,424	-
Receivables	-	12,718	-	-	12,718
Other Financial Assets - Equities	-	4,634	-	-	4,634
Investments	7.01	31,967	15,506	16,461	-
Total Financial Assets		57,743	15,506	20,885	17,352
2010					
Financial Assets					
Cash and Cash Equivalents	4.05	11,635	-	11,635	-
Receivables	-	14,880	-	-	14,880
Other Financial Assets - Equities	-	2,107	-	-	2,107
Investments	5.70	33,254	33,254	-	-
Total Financial Assets		61,876	33,254	11,635	16,987

	Weighted Average Effective Interest Rates %	Carrying Amount \$'000	Interest Rate Exposure		
			Fixed Interest Rate \$'000	Variable Interest Rate \$'000	Non Interest Bearing \$'000
2011					
Financial Liabilities					
Trade Creditors and Other Payables	-	19,967	-	-	19,967
Refundable Entrance Fees	-	5,770	-	-	5,770
Interest Bearing Liabilities	6.55	457	457	-	-
Total Financial Liabilities		26,194	457	-	25,737
2010					
Financial Liabilities					
Trade Creditors and Other Payables	-	29,042	-	-	29,042
Refundable Entrance Fees	-	5,536	-	-	5,536
Interest Bearing Liabilities	6.18	439	439	-	-
Total Financial Liabilities		35,017	439	-	34,578

Sensitivity Disclosure Analysis

Barwon Health has prepared a sensitivity analysis to illustrate the impacts on its financial position and financial results arising from a reasonably possible change in interest rates and equity prices.

Actual results in the future may differ due to the inherent uncertainty of global financial markets. The sensitivity analysis is for illustrative purposes only, as in practice market rates rarely change in isolation, and are likely to be interdependent.

For interest rates, in the sensitivity analysis technique estimates the change based on an instantaneous increase or decrease in the floating interest rates to which Barwon Health is exposed, and has been determined based the exposure to interest rates at the reporting date, and the stipulated change taking place at the beginning of the financial year and being held constant throughout the reporting period. For equity prices, the sensitivity analysis technique estimates the change based on an instantaneous increase or decrease in the value of instruments at the reporting date.

Taking into account past performance, future expectations, economic forecasts, and management's knowledge and experience of the financial markets, Barwon Health believes the following movements are 'reasonably possible' over the next 12 months:

- A parallel shift of +0.5% (50 basis points) and -0.5% (50 basis points) in market interest rates
- A parallel shift of +10% and -10% in market prices of listed equities

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

	Carrying Amount	Interest Rate Risk		Price Risk	
		-0.50%	0.50%	-10%	10%
2011		Profit \$'000	Equity \$'000	Profit \$'000	Equity \$'000
Financial Assets					
Cash and Cash Equivalents	4,424	(22)	(22)	22	22
Receivables	12,718	-	-	-	-
Other Financial Assets - Equities	4,634	-	-	-	(463)
Investments	31,967	(82)	(82)	82	82
	53,473	(104)	(104)	104	104
Financial Liabilities					
Trade Creditors and Other Payables	19,967	-	-	-	-
Refundable Entrance Fees	5,770	-	-	-	-
Interest Bearing Liabilities	457	2	2	(2)	(2)
	26,194	2	2	(2)	(2)
Total		(102)	(102)	102	102

	Carrying Amount	Interest Rate Risk		Price Risk	
		-0.50%	0.50%	-10%	10%
2010		Profit \$'000	Equity \$'000	Profit \$'000	Equity \$'000
Financial Assets					
Cash and Cash Equivalents	11,635	(57)	(57)	57	57
Receivables	14,880	-	-	-	-
Other Financial Assets - Equities	2,107	-	-	-	(211)
Investments	33,254	-	-	-	-
	61,877	(57)	(57)	57	57
Financial Liabilities					
Trade Creditors and Other Payables	29,042	-	-	-	-
Refundable Entrance Fees	5,536	-	-	-	-
Interest Bearing Liabilities	439	2	2	(2)	(2)
	35,017	2	2	(2)	(2)
Total		(55)	(55)	55	55

NOTE 23 FINANCIAL INSTRUMENTS *continued*

Note 23(f) Fair Value

The fair values and net fair values of financial instrument assets and liabilities are measured as the fair value of financial instrument assets and liabilities with standard terms and conditions and traded in active liquid markets are determined with reference to quoted market prices.

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

The following table provides an analysis of financial instruments that are measured subsequent to initial recognition at fair value, grouped into Levels 1 to 3 based on the degree to which the fair value is observable.

- Level 1 fair value measurements are those derived from quoted prices (unadjusted) in active markets for identical assets or liabilities.
- Level 2 fair value measurements are those derived from inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly (i.e. as prices) or indirectly (i.e. derived from prices).
- Level 3 fair value measurements are those derived from valuation techniques that include inputs for the asset or liability that are not based on observable market data (unobservable inputs).

2011	Hierarchy			Total \$'000
	Level 1 \$'000	Level 2 \$'000	Level 3 \$'000	
Available for Sale Financial Assets (at fair value)				
Other Financial Assets	4,634	-	-	4,634
	4,634	-	-	4,634

2010	Hierarchy			Total \$'000
	Level 1 \$'000	Level 2 \$'000	Level 3 \$'000	
Available for Sale Financial Assets (at fair value)				
Other Financial Assets	2,107	-	-	2,107
	2,107	-	-	2,107

NOTE 24 JOINTLY CONTROLLED OPERATIONS AND ASSETS

Name of Entity	Principle Activity	Ownership Interest 2011%	Ownership Interest 2010%
South West Alliance of Rural Health (Vic)	Information Systems	24	24

Barwon Health'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 asset categories:

	2011 \$'000	2010 \$'000
Current Assets		
Cash and Cash Equivalents	-	163
Inventories	39	26
Receivables	867	439
Prepayments	116	2,404
Total Current Assets	1,022	3,032
Non- Current Assets		
Property, Plant and Equipment	39	50
Total Non Current Assets	39	50
Total Assets	1,061	3,082
Current Liabilities		
Cash and Cash Equivalents	84	-
Payables	402	2,522
Employee Benefits and Related On-Cost Provisions	352	198
Total Current Liabilities	837	2,720
Non- Current Liabilities		
Employee Benefits and Related On-Cost Provisions	49	31
Total Non Current Liabilities	49	31
Total Liabilities	886	2,751
Net Assets	174	331
Equity	174	331

Barwon Health's interest in revenues and expenses resulting from jointly controlled operations and assets is detailed below:

	2011 \$'000	2010 \$'000
Revenues		
Operating Revenue	4,241	999
Total Revenue	4,241	999
Expenses		
Operating Expenses	(4,379)	(1,195)
Total Expenses	(4,379)	(1,195)
Net Result Before Capital and Specific Items	(138)	(196)
Capital Income	-	9
Capital Expenses	(9)	-
Depreciation	(10)	(14)
Net Result	(157)	(201)

NOTE 25 COMMITMENTS FOR EXPENDITURE

	Note	2011 \$'000	2010 \$'000
(a) Capital Commitments under Contract			
Building Projects		30,675	71,029
Equipment Upgrades		909	5,877
		31,584	76,907
Not later than one year		10,763	31,181
Later than 1 year and not later than 5 years		20,821	45,726
Total		31,584	76,907
(b) Operating Leases			
Equipment			
- Not later than one year		1,349	707
- Later than one year and not later than 5 years		5,359	3,537
		6,708	4,244
There are 2 MRI systems on non-cancellable operating leases.			
Motor Vehicles			
- Not later than one year		251	230
- Later than one year and not later than 5 years		222	116
		473	346
There are 20 Motor Vehicles on non-cancellable operating leases.			
(c) Finance Leases			
Commitments in relation to finance leases are payable as follows			
Equipment and Motor Vehicles			
- Not later than one year		277	254
- Later than one year and not later than 5 years		180	185
	19	457	439
Minimum lease payments		488	467
Less future finance charges		31	28
TOTAL		457	439
There are 22 non-cancellable finance leases for the purchase of motor vehicles.			
The weighted average interest rate implicit in leases is 6.55% (2010 6.18%).			
All motor vehicles are returned to the Lessor for resale at the completion of the agreed lease term.			
(d) Commitments from SWARH Joint Venture			
Maintenance and Agreement Obligations			
- Not later than one year		1,762	75
- Later than one year and not later than 5 years		3,991	3,986
- Later than 5 years		827	-
		6,579	4,061
The service agreements provide support for communication networks and are non-cancellable.			
All amounts are shown inclusive of GST.			
Total commitments for expenditure (inclusive of GST)		45,801	85,997
Less GST recoverable from the Australian Tax Office		4,580	8,600
Total commitments for expenditure (exclusive of GST)		41,221	77,397

NOTE 26 CONTINGENT LIABILITIES AND CONTINGENT ASSETS

There are no known material contingent assets or contingent liabilities for Barwon Health (2010: Nil).

NOTE 27 SEGMENT REPORTING

2011	Hospital \$'000	RACS \$'000	Linen \$'000	Community & Mental Health \$'000	Other \$'000	Eliminations \$'000	Total \$'000
REVENUE							
External Segment Revenue	346,606	46,074	3,807	41,651	54,267	-	492,406
Total Revenue	364,606	46,074	3,807	41,651	54,267	-	492,406
EXPENSES							
External Segment Expenses	371,551	58,693	6,328	44,151	27,370	-	508,093
Total Expenses	371,551	58,693	6,328	44,151	27,370	-	508,093
Net Result from ordinary activities	(24,945)	(12,619)	(2,521)	(2,500)	26,898	-	(15,687)
Interest Expense	(115)	(47)	(2)	(30)	(12)	-	(206)
Interest Income	2,219	903	30	586	222	-	3,959
Net Result for Year	(22,841)	(11,763)	(2,493)	(1,945)	27,108	-	(11,934)
OTHER INFORMATION							
Segment Assets	320,031	130,220	4,293	84,525	31,998	-	571,067
Total Assets	320,031	130,220	4,293	84,525	31,998	-	571,067
Segment Liabilities	53,669	18,677	2,329	11,917	20,145	-	106,737
Total Liabilities	53,669	18,677	2,329	11,917	20,145	-	106,737
Acquisition of Property, Plant and Equipment and Intangible Assets	12,666	5,154	170	3,345	1,266	-	22,602
Depreciation and Amortisation expense	17,919	7,291	240	4,733	1,792	-	31,974
Non cash expenses other than depreciation	3,203	1,303	43	846	320	-	5,716

NOTE 27 SEGMENT REPORTING *continued*

2010	Hospital \$'000	RACS \$'000	Linen \$'000	Community & Mental Health \$'000	Other \$'000	Eliminations \$'000	Total \$'000
REVENUE							
External Segment Revenue	315,321	43,760	7,079	43,832	52,950	-	462,942
Intersegment Revenue	2,746	2,934	(2,333)	(992)	(2,469)	113	-
Total Revenue	318,067	46,694	4,746	42,840	50,481	113	462,942
EXPENSES							
External Segment Expenses	322,856	51,314	9,893	55,467	35,525	-	475,054
Intersegment Expenses	2,746	2,934	(2,333)	(992)	(2,469)	113	-
Total Expenses	325,602	54,248	7,560	54,475	33,056	113	475,054
Net Result from ordinary activities	(7,535)	(7,554)	(2,814)	(11,635)	17,626	-	(12,112)
Interest Expense	(3)	-	-	-	-	-	(3)
Interest Income	58	9	292	8	2,364	-	2,730
Net Result for Year	(7,681)	(7,545)	(2,522)	(11,627)	19,989	-	(9,385)
OTHER INFORMATION							
Segment Assets	302,445	84,288	4,958	104,120	-	-	495,812
Unallocated Assets	-	-	-	-	89,956	-	89,956
Total Assets	302,445	84,288	4,958	104,120	89,956	-	585,768
Segment Liabilities	4,276	6,962	33	179	-	-	11,451
Unallocated Liabilities	-	-	-	-	97,927	-	97,927
Total Liabilities	4,276	6,962	33	179	97,927	-	109,378
Investments in Joint Venture	331	-	-	-	-	-	331
Acquisition of Property, Plant and Equipment and Intangible Assets	29,236	2,282	5,606	1,210	-	-	38,334
Depreciation and Amortisation expense	18,424	5,924	592	4,626	1,376	-	30,942
Non cash expenses other than depreciation	4,352	-	-	-	-	-	4,352

The major products and services from which the above segments derive revenue are:

Business Segments	
Hospital	Acute and sub Acute health services
Residential and Aged Care Services (RACS)	Health services for the Aged in a residential facility
Linen Service	Provision of Linen and Laundry services [Internal and external]
Community and Mental Health	Provision of community based health and mental health services
Other	All other services and activities

NOTE 28 RESPONSIBLE PERSONS - DISCLOSURES

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

Note 28(a)

	Period	
Responsible Minister		
The Honourable Daniel Andrews, MLA, Minister for Health	1/07/2010	1/12/2010
The Honourable David Davis, MP, Minister for Health and Minister for Ageing	2/12/2010	30/06/2011
The Honourable Mary Woodridge, MLA, Minister for Mental Health	2/12/2010	30/06/2011
Governing Board		
Dr Owen Donald	1/07/2010	30/06/2011
Dr Sarah Leach *	1/07/2010	30/06/2011
Mr John Frame*	1/07/2010	30/06/2011
Mr Damian Gorman*	1/07/2010	30/06/2011
Mr Chris Burrell*	1/07/2010	30/06/2011
Dr David Mackay*	1/07/2010	30/06/2011
Mr Marcus Dripps*	1/07/2010	30/06/2011
Mr Stephen Wight*	1/07/2010	30/06/2011
Ms Barbara Dennis*	1/07/2010	30/06/2011
* Board members who are in office as at date of signing the Financial Report		
The following Board members have held office since the end of the financial year		
Dr John Stekelenburg	1/07/2011	To date
Dr Lakshmi Sumithran	1/07/2001	To date
Accountable Officers		
Dr David Ashbridge	1/07/2010	30/06/2011

Note 28(b) Remuneration for Responsible Person

Number of Responsible Persons are shown in their relevant income bands:

	Salary Range \$	2011 No.	2010 No.
Directors	0 - 9,999	-	2
	10,000 - 19,999	8	7
	40,000 - 49,999	1	1
Chief Executive	70,000 - 79,999	-	1
	320,000 - 329,999	1	-
	350,000 - 359,999	-	1
Total Number		10	12
Income received or due and receivable by Responsible Persons from Barwon Health amounted to:		\$538,585	\$616,644

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

Note 28(c) Other Transactions of Responsible Persons and their Related Parties

John Frame is also a Director of Ambulance Victoria (AV) which provides services to Barwon Health on normal commercial terms and conditions. Barwon Health's business unit (Linencare) provided linen and laundry services to AV. Total receipts from AV for the financial year were \$1,765,574 (2010, \$1,586,514). Total payments made to AV for ambulance services in the financial year were \$650,843 (2010, \$652,636).

Chris Burrell is also a Director and Managing Partner of Prosperity Legal which provides services to Barwon Health on normal commercial terms and conditions. Total payments made to Prosperity Legal for the financial year were \$0 (2010, \$64).

Dr David Mackay is also an Honorary Fellow at Deakin University which provides services to Barwon Health on normal commercial terms and conditions. Total payments made to Deakin University in the financial year were \$698,473 (2010, \$157,421) and total receipts were \$2,950,901 (2010, \$18,358,054). Mr David Mackay is also a casual member of staff at RMIT in the School of Business IT and Logistics which provides services to Barwon Health on normal commercial terms and conditions. Total payments made to the RMIT Training Pty Ltd in the financial year were \$225 (2010, \$700) and total payments made to RMIT University in the financial year were \$2,000 (2010, \$30,000). Total payments received from RMIT were \$0 (2010, \$6,006).

Stephen Wight is also a Director of Davidsons Pty Ltd which provides services to Barwon Health on normal commercial terms and conditions. Total payments made to Davidsons Pty Ltd for the financial year were \$3,218 (2010, \$880).

Marcus Dripps is the owner of Geelong West Physiotherapy, which provides services to Barwon Health on normal commercial terms and conditions. Total payments made to Geelong West Physiotherapy for the financial year were \$437 (2010, \$0).

Barbara Dennis, has an indirect connection with the Nous Group which provided services to Barwon Health on normal commercial terms and conditions. Total payments made to the Nous Group in the financial year were \$6,600 (2010, \$118,690).

Dr Sarah Leach is a consultant for Bethany Community Support Inc which provides services to Barwon Health on normal commercial terms and conditions. Total payments received from Bethany Community Support Inc in the financial year were \$952 (2010, \$3,600).

David Ashbridge was an executive member of the SWARH Regional ICT Joint Venture during the reporting period. Total payments made to SWARH for the financial year were \$5,225,289 (2010, \$1,470,436) and total payments received from SWARH for the financial year were \$181,080 (2010, \$108,073).

Note 28(d) Executive Officers Disclosure

The number of executive officers and their total remuneration during the reporting year are shown within the following income bands. Base remuneration is exclusive of bonus payments, long service leave payments, redundancy payments and retirement benefits.

Salary Range \$	Total Remuneration		Base Remuneration	
	2011 No.	2010 No.	2011 No.	2010 No.
180,000 - 189,999	-	2	1	3
190,000 - 199,999	1	2	1	3
200,000 - 209,999	2	1	1	1
210,000 - 219,999	-	2	1	-
220,000 - 229,999	1	-	-	1
240,000 - 249,999	-	-	1	-
250,000 - 259,999	1	-	-	-
320,000 - 329,999	-	1	-	-
360,000 - 369,999	1	-	1	-
Total Number	6	8	6	8
Total Remuneration	\$1,459,677	\$1,715,620	\$1,408,670	\$1,580,657

NOTE 29 EVENTS OCCURRING AFTER REPORTING DATE

Since the reporting date, world financial markets have shown volatility that has affected the carrying value of Barwon Health's investment portfolio. The carrying value of investments, including equities between reporting date and signing date has decreased by \$382,425. Barwon Health continues to maintain a conservative investment strategy to appropriately manage our exposure to this volatility.

BARWON HEALTH

Board Members, Accountable Officers, Chief Executive and Chief Financial Officer Declaration

We certify that the attached Financial Report for Barwon Health has been prepared in accordance with Standing Direction 4.2 of the Financial Management Act 1994, applicable Financial Reporting Directions, Australian Accounting Standards, Australian Accounting Interpretations and other mandatory professional reporting requirements.

We further state that, in our opinion, the information set out in the Comprehensive Operating Statement, Balance Sheet, Statement of Changes in Equity, Cash Flow Statement, and notes to and forming part of the Financial Report, presents fairly the financial transactions during the year ended 30 June 2011 and financial position of Barwon Health as at 30 June 2011.

We are not aware of any circumstance, which would render any particulars included in the Financial Report to be misleading or inaccurate.

We authorise the attached Financial Report for issue on this day.



Dr John Stekelenburg / Chairperson

Geelong, 5 August 2011



David Ashbridge / Chief Executive Officer

Geelong, 5 August 2011



Dale Fraser / Chief Financial Officer

Geelong, 5 August 2011

INDEPENDENT AUDITOR'S REPORT

To the Board Members, Barwon Health

The Financial Report

The accompanying financial report for the year ended 30 June 2011 of Barwon Health which comprises the comprehensive operating statement, balance sheet, statement of changes in equity, cash flow statement, notes, and the board members, accountable officers, chief executive and chief financial officer's declaration has been audited.

The Board Members' Responsibility for the Financial Report

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

Auditor's Responsibility

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

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

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

Independence

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

Independent Auditor's Report (continued)

Opinion

In my opinion, the financial report presents fairly, in all material respects, the financial position of Barwon Health as at 30 June 2011 and of its financial performance and its cash flows for the year then ended in accordance with applicable Australian Accounting Standards, including the Australian Accounting Interpretations, and the financial reporting requirements of the *Financial Management Act 1994*.

Matters Relating to the Electronic Publication of the Audited Financial Report

This auditor's report relates to the financial report of Barwon Health for the year ended 30 June 2011 included both in Barwon Health's annual report and on the website. The Board Members of Barwon Health are responsible for the integrity of Barwon Health's website. I have not been engaged to report on the integrity of the Barwon Health's website. The auditor's report refers only to the subject matter described above. It does not provide an opinion on any other information which may have been hyperlinked to/from these statements. If users of the financial report are concerned with the inherent risks arising from publication on a website, they are advised to refer to the hard copy of the audited financial report to confirm the information contained in the website version of the financial report.

MELBOURNE
8 August 2011



D D R Pearson
Auditor-General

/ GLOSSARY OF TERMS

A

ACAA

Aged Care Association Australia

ACC

Acute Care Certificates

ACHS

Australian Council on Healthcare Standards

ACP

Advance Care Planning

ACSAG

Aged Care Services Group

ACSSA

Aged Care Standards and Accreditation Agency

AHA

Australian Healthcare Associates

B

Best Practice

The way leading edge organisations deliver world class performance

BMI

Barwon Medical Imaging

BSWRICS

Barwon South Western Regional Integrated Cancer Service

C

CABG

Coronary Artery Bypass Graft surgery

CEO

Chief Executive Officer

CNC

Clinical Nurse Consultant

CRAFT

Casemix Rehabilitation and Funding Tree

D

DBT

Dialectical Behaviour Therapy

DHS

Department of Human Services

DoH

Department of Health

DON

Director of Nursing

DVA

Department of Veterans Affairs

E

ED

Emergency Department

EquiP

Evaluation and Quality Improvement Program

F

FOI

Freedom of Information

FRD

Financial Reporting Directions

FTE

Full Time Equivalent

G

GEM

Geriatric Evaluation and Management

GP

General Practitioner

H

HACC

Home and Community Care

HARP

Hospital Admission Risk Program

HiPs

Hospital Initiated Postponements

HITH

Hospital in the Home

HMO

Hospital Medical Officer

HR

Human Resources

I

ICU

Intensive Care Unit

IT

Information Technology

K

KPI

Key Performance Indicator

M

MH

Mental Health

MRI

Magnetic Resonance Imaging

N

NHMRC

National Health and Medical Research Council

NICU

Neonatal Intensive Care Unit

O

OBDD

Occupied Bed Days

OH&S

Occupational Health and Safety

P

PBL

Percy Baxter Lodge

PCI

Percutaneous Intervention

PERM

Palliative Care Electronic Management system

PET CT

Positron Emission Tomography - Computed Tomography

PICU

Paediatric Intensive Care Unit

Q

QI

Quality Improvement

QoC

Quality of Care report

R

RACS

Residential Aged Care Service

RHNP

Refugee Health Nurse Program

RMO

Resident Medical Officer

S

SAB

Staphylococcus aureus bacteraemia

SACS

Sub Acute Classification System

SCA

Swanston Centre Acute

Separation

Process by which a patient is discharged from care

SR&I

Service Reform & Innovation

Standard

A statement of a level of performance to be achieved

SWARH

South West Alliance of Rural Health

T

TAC

Transport Accident Commission

TORCH

Tool for Organisations to Reveal Constraints in Healthcare

V

VACS

Victorian Ambulatory Classification System

VICNISS

Hospital Acquired Infection Surveillance System

VMIA

Victorian Managed Insurance Authority

VMO

Visiting Medical Officer

VPRS

Victorian Paediatric Rehabilitation Service

VPSM

Victorian Patient Satisfaction Monitor

W

WIES

Weighted Inlier Equivalent Separations; allocated resource weight for a patient's episode of care. A formula is applied to the resource weight to determine the WIES for recovery of funding.

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/ BARWON HEALTH LOCATIONS

GEELONG HOSPITAL

Bellerine Stree, Geelong
T 5226 7111

CORIO COMMUNITY HEALTH CENTRE

Gellibrand Street, Corio
T 5260 3800

BELMONT COMMUNITY HEALTH CENTRE

1-17 Reynolds Road, Belmont
T 5260 3778

TORQUAY COMMUNITY HEALTH CENTRE

100 Surfcoast Highway, Torquay
T 5260 3900

MCKELLAR CENTRE

45-95 Ballarat Road, North Geelong
T 5279 2222

NEWCOMB COMMUNITY HEALTH CENTRE

104-108 Bellerine Highway, Newcomb
T 5260 3333

BELMONT COMMUNITY REHABILITATION CENTRE

120 Settlement Road, Belmont
T 5260 8333

ANGLESEA COMMUNITY HEALTH CENTRE

McMillan Street, Anglesea
T 5260 3901

Please note: this is not a complete listing of Barwon Health sites.



OUR VALUES

RESPECT
COMPASSION
COMMITMENT
ACCOUNTABILITY
INNOVATION

GRINDSTONE CREATIVE 

Concept and design / Grindstone Creative
Photography / Katrina Lawrence

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